Alabama College of Osteopathic Medicine

EMERGENCY MEDICINE
DO CLIN 903
2017-2018

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Office Hours: By Appointment (via email only)

Grading: Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:
Beginning the Emergency Medicine Clerkship Rotation requires the successful completion of Year 3. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions, and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
This clerkship rotation is a four-week clinical training experience designed to introduce students to the role that Emergency Medicine plays in the management of acute disease. In the ED, there will be exposure to a broad base of undifferentiated patients with a wide variety of personal, social, and cultural issues that influence patient care. Students will also be taught to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining clinical competency and the means to do it.

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals
One of the principal goals of this clerkship is to introduce students to the role that Emergency Medicine plays in the management of acute disease. The Emergency Department provides an opportunity for significant clinical exposure and learning of many skills. Such skills include appropriately directed patient history and physical exams, differential diagnoses, medical decision making, and acquisition of procedural skills. This environment places a premium on physical exam skills and diagnostic reasoning, emphasizing the ability to recognize life-threatening situations and initiate resuscitation in a wide range of diseases with varying degrees of urgency.
Specific Learning Objectives:

By the end of this clerkship rotation, students should be able to:
  o Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
    o Recognize immediate life-threatening conditions.
  o Perform and document a complete history and physical examination appropriate for a patient.
  o Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.
    o Monitor the response to therapeutic interventions
    o Successfully perform a peripheral IV
  o Formulate and document appropriate diagnoses and treatment plans based on patient history, symptoms, examination findings, lab tests, and imaging studies.
    o Develop a differential diagnosis when evaluating an undifferentiated patient
      ▪ Prioritize likelihood of diagnoses based on patient presentation and acuity
      ▪ List the worst-case diagnoses.
    o Create a diagnostic plan based on differential diagnoses
    o Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.
    o Recognize the importance of arranging appropriate follow-up plans for patients being discharged from the Emergency Department.
  o Effectively counsel and instruct patients and their families regarding specific diagnoses, treatment plans, and broader health maintenance.
    o Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint.
    o Educate patients to ensure comprehension of discharge plan.
  o Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
    o Present cases in a complete, concise, and organized fashion.
  o Build productive relationships with patients, families, and other healthcare professionals within the clerkship rotation, regardless of their backgrounds.
    o Appreciate the interdisciplinary approach to the acute trauma or emergent patient.
    o Demonstrate a compassionate and nonjudgmental approach when caring for patients.
  o Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
  o Assess, assimilate, and use medical and research literature in clinical decision-making.
  o Evaluate the risks, benefits, limitations and costs of different diagnostic and treatment options associated with healthcare.
    o Describe economic, social, and cultural barriers to healthcare.
    o Recognize the role of Emergency Medicine in the community, including access to care and its impact on patient care.
  o Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
    o Recognize when patients should be appropriately referred to the Emergency Department.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations. Students are expected to read daily about each of the patients they have seen that day with the intent to discuss with the preceptor particulars about each patient's diagnosis. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards,
journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

Students should expect to evaluate 6-9 patients per 10-12 hour shift. Students will encounter patients with many different types of problems in each Emergency Department. Examples include:

a. Surgical Emergencies: including ocular, dental, otolaryngologic, general surgical, vascular, orthopedic, urologic, neurosurgical, obstetrical, and gynecologic
b. Traumatic Emergencies: including general principles, specific structural and organ injuries, and multi-trauma
c. Medical Emergencies: including cardiovascular, pulmonary, gastrointestinal, renal, infectious, neurologic, hematologic, allergic, and psychiatric.
d. Pediatric Emergencies: including traumatic, medical, and surgical
e. Toxicologic Emergencies: including overdose, poisoning, and substance abuse
f. Environmental Emergencies: including bites and envenomations, burns, electrical, and temperature-related injuries

Students who have difficulty seeing the minimum number of patients should notify the Clerkship Chair with sufficient time to enable remedial action to be taken.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used as well if approved by the Clerkship Chair

VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:
   o 100% attendance is required to all events defined by the preceptor and as listed below.
   o Absence excused by the preceptor is required to be reported to clerkship chair.
   o Students are expected to complete all reading assignments given to them by their preceptor.
   o It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
   o The extent of student involvement in patient care activities will be determined by the preceptor. Such involvement may include the evaluation of patients, discussion of findings with preceptors for purposes of reporting, documenting and creating differential and provisional diagnoses and treatment plans. Students are expected to read daily about each of the patients they have seen that day with the intent to discuss with the preceptor particulars about each patient’s diagnosis.
   o Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. The work week is limited to a minimum of 45 hours per week and maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.
   o Students are to receive one day in seven free from clinical activities averaged over a four-week period.
   o Students may work evening or night shifts while on this rotation, including weekends.
   o Any absence during scheduled clerkship rotation work hours, for any reason, must be approved by the Preceptor
   o An absence from a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the supervising physician. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.
2. **Required Textbook(s) & Equipment:**
   - Clerkship Directors in Emergency Medicine website: [www.cdemcurriculum.com](http://www.cdemcurriculum.com)
     - Required readings will come from the M4 curriculum: [https://cdemcurriculum.com/m4/](https://cdemcurriculum.com/m4/)
   - Additional Resources:
     - i-Human Cases for Emergency Medicine (a resource provided by CDEM)
       - Information & Instructions: [https://cdemcurriculum.com/2016/04/28/i-human-cases-for-emergency-medicine/](https://cdemcurriculum.com/2016/04/28/i-human-cases-for-emergency-medicine/)
       - Registration: [https://ih2.i-human.com/register/cdem](https://ih2.i-human.com/register/cdem)
       - Login Screen: [https://ih2.i-human.com/users/sign_in](https://ih2.i-human.com/users/sign_in)
       - Relevance of Aging Issues in the Emergency Department (pgs 1-10)
       - Drug Dosage in the Critically Ill (pgs. 31-48)
       - Acute Vision Impairment (pgs. 399-434)
       - Hypothermia and Hyperthermia (pgs. 435-450)
       - Diagnosis and Treatment of Abuse and Neglect (pgs. 451-460)
   - Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and tuning fork at 512 decibels.
   - ACOM issued Apple iPad Mini, fully functional.

3. **Assignments & Clinical Skills:**
   - Learning Agreements
     - Students are required to meet with their preceptors on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on SEAMed. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on SEAMed. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.
     - Descriptions and requirements for participation in ACOM didactics specific to this clerkship rotation are described in the course shell on SEAMed. It is the student’s responsibility to review and follow all didactics requirements.
   - See Appendix B for Core Problems Necessary for Graduation

4. **Post-Rotation Exam**
   - None

5. **Evaluations:**
   - **Student Evaluation of Site; Student Evaluation of Preceptor:** Must be completed on-line and submitted at the end of the clerkship rotation.
   - **Mid-Rotation Evaluation:** At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her
performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor’s signature, and keep the form for his or her records.

- Preceptor Evaluation of Student: It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Sciences at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

VII. GRADING PROCEDURES:

The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.

- Evaluation from preceptor and staff (50%)
- ACOM Rotation Didactics (50%)

Note well:
- A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
- You must complete and pass the Rotation Didactics element of the rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.
- Successful remediation of Rotation Didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

IX. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. **Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.**

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. **Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.**

The recorded video conferences will be available within 24 hours of the event.
X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the Health Insurance Portability and Accountability Act (HIPAA) with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XI. COPYRIGHT STATEMENT

The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see http://libguides.acomedu.org/copyright/copyright

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIII. CHANGES TO THE SYLLABUS

This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Emergency Medicine Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: _______________________________  Preceptor: _______________________________

Rotation Discipline: _____________________  Site: ________________________________

Rotation Period or Specific Dates: __________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?
(This section may be completed prior to meeting.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives? 
(rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

SIGNATURES

Student: _______________________________
Preceptor: _______________________________
Date: _______________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute – Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
    11.1. Overall Approach to Altered Level of Consciousness
    11.2. GCS ≤ 7
12. Anemia/Pallor
    12.1. Overall Approach to Anemia
    12.2. Anemia with Elevated MCV
    12.3. Anemia with Normal MCV
    12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
    14.1. Infectious
    14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Brusing
    17.1. Coagulation Proteins
    17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
    20.1. Infection
    20.2. Mass
    20.3. Gynecomastia
       20.3.1. Increased Estrogen and Increased HCG
       20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
    22.1. Cardiovascular (Angina Pectoris)
    22.2. Pulmonary/Mediastinal
       22.2.1. Pulmonary Embolus
       22.2.2. Pulmonary Hypertension
       22.2.3. Pleural Effusion
    22.3. Other
23. Chest Trauma
24. Cognitive Impairment
    24.1. Dementias
25. Congenital Abnormalities/Deformities/Limps
26. Cough
    26.1. Chronic (Adult)
    26.2. Dyspnea and Fever
    26.3. Acute (Pediatric)
    26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
    29.1. Acute Diarrhea (Adult)
    29.2. Chronic Diarrhea (Adult): Small Bowel
    29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
    29.4. Diarrhea (Pediatric)
    29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
    29.6. Constipation (Adult): Secondary Causes
    29.7. Constipation (Pediatric)
    29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
33.1. Acute
33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric

34. Ear Pain, Hearing Loss, Deafness
34.1. Hearing Loss
34.1.1. Conductive
34.1.2. Sensorineural
34.2. Otitis Media
34.3. Tinnitus
34.3.1. Objective
34.3.2. Subjective

35. Electrolyte Disorders
35.1. Hypercalcemia
35.1.1. Low PTH
35.1.2. Normal/High PTH
35.2. Hypocalcemia
35.2.1. High Phosphate
35.2.2. Low Phosphate
35.2.3. High/Low PTH
35.3. Hyperkalemia
35.3.1. Intracellular Shift
35.3.2. Reduced Excretion
35.4. Hypokalemia
35.5. Hypernatremia
35.6. Hyponatremia
35.7. Hyperphosphatemia
35.8. Hypophosphatemia

36. Elevated Liver Enzymes

37. End-of-Life/Palliative Care

38. Excessive Daytime Sleepiness

39. Eyes/Vision
39.1. Acute Vision Loss
39.1.1. Bilateral
39.1.2. Unilateral
39.2. Chronic Vision Loss
39.2.1. Anatomic
39.3. Amblyopia
39.4. Diplopia
39.5. Pupillary Abnormalities
39.5.1. Isocoria
39.5.2. Anisocoria
39.6. Red Eye
39.6.1. Atraumatic
39.6.2. Traumatic
39.7. Strabismus
39.7.1. Ocular Misalignment
39.8.1. Visual Field Defects

40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
42.1. Acute Fever
42.2. Fever of Unknown Origin/Chronic Fever

43. Fractures
43.1. Pathologic/Fragility Fractures
43.2. Fracture Healing
43.3. Pediatric Fractures
43.3.1. Salter Harris Physeal Injury Classification System

44. Gait Disturbance

45. Gastrointestinal Bleeding
45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
45.2. Lower Gastrointestinal Bleed

46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
48.1. Diffuse
48.2. Localized (focal)

49. Headache
49.1. Primary
49.2. Secondary with Red Flag Symptoms
49.3. Secondary without Red Flag Symptoms

50. Heart Failure
50.1. Left-Sided
50.2. Right-Sided

51. Hematuria

52. Hemiplegia
52.1. Upper Motor Neuron Weakness

53. Hemoptysis

54. Hepatomegaly

55. Hirsutism
55.1. Hirsutism and Virilization
55.1.1. Androgen Excess
55.1.2. Hypertrichosis

56. Hyperglycemia/Diabetes Mellitus

57. Hypertension
57.1. Pulmonary
57.2. In Pregnancy

58. Hyperthyroidism
59. Hypoglycemia

60. Hypothyroidism

61. Hypoxemia

62. Immunocompromised/Immunodeficiency
62.1. Fever in the Immunocompromised Host

63. Infertility and Contraception
63.1. Female
63.2. Male

64. Jaundice
64.1. Adult
64.2. Infant and Neonatal
65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain
66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
      76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)
77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric
78. Movement Disorders
   78.1. Hyperkinetic
   78.2. Tremor
   78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
      79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
      79.3.1. Benign and Stenotic
      79.3.2. Valvular and Other
80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
   80.2.1. Clubbing
81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)
82. Neck Mass
83. Nephrolithiasis
84. Neutrophilia
85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia
86. Numbness/Tingling/Paresthesia/Painful Limb
87. Osteoporosis
88. Ovarian Mass
89. Pap Abnormality
90. Pelvic Mass/Pain
   90.1. Acute
   90.2. Chronic
91. Pelvic Organ Prolapse
92. Peripheral Weakness
   92.1. Weakness
   92.2. Sensory Changes
      92.2.1. Objective Lower Motor Neuron Weakness
93. Pigmentation Disorders
   93.1. Hyperpigmentation
   93.2. Hypopigmentation
94. Pleural Effusion
95. Polycythemia
96. Pregnancy/Delivery/Newborns
   96.1. Antenatal Care
   96.2. Bleeding in Pregnancy
      96.2.1. < 20 weeks
      96.2.2. 2nd and 3rd Trimesters
   96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
  96.5.1. Variability and Decelerations
  96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
  96.8.1. Physiologic Changes
  96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
  96.10.1. Adequate Calorie Consumption
  96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
  96.13.1. Respiratory
  96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
  96.15. Sudden Unexpected Death in Infancy (SUDI)

