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27. Glossary of Terms
1. **Ethical Code of Conduct**
   a. Professional appearance refers to grooming and hygiene:
      i. Conservative hair styles,
      ii. Conservative make-up and jewelry
      iii. Neatly trimmed moustaches and beards
      iv. No perfume, cologne, or scented body sprays
      v. Bathe/shower, brush teeth prior to start of each day
      vi. Any visible tattoo must be reviewed by a preceptor or Core Site Director for approval
      vii. Permitted visible piercings:
         1. Single nose piercing
         2. Single earring in each ear, no gauges
   b. Professional attire includes:
      i. For men: dress shirt, dress pants, tie, closed toe dress shoes and socks
      ii. For women: dress or skirt not more than 3 inches above the knee, or dress slacks, conservative dress blouse or shirt, closed toe dress shoes and socks
      iii. Clean, pressed white coat
   c. Students shall wear a white clinic jacket displaying the ACOM patch and an ACOM name badge at all times when in a clinical environment.
   d. Some facilities may require students to wear or display their site-specific name badge or ID in addition to that required by the school.
   e. Students shall conduct themselves as if they were a guest in another's home.

2. **Medical Records and Student Charting**
   a. **Student notes are never to serve as the attending physician’s notes.**
      i. Some sites have separate pages in the chart, often brightly colored, set aside for student documentation. This allows the student to practice their documentation skills, but will not become a part of the permanent medical record. These notes should also be reviewed and signed by the supervising physician.
      ii. If dictation or computerized entry by students is allowed, those notes must also be reviewed and signed by the attending physician. **Students are responsible for proactively obtaining charting/documentation instructions from the preceptor or clinical site coordinator at each clerkship site.** The student must always sign and date all entries into the medical record by name and educational status, such as John Smith, OMS III.

3. **Competency Based Evaluation**
   a. Assessing Student Ability
      i. A preceptor’s main job is to assess a student’s ability to do the following:
         1. Perform an accurate medical **history and physical** exam based on the presenting complaint and appropriate to the clinical setting
         2. Formulate a **differential diagnosis** appropriate to the patient and the clinical setting
         3. Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a **working diagnosis**
         4. Accurately describe or perform **procedures** to diagnose and treat the patient's problems
         5. Craft a **treatment** plan appropriate to the patient’s problems and situation
         6. Work with patients and members of the healthcare team **ethically and professionally.**
      ii. Preceptors should assess these abilities in multiple venues, including at the bedside, during oral presentations, and during rounds.
b. Preceptor's Evaluation of Student(s)
   i. The evaluation process should begin during the first week of the clerkship. Students should meet their preceptor at the beginning of the clerkship to discuss expectations for clinical and academic performance. Students should review the goals and objectives of the clerkship with the preceptor and complete a Learning Agreement. This provides the student with the opportunity to become familiar with and meet preceptor expectations and avoid being surprised by the evaluation at the end of the clerkship.
   ii. Two weeks into the clerkship, the student should ask for an informal mid-clerkship evaluation. The student should review the Mid-Clerkship Evaluation Form with the preceptor and ask for their 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-clerkship evaluation form to ACOM. The student is encouraged to make notes and to keep the form for his or her records.
   iii. An End-of-Clerkship Student Evaluation will be completed by the supervising physician at the completion of each clerkship. The evaluation will be based on the student's behaviors, knowledge, and skills observed by the preceptor and other members of the preceptor's health care team.

c. Portfolios/Milestones
   i. Students must record clinical thinking and procedural skills witnessed by their preceptors in the Competency Portfolio in the Case Logs section of E*Value. Each skill will be listed as "performed," "assisted," or "observed." Students should access the portfolio daily while on each clinical clerkship in order to record each clinical skill. Skills are self-reported by students and verified randomly by ACOM staff. Students must make sure they are accurately recording their experiences with each symptom/problem and clinical skill during their OMS-III year. Doing so is important because ACOM will generate a letter on the student's behalf for audition rotations and residency applications that speaks to the student's competency in these areas. If the competency portfolio is incomplete, potential Residency Program Directors will not be able to see a true picture of the student's abilities.

4. COMAT Preparation
   a. COMAT exams are standardized, specialty specific examinations prepared by the National Board of Osteopathic Medical Examiners (NBOME) that are designed to be administered to students at the end of a core/required rotation. Students shall take a COMAT exam on the last day of their Internal Medicine II, Surgery, OB/GYN, Pediatrics, Family Medicine, and Behavioral Medicine rotations. They shall also take an OPP COMAT exam by the end of their OMS-III year. Students are given two areas of study in order to prepare for the COMAT.
      i. Students should access practice questions from ACOM supplied question banks at least weekly while on each rotation.
      ii. Students must participate in virtual, interactive didactics supplied by the ACOM clerkship chair.

5. Needle-Stick and Blood-Borne Pathogen Exposure
   a. Students must follow the teaching site protocol. They should consult the Needle-Stick Policies & Procedures libguide, which provides helpful information regarding site-specific protocols.
   b. Students must contact ACOM Division of Clinical Sciences within 4 hours.
   c. Students may also access the CDC guide for Post-Exposure Prophylaxis (PEP) as needed.

6. Grading Elements
   a. A grade for each clerkship will be assigned by the Clerkship Chair. Details can be found in the syllabus for each clerkship. The elements required for each core/required clerkship include a post-clerkship COMAT examination, evaluation by the Supervising Physician, and didactics facilitated by ACOM faculty. Students who do not receive a passing score will be required to remediate certain portions of the clerkship.

7. Library Privileges
   a. Preceptors have access to a state-of-the-art digital medical library at http://www.acomedu.org/library. For detailed instructions on access to library resources, please click on the Preceptor and Student LibGuide (http://libguides.acomedu.org/preceptors).
8. **Hours of Training**
   
a. Clerkships begin at 7:00 a.m. on the first Monday of the clerkship block and end at 7:00 p.m. on the Friday evening 26 days later.

b. A typical workweek is 60 – 72 hours per week. **The workweek shall be limited to a minimum of 45 hours and a maximum of 80 hours, averaged over the four-week period of the clerkship. Students may not “compress” their clerkship schedule, working extra hours some weeks in order to complete the clerkship in less than four weeks.**

c. The maximum duration of any work period will be 24 hours and must be followed by a minimum of 12 hours off duty. No student shall be required to be on call or perform night duty after a day shift more than once every three days.

9. **Attendance**
   
a. Interview days:
   
   i. ACOM does not specifically allow time off for interviews for residency positions. With approval from the supervising physician, time missed may be made up by taking night call or weekend call.

b. COMLEX days:
   
   i. One day of excused absence is allowed for taking the COMLEX Level 2 CE & PE. The student must show the preceptor evidence of approval from ACOM for a COMLEX excused absence to be valid.

c. ACOM Official Vacation(s)
   
   i. All students at ACOM in Years 1-4 shall be off for the following vacation weeks:
      1. Three (3) week Semester Break
      2. One (1) week Spring Break

10. **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.

Rev. 6/27/17
CLERKSHIP FACULTY BENEFITS & EXPECTATIONS
QUICK FACTS SHEET

1. Benefits (Tangibles)
   - Receive a Clinical Faculty Appointment with the Alabama College of Osteopathic Medicine
   - Paid $1000 per month per student
   - Free access to ACOM library resources, mobile point-of-care tools (Epocrates, PEPID, DynaMed, etc.), and instructions for using these tools
   - Faculty development programs provided to enhance teaching skills, medical informatics skills, and knowledge about OMT
   - Free CME for participation in faculty development programs
   - Signage for your office to let patients know your role as a teacher of medical students
   - Student can become helpful in the patient care process
   - Becoming part of the ACOM teaching / learning community
   - Direct access to Clerkship Chairs, Core Site Directors, and Core Site Coordinators
   - Invitations to institutional and departmental events
   - Patients can receive more attention
   - Recognition of teaching contributions (awards by students, recognition by ACOM administration)
   - Students can be a resource for information for conducting literature searches, helping faculty learn about electronic resources, etc.
   - Involvement of staff in the excitement of helping educate medical students

2. Benefits (Intangibles)
   - Continuous opportunity to learn (“to teach is to learn twice”)
   - Opportunity to teach, mentor, and influence the next generation of physicians
   - Opportunity for renewal and refreshment of knowledge base
   - Identification with the medical school is a positive impression on patients
   - Positive reactions from patients about being seen by a medical student
   - Opportunity to interact with physician colleagues around the issues of teaching and learning

3. Expectations
   - Teach 3rd and/or 4th year osteopathic medical students on a regular basis.
   - Participate in faculty development programming to increase effectiveness and efficiency of the learning experience for the clinical teacher and the student. Faculty development programming will be offered via live workshops, online modules, and webinars. Live workshops will be offered regularly at convenient times and convenient locations to accommodate the busy schedules of busy community clerkship faculty. Participation in faculty development programming will be incentivized and it is expected that clerkship clinical faculty will participate in two key workshops (Orientation to the ACOM Education Program and Effective Clinical Teaching Strategies) prior to taking a student.
   - Communicate regularly via email with ACOM Clerkship Chairs, Core Site Coordinators and Directors, and Regional Coordinators
   - Educate office staff and allied health professionals in the office relative to educational functions and procedures relative to being an office teaching site. The physician(s), other healthcare providers, and staff should work as a teaching team.
   - Conduct an orientation (15 minutes) with students at the beginning of each clerkship in which expectations, learning needs, etc. are discussed. A Learning Contract should be completed.
   - Actively teach during the clerkship by providing hands-on learning opportunities and increased responsibilities during the progress of the clerkship.
   - Follow the core clerkship rotation curriculum provided by ACOM.
   - Provide feedback regularly to the student.
   - Provide internet access to student (if possible)
   - Provide a small working space for student (if possible) VCM??
   - Conduct a mid-clerkship formative evaluation with each student.
   - Conduct an end-of-clerkship summative evaluation with each student within the last 3 days of the clerkship.
   - Complete and submit the end-of-clerkship summative evaluation of student electronically within 3 days after the end of the clerkship.

