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PHILOSOPHY OF OSTEOPATHIC MEDICINE

Osteopathic medicine stresses a comprehensive approach to the maintenance of health. The roots of osteopathic medical education lie in the emphasis it places on the musculoskeletal system. The interrelationship between this and other body systems is basic to health maintenance and the prevention of disease. Founded by Andrew Taylor Still, MD, DO (1828-1917), osteopathic medicine utilizes four fundamental principles which enable the osteopathic physician to look at health and disease in a unique manner:

- The body is a unit; the person is a unity of body, mind, and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based on the above three principles.

OSTEOPATHIC PLEDGE OF COMMITMENT

I pledge to:

- Provide compassionate, quality care to my patients;
- Partner with them to promote health;
- Display integrity and professionalism throughout my career;
- Advance the philosophy, practice, and science of osteopathic medicine;
- Continue life-long learning;
- Support my profession with loyalty in action, word and deed; and
- Live each day as an example of what an osteopathic physician should be.

OSTEOPATHIC PHYSICIAN’S OATH

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation, and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.
Overview

This manual provides an overview of the current policies and procedures of Alabama College of Osteopathic Medicine (ACOM) pertaining to third- and fourth-year clinical clerkships. ACOM reserves the right to make changes at any time in educational policies, schedules, training sites, evaluation procedures, or any other aspects of the clinical training program. Changes will occur, as needed, to maintain educational requirements, standards, or the quality of the program. Every effort will be made to notify students in a timely manner when changes are implemented and new or revised policies are instituted. Changes will be effective on the date of the notification. Any conflicts regarding the application or interpretation of the policies contained in this manual will be resolved by the Dean of Clinical Sciences, whose decision is final. The Student Handbook is the primary student guide and the Clinical Clerkship Manual is a supplement for use by OMS-III and OMS-IV students while on clerkships.

Divisions of Clinical Resources and Clinical Sciences

Mission and Basic Procedures

The Division of Clinical Resources is dedicated to providing students with the highest quality clinical educational opportunities and providing exceptional service to everyone with whom we interact. Each student is assigned to a core site, which is managed by a director and coordinator, and connected to a regional coordinator for that geographical region. Collectively, the schedules and assignments are coordinated by these personnel. Clinical assignments are based on multiple factors, including availability of preceptors.

The Division of Clinical Sciences will provide students with a well-integrated didactic and experiential curriculum that will broaden students’ medical knowledge and task them to apply that knowledge in clinical settings common to clinical care. ACOM Clinical Sciences Faculty will serve as clerkship chairs and as facilitators for clerkship didactics. ACOM preceptors will assess student abilities at the Point of Care, on rounds, and during other clerkship venues.

Only clinical clerkships scheduled through and confirmed by the Division of Clinical Resources and approved by the Division of Clinical Sciences will fulfill the requirements of the clinical curriculum. No clinical clerkship will be accepted for credit unless approved and confirmed in advance.

A syllabus for each required clerkship, including didactics, reading assignments, and grading criteria, will be provided by the Clerkship Chair. Clerkship Chairs will also assign the final grade.

Division Hours

Regular hours for the Divisions of Clinical Resources and Clinical Sciences are 8:00 a.m. to 4:30 p.m. Central Time, excluding days when the ACOM campus is closed. It is recommended, because of varying schedules, that communication between students and the Divisions is made primarily via email. Along with email, the ACOM voice mail system is active twenty-four hours a day, including weekends and holidays. Voicemail may answer calls if staff members are unavailable. An emergency call schedule will be published annually.

Clinical Resources Staff / Regional Coordinators

The Clinical Resources staff will provide students with guidance and assistance in preparing their clinical clerkship schedule. All plans must be submitted in writing to the assigned staff member who will prepare a final, confirmed plan.
<table>
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<tr>
<th>STAFF NAME</th>
<th>POSITION</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Wil Baker, PhD</td>
<td>Associate Dean of Clinical Resources</td>
<td>334-944-4051</td>
<td><a href="mailto:baker@amecdo.org">baker@amecdo.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>251-947-6288</td>
<td></td>
</tr>
<tr>
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<td>Director of Clerkship Resources Management</td>
<td>334-944-4028</td>
<td><a href="mailto:cgbison@acom.edu">cgbison@acom.edu</a></td>
</tr>
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<td>Affiliation Agreement Coordinator</td>
<td>334-944-4087</td>
<td><a href="mailto:kwhitehead@acom.edu">kwhitehead@acom.edu</a></td>
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<td><a href="mailto:lpitman@acom.edu">lpitman@acom.edu</a></td>
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<tr>
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<td>Regional Coordinator – Central</td>
<td>334-944-4075</td>
<td><a href="mailto:lkincer@acom.edu">lkincer@acom.edu</a></td>
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<tr>
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<td>Regional Coordinator – South</td>
<td>334-944-4076</td>
<td><a href="mailto:bJordan@acom.edu">bJordan@acom.edu</a></td>
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**Clinical Sciences Faculty / Staff**

The Clinical Sciences faculty and staff will provide students with guidance and assistance in clerkship rotation didactics, grading, and general curriculum issues.