97. Preventive Health Care
  97.1. Vaccinations
  97.2. Cancer Screening
  97.3. STI Screening

98. Prolonged PT (INR)
  98.1. Prolonged PTT
  98.2. Normal PTT

99. Prolonged PTT, Normal PT (INR)
  99.1. Bleeding Tendency
  99.2. No Bleeding Tendency

100. Proteinuria

101. Pruritus
  101.1. Primary Skin Lesion
  101.2. No Primary Skin Lesion

102. Pulmonary Disorders
  102.1. Spirometry

103. Pulmonary Embolus

104. Pulse Abnormalities

105. Renal Cancer

106. Renal Failure
  106.1. Acute
  106.2. Chronic

107. Renal Mass

107.1. Solid
107.2. Cystic

108. Respiratory Sounds
  108.1. Noisy Breathing
    108.1.1. Wheezing (Pediatric)
    108.1.2. Stridor (Pediatric)

109. Scrotal Mass/Pain

110. Seizures/Spells
  110.1. Epileptic Seizure
  110.2. Secondary Organic Seizure
  110.3. Other
  110.4. Pediatric Seizure
    110.4.1. Unprovoked
    110.4.2. Provoked
    110.4.3. Spells

111. Sellar/Pituitary Mass

112. Sexual Dysfunction
  112.1. Erectile Dysfunction

113. Shock/Hypotension

114. Skin Lesions
  114.1. Primary Skin Lesion
  114.2. Secondary Skin Lesion

115. Skin Rash
  115.1. Eczematous
  115.2. Papulosquamous
  115.3. Pustular
  115.4. Reactive
  115.5. Vesiculobullous

116. Skin Ulcer by Etiology
  116.1. Physical
  116.2. Vascular
  116.3. Hematologic
  116.4. Neoplastic
  116.5. Neurological
  116.6. Infectious
  116.7. Metabolic
  116.8. Drugs

117. Skin Ulcer by Location
  117.1. Genitals
  117.2. Head and Neck
  117.3. Lower Legs/Feet
  117.4. Oral Ulcers
  117.5. Trunk/Sacral Region

118. Smell Dysfunction

119. Soft Tissue
  119.1. Septic
  119.2. Aseptic

120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion

121. Speech/Language Abnormalities
  121.1. Dysarthria
  121.2. Aphasia
121.2.1. Fluent  
121.2.2. Non-Fluent  
121.3. Hoarseness  
121.3.1. Acute  
121.3.2. Non-Acute

122. Stature  
122.1. Short  
122.2. Tall

123. Stroke  
123.1. Intracerebral Hemorrhage  
123.2. Ischemia  
123.3. Subarachnoid Hemorrhage

124. Substance Abuse/Drug Addiction/Withdrawal

125. Syncope

126. Thrombocytopenia  
127. Thrombocytosis  
128. Tumor  
128.1. Metastatic  
128.2. Primary

129. Urinary  
129.1. Urinary Incontinence  
129.2. Increased Urinary Frequency  
129.3. Dysuria  
129.4. Urinary Tract Obstruction  
129.5. Enuresis (Pediatric)

130. Vaginal Discharge

131. Vascular Lesions

132. Weight Gain/Loss

The Portfolio Process: Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination  
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter  
3. Recommend and interpret common diagnostic and screening tests  
4. Enter and discuss patient orders/prescriptions  
5. Provide documentation of a clinical encounter in written or electronic format  
6. Provide an oral presentation/summary of a patient encounter  
7. Form clinical questions and retrieve evidence to advance patient care  
8. Give or receive a patient handover to transition care responsibility to another health care provider or team  
9. Participate as a contributing and integrated member of an interprofessional team  
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help  
11. Obtain informed consent for tests and/or procedures  
12. Perform general procedures of a physician  
13. Identify system failures and contribute to a culture of safety and improvement

Procedures: Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomic
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility’s emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility’s emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](#) as needed.
APPENDIX D: OUT OF NETWORK REQUEST FORM & LINKS

North Region
Central Region
South Region

The completion of this form **will be submitted to the Associate Dean of Clinical Sciences and must occur at least 120 days** in advance of the clerkship start date. Contact the Associate Dean if you do not receive a response within 72 hours.

| Student Names:          |  
| Core Site:              | 10 Birmingham Samford  
| Regional Coordinator:   | Lisa Pitman (North Region)  
| Clerkship Course Name:  | Addiction Medicine  
| Clerkship Date:         |  
| Physician Name:         |  
| Practice/Facility Name: |  
| Address:                |  
| Phone:                  |  
| City:                   |  
| State:                  | AL  
| Fax:                    |  
| Physician Email Address:|  
| VSAS Participation Program: |  
| Hospital/Program Contact: |  
| Hospital/Program Name:  |  
| Address:                |  
| Phone:                  |  
| Fax:                    |  

By submitting this form, I consent to the Alabama College of Osteopathic Medicine releasing/discussing my education records protected by FERPA as needed with the above listed individual/organization in support of my application to their program. Please note that official transcripts can be ordered via self-service or by submitting a Release of Information Request to the Registrar’s office.

*Release Consent:  

Yes