Rev. 1/23/15
CLASS OF 2020
By the end of their second year, ACOM students have been trained to meet all ACOM program requirements in the areas listed below, as demonstrated through coursework, especially within the Primary Clinical Skills and Foundations of Modern Healthcare courses.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professionalism &amp; Lifelong Learning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance, attire, and behavior</td>
<td>Demonstrates professional appearance, attire, and behavior during all standardized patient encounters, simulation sessions, and all other workplace environments</td>
<td>Evaluated during a staging process prior to standardized patient encounters and simulation sessions. Assessed in FMHC course as well.</td>
</tr>
<tr>
<td>Medical ethics</td>
<td>Understand and critically analyze medical ethics terms (beneficence, non-maleficence, autonomy, informed consent) and issues</td>
<td>Completed MedScape survey regarding “Top 20 Medical Ethical Dilemmas Physicians Face” and Analyzed important cases in small group environment</td>
</tr>
<tr>
<td>Proper use of social media</td>
<td>Demonstrate proper use of social media</td>
<td>Small group article presentations and discussion</td>
</tr>
<tr>
<td>Self-reflection</td>
<td>Demonstrates the ability to self-reflect in an accurate and meaningful manner</td>
<td>Completed after formative sessions in preparation for summative OSCE’s; Created personal medical oath in FMHC course; worked with advisors to create a 3 year plan at ACOM</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Demonstrates the ability to work as a team with other students</td>
<td>Students participate in an interprofessional workshop and interprofessional simulation experience as part of FMHC course</td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
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<tr>
<td>Patient-centered communication</td>
<td>Utilizes specific patient-centered skills in every patient encounter</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Adapting to the pediatric interview</td>
<td>Utilizes specific patient-centered skills that are appropriate to the pediatric patient</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td><strong>The History and Physical Examination</strong></td>
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<tr>
<td>Focused history and physical exam appropriate for the patient’s chief concern</td>
<td>Performs an accurate and efficient focused history and physical exam including a HPI, PMFSH, and ROS</td>
<td>Performed and evaluated during standardized patient encounters. Students completed an adequate amount of standardized patient encounters performing a focused history and physical exam.</td>
</tr>
<tr>
<td>Comprehensive history and physical exam</td>
<td>Performs a complete and accurate history and physical exam as appropriate for the patient including a HPI, comprehensive PMFSH including a sexual and reproductive history, complete ROS, and head to toe physical exam</td>
<td>Performed and evaluated during standardized patient encounters.</td>
</tr>
<tr>
<td>The adolescent interview</td>
<td>Performs an appropriate adolescent medical interview</td>
<td></td>
</tr>
<tr>
<td>The pediatrics well-child history and physical exam</td>
<td>Utilizes appropriate resources to plot a growth chart, determine a pediatric patient’s immunizations needs, and provide anticipatory guidance</td>
<td>Students completed approximately 3 history and physical exams on pediatric standardized patient encounters including infants, toddlers, and older children.</td>
</tr>
<tr>
<td>The geriatric exam</td>
<td>Performs an appropriate geriatric medical interview and exam including the evaluation of mental status, depression, abuse, and functional status</td>
<td>Students completed approximately 2 history and physical exams on volunteer geriatric patients</td>
</tr>
<tr>
<td><strong>Advanced Medical Interviewing Skills</strong></td>
<td></td>
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</tr>
<tr>
<td>Responding to strong emotions</td>
<td>Demonstrates appropriate techniques to managing a patient exhibiting strong emotions including the use of statements demonstrating empathy, respect, support/partnership</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
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</tr>
<tr>
<td>Communicating with depressed or anxious patients</td>
<td>Demonstrates appropriate techniques when communicating with patients who are depressed or anxious</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Communicating with patients about tobacco, alcohol, and substance use</td>
<td>Demonstrates appropriate techniques to communicate with patients about tobacco, alcohol, and substance use including the administration and interpretation of validated tools</td>
<td>Completed DocCom modules</td>
</tr>
<tr>
<td>Advance directives</td>
<td>Demonstrates the ability to discuss advanced directives with a patient</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>Giving bad news</td>
<td>Demonstrates appropriate techniques when communicating with patients about bad news</td>
<td>Performed skills using role playing</td>
</tr>
<tr>
<td>End of life care and communication</td>
<td>Demonstrates appropriate techniques when communicating with patients who are near the end of life</td>
<td>Performed skills using role playing. In FMHC, students participate in small group case discussions. They also write a self-reflective essay after watching “Being Mortal” video.</td>
</tr>
<tr>
<td><strong>Physical Exam Skills</strong></td>
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<tr>
<td>General observation</td>
<td>Demonstrates the ability to make accurate and meaningful observations regarding patients</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Mental status</td>
<td>Demonstrates the ability to evaluate the mental status of a patient including the administration and interpretation of validated tools</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Vital signs</td>
<td>Obtains accurate vital signs and interprets the results</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Skin, Hair, and Nails</td>
<td>Performs an accurate and thorough examination of the skin, hair, and nails</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>HEENT</td>
<td>Performs an accurate and thorough examination of the head, eyes, ears, nose, and throat</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Neck</td>
<td>Performs an accurate and thorough examination of the neck</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>Performs an accurate and thorough examination of the lymph nodes</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Chest and lungs</td>
<td>Performs an accurate and thorough examination of the chest lungs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Cardiovascular and peripheral vascular</td>
<td>Performs an accurate and thorough examination of the cardiovascular and peripheral vascular systems</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Performs an accurate and thorough examination of the abdomen including an evaluation for peritoneal signs</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Anus, rectum, and prostate (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the anus, rectum, and prostate including fecal occult blood testing when indicated</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Musculoskeletal including orthopedic maneuvers</td>
<td>Performs an accurate and thorough examination of the musculoskeletal system including the appropriate use of orthopedic maneuvers</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Breast (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the breasts</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Screening neuro exam</td>
<td>Performs an accurate and thorough examination of the neurological system including the evaluation of the cranial nerves with a fundoscopic exam, motor and sensory exam, DTR’s, and evaluation of coordination and gait</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Female genitalia and pelvic including speculum and bimanual (task trainers* and standardized patients)</td>
<td>Performs an accurate and thorough examination of the female genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td>Male genitalia (standardized patients)</td>
<td>Performs an accurate and thorough examination of the male genitalia</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td><strong>OMM</strong></td>
<td></td>
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<tr>
<td>Structural screening exam</td>
<td>Incorporates and osteopathic structural screening exam efficiently into the physical exam</td>
<td>Performed and evaluated during standardized patient encounters and clinic patient encounters.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Provides safe and effective osteopathic manipulative treatment in the appropriate patient</td>
<td>Performed and evaluated during standardized patient encounters and clinic patient encounters.</td>
</tr>
<tr>
<td><strong>Procedural Skills</strong></td>
<td></td>
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<tr>
<td>Basic and advanced airway management</td>
<td>Describes basic and advanced airway management techniques and demonstrates these skills on a task trainer*.</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Bladder catheterization (task trainer*)</td>
<td>Demonstrates the appropriate technique for performing a bladder catheterization on a male and female patient</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Casting and splinting</td>
<td>Demonstrates the appropriate technique for casting and splinting an extremity</td>
<td></td>
</tr>
<tr>
<td>Central line placement using ultrasound</td>
<td>Demonstrate technique in placing subclavical central line using ultrasound guidance</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Chest x-ray interpretation</td>
<td>Demonstrate ability to accurately read and interpret a chest x-ray.</td>
<td>Assess in the Respiratory System course.</td>
</tr>
<tr>
<td>EKG interpretation</td>
<td>Demonstrate ability to accurately read and interpret EKG results.</td>
<td>Assessed in the Cardiovascular System course.</td>
</tr>
<tr>
<td>Lumbar puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing a lumbar puncture</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Nasogastric tube insertion</td>
<td>Demonstrates the appropriate technique for performing a nasogastric tube insertion</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Sterile technique</td>
<td>Demonstrates the appropriate use of sterile technique, including donning a sterile gown and gloves</td>
<td>Students perform technique in group setting.</td>
</tr>
<tr>
<td>Surgical knot tying</td>
<td>Demonstrate ability to do one-handed and two-handed knot tie</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Suturing</td>
<td>Demonstrates the appropriate technique for suturing a wound and instrument tie</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td>Vascular including IV and IA puncture (task trainers*)</td>
<td>Demonstrates the appropriate technique for performing an intravenous and intra-arterial puncture</td>
<td>Performed using task trainers*</td>
</tr>
<tr>
<td><strong>Written &amp; Oral Communication</strong></td>
<td></td>
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<tr>
<td>SOAP notes</td>
<td>Documents the subjective, objective, assessment and plan portions of a patient’s note accurately and concisely</td>
<td>Performed and evaluated during standardized patient encounters. Students completed an adequate number of SOAP notes including formulation of a differential diagnosis.</td>
</tr>
<tr>
<td>Oral case presentation</td>
<td>Provides an accurate and concise oral case presentation</td>
<td>Performed and evaluated during standardized patient encounters</td>
</tr>
<tr>
<td><strong>Clinical Reasoning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differential diagnosis</td>
<td>Utilizes electronic resources to create an appropriate differential diagnosis based on a patient’s presenting problems</td>
<td>Performed during simulation debrief sessions. Also assessed in FMHC course.</td>
</tr>
<tr>
<td>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
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<tr>
<td><strong>Information Mastery</strong></td>
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<tr>
<td>Researching &amp; evaluating available resources</td>
<td>Demonstrates how to access and critically analyze journal articles, PubMed, and other reference sources.</td>
<td>Participated in journal club small group experience</td>
</tr>
<tr>
<td>Point-of-care resources</td>
<td>Demonstrates the appropriate use of point-of-care resources to answer clinical questions including Dynamed, Epocrates, PEPID, and UpToDate</td>
<td>Performed during small group sessions</td>
</tr>
<tr>
<td><strong>Life Support Courses</strong></td>
<td></td>
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<tr>
<td>Basic Life Support (BLS)</td>
<td>Certificate of successful completion through AHA approved program</td>
<td></td>
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<tr>
<td>Advanced Cardiac Life Support (ACLS)</td>
<td>Certificate of successful completion through AHA approved program</td>
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<tr>
<td><strong>Guidelines for Healthcare Professionals</strong></td>
<td></td>
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<tr>
<td>Biostatistics and epidemiology</td>
<td>Assessed in Journal Club.</td>
<td></td>
</tr>
<tr>
<td>Infection control</td>
<td>Demonstrates the appropriate use of universal precautions for preventing the transmission of blood borne infections.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Isolation precautions</td>
<td>Demonstrates the appropriate use of isolation precautions to prevent the transmission of infections such as tuberculosis and MRSA in healthcare settings.</td>
<td>Completed OSHA-approved training module and subsequent assessment</td>
</tr>
<tr>
<td>Child abuse reporting</td>
<td>Certificate verifying understanding of proper child abuse reporting procedures</td>
<td></td>
</tr>
<tr>
<td>Legal jurisprudence</td>
<td>Demonstrate understanding of legal issues in the medical profession</td>
<td>Assessed in FMHC course through small group case presentations</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Demonstrate understanding of laws and guidelines associated with HIPAA</td>
<td>Assessed in FMHC course through classroom discussion and open-book test.</td>
</tr>
</tbody>
</table>

*Most task trainers are lifelike models of body parts, such as an arm or pelvis. All task trainers have the ability to break down a specific skill into its individual steps as new skills are taught and learned.*
## Scheduling Audition Rotations and Applying for Residency: 2018-2019

### OMS III Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>• Take COMLEX Level 1</td>
</tr>
<tr>
<td>July</td>
<td>• Begin CORE Rotations</td>
</tr>
<tr>
<td>August</td>
<td>• Research residency programs and request information and/or application material (AOA Opportunities, AMA’s FREIDA, PCOM MedNet), become familiar with residency and audition rotation application dates</td>
</tr>
<tr>
<td>October - March</td>
<td>• Continue working on your Curriculum Vitae (CV)</td>
</tr>
<tr>
<td></td>
<td>• Evaluate your competitiveness – compare board scores to discipline minimums, look at program requirements, etc.</td>
</tr>
<tr>
<td>December - April</td>
<td>• Begin requesting Letters of Recommendation (LoRs) and inform authors of the LoR process for ERAS</td>
</tr>
<tr>
<td></td>
<td>• Write your Personal Statement(s)</td>
</tr>
<tr>
<td></td>
<td>• Visit the ERAS Website to familiarize yourself with the timeline, homepage, and other important information</td>
</tr>
<tr>
<td>December 31</td>
<td>• <strong>Deadline</strong> for students to ensure sure all evaluations from Fall Semester have been submitted</td>
</tr>
<tr>
<td>January</td>
<td>• Begin contacting programs (Non-VSAS) regarding audition rotation availability and important dates</td>
</tr>
<tr>
<td></td>
<td>• MyERAS tokens are issued with access the Letters of Recommendation function ONLY</td>
</tr>
<tr>
<td>February</td>
<td>• VSAS authorizations issued</td>
</tr>
<tr>
<td>March – December</td>
<td>• Season opens for COMLEX Level 2-PE</td>
</tr>
<tr>
<td>March</td>
<td>• Begin applying for VSAS away audition rotations (if applicable)</td>
</tr>
<tr>
<td>April-June</td>
<td>• Put final touches on your CV and Personal Statement</td>
</tr>
<tr>
<td>June</td>
<td>• ERAS 2019 Begins</td>
</tr>
<tr>
<td></td>
<td>• Applicants can register on MyERAS and begin working on their applications</td>
</tr>
<tr>
<td>June/July</td>
<td>• Take COMLEX Level 2-CE</td>
</tr>
<tr>
<td>July</td>
<td>• Deadline to complete MSPE Form</td>
</tr>
<tr>
<td></td>
<td>• Audition Rotation season begins</td>
</tr>
<tr>
<td>July 20</td>
<td>• <strong>Deadline</strong> for students to ensure sure all evaluations from Spring and Summer Semesters have been submitted</td>
</tr>
</tbody>
</table>

*Failure to meet deadline may prevent you from receiving your tokens for VSAS participation.

**Failure to meet deadline may delay the release of your MSPE.
**OMS-III**

### 3rd Year

**OMS III Rotations**

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

- **Request strong LoRs, Write Personal Statements, Register for MyERAS to use the LoR function**
- **Research programs and become familiar with residency and audition rotation application dates**
- **Continue working on your CV**
- **MyERAS tokens distributed through email**
- **Submit VSAS applications**
- **Begin applying for audition rotations (non-R)***
- **Narrow down 1-2 specialties**
- **VSAS Authorizations issued**
- **Log in to VSAS**

**Audition Rotations**

- **MSPE Form due**
- **COMLEX 2 Exams must be scheduled**

**MyERAS opens to begin working on applications**

**July 15:** NMS/AOA Match Registration begins (Deadline)

**December 31:** **DEADLINE** for students to ensure evaluations from Fall semester have been submitted

**July 20:** **DEADLINE** for students to ensure evaluations from Spring & Summer semesters have been submitted

---

* Failure to meet deadline may prevent you from receiving your MSPE.