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<td>OPP for Clerkships</td>
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**FACULTY / STAFF**

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<tr>
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<tr>
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<td>334-944-4003</td>
<td><a href="mailto:pmixon@acom.edu">pmixon@acom.edu</a></td>
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**General Information and Guidelines for Clinical Clerkships**

**Clerkship Management Software**

ACOM uses E*Value management software to schedule clinical clerkships, record student evaluations, and manage the clinical experiences of students. Students receive instructions from their Regional Coordinator with log in information, user name, and password to access their clinical schedule, review evaluations, and complete evaluations of their preceptors and clerkship sites.

**Change of Address**

It is important that each student’s Regional Coordinator be kept up to date on current contact information. Failure to promptly report a change in mailing address, telephone number, or other contact information can result in failure to receive information important to the successful completion of clinical clerkships. **It is the responsibility of the student to supply current and timely contact information.**

**Professional Demeanor and Titles**

All students are held to the highest professional standards regarding truthfulness in word and deed in all academic and clinical matters, as articulated in this manual, the clerkship syllabi, and the Student Handbook. Any deviation from these standards as assessed by the clinical site personnel, working in conjunction with ACOM Clerkship Chairs, may result in a failure of that clerkship and/or immediate removal from site. Such violations of professionalism will result in referral to the Student Progress Committee.

Students will refer to themselves as “First name, Last name, third/fourth year medical student at Alabama College of Osteopathic Medicine” in a clinical setting. As a group, students are referred to as “Medical Students.” Students will refer to other professionals in the clinical setting by their appropriate title, such as “Dr. Smith,” “Ms. Jones,” etc. Students are **never** to represent themselves as licensed physicians. If a student has a doctoral degree in any field, this title **cannot** be used while in any clinical setting whether in a student environment or not. Students may expect to be treated as professionals by all clinical personnel at all times, and in turn conduct themselves professionally, ethically, and respectfully in regard to all clinic and hospital personnel and interactions. Courtesy and a professional demeanor at all times are essential traits for a physician.
Appearance

School officials and preceptors are the final arbiters of appropriate student appearance. If a student’s appearance is not appropriate, students may be immediately removed from clinical duties and asked to correct the problem before continuing with clinical duties. The following rules apply at all times while the student is participating in clerkship activities:

- Professional appearance refers to grooming and hygiene:
  - Conservative hair styles,
  - Conservative make-up and jewelry
  - Neatly trimmed moustaches and beards
  - No perfume, cologne, or scented body sprays
  - Bathe/shower, brush teeth prior to start of each day
  - Any visible tattoo must be reviewed by a preceptor or Core Site Director for approval
  - Permitted visible piercings:
    - Single nose piercing
    - Single earring in each ear, no gauges
- Professional attire includes:
  - For men: dress shirt, dress pants, tie, closed toe dress shoes and socks
  - 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
  - Clean, pressed white coat
- A white student clinic jacket displaying the ACOM patch and an ACOM name badge is required at all times by all students when in a clinical environment.
- A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment
- Some facilities may require students to wear or display their site specific name badge or ID in addition to that required by the school.
- For activities where an institution requires “scrubs” or other alternative or protective attire, the alternative attire will be provided by the institution, remain the institution’s property, and remain at the institution at all times. Scrubs are not to be worn away from or traveling to and from the clinical training site and are to be returned to the training site upon completion of the clerkship.
- The above requirements apply from the first day of the clerkship to the end of the clerkship, unless the preceptor specifically requests deviation from the above.
- If an affiliated hospital or clinical site has a dress code that differs from ACOM’s standards, the student will follow the dress code of the training facility.

Liability Insurance

The College provides liability insurance coverage for students on approved clinical clerkships while they are directly under the supervision of the assigned preceptor or designee. The College's liability coverage does not apply to unsupervised student clinical activity. Any clerkship not officially scheduled through the Clinical Resources Division and approved by the Clinical Sciences Division will not be recognized for official credit toward graduation requirements.