** Failure to meet deadline may delay the release of your MSPE.
### OMS IV Fall Semester 2018 Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 6</td>
<td>• Applicants may begin applying to AOA-accredited residency programs only</td>
</tr>
<tr>
<td>July 15</td>
<td>• Registration for the NMS/AOA Match opens</td>
</tr>
<tr>
<td></td>
<td>• AOA-accredited residency programs start receiving applications</td>
</tr>
<tr>
<td></td>
<td>• Note: All Osteopathic residency applicants who applied between July 6 and July 14 will display with a July 15 applied date on the program's end</td>
</tr>
<tr>
<td>September 6</td>
<td>• Applicants can start applying to ACGME-accredited residency programs</td>
</tr>
<tr>
<td>September 15</td>
<td>• ACGME-accredited residency programs start receiving applications</td>
</tr>
<tr>
<td>Late September</td>
<td>• Students may make an appointment to view their MSPE on campus</td>
</tr>
<tr>
<td>October 1</td>
<td>• MSPEs are released to programs through ERAS</td>
</tr>
<tr>
<td>November 1</td>
<td>• Recommended date by which students should be registered for the AOA Match</td>
</tr>
<tr>
<td>Late November</td>
<td>• Instructions for submitting rank order lists and obtaining match results are provided to NMS registered students</td>
</tr>
<tr>
<td>Late November</td>
<td>• NRMP/ACGME Applicant Registration Deadline – after this date you will have to pay a $50 late registration fee</td>
</tr>
<tr>
<td>Mid-December</td>
<td>• Military Match results released</td>
</tr>
<tr>
<td>December 31</td>
<td>• <strong>Deadline</strong> for students to have patient centered interviewing evaluations complete and submitted</td>
</tr>
</tbody>
</table>

*Failure to meet deadline may disqualify you from participating in the residency match.

**Failure to meet deadline may prevent you from participating in graduation activities.
OMS IV Spring Semester 2019 Timeline

Early January  • AOA Match participants may begin to submit Rank Order Lists for the Match
Mid-January  • NRMP Rank Order List entry opens at 12:00 p.m. ET
Late January  • Final date for submission of student and program Rank Order List to AOA Match. No AOA Rank Order Lists or registration for the Match be accepted after this date.
Early February  • NMS/AOA Osteopathic Match Results released to all participants
• DO Scramble – Beginning at 12:00 p.m. ET on the set date, students who did not match to a position and programs with positions available may contact each other in order to fill available positions
Late February  • NRMP Late Registration Deadline
• NRMP Rank Order List Deadline
March 1  • Deadline* for students to ensure evaluations from Periods 6-7 have been submitted
Mid-March  • NRMP Match Week
• Applicants learn whether or not they matched via email
• Supplemental Offer and Acceptance Program (SOAP) begins
• NRMP Match Day – results of the Match are released to all participants
Late March  • Final Opportunity for Osteopathic graduates who have not matched/placed into GME through the military match, AOA Match, or NRMP Match may apply and seek placement into one of the open AOA-accredited GME positions
April 5  • Deadline** for students to ensure evaluations from Period 8 have been submitted
April 29  • Deadline** for students to ensure evaluations from Period 9 have been submitted
May  • Graduation

*Failure to meet deadline may disqualify you from participating in the residency match.
**Failure to meet deadline may prevent you from participating in graduation activities.
### Timeline

#### OMS-IV

**4th Year**

**OMS IV Rotations**

- **August**
  - Continue applying to Residency Programs
  - ERAS applications may be submitted to osteopathic programs
  - Register for AOA/NMS Match
- **September**
  - Continue Audition Rotations
  - Applications for allopathic programs may be submitted
  - May register for NRMP Match (Deadline Nov. 30)
- **October**
  - Residency Interviews Held
  - May review MSPE on campus by appointment
- **November**
  - Submit Rank Order Lists for AOA Match and/or NRMP Match
  - MSPEs are released to programs on October 1
- **December**
  - COMLEX 2 (CE & PE) must be passed by March 1
  - AOA Match Results Released
  - NRMP Match Results Released
  - DO Scramble
- **January**
  - SOAP takes place for unmatched applicants
  - Register for AOA/NMS Match
  - COMLEX 2 (CE & PE) must be passed by March 1
  - AOA Match Results Released
  - NRMP Match Results Released
- **February**
  - Graduation

**Deadlines**

- **April 5**: COMLEX 2 (CE & PE) must be passed by March 1
- **April 29**: COMLEX 2 (CE & PE) must be passed by March 1
- **December 31**: Deadline for students to ensure evaluations from Fall semester have been complete and December 31: Deadline for students to have patient centered interviewing evaluations complete and
- **March 1**: Deadline for students to ensure evaluations from Periods 6-7 have been
- **April 29**: Deadline for students to ensure evaluations from Period 9 have been

*Failure to meet deadline may disqualify you from participating in*

**Notes**

- **Failure to meet deadline may prevent you from participating in**
MILESTONES CHECKLIST
2018-2019 Academic Year

- Successfully complete OMS-I and OMS-II coursework
- Take and Pass COMLEX Level 1
- Ensure all immunizations and immunity records are up to date and meet ACOM's requirements
- Complete all Leaving the Nest modules
  - Answer all post-module questions successfully
  - Download and review Clinical Clerkship Manual
  - Complete required CITI Training modules
- Attend all required hospital orientations and ensure your student credentialing documents are provided to the appropriate person(s) in a timely manner
- Ensure all evaluations from OMS-III Fall semester are submitted (12/31 deadline)
  - Failure to meet deadline may prevent you from receiving your tokens for VSAS participation
- Ensure all evaluations from OMS-III Spring and Summer semesters are submitted (7/20 deadline)
  - Failure to meet deadline may delay the release of your MSPE
- Complete MSPE form
- Take and Pass all core COMATs (Psychiatry, Internal Medicine, OB/GYN, Surgery, Pediatrics, Family Medicine, OPP)
- Take and Pass COMLEX Level 2-CE
- Take and Pass COMLEX Level 2-PE
- Ensure all required competencies have been entered in E*Value competency log (preferably be the end of OMS-III year because this information goes into the MSPE)
  - Continuing to populate the portfolio during the OMS-IV year will lead to a more complete representation of student exposure to the clinical skill sets they will be expected to perform on their first day of residency.
- Register for MyERAS
- Apply to residency programs in ERAS
- Emergency Medicine applicants only: complete the Standardized Video Interview if required by programs of interest
- Register for NMS/AOA and/or NRMP/ACGME Match
- Ensure all evaluations from OMS-IV Fall semester are submitted (12/31 deadline)
  - Failure to meet this deadline may disqualify you from participating in the residency match
- Ensure all 5 required Patient-Centered Interviewing Evaluation forms are completed and submitted (12/31 deadline)
  - Failure to meet this deadline may prevent you from participating in graduation activities
- Submit Rank Order List for residency match
- Ensure all evaluations from OMS-IV Period 6-7 are submitted (3/1 deadline)
  - Failure to meet this deadline may disqualify you from participating in the residency match
- Match to a residency program
- Ensure evaluation for OMS-IV Period 8 is submitted (4/5 deadline)
  - Failure to meet this deadline may prevent you from participating in graduation activities
- Ensure evaluation for OMS-IV Period 9 is submitted (4/29 deadline)
  - Failure to meet this deadline may prevent you from participating in graduation activities
- Ensure any other requirements are met for GRADUATION

**Note: You should be researching residency programs, updating and revising your CV and Personal Statement, contacting programs for auditions, and applying for auditions continuously during your OMS-III year. Please see the OMS-III and OMS-IV Timeline for more detailed information.**
Quick Guide (PDR) to Giving Orientation to Student at Beginning of Clerkship

Plan
1. Inform staff student will be present and give them appropriate information about student (e.g. level of student and things student will be doing)
2. Clarify expectations/roles for staff. Make staff feel that are a vital part of the teaching team.
3. Send communication (e.g. e-mail) to student in advance providing welcome, setting tone, and giving information that will save time in live orientation.
4. Review syllabus and evaluation form.
5. Develop a plan for the orientation (e.g. time, discussion points, etc.) that can be done in the time you plan to allow.

Do
1. View orientation as initial step in establishing collaborative relationship with student.
2. Think of the possibility of the student being a future partner in your practice.
3. Components that might be included in orientation:
   a. Small talk (hobbies, family, etc.)
   b. Discussion of syllabus objectives and topics on which student would like to focus
   c. Student’s strengths and needs relative to objectives
   d. Feedback (when and how it will be provided)
   e. The plan for mid-point formative evaluation and possibly end of clerkship evaluation
   f. Expectations regarding dress, arrival time, leaving time, etc. (note: assume nothing)
   g. Your teaching routine in context of patient flow
   h. Things student liked about how teaching was done on previous clerkships
   i. How student will interact with EMR

Reflect/Evaluate (Use the Start, Stop, Continue Model of Reflection)
1. Think about how the orientation went
2. Things you still need to go over with student
3. Anything that happened that was unexpected
4. Make some notes: what went well (continue), what do I need to stop doing (stop), what do I need to do that I didn’t do (start).
5. Plan to ask the student for feedback on helpfulness of orientation toward the end of the clerkship and add to Start, Stop, Continue notes.

Created by D. Baker (dbaker@acomedu.org)
Tips and Thoughts on Planning and Conducting an Orientation with Students with “Learning Agreement” as Focus

Orient the Staff Prior to Student Arrival:

1. Inform staff student will be starting and give them appropriate information about student (e.g. level of student, student’s medical school, things student will doing).
2. Let staff know their role in the education and evaluation of the student.

Planning the Orientation:

- Have a time period set aside for the orientation at the beginning of the clerkship.
- Let your staff know that you will be doing the orientation.
- **Write** three skills/knowledge you think student needs to learn and can learn on your clerkship. As a resource for this:
  - View the Preceptor Evaluation of Student Form.
  - View the Clerkship Syllabus.
  - Think about what you, your staff, and your practice environment have to offer.
  - Give consideration to the experiences the student may already have had.

Do the Orientation:

- Establish friendly but serious atmosphere (e.g. greeting, smile, small talk)
- Sit beside student if possible.
- Ask what rotations student has completed.
- Establish agenda and work through agreement. Example conversation might go as follows:

  **Preceptor:** We've got 15 minutes, let's work through the learning agreement and that will help us determine how the routine will go at least for our first two weeks. Let's look at the 3 areas of skills and knowledge did you write down? Get clarification on what student wrote down (e.g. Tell me a little more about what you mean by establishing a relationship with the patient)

  **Student:** Well, I think ..............

  **Preceptor:** Here are the 3 areas I wrote down, so from mine and yours what are the top three objectives we want you to accomplish?

  **Student:** Can we go with ........

  **Preceptor:** As far as how you can accomplish these objectives, what would you like to be doing during the clerkship and what can I be doing to help you?

  **Student:** Shares ideas such as ........

  **Preceptor:** Okay, I agree that ........ Instead of ...... I would prefer that ........ Okay, just to be sure we are on the same page why don’t you summarize for both of us.

  **Preceptor:** Great, sounds like we are on the same page. Oh, and it is important that we set aside about 15 minutes at the end of next Friday so that we can do a check on how you are doing relative to the learning objectives we decided on and I want you to come prepared to tell me two specific things you feel you are doing very well and two specific things you feel you need to improve.

  Now, I want you to go with Mary, one of our nurses who will give you a quick tour and introduce you to some of the staff.

Reflect on How it Went and Follow-up with Student if Needed
3 Sources for Determining What Specific Learning Objectives and Learning Activities will be Most Helpful for Student to Accomplish Learning Objectives

1. Skills and Knowledge on Student Evaluation Form
   1. Performs H & P appropriate to clinical situation
   2. Concise accurate oral reports
   3. Using lab data and imaging info to apply to problem
   4. Creates appropriate DDX
   5. Uses clinical pathways and algorithms appropriately
   6. Uses structural diagnostic techniques when appropriate
   7. Prioritizes critical findings correctly
   8. Correctly determining seriousness of illness
   9. Applies knowledge resources (e-literature, point of care resources) to help with formulation of clinical decisions
   10. Demonstrates high ethical standards with empathy and professionalism
   11. Self assess accurately
   12. Shows compassion and understanding of social issues and applies to care
   13. Treats all patients fairly with compassion regardless of culture, status, etc.
   14. Appropriately uses e-resources with patient in personable compassionate manner
   15. Interacts with staff, faculty in respectful manner and works appropriately as team member
   16. Demonstrates genuine interest in patients’ clinical and biopsychosocial situation and applies healthcare and community resources appropriately

2. Skills and Knowledge from Syllabus Objectives
   **Psychiatry (Example objectives)**
   Perform comprehensive mental status exam.
   Counsel and instruct patients and their families regarding specific diagnoses.
   Perform suicide risk assessment.