Personal Insurance

Students are required to have personal health insurance while on clinical clerkships. Students may be asked to show evidence to the clinical training site that health insurance is in place.
Counseling, Physical, and Behavioral Health Care Support Services

The Division of Student Services works closely with the faculty advisors to track individual student problems. In the case of any academic or non-academic issues that are impeding a student's progress, the advisor will refer the student to the Division of Student Services. The Associate Dean of Students will then call the student to discuss the problems in a timely manner.

The Southeast Alabama Medical Center offers its employees an Employee Assistance Program (EAP) through Bradford Health Services. These confidential services will be provided to ACOM students through the ACOM Student Assistance Program (ASAP) and include services for drug and alcohol abuse, emotional, family, marriage, financial, and legal issues. This is a strictly confidential service, providing the same level of benefits to help assist in daily problems that might impair a student’s personal or professional life.

Bradford Health Services
24 Hour Access | 888-577-0012

Bradford Health Services are available throughout the state of Alabama and the panhandle of Florida to service our OMS III and OMS IV students in core clerkship training. The 24-hour access number above is made available to all students with referral services in the following cities surrounding our network of core sites.

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<th>Tuscaloosa</th>
<th>Anniston</th>
<th>Birmingham</th>
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<td>Opelika</td>
<td>Jasper</td>
<td>Union Springs</td>
<td>Mobile</td>
<td>Dothan</td>
<td>Alabaster</td>
<td>Pensacola, FL</td>
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For more information, please see Appendix M and N.

Tobacco, Drug, and Alcohol Use

Unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any student of the Alabama College of Osteopathic Medicine while he or she is on College property, involved in College activities, or at any clerkship site, is prohibited. The College will take disciplinary action against a student, group of students, or student organization for any violation of this policy. A student or student organization may also be disciplined for, and is deemed in violation of the Code of Ethics and Honor for, the unlawful possession or consumption at any clerkship rotation site of alcoholic beverages, public drunkenness, or violation of state or local laws regarding alcohol use or possession. Use of any tobacco product or nonprescription narcotic is prohibited at any clerkship rotation site. Students are also required to adhere to the Tobacco, Drug, and Alcohol policy of their clerkship rotation site while in training at that site, and it will supersede ACOM’s clerkship policy only if it's more restrictive. See ACOM's Student Handbook on the Consumer Information page for more information. Any disciplinary actions to be taken and the disciplinary procedures to be applied for the fair adjudication of the alleged violations will be in accordance with policies and procedures published in the Student Handbook.

Inappropriate Conduct

The Student Handbook provides additional information about appropriate student conduct, and the Student Progress Committee will address issues which arise regarding student conduct.

Property of Others

Students will not take temporary or permanent possession of hospital or preceptor property (books, journals, food, scrubs, etc.) without the owner’s expressed permission. Such items should be returned at the completion of the clinical clerkship.
Needle-Stick and Blood-Borne Pathogen Exposure

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

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

Students should also consult the *Needle-Stick Policies & Procedures libguide*, which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](https://www.cdc.gov) as needed.

Eligibility for Clerkships

1. Only ACOM students currently enrolled as OMS-III or OMS-IV students will be allowed on clinical clerkships. To be eligible to begin clinical clerkships, students must successfully complete the entire course of study for year two and have achieved a passing COMLEX 1 score. To be eligible to begin 4th year clerkships, students must successfully complete all components of 3rd year clerkships. In a special circumstance, such as an incomplete grade, the student may begin 4th year clerkships, but a hold will be placed on the student record until all third year requirements are met, which may hinder subsequent registration.
2. Students who pass Level I after the term has begun must enroll in a minimum of 4 credit hours (at least one clerkship) in order to meet the enrollment requirements associated with Federal Student Loan disbursements. For more information, please contact the Office of Financial Aid.
3. Students must have current training in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), OSHA, HIPAA, Universal Precautions and sterile technique. Training in these areas will be provided on campus before the end of year two. Attendance is **mandatory** at sessions pertaining to these topics provided at ACOM and at any clinical clerkship site at which they are required.
4. Students are responsible to keep a copy of BLS and ACLS certification cards and present to training sites upon request. It is the responsibility of the student to recertify in these areas before the certification expiration date. Students are encouraged to locate and register for recertification courses three months in advance of the expiration date to ensure that certification is not interrupted. Many core hospitals and other clinical clerkship sites routinely offer recertification classes, often free of charge to students.
5. Students must have personal health insurance and provide proof of insurance to clinical sites when requested.
6. The following documentation is required by most clinical training sites. **Students must provide the Division of Clinical Sciences with these documents by April 15 of their OMS-II year:**
   a. Required immunizations and titers demonstrating immunity:
      - Immunizations:
        - Hepatitis B series
        - MMR booster
        - TdaP booster
        - Varicella Booster
• Quantitative Serum Titers to prove immunity:
  - Varicella IgG titer
  - Measles IgG titer
  - Mumps IgG titer
  - Rubella IgG titer
  - Hepatitis B Surface Antibody titer