   **Surgery (Example objectives)**
   Perform H & P appropriate for eval of surgical patient.
   Communicate relevant patient information to others on health care team.
   Evaluate risks, benefits, limitation, and cost of treatment options to patient

3. 67 Clinical Milestones Necessary for Graduation
   Student must self-check 5 categories of competency with preceptor checking that all 5 were done. The 5 categories are:
   - Perform focused H & P
   - Formulate DDX
   - Narrow DDX to working diagnosis
   - Describe or perform procedures to diagnose and treat problem
   - Craft treatment plan
**Behavioral Medicine [OMS-III]**

| Assess, assimilate, and use medical and research literature to enhance clinical decision making. |
| Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting. |
| Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds. |
| Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques. |
| Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring. |
| Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals. |
| Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare. |
| Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies. |
| (Site / Event Level: Perform suicide risk assessment. / Apply guidelines for selection of appropriate treatment setting for suicidal patients. / Describe the legal process for involuntary civil commitment and its ethical implications. ) |
| Have a fundamental knowledge of health literacy assessment, basic counseling skills, and be able to articulate the corrosive and basically harmful nature of stigma. |
| Know how and when to make an appropriate, informed, and expeditious referral. |
| Perform and document a complete history and physical examination appropriate for patient care. |
| Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales. |
| Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance. |
| (Site / Event Level: Develop familiarity with the Diagnostic and Statistical Manual of Mental Disorders 5th Edition. / Identify symptoms and diagnose common psychiatric disorders. / Have a fundamental prescribing knowledge of psychopharmacologic agents. / Have a fundamental knowledge of the more common styles of psychotherapy. / Have a fundamental knowledge of somatic therapies.) |

**Emergency Medicine [OMS-IV]**

| Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques. |
| Perform and document a complete history and physical examination appropriate for a patient. |
| Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales. |
| Formulate and document appropriate diagnoses and treatment plans based on patient history, symptoms, examination findings, lab tests, and imaging studies. |
| Effectively counsel and instruct patients and their families regarding specific diagnoses, treatment plans, and broader health maintenance. |
| Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals. |
| Build productive relationships with patients, families, and other healthcare professionals within the clerkship rotation, regardless of their backgrounds. |
| Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting. |
| Assess, assimilate, and use medical and research literature in clinical decision-making. |
| Evaluate the risks, benefits, limitations and costs of different diagnostic and treatment options associated with healthcare. |
| Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring. |

**Family Medicine [OMS-III]**

| Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting. |
| Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills. |
| Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques. |
| Discuss evidence-based health promotion / disease prevention plans for patients of any age or gender. |
| Discuss the critical role of family physicians within any health care system. |
| Discuss the principles of family medicine care. (See Appendix D-F for more specific objective information) |
**Hospice & Palliative Care [OMS-III]**

- Describe the role of Hospice & Palliative Care Goals in the care of patients with chronic diseases and with terminal illnesses.
- Describe in detail the overlapping relationship between Hospice and Palliative Care.
- Describe the concept of “Hope” in end-of-life care.
- Describe and apply appropriately the criteria necessary for admission into Hospice Care.
- Identify and correct goals and any gaps in end-of-life care plans.
- Differentiate the concepts of pain & suffering and treat the patient appropriately.
- Manage the most common troubling symptoms encountered in palliative care with integrated biopsychosocial strategies. (Examples: pain, anxiety, depression, delirium, cough, dyspnea, pruritus, anorexia, nausea/vomiting, constipation, sleep-wake cycle disruption, etc.)
- Develop increasing facility with medications & procedures common to palliative care, especially OMT.
- Determine and respond to family, social, and cultural nuances in end-of-life care.
- Provide the special care indicated in the last hours of life.
- Provide for caretaker needs, especially prevention of “burn-out / demoralization”.
- Develop special expertise in managing bereavement in both patients and caregivers.
- Explain in detail the historical, ethical, legal, and “faith-based” issues involved in Physician-Assisted-Suicide (PAS) and the conflicting / complicating issues with Hospice.
- Facilitate attention to spiritual needs of patients and family and acquire increasing experience working cooperatively with clergy.
- Present both the historical development and national trends indicating the future of Hospice & Palliative Care.
- Describe the role of Hospice & Palliative Care Goals in the care of patients with chronic diseases and with terminal illnesses.
- Describe in detail the overlapping relationship between Hospice and Palliative Care.
- Describe the concept of “Hope” in end-of-life care.

**General Surgery [OMS-III]**

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
- Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.
- Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
- Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.
- Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.
- Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- Perform and document a complete history and physical examination appropriate for patient care.
- Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.
**Internal Medicine I and II [OMS-III]**

Assess, assimilate, and use medical and research literature to enhance clinical decision making.

Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.

Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.

Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.

Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.

Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.

Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.

Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.

Perform and document a complete history and physical examination appropriate for patient care.

Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

**Obstetrics & Gynecology [OMS-III]**

Assess, assimilate, and use medical and research literature to enhance clinical decision making.

Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.

Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.

Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.

Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.

Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.

Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.

Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.

Perform and document a complete history and physical examination appropriate for patient care.

Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

**OPP (graduation requirement running throughout OMS-III and OMS-IV years)**

Assess, assimilate, and use medical and research literature to enhance clinical decision making.

Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.

Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.

Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.

Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.

Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

If somatic dysfunction is diagnosed, and the patient is medically managed as well as stable, then offer OMT, with preceptor permission.

Perform and document a complete history and physical for patients being cared for, including a complete osteopathic structural exam.

(Site / Event Level: Incorporate the five-step patient-centered principles of interviewing successfully applied in PCS OSCEs, particularly demonstrating respect, empathy, and compassion toward the patient throughout history and physical examinations. / Incorporate structural exam techniques successfully applied in OPP lab practicals and PCS OSCEs.)

 Understand that somatic dysfunction findings (whether biomechanical/orthopedic/viscero-somatic, etc.) should be included in your “Musculoskeletal” section of your physical exam findings in the SOAP note.
Understand that the medical diagnosis of “Somatic Dysfunction” (SD) is placed in your “Assessment” section of the SOAP note by body region:

- Cranial SD
- Cervical Spine SD
- Thoracic Spine SD
- Rib SD
- Upper Extremity SD
- Abdominal SD
- Lumbar SD
- Pelvic SD
- Sacral SD
- Lower Extremity SD

Utilize the ACOM on-line library “Key Osteopathic Resources” to continue to enhance your OMT skill set as well as your osteopathic clinical thought process

Utilize the “The Atlas of Osteopathic Techniques, 3rd edition” by Drs. Nicholas and Nicholas to review the indications and contraindications of osteopathic manipulative techniques, outlined in each chapter

**Pediatrics [OMS-III]**

Assess, assimilate, and use medical and research literature to enhance clinical decision making.

Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.

Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.

Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.

Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.

Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.

Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.

Perform and document a complete history and physical examination appropriate for patient care.

Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

**Selectives / Electives [OMS-III AND OMS-IV]**

Assess, assimilate, and use medical and research literature to enhance clinical decision making.

Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.

Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.

Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.

Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.

(Site / Event Level: Perform appropriate history and physical evaluation / Establish appropriate differential diagnoses / Write orders appropriate for the patient, including appropriate laboratory and imaging studies / Recommend treatment plans for the patients seen during the clerkship rotation)

Perform and document a complete history and physical examination appropriate for patient care.

Research and discover ways to implement osteopathic principles and OMM to the care of the patient being evaluated and treated by the chosen specialty.
ACOM Learning Agreement for 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: ___________________________

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.

Rev. 7/21/16
Assessing Student Ability

A preceptor’s main job is to assess a student’s ability to do the following:

• Perform an accurate medical **history and physical** exam based on the presenting complaint and appropriate to the clinical setting
• Formulate a **differential diagnosis** appropriate to the patient and the clinical setting
• Order and accurately interpret tests and procedures in order to narrow the differential diagnosis to a **working diagnosis**
• Accurately describe or perform **procedures** to diagnose and treat the patient’s problems
• Craft a **treatment** plan appropriate to the patient’s problems and situation
• Work with patients and members of the healthcare team **ethically and professionally**.

Preceptors should assess these abilities in multiple venues, including at the bedside, during oral presentations, and during rounds.
Tips for Direct Observation of the Student on Clerkships

NB: A greater emphasis on direct observation is becoming an increasingly important part of the every residency program’s challenge to better determine residents progress toward the achievement of competencies and milestones. It is important that students on clerkships are directly observed as it prepares them for the residency experience and it is also just good clinical teaching to directly observe the learning.

1. **What is observed should be guided by clerkship objectives & evaluation form.**
   Determine which items on your evaluation form need the support of data based on Direct Observation of student with patient.

2. **Discuss direct observation during the orientation of the learner.**
   “The expectation that they will be observed with patients should be made explicit.”

3. **Make Direct Observation part of the culture.**
   Do it often enough that it is considered a part of what your program does.

4. **Let learner know when direct observation will be occurring and specifically what you will be looking for.** (e.g. “When I observe today I will be focusing on your history taking skills.”)
   Expectations known: no surprises.

5. **Have a structure for making notes such as: History taking, PE, etc.**

6. **Follow direct observation with feedback.**
   Always debrief. Utilize self-assessment and action planning as part of the feedback process.

7. **Develop systems to accommodate collection and recording of data based on direct observation of clinical skills.**
   At minimum, make notes (e.g. use “notes” app on phone).

Adapted from:

Tips for Writing Narrative Comments and Examples

1. The narrative should be organized.

2. Match narrative to items on evaluation form, learning agreement, and syllabus objectives.

3. Do not give a grade as part of your narrative. For example, "John performed at the honors level in all respects during his time with me."

4. Don’t feel that all 16 areas/domains on the evaluation form have to be addressed but try to become aware of areas/domains you may have a tendency to not address.

5. Stories or specific examples are helpful.
   
   John was excellent at helping to educate our patients. I observed him explain the terms HDL and LDL to a patient and was impressed with his ability to explain these concepts clearly without using medical jargon. He even prepared a handout on this topic for patients that I now place in my waiting room.

6. Have a strategy.
   
   A. Address areas/domains on evaluation form systematically
   B. Give examples/stories
   C. Think about the RIME model of student roles (Reporter, Interpreter, Manager, Educator)
   D. Helpful if suggestions for improvement can be used by student on next clerkship.

7. Example Narrative for Strengths
   John displayed excellence in clinical reasoning, medical knowledge, teamwork, patient communication, and using feedback. He gave concise, organized and accurate oral presentations. He did an excellent job of explaining the clinical reasoning that supported his recommendations for next steps with patients. His fund of knowledge was solid and he was well acquainted with e-resources such as Dynamed and Clinical Key which he used regularly to help us make evidence-based decisions. I directly observed him doing H&Ps on patients and watched him grow in his ability to be accurate and efficient while still showing a caring attitude. He was a team player with my staff and was always willing to stay and help them beyond normal hours. He was always professional, kind, and courteous to patients. Several patients told me how much they liked him. John was very good at accepting feedback and using that information for constantly improving which is something I don’t see in all students.

Example for What Student Needs to Improve
The only suggestion I can make for improvement is that I would like to see John reduce the number of possibilities he includes in his differentials. While his thoroughness can be appreciated, it sometimes reduces his ability to think about what actions to take in a timely manner.

Example Narrative for Dean’s Letter of Evaluation
John is professional in every way. His great communication skills and appropriate confidence and skills when taking histories and examining patients engendered patient trust in him. I often had patients tell me what a great doctor they thought he would be. I was always comfortable that I could trust him to be through and to check with me when he was unsure of something. He was very good at paying attention to detail without losing sight of the big picture. He always was courteous to my health care team and he was truly a team member who was willing to do whatever was needed regardless of the level of the task.
Please complete this evaluation at the midpoint of the clerkship rotation. Your cooperation is most appreciated.

**Section I – Core Competencies:**

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

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In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

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Formerly known as the Dean’s Letter of Evaluation

What comments would you like to include in the student’s MSPE (Dean’s Letter of Evaluation)?

Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves? A B C F

________________________________________________________  __________________________
Preceptor Signature                                           Date

________________________________________________________  __________________________
Student Signature                                              Date

Thank you for the time and hard work you devote toward the education of ACOM students.
Your feedback is highly valuable to the program.
**Mid-Rotation Evaluation**

OMS-IV

Please complete this evaluation at the midpoint of the clerkship rotation. Your cooperation is most appreciated.

**Section I – Core Competencies:**

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

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If a student exceeded expectations in any of the above observable behaviors, please explain below.

In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

Section III – Narrative Comments regarding Honors

If you think this student should be considered for the Outstanding Student Award in this discipline at graduation, please tell us why below.

Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?   A     B     C     F

________________________________________________________  ____________________________
Preceptor Signature                                      Date

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Thank you for the time and hard work you devote toward the education of ACOM students. Your feedback is highly valuable to the program.
If you are an Out of Network preceptor, please return this form by email, fax, or regular mail.

Email: pmixon@acom.edu | agant@acom.edu

445 Health Sciences Blvd.
Dothan, AL, 36301
Fax: 334-699-2268    ATTN: Priscilla Mixon or Amanda Gant

Alabama College of Osteopathic Medicine
Preceptor Evaluation of OMS-III Student

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Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

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What comments would you like to include in the student’s MSPE (Dean’s Letter of Evaluation)?

Section IV – Gut Check
(For gut checks of B or less, please be sure to leave comments for students regarding areas that need improvement in Section II above)

What letter grade does your “gut” tell you this student deserves?    A    B    C    F

________________________________________________________

Preceptor Signature    Date

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Alabama College of Osteopathic Medicine
Preceptor Evaluation of **OMS-IV** Student

| Preceptor | 
| Student | 
| Clerkship Rotation | 
| Dates of Rotation OR Rotation Period | 
| Signature of Preceptor |

Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

**Section I – Core Competencies:**

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

<table>
<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
<th>Student Can Do with Indirect Supervision</th>
<th>Student Can Do with Direct Supervision Only</th>
<th>Student Cannot Do</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs an effective history and physical appropriate to the patient’s clinical situation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can present a concise, accurate oral report and prepare a concise, accurate written report (SOAP note)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Utilizes lab and imaging appropriately to identify cause(s) of a patient’s problem(s)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Creates an appropriate differential diagnosis based on the patient’s problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Uses clinical pathways and algorithms when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Uses osteopathic structural diagnostic techniques when appropriate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates prioritization of critical findings and lab abnormalities in order to appropriately address a patient’s problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Accurately addresses the acuity of illness for an individual patient and crafts an appropriate treatment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can reference, interpret, and apply knowledge in order to address a patient’s clinical problem(s).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates appropriate use of available electronic resources while consistently approaching the patient in a personable, compassionate manner.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates understanding and compassion of social issues and utilizes this in patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Treats all patients fairly and compassionately regardless of health status, financial standing, cultural background, or belief system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Conducts all interactions with staff, faculty, etc. with the same level of respect and honesty, as appropriate to student’s role on the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates a genuine interest in learning about the patient’s clinical and biopsychosocial situation, and then applies healthcare and community resources appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

Section III – Narrative Comments regarding Honors

If you think this student should be considered for the Outstanding Student Award in this discipline at graduation, please tell us why below.

Section IV – Gut Check

(For gut checks of B or less, please be sure to leave comments for students regarding areas that need improvement in Section II above)

What letter grade does your “gut” tell you this student deserves?   A   B   C   F

________________________________________________________  ____________________________
Preceptor Signature                                              Date

________________________________________________________  ____________________________
Student Signature                                                Date

Thank you for the time and hard work you devote toward the education of ACOM students.
Your feedback is highly valuable to the program.

Rev. 9/13/17
If you are an Out of Network preceptor, please return this form by email, fax, or regular mail.

Email: pmixon@acom.edu | agant@acom.edu

Alabama College of Osteopathic Medicine
Preceptor Evaluation of **OMS-III Hospice** Student

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Rotation</td>
<td>Dates of Rotation OR Rotation Period</td>
</tr>
<tr>
<td>Signature of Preceptor</td>
<td></td>
</tr>
</tbody>
</table>

Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

**Section 1 – Core Competencies:**
Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
<th>Student Can Do with Indirect Supervision</th>
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<th>Student Cannot Do</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Skills</td>
<td>Safely performs basic medical procedures and skills with appropriate assistance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communication</td>
<td>Effectively and appropriately communicate with patients and other members of the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teamwork Skills</td>
<td>Makes himself/herself a useful and dependable member of the healthcare team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient Centered Care</td>
<td>Offers patients adequate opportunities to express their needs, feelings, and preferences</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>Interacts with patients and other healthcare team members in ways that enhance patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Shows respect, consideration, concern, and empathy for patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ethics</td>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
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<tr>
<td>Life-Long Learning</td>
<td>Demonstrates ability to self-reflect appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Independently seeks out and utilizes opportunities to expand knowledge and skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>Projects a professional attitude, including punctuality, attire, and readiness to complete tasks</td>
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<td></td>
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Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

________________________________________________________________________

In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

________________________________________________________________________

Section III – Narrative Comments for the Student’s Medical Student Performance Evaluation (MSPE)
Formerly known as the Dean’s Letter of Evaluation

What comments would you like to include in the student’s MSPE (Dean’s Letter of Evaluation)?

________________________________________________________________________

Section IV – Gut Check
What letter grade does your “gut” tell you this student deserves?  A  B  C  F

________________________________________________________
Preceptor Signature               ________________
________________________________________________________
Student Signature               ________________

Thank you for the time and hard work you devote toward the education of ACOM students.
Your feedback is highly valuable to the program.

Rev. 6/2/17
If you are an Out of Network preceptor, please return this form by email, fax, or regular mail.

Email: pmixon@acom.edu | agant@acom.edu

445 Health Sciences Blvd.
Dothan, AL, 36301
Fax: 334-699-2268   ATTN: Priscilla Mixon or Amanda Gant

Alabama College of Osteopathic Medicine
Preceptor Evaluation of **OMS-IV Hospice** Student

<table>
<thead>
<tr>
<th>Competency</th>
<th>Observable Behavior(s)</th>
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<td>☐</td>
<td>☐</td>
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<td>☒</td>
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</table>

Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

**Section I – Core Competencies:**
Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.
Section II – Narrative Comments:

If a student exceeded expectations in any of the above observable behaviors, please explain below.

In what areas does the student need to improve? PLEASE list any deficits that the student should address immediately.

Section III – Narrative Comments regarding Honors

If you think this student should be considered for the Outstanding Student Award in this discipline at graduation, please tell us why below.

Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?  A  B  C  F

Preceptor Signature

Date

Student Signature

Date

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Email: pmixon@acom.edu | agant@acom.edu

---

Alabama College of Osteopathic Medicine
Preceptor Evaluation of the **Research** Student

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Rotation</td>
<td>Elective Research</td>
</tr>
<tr>
<td>Dates of Rotation OR Rotation Period</td>
<td></td>
</tr>
<tr>
<td>Signature of Preceptor</td>
<td></td>
</tr>
</tbody>
</table>

Please complete this evaluation within 3 days of the student’s last day with you. The student may need this evaluation completed in order to be eligible for certain elective rotations. Your cooperation is most appreciated.

**Section I – Core Competencies:**

Please provide feedback regarding the performance of this medical student. Your responses will help the student improve by identifying his/her strengths and weaknesses.

<table>
<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
<th>Not Applicable to Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in research activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Outlines rational plan for research investigation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates reasonable depth of knowledge of the research project</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Understands research methods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can reference, interpret, and apply knowledge resources in order to address the research problem(s).</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Retrieves, critically appraises and integrates relevant basic science and/or clinical science literature appropriate for the research focus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Analyzes, interprets and assimilates study findings accurately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Communicates effectively the findings of the study in verbal and/or written format</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates ethical research behavior and compliance with IRB and/or IACUC guidelines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Organizes time/activities to accomplish goals of the rotation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>
Section II – Narrative Comments:

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Section IV – Gut Check

What letter grade does your “gut” tell you this student deserves?  A  B  C  F

________________________________________________________      ____________________________
Preceptor Signature                                      Date

________________________________________________________      ____________________________
Student Signature                                         Date

Thank you for the time and hard work you devote toward the education of ACOM students.
Your feedback is highly valuable to the program.
## Core Entrustable Professional Activities for Entering Residency (EPAs)

<table>
<thead>
<tr>
<th>EPA</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1</td>
<td>Gather a history and perform a physical examination</td>
</tr>
<tr>
<td>EPA 2</td>
<td>Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter</td>
</tr>
<tr>
<td>EPA 3</td>
<td>Recommend and interpret common diagnostic and screening tests</td>
</tr>
<tr>
<td>EPA 4</td>
<td>Enter and discuss patient orders / prescriptions</td>
</tr>
<tr>
<td>EPA 5</td>
<td>Provide documentation of a clinical encounter in written or electronic format</td>
</tr>
<tr>
<td>EPA 6</td>
<td>Provide an oral presentation/summary of a patient encounter</td>
</tr>
<tr>
<td>EPA 7</td>
<td>Form clinical questions and retrieve evidence to advance patient care</td>
</tr>
<tr>
<td>EPA 8</td>
<td>Give or receive a patient handover to transition care responsibility to another health care provider or team</td>
</tr>
<tr>
<td>EPA 9</td>
<td>Participate as a contributing and integrated member of an interprofessional team</td>
</tr>
<tr>
<td>EPA 10</td>
<td>Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help</td>
</tr>
<tr>
<td>EPA 11</td>
<td>Obtain informed consent for tests and/or procedures</td>
</tr>
<tr>
<td>EPA 12</td>
<td>Perform general procedures of a physician</td>
</tr>
<tr>
<td>EPA 13</td>
<td>Identify system failures and contribute to a culture of safety and improvement</td>
</tr>
</tbody>
</table>
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. Otalgia
  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. Hemoptyisis
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
   76.2. Recurrent Anxious Thoughts
   76.3. Trauma- and Stressor-Related Disorders
   76.4. Obsessive-Compulsive and Related Disorders
   76.5. Personality Disorders
   76.6. Elevated Mood
   76.7. Depressed Mood
   76.8. Psychotic Disorders
   76.9. Somatoform 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

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 prover 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

Rev. 6/13/17
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
- History and Physical – Complete/Comprehensive
- 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.)
ACOM Patient-Centered Interviewing Evaluation

To the student: Please ask a core preceptor or that preceptor’s resident to observe your performance of a history and physical and give you feedback using this rubric as a guide.

Student: ________________________________  Preceptor: ________________________________
Role: ________________________________  Date: ________________________________

Step One: Sets the Stage for the Interview
Signature: ________________________________ (Preceptor)

Key Elements:
- Washes hands on entering room
- Welcomes the patient (demonstrates genuine interest in patient as a person)
- Uses the patient’s name and asks for preferred way of being addressed
- Introduces self and identifies role (first and last name, medical student/student physician)

Exceeds Expectations ☐  Meets Expectations ☐  Does Not Meet Expectations ☐

Step Two: Elicits chief concern and sets the agenda

Key Elements:
- Indicates the time available
- Obtains a list of all issues the patient wants to discuss (“What brings you in today?”, “Is there anything else you would like to discuss?”)

Exceeds Expectations ☐  Meets Expectations ☐  Does Not Meet Expectations ☐

Step Three: Begins the interview with an open-ended question or request

Key Element:
- Starts with open-ended request / question (“Tell me about…”, “Tell me more…”)

Exceeds Expectations ☐  Meets Expectations ☐  Does Not Meet Expectations ☐

Step Three cont’d: Uses nonverbal encouragement

Key Elements:
- Smile
- Open body
- Forward lean
- Touch (refers to the use of touch when responding to feelings and emotions; handshakes and physical examination do not meet the intent of this item)
- Eye contact
- Nod

Exceeds Expectations ☐  Meets Expectations ☐  Does Not Meet Expectations ☐

Step Four: Elicits the personal and/or emotional context

Key Elements:
- Elicits personal context (psychological and social context of the symptom)
- Elicits emotional context (“How are you doing with this?”, “How has this affected you emotionally?”)

Exceeds Expectations ☐  Meets Expectations ☐  Does Not Meet Expectations ☐
Step Four cont’d: Responds to feelings and emotions

Key Elements:
- **Statements that demonstrate empathy:** “I can certainly understand why you would be upset under the circumstances.” “Anyone would find this difficult.” “Your reactions are perfectly normal.” “This would be anxiety-provoking for anyone.” “I can understand why you are so angry.” “I can see that this is upsetting for you.” “This is hard to talk about.”
- **Statements that demonstrate respect:** “I’m impressed by how well you’re coping.” “I admire your resilience.” “I respect the fact that you have continued working in spite of your pain.”
- **Statements that demonstrate support/partnership:** “I want to help you in any way that I can.” “No matter what happens, I will do whatever I can to assist you.” “Let’s work together.” “Together, we can work out some solutions that may help.”

Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations [ ]

Step Five: Transition to the middle of the interview

Key Elements:
- Ensures patient’s readiness to transition (“If it is okay with you…”)
- Indicates that both the content and style of the interview will change (“I would like to switch gears and ask you some more specific questions.”)
- Briefly summarizes the patient-centered portion of the interview

Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations [ ]

Step Six: Physical Examination

Key Elements:
- Performs osteopathic structural examination in conjunction with accurate physical examination appropriate to patient’s clinical situation
- Offers specific osteopathic manipulative treatment as part of a rational treatment plan

Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations [ ]

Step Seven: End of the interview

Key Elements:
- Orient the patient to the end of the interview
- Summarizes the information obtained during the visit
- Acknowledges relationship with patient and offers support before saying goodbye (“It was nice meeting you and I look forward to working together…”)
- Washes hands before leaving the room

Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations [ ]

Professionalism

Key Elements:
- Appearance and attire (grooming, clothing, white coat, etc.)
- Interaction with patient (attitude, demeanor, behavior in the exam room)
- Inappropriate behavior or conduct as reported by staff i.e. showing up late to staging, attempting to bypass staging, not following instructions, etc.

Exceeds Expectations [ ]  Meets Expectations [ ]  Does Not Meet Expectations [ ]

**Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep a copy for their records.**
Alabama College of Osteopathic Medicine
End-of-Clerkship Survey
Please complete this survey by 3pm on the last day of each core rotation.

Student Evaluation of Site:

1. What are the main strengths at this clerkship rotation site?

2. What are the greatest challenges at this clerkship rotation site?

3. What else would you like to see at this clerkship rotation site?

4. What comments can you offer about your working and/or living experiences at this clerkship rotation site?

5. This clerkship rotation was predominantly completed in which of the following practice locations?
   a) Hospital setting
   b) Office setting
   c) Nursing home
   d) Other (please specify)

Student Evaluation of Preceptor:

6. What were your preceptor’s greatest strengths?

7. What were the challenges you and your preceptor faced regarding your learning needs?

8. Describe the quality of the orientation provided by your preceptor. What was discussed?

9. What was the volume of patients for which you cared?

10. Was the scope of patient problems adequate to meet the goals and objectives of the clerkship rotation?
11. Were your opportunities to perform patient care / procedures / documentation at the level you needed in order to learn? Explain.

**Student Evaluation of Clerkship Rotation:**

12. Were you able to meet the educational objectives that you and your preceptor agreed to in your Learning Agreement?

13. What did you like most about this clerkship rotation? Explain.

14. What were the greatest challenges you faced during this clerkship rotation?

15. Do you have any other comments about the design / implementation of this clerkship rotation?

**Student Evaluation of Osteopathic Opportunities:**

16. Did you incorporate components of the osteopathic structural exam into the diagnoses of your patients this rotation? Explain.

17. Did you perform OMT on any of your patients this rotation? Explain.

**Student Evaluation of Research Opportunities:**

18. In addition to your core rotation, did you participate in any research activities? Yes No

19. If yes, please describe your research experience.

20. If yes, did you encounter any obstacles while conducting research?
Student Evaluation of Library Access:

21. Please rate the ease of use in accessing library resources in the following venues:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) At the bedside</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) On rounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) With preceptors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) After hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Please rate the usefulness of accessed information in meeting clerkship / patient care objectives in the following venues:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
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<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
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<td>a) At the bedside</td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) With preceptors</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d) After hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Please tell us which device you use most frequently to access relevant clinical information in the following venues:

<table>
<thead>
<tr>
<th>Other (please specify)</th>
<th>Computer</th>
<th>Mobile phone</th>
<th>iPad mini</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) At the bedside</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f) On rounds</td>
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<td></td>
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<tr>
<td>g) With preceptors</td>
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<td></td>
<td></td>
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<tr>
<td>h) After hours</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

24. What are the most frequent barriers to accessing clinical information?

25. What are some suggestions for improving access to library information needed during clerkships?

Thank you for your participation. Your feedback helps us work continuously to improve your educational experience.
Please complete this survey by June 1.

Core Site: ___________________________________________________________

Please rate the following aspects of your core site facility:

<table>
<thead>
<tr>
<th></th>
<th>Needs Improvement</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How would you rate the teaching at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>How would you rate the lodging at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>How would you rate the areas for rounds at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4.</td>
<td>How would you rate the areas for individual / group study at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5.</td>
<td>How would you rate the video conference area at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6.</td>
<td>How would you rate your access to required technology while at this site?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7.</td>
<td>How would you rate the support you received from the core site coordinator?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8.</td>
<td>How would you rate the support you received from the medical education director (aka core site director)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9.</td>
<td>With the benefit of your OMS-III year behind you, please rate the helpfulness of your core site’s orientation.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>How would you rate this site overall?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please answer the following questions regarding your core site facility:

11. What strengths did you notice regarding the core site administration?

12. What challenges did you face when working with the core site administration?

13. What strengths did you notice regarding the work areas for rounds / meetings / study / video conferencing?

14. What challenges did you face regarding the work areas for rounds / meetings / study / video conferencing?

15. Describe any noteworthy experiences regarding access or technology.
16. What were the overall strengths of this clerkship rotation site?

17. What were the overall challenges of this clerkship rotation site?

18. How would you rate this site overall?

Please answer the following questions regarding your overall education experience at this site:

19. Please provide any feedback you have regarding preceptors at this site.

20. Please provide any feedback you have regarding your medical education director (aka core site director) and site coordinator.

21. Please describe the opportunities you had for learning at this site (journal club, tumor board, grand rounds, volunteer opportunities, etc.).

Please answer the following questions regarding your educational location(s):

(Educational locations are hospitals, clinics, and other places you provided patient care other than your core site hospital.)

22. Did you spend any of your core rotations in an educational location? If so, list them below.

23. What strengths did you notice regarding the educational location(s)?

24. What challenges did you face when working at the educational location(s)?

25. How would you rate the educational location(s) overall?

Thank you for your participation.

Your feedback helps us work continuously to improve your educational experience.
CME & Other Helpful Information

- **CME**
  - You have several CME opportunities available to you through ACOM. For more information about them, please contact Sherry Barfield
    - sbarfield@acom.edu
    - 334-944-4058

- **ACOM Didactic Days**
  - You can get CME for attending portions of this event!
  - It typically takes place on the 3rd Friday of each rotation month (see the blue boxes on the calendar below).
  - Beginning at noon, there will be a medical lecture given by a local physician, followed by a presentation and demonstration of OMM techniques.
  - These presentations will either be live or live-streamed from a different core hub site.
  - Look for flyers at your hospital, or ask your core site coordinator, for more information about these events throughout the year!

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**2020 CLASS**

- **OMS - III**

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**Other Helpful Links:**

- [ACOM Preceptor & Student Libguide](#)
- If you have a textbook that you think is especially useful for students in your discipline, please let us know so we can add it to the resources pages below.
  - [Clinical Course Resources Libguide](#)
- [Blood-Borne Pathogen & Fluid Exposure Information](#)
Instructions for Uploading Letters of Recommendation

All Letters of Recommendation (LoRs) for students’ residency applications must be uploaded by you, the author, or your designee, into the ERAS Letter of Recommendation Portal (LoRP). The LoRP enables LoR Authors and/or their designees to upload letters of recommendation (LoRs) to ERAS for distribution to training programs, at the request of applicants.

Applicants must login to their ERAS account and generate a Letter Request Form (LRF) for each LoR they are requesting, and they provide the relevant author with the form. Authors and/or their designees use the unique Letter ID on each form to upload LoRs for applicants. A designee may not be a member of the hospital in an advising role or medical school staff supporting in the application process.

It is a fairly simple process, but you must have a AAMC account to login. If you already have an account, you may use your existing user name and password to log in. Again, students must provide you with a Letter Request Form that has a unique ID number on it in order for you to complete this process. Here is a link to the portal: https://www.aamc.org/services/eras/282520/lor_portal.html.

Steps for Uploading a Letter of Recommendation

**Step 1:** Identify the ERAS Letter ID on the Letter Request Form you received from the applicant. Then, click + Add New LoR.

**Step 2:** Enter the ERAS Letter ID exactly as it appears on the Letter Request Form and click Continue.

**Step 3:** After verifying the ERAS Application Season, Applicant and LoR Author Details, if correct, mark the checkbox at the bottom of the screen and click Upload.

If the ERAS Application Season, Applicant and/or LoR Author Details are incorrect, Click Cancel. Please notify the applicant so he/she can make corrections and provide you with a new Letter Request Form to upload your letter.

**Step 4:** Upload the LoR by selecting Browse to locate the file. Then, click Continue.

*Please note:* The name of the document cannot have any spaces or special characters. For example, a document titled “Student LoR Dr. Smith” will not work. It must be something like “StudentLoRSmith”.

**Step 5:** After verifying the LoR, click Finish. A confirmation message will appear. After reading the message, click OK to proceed with uploading the LoR.

Then, the LoR Manager screen will display and you will be able see that the LoR was successfully uploaded.
Below are some FAQ’s that will help LoR authors in this process:

**What do I need in order to upload a letter?**
- You will need a AAMC Account, a Letter Request Form for each letter you have been asked to write, and the actual letter.

**I won’t have time to upload my letter(s). Can someone do it for me?**
- LoR Authors can designate someone to upload letters to ERAS on their behalf. A designee will set up an account just as an author would and then may upload the letter(s) in place of the author. Designees should not be members of the medical school administration that are supporting residents in the application process.

**What file types are accepted by the Letter of Recommendation Portal (LoRP)?**
- All letters must be in a PDF format and the file size cannot exceed 500KB.

**Why did I receive so many Letter Request Forms?**
- Each Letter Request Form has a unique Letter ID that you will need in order to correctly upload a letter for an applicant. If an applicant asks you to write multiple letters, they will provide you with a form for each letter they are requesting.

**How do I upload a letter?**
- The Letter Request Forms will provide general information but the LoRP user guide provides step-by-step instructions.

**What do I do if I make a mistake?**
- Once a letter has been uploaded for an applicant, it cannot be edited. You may upload a revised version of the letter. Programs will see only the revised version, but you will see each version you have uploaded.

**What should I do if I have questions?**
- The Letter of Recommendation Portal (LoRP) section of the ERAS website has a LoRP user guide as well as other resources to assist you this season. Additionally, the ERAS HelpDesk is available to walk you through the process and troubleshoot issues you may encounter: 202-862-6249 or send a message.
- You may also contact Melanie Elmore at ACOM. Melanie is the Coordinator of ERAS & MSPE, and can be reached at: 334-944-4011 or by email at melmore@acom.edu
The following is a brief overview of the ACOM library and some of our resources.

This handout covers:
- the library website
- how to get to resources,
- the Preceptors & Students guide
- how to find articles and books
- who to call for help
• In the left column, you’ll see Board Review, Course Resources, Clinical Tools, and Books.

• The **Board Review Resources** pulls together books and self-assessments to help students study for the COMLEX and USMLE.

• **Course Resources** links to the required and recommended textbooks for each course. Creating Course Links (PURLs) shows how to create direct links to books, book chapters, and articles.
  • If you need links to any resources, just let us know and we’ll be happy to help you.

• The **Clinical Tools** box highlights the primary resources for patient care including **DynaMed, Epocrates, UpToDate**, etc.
  • Information about how to access these resources (including **instructions for mobile apps**) and how to use them is on the Preceptors & Students guide.

• Under **Books** you’ll find links for our various e-book packages such as Access Medicine, Clinical Key, and LWW.

• **Databases** lists a few of our databases and has a link to the full A-Z list of all of our databases & resources.
• On the right, we have Preceptors & Students, Ask a Librarian, and Databases.

  • **Preceptors & Students** links to a guide especially for you that includes resources and links that will come in handy to preceptors and students.
    • More info on the Preceptors & Students guide is on slide 6.

  • The **Ask a Librarian** box has our contact information so you can call, email, or chat with us.
    • Generally, we are available Monday thru Friday from 8:00 to 4:00.
    • We’re here to help you and ensure that you are able to access the information you need.
• The middle section is where we have quick **search boxes** for PubMed, Google Scholar, and our resource portal for books & journals.
  • More detail on searching for books, journals, and articles on slides 8-10.

• We also use this middle space to highlight and promote new resources and services.
• All faculty, staff, and students receive an **ACOM username and password** which is used to access library resources.
  - **When you click on a resource from the library website, you will be prompted to log in to EZProxy by entering your username and password.**
  - EZProxy is the software that allows users to access resources from off campus.

• When your ACOM account was created, a generic password was assigned.
  - We ask that you change your password. Instructions on how to change your password are available on the Preceptors & Students guide.

• It is important that you **do not** share your username and password with anyone.
  - ACOM has signed licenses that we will provide access to current faculty, staff, and students **ONLY**.
  - Giving your account information to someone else will violate our license agreements and could result in us losing the resource.

• If you have any trouble accessing a library resource, please let us know.
• The **Preceptors & Students guide** ([http://libguides.acomedu.org/preceptors](http://libguides.acomedu.org/preceptors)) pulls together some resources and links that will come in handy as you work with students:
  • How to access resources like DynaMed and Epocrates
  • How to get the full text of articles
  • How to practice Evidence-Based Medicine (EBM)
  • How to be an effective preceptor – orienting students, how to assess/evaluate, teaching tips, and more

• A link to the Preceptors & Students guide is available on the library homepage.

• This guide will grow and develop as we get feedback from you and we want it to be a valuable tool for you.

• The guide is a work in progress so let us know what you want to see on it.
• Use the search boxes on the library homepage to find books and journals in our Resource Portal.

• From the results list, click on the link underneath the title to go to the book or journal.
  • Remember, you’ll need to enter your ACOM username and password.
• When searching for articles, **make sure to go to PubMed through the library website.**
  • Use the PubMed search box in the middle of the page.

• When you get in to PubMed, look for the red **ACOM Article Linker** button on the right side of the page.
  • If ACOM has the full text online, you should go directly to the article!
• If ACOM does not have the full text, you will have the option to request the article through interlibrary loan.
  • Click on the link to “Request full text via Interlibrary Loan.”

• You’ll need to create an account the first time you use this Interlibrary Loan.
  • Then once you log in, the form will populate for you.
  • All you need to do is click the “Submit Request” button.
• The most important thing to remember is to Ask a Librarian if you need help with anything!

• Rule of thumb – If you can’t find what you’re looking for in 20 minutes, it’s time to Ask a Librarian!

  Phone: 334-699-2266 ext. 4242

  Email: lrc.ask@acomedu.org
ACOM provides the ACOM Article Linker button in PubMed (and other databases) to link directly to the online full text if ACOM licenses the journal. Be sure to access PubMed through the library website at www.acomedu.org/library.

Once you get to the article citation/abstract, look for the red ACOM Article Linker button:

If ACOM has the article, you will be linked directly to the full text:
If ACOM does not have the article, you will have the option to search for the article on Google Scholar and to request a copy of the article through Interlibrary Loan:

You will need to create an account the first time you use this service:

Once you log in to your account, the request form will populate for you. All you need to do is click the Submit button:

Questions? Ask a Librarian!

www.acomedu.org/library
334-699-2266 ext. 4242
# Glossary of Terms and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>An Affiliation Agreement is between an institution and another entity for purposes of providing an educational opportunity for students generally in a supervisory situation.</td>
</tr>
<tr>
<td>AACOM</td>
<td>The <strong>American Association of Colleges of Osteopathic Medicine</strong> is a non-profit organization that supports the United States' colleges of osteopathic medicine and serves as a unifying voice for osteopathic medical resources. <a href="http://www.aacom.org/">http://www.aacom.org/</a></td>
</tr>
<tr>
<td>AAFP</td>
<td>The <strong>American Academy of Family Physicians</strong> is the national association of family doctors. <a href="http://www.aafp.org">http://www.aafp.org</a></td>
</tr>
<tr>
<td>AAMC</td>
<td>The <strong>Association of American Medical Colleges</strong> is a non-profit organization based in Washington, DC and established in 1876. It administers the Medical College Admission Test. The AAMC operates the American Medical College Application Service and the Electronic Residency Application Service which facilitate students applying to medical schools and residency programs, respectively. <a href="https://www.aamc.org/">https://www.aamc.org/</a></td>
</tr>
<tr>
<td>ACGME</td>
<td>The <strong>Accreditation Council for Graduate Medical Education</strong> is responsible for the Accreditation of post-MD medical training (residency) programs within the United States. <a href="http://www.acgme.org/acgmeweb/">http://www.acgme.org/acgmeweb/</a></td>
</tr>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>ATLS</td>
<td>Advanced Trauma Life Support</td>
</tr>
<tr>
<td>ACOM</td>
<td>Alabama College of Osteopathic Medicine</td>
</tr>
<tr>
<td>AHEC</td>
<td>Alabama Health Education Centers</td>
</tr>
<tr>
<td>Allopathic Medicine</td>
<td>The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. M.D.s practice allopathic medicine.</td>
</tr>
<tr>
<td>ALOMA</td>
<td>The <strong>Alabama Osteopathic Medical Association</strong> is a non-profit professional organization comprised of osteopathic physicians, residents, interns, and medical students. <a href="http://aloma.org/">http://aloma.org/</a></td>
</tr>
<tr>
<td>AMA</td>
<td><strong>American Medical Association</strong> <a href="http://www.ama-assn.org">http://www.ama-assn.org</a></td>
</tr>
<tr>
<td>AMEC</td>
<td><strong>Alabama Medical Education Consortium</strong> <a href="http://www.amecdo.com">http://www.amecdo.com</a></td>
</tr>
</tbody>
</table>

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| **AOA** | The **American Osteopathic Association** is the main representative organization for osteopathic physicians in the United States.  
http://www.osteopathic.org/ |
| **AOA Opportunities Data Base** | A website dedicated to osteopathic medical internships and residencies. The Program Search feature is used by osteopathic medical students, interns or residents, hospitals or other agencies/organizations looking for program information in preparation for the Osteopathic Match which is scheduled yearly in early February.  
http://www.opportunities.osteopathic.org/index.htm |
| **Archival List** | List of preceptors kept by the ACOM Clinical Resources department which tracks the status of all preceptors, whether active, inactive or other. |
| **ATLS** | Advanced Trauma Life Support |
| **Audition Rotation** | Elective clerkships (rotations) during the 3rd and 4th years at sites with residency programs in which a student is interested. |
| **BLS** | Basic Life Support |
| **CAF** | Refers to the Common Application Form that is completed as part of the ERAS application process. |
| **Chart Rounds** | Review of a hospitalized patient's current records by a group of health care professionals. Chart rounds can be undertaken for a variety of reasons such as assessment of patient progress, planning of interventions, or education of staff. |
| **Clerkship** | A 4-week period of training in a medical core or specialty. |
| **CME** | Continuing Medical Education |
| **COCA** | The AOA **Commission on Osteopathic College Accreditation** serves the public by establishing, maintaining, and applying accreditation standards and procedures to ensure that academic quality and continuous quality improvement delivered by the colleges of osteopathic medicine (COMs) reflect the evolving practice of osteopathic medicine. The scope of the COCA encompasses the accreditation of COMs.  
http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx |
| **COI** | Certificate of Insurance |
| **COMAT** | Comprehensive Osteopathic Medical Achievement Test (shelf exam); nationally standardized examination modules used to assess students, including for the purposes of evaluating resources equivalency across clinical clerkship sites. Exam will be administered at the completion of core clerkships, generally on the last day, in a proctored setting.  
http://www.nbome.org/comatmain.asp |

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| **COMLEX-USA** | The COMLEX-USA Comprehensive Osteopathic Medical Licensing Examination series is designed to assess the osteopathic medical knowledge and clinical skills considered essential for osteopathic generalist physicians to practice medicine without supervision.  
http://www.nbome.org/comlex-cbt.asp?m=can |
|---|---|
| **COMLEX Level 1** | Candidates are expected to demonstrate basic science knowledge relevant to medical problems. Level 1 emphasizes the scientific concepts and principles necessary for understanding the mechanisms of health, medical problems and disease processes.  
Level 1, taken in one-day, is a problem- and symptom-based assessment integrating the basic medical sciences of anatomy, behavioral science, biochemistry, microbiology, osteopathic principles, pathology, pharmacology, physiology and other areas of medical knowledge as they are relevant to solving medical problems. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The exam is administered at a regional testing center.  
~ACOM students are required to take the COMLEX Level 1 as soon as possible after completion of their second year. It must be taken prior to June 30. Students are not allowed to start clerkships until they have achieved a passing score on the COMLEX Level 1.  
A 3-digit standard score of 400 or a 2-digit standard score of 75 is required to pass the examination. |
| **COMLEX Level 2-CE (Cognitive Examination)** | Candidates are expected to demonstrate knowledge of clinical concepts and principles involved in all steps of medical problem-solving as defined by Dimension 2. Level 2-CE emphasizes the medical concepts and principles necessary for making appropriate medical diagnoses through patient history and physical examination findings.  
Level 2-CE, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 2-CE blueprint. A similar problem-symptom based approach is used in Level 2 and in Level 1. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The exam is administered at a regional testing center.  
~ACOM students are required to pass the COMLEX Level 2 CE for graduation. Passing scores must be documented no later than March 1 of the graduation year. Students are allowed one day excused absence for COMLEX Level 2 CE.  
A 3-digit standard score of 400 or a 2-digit standard score of 75 is required to pass the examination. |
| **COMLEX Level 2-PE (Performance Evaluation)** | The Level 2-PE is a one-day examination of clinical skills where each candidate will encounter twelve standardized patients over the course of a seven-hour examination day. The examination takes place at NBOME’s National Center for Clinical Skills Testing in Conshohocken, Pennsylvania (bordering Philadelphia, Pennsylvania).

~ ACOM students are required to pass the COMLEX Level 2 PE for graduation. Passing scores must be documented no later than March 1 of the graduation year. Students are allowed three days (one test day and two travel days) to take the COMLEX Level 2 PE. |
| **COMLEX Level 3** | Candidates are expected to demonstrate knowledge of clinical concepts and principles necessary for solving medical problems as independently practicing osteopathic generalist physicians. Level 3 emphasizes the medical concepts and principles required to make appropriate patient management decisions. Level 3, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems. Level 3, like Level 2-CE and Level 1, is problem-based and symptom-based in presentation. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles. The test is generally taken in the first year of residency. A 3-digit standard score of 350 or a 2-digit standard score of 75 is required to pass the examination. |
| **COMSAE** | Comprehensive Osteopathic Medical Self-Assessment Examination is a self-assessment examination for osteopathic students and residents to gauge the base of their knowledge and ability as they prepare to take a COMLEX-USA cognitive examination. This pre-test is administered to ACOM students four times prior to the actual COMLEX Level 1 test. [http://www.nbome.org/comsae.asp](http://www.nbome.org/comsae.asp) |
| **Core Clerkships** | The basic clerkships that all students must complete. In third year, this includes family medicine, behavioral medicine, internal medicine, pediatrics, general surgery, and obstetrics/gynecology. In fourth year, the only core clerkship is emergency medicine. |
| **Core Site Connections** | Refers to initial meetings between Core Site Coordinators (CSC) and students assigned to their sites. |
| **CRNA** | Certified Registered Nurse Anesthetist |
| **CRNP** | Certified Registered Nurse Practitioner |
| **CS** | Clinical Skills Exam (MD Equivalent to PE Exam) |
| **CSC** | Core Site Coordinator |
| **CSD** | Core Site Director |

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<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
<td>A curriculum vitae is a written overview of a person's experience and other qualifications.</td>
</tr>
<tr>
<td>Dean's Letter</td>
<td>See MSPE</td>
</tr>
<tr>
<td>Didactics</td>
<td>Instruction by lecture, textbook, discussion, boards, and journal clubs.</td>
</tr>
<tr>
<td>Differential Diagnosis</td>
<td>The process of weighing the probability of one condition versus that of others, possibly accounting for a patient's situation. The differential diagnosis of rhinitis (a runny nose) includes allergic rhinitis (hay fever), the abuse of nasal decongestants and the common cold.</td>
</tr>
<tr>
<td>Discharge Summary</td>
<td>A document prepared by the attending physician of a hospitalized patient that summarizes the admitting diagnosis, diagnostic procedures performed, therapy received while hospitalized, clinical course during hospitalization, prognosis, and plan of action upon the patient's discharge with stated time to follow up.</td>
</tr>
<tr>
<td>DO</td>
<td>Doctor of Osteopathic Medicine</td>
</tr>
<tr>
<td>Elective Clerkships</td>
<td>Elective clerkships are chosen by the students based on their interests.</td>
</tr>
<tr>
<td>EMR (EHR)</td>
<td>Electronic Medical Records or Electronic Health Records</td>
</tr>
<tr>
<td>ERAS</td>
<td>The Electronic Residency Application Service is produced by AAMC to transmit residency applications, letters of recommendation, Dean's Letters, transcripts, and other supporting documents to residency program directors via the Internet. <a href="https://www.aamc.org/services/eras/">https://www.aamc.org/services/eras/</a></td>
</tr>
<tr>
<td>E*Value</td>
<td>Software used to manage 3rd and 4th year clerkships.</td>
</tr>
<tr>
<td>EVOS</td>
<td>E*Value Optimization Scheduling Tool</td>
</tr>
<tr>
<td>FREIDA</td>
<td>Fellow and Residency Electronic Interactive Database. FREIDA Online is a database with more than 7,800 graduate medical education programs accredited by ACGME as well as more than 200 combined specialty programs. <a href="http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?">http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?</a></td>
</tr>
<tr>
<td>FQHC</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td>FSMB</td>
<td>The Federation of State Medical Boards is a national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories. <a href="http://www.fsmb.org/">http://www.fsmb.org/</a></td>
</tr>
<tr>
<td>GME</td>
<td>Graduate Medical Education. An office sponsoring and managing residency and fellowship programs accredited by the ACGME.</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Rounds</td>
<td>A formal meeting at which physicians discuss the clinical case of one or more patients. Grand rounds originated as part of residency training wherein new information was taught and clinical reasoning skills were enhanced. Grand rounds today are an integral component of medical education. They present clinical problems in medicine by focusing on current or interesting cases. They are also sometimes utilized for dissemination of new research information.</td>
</tr>
<tr>
<td>H&amp;P</td>
<td>Shorthand for history and physical, the initial clinical evaluation and examination of the patient.</td>
</tr>
<tr>
<td>HCAHPS</td>
<td>The intent of the <strong>Hospital Consumer Assessment of Healthcare Providers and Systems</strong> initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. Prior to HCAHPS there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals to make &quot;apples to apples&quot; comparisons. Also known as the CAHPS® Hospital Survey, or Hospital CAHPS. <a href="http://www.hcahpsonline.org/home.aspx">http://www.hcahpsonline.org/home.aspx</a></td>
</tr>
<tr>
<td>HCHCA</td>
<td>The <strong>Houston County Health Care Authority</strong> is the umbrella organization which owns ACOM and SAMC.</td>
</tr>
<tr>
<td>HIPPA</td>
<td>The Health Insurance Portability and Accountability Act of 1996 which defines the privacy rights of patients and health care information.</td>
</tr>
<tr>
<td>ICD-10</td>
<td>ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.</td>
</tr>
<tr>
<td>IRB</td>
<td>An institutional review board, also known as an independent ethics committee (IEC), ethical review board (ERB) or research ethics board (REB), is a committee that has been formally designated to approve, monitor, and review biomedical and behavioral research involving humans.”</td>
</tr>
<tr>
<td>IT (IS)</td>
<td>Information Technology (Information Systems)</td>
</tr>
<tr>
<td>Journal Club</td>
<td>A form of education in which a group of physicians discuss, analyze, and review a limited number of articles from medical journals, often on a weekly or monthly basis.</td>
</tr>
<tr>
<td>Learning Agreement</td>
<td>A document that the student and preceptor create together at the beginning of a clerkship to define learning goals.</td>
</tr>
<tr>
<td>Letter of Good Standing</td>
<td>Official document from the school that states that a student is in good academic standing and has no issues preventing the student from starting clerkships.</td>
</tr>
<tr>
<td>Locum tenens</td>
<td>A locum physician is a physician who works in the place of the regular physician when that physician is absent, or when a hospital/practice is short-staffed.</td>
</tr>
<tr>
<td>LoR</td>
<td>Letter of Recommendation</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th><strong>LRC</strong></th>
<th>Learning Resource Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Match</strong></td>
<td>Dually refers to the AOA match which is administered by the NMS and the ACGME match which is administered by the NRMP. Osteopathic students may register for both match processes, but if a student is matched in the AOA match (in February), they are dropped from the subsequent NRMP so that there is no possibility of matching in two programs.</td>
</tr>
<tr>
<td><strong>Match Day</strong></td>
<td>The date when students find out if they have matched to a residency program.</td>
</tr>
<tr>
<td><strong>MD</strong></td>
<td>Abbreviation for Doctor of Medicine</td>
</tr>
<tr>
<td><strong>MOA (MOU)</strong></td>
<td>A Memorandum of Agreement (Memorandum of Understanding) or cooperative agreement is a document written between parties to cooperate on an agreed upon project or meet an agreed objective.</td>
</tr>
<tr>
<td><strong>MSPE</strong></td>
<td>The Medical Student Performance Evaluation (formerly known as the Dean's Letter) is a comprehensive assessment of medical school performance generally through 3rd year of medical school. Includes grade comparison graphs, class rank for top quartile students for years 1-2 and preceptor comments from clerkships.</td>
</tr>
<tr>
<td><strong>NALS</strong></td>
<td>Neonatal Advance Life Support</td>
</tr>
<tr>
<td><strong>NATMATCH</strong></td>
<td>The National Matching Services Inc. specializes in the development and administration of Matching Programs. NATMATCH is the service used in the osteopathic match. <a href="https://natmatch.com/">https://natmatch.com/</a></td>
</tr>
<tr>
<td><strong>NBME</strong></td>
<td>The National Board of Medical Examiners is an independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals. <a href="http://www.nbme.org/">http://www.nbme.org/</a></td>
</tr>
<tr>
<td><strong>NBOME</strong></td>
<td>The National Board of Osteopathic Medical Examiners is the leading assessment organization for the osteopathic medical profession. Its mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions. The NBOME COMLEX-USA examination series provides the pathway to licensure for osteopathic physicians in the United States. <a href="http://www.nbome.org">http://www.nbome.org</a></td>
</tr>
<tr>
<td><strong>NMS</strong></td>
<td>The National Matching Services specializes in the development and administration of Matching Programs. NMS administers the AOA Match. <a href="https://www.natmatch.com/">https://www.natmatch.com/</a></td>
</tr>
<tr>
<td><strong>NRMP</strong></td>
<td>The National Resident Matching Program which is a national process to match medical students and other applicants with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of those most desired applicants. On a uniform date (mid-March), all of the applicants and hospitals are informed of the results of the match. <a href="http://www.nrmp.org">http://www.nrmp.org</a></td>
</tr>
</tbody>
</table>

Revision Date
April 2015
<table>
<thead>
<tr>
<th><strong>Off-Cycle Student</strong></th>
<th>A student who has had an interruption in their clerkships.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OGME</strong></td>
<td>Osteopathic Graduate Medical Education</td>
</tr>
<tr>
<td><strong>OMM (OMT)</strong></td>
<td>Osteopathic Manipulative Medicine (OMM), also known as Osteopathic Manipulative Treatment (OMT), is a core set of techniques of osteopathy and osteopathic medicine distinguishing these fields from allopathic medicine.</td>
</tr>
<tr>
<td><strong>OPP</strong></td>
<td>Osteopathic Principles and Practices is the title of the class where students learn OMM (OMT).</td>
</tr>
<tr>
<td><strong>OPTI</strong></td>
<td>All OGME programs are part of an Osteopathic Postdoctoral Training Institution. Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine and one hospital and may include additional hospitals and ambulatory training facilities. <a href="http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx">http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-an-opti.aspx</a></td>
</tr>
<tr>
<td><strong>OSHA</strong></td>
<td>The <strong>Occupational Safety and Health Administration</strong> is an agency of the United States Department of Labor. OSHA's mission is to &quot;assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance&quot;. <a href="https://www.osha.gov/">https://www.osha.gov/</a></td>
</tr>
<tr>
<td><strong>PA</strong></td>
<td>Physician Assistant</td>
</tr>
<tr>
<td><strong>PALS</strong></td>
<td>Pediatric Advanced Life Support</td>
</tr>
<tr>
<td><strong>PE</strong></td>
<td>Performance Evaluation. See COMLEX Level-2 PE</td>
</tr>
<tr>
<td><strong>Personal Statement</strong></td>
<td>Consists of information about the student’s professional background, academic and clinical qualifications, how the decision was made to pursue medicine, chosen specialty, and career goals.</td>
</tr>
<tr>
<td><strong>PGY</strong></td>
<td>Post Graduate Year</td>
</tr>
<tr>
<td><strong>Preliminary Year</strong></td>
<td>One year position in a given field (e.g. Internal Medicine or Surgery) usually preceding training in another specialty.</td>
</tr>
<tr>
<td><strong>PRN</strong></td>
<td>Abbreviation for pro re nata, a Latin phrase meaning &quot;as needed.&quot;</td>
</tr>
<tr>
<td><strong>RC</strong></td>
<td>Regional Coordinator</td>
</tr>
<tr>
<td><strong>ROL</strong></td>
<td>Rank Order List</td>
</tr>
<tr>
<td><strong>SAMC</strong></td>
<td><strong>Southeast Alabama Medical Center</strong> <a href="http://www.samc.org/">http://www.samc.org/</a></td>
</tr>
<tr>
<td><strong>SARHA</strong></td>
<td>The <strong>Southeast Alabama Rural Health Associates</strong> is a private, non-profit corporation established in 1983 to ensure the availability of quality medical services to all residents of southeast Alabama. SARHA currently provides primary and preventive health services to the residents of Barbour, Coffee, Crenshaw, Dale, Geneva, Henry, Houston, Pike and surrounding counties. <a href="http://www.sarhaonline.com/">http://www.sarhaonline.com/</a></td>
</tr>
<tr>
<td><strong>Scramble</strong></td>
<td>The period after the AOA Match in which students who are not matched into a program can “scramble” to find an available slot.</td>
</tr>
<tr>
<td><strong>SEAMED</strong></td>
<td>Software used by ACOM students to access curricular information.</td>
</tr>
<tr>
<td><strong>Selective Clerkships</strong></td>
<td>Students in the third year are required to take one Medicine Selective and one Surgical Selective. There are chosen from a defined list of courses.</td>
</tr>
<tr>
<td><strong>Shelf Exam</strong></td>
<td>See COMAT</td>
</tr>
<tr>
<td><strong>SOAP</strong></td>
<td>The Supplemental Offer and Acceptance Program is a process for unmatched students in the NRMP match to find residency programs. <a href="http://www.nrmp.org/residency/soap/">http://www.nrmp.org/residency/soap/</a></td>
</tr>
<tr>
<td><strong>SOAP note</strong></td>
<td>The SOAP note (an acronym for subjective, objective, assessment, and plan) is a method of documentation employed by health care providers to record notes in a patient's chart.</td>
</tr>
<tr>
<td><strong>STAT</strong></td>
<td>Abbreviation for the Latin word statim, “immediately.”</td>
</tr>
<tr>
<td><strong>Transitional Year</strong></td>
<td>One year position with rotations through various disciplines (e.g. Internal Medicine, Surgery, etc.); also precedes training in other specialties.</td>
</tr>
<tr>
<td><strong>Traditional Rotating Internship (TRI)</strong></td>
<td>The TRI programs involve a one-year commitment between the student and the institution for an OGME-1 internship program only.</td>
</tr>
</tbody>
</table>
| **USMLE** | The **United States Medical Licensing Examination** is sponsored by FSMB and NBME, results of USMLE are reported to medical licensing authorities in the United States and its territories for use in granting the initial license to practice medicine. USMLE’s three steps assess a physician’s ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Allopathic medical students are required to take this exam. Osteopathic students are encouraged and may be required to take the USMLE if they intend to apply for allopathic programs. [http://www.usmle.org](http://www.usmle.org) Current minimum passing scores are:  
  Step 1: 192  
  Step 2 CK: 209  
  Step 3: 190 |
<p>| <strong>VCU</strong> | Video Conferencing Unit |
| <strong>VMR</strong> | Software used for video conferencing. |</p>
<table>
<thead>
<tr>
<th><strong>Visiting Student</strong></th>
<th>A student who is “away” from their home program while taking elective clerkships.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VSAS</strong></td>
<td>The Visiting Student Application Service (VSAS®) is an AAMC application designed to streamline the application process for senior &quot;away&quot; electives. This service requires students to submit just one application for all institutions, effectively reducing paperwork, miscommunication, and time. All COCA accredited AACOM member colleges, with rising fourth year classes, are VSAS home schools. Students in accredited schools may use VSAS to submit applications. ～ACOM Students will have access to VSAS beginning in March of third year. <a href="http://www.aamc.org/students/medstudents/vsas/">http://www.aamc.org/students/medstudents/vsas/</a></td>
</tr>
</tbody>
</table>