If documentation of the above immunizations and titers is not current and on file with the Division of Clinical Sciences before clerkships begin, **the student will not be allowed to begin clinical clerkships. It is, therefore, important for students to comply with the April 15 deadline for submission of immunization and titer documentation so that discrepancies can be cleared prior to the student’s first scheduled clerkship. If you have an insufficient titer result, the subsequent vaccination and follow-up titer is on you. SAMC Employee Health will work with you, but you are responsible for costs incurred.**

b. Many clerkship sites require an annual influenza vaccination, usually by December 1 of each year. Students are strongly encouraged to obtain the influenza vaccination and keep documentation on hand to provide to clerkship sites upon request.

c. An annual TB test must be current and on file by April 15 of each year; chest radiography is required every two years if the TB test is considered positive.

d. **Updated Certified Background Check:** The Certified Background report submitted for admission to ACOM will **not** meet this requirement. An updated report must be completed and on file with the Division of Clinical Sciences by April 15 of the OMS-II year.

e. Ten-Panel Drug Screen: The drug screen completed for admission to ACOM will not meet this requirement. An updated drug screen must be completed between February 1st and April 1st and on file with the Division of Clinical Sciences by April 15 of the OMS-II year.

f. Students will receive instructions from the Division of Clinical Sciences regarding procedures to obtain an updated criminal background check and drug screen.

g. **CertifiedBackground.com** will be responsible for tracking and interpreting results for conducted background checks and drug tests, in addition to reports of physical examinations and immunizations submitted by ACOM students.

7. Students must complete all Leaving the Nest modules and CITI Training before the assigned deadline. Failure to meet this deadline means the student may not start the OMS-III year on time.

8. Students are required to attend all hospital and clinic orientations assigned to them by their core site coordinator. Know well, these orientations will be before the official start of the OMS-III year.

Some clinical training sites may require documentation in addition to that listed above. Students should pay close attention to clerkship requirements when applying for placement at non-ACOM sites. Students must adhere to and complete facility-specific orientation and/or training requirements at each clerkship site, even if repetitive of requirements met at ACOM or previous clerkship sites. For example, students may be required to attend HIPAA training at each of their training sites.

**Assignment of Core Clerkships**

Core sites and clerkships are assigned by the Division of Clinical Resources. Before completion of the second year, students rank their top choices for core sites. Using a “schedule optimization” (lottery) process, the Division of Clinical Resources will assign core sites based, to the extent possible, on the student’s top choices. There will be a one-to-two week trading period after core sites are assigned when students will be allowed to switch their core site assignment with other students, after which schedules will be set and finalized. After the trading period ends, students will not be permitted to change core sites.
Clerkship Schedule Changes

Students may request changing an elective or selective clerkship with 60 days’ notice to the Division of Clinical Resources. The student should send the request, with a reason for the change, by email to his/her regional coordinator. Each request will be considered on a case-by-case basis.

Core Clerkships

Core clerkships will be completed during the OMS-III year at an assigned core site. Core clerkships may require the student to work with a variety of instructors at various levels, including interns, residents, and attending physicians. The following are guidelines for the clinical clerkship experience:

- The student is clinically responsible to the person to whom he/she is assigned at that time.
- Students will comply with all rules and regulations at the core site and any institution to which they are assigned.
  - If assigned to a hospital, clinic, or other institution, the institution will define what benefits the students will have while at the institution (e.g. discounted or free meals, lodging, etc.) and under what circumstances the students will have access to those benefits.
  - The institution is responsible for determining the degree of student involvement at that institution including access to the facility and areas within the facility, clinical access to patients, access and contribution to the medical record, and observation and participation in procedures.
  - Each student should have access to the hospital library or learning resources center in the same capacity as physicians and house staff at the institution.
- Students will conduct themselves during the clerkship as though they were guests in someone else’s home. Conduct otherwise may result in disciplinary action by the hospital and/or ACOM including dismissal from the clerkship and/or referral to the Student Progress Committee.
- Students will return any borrowed property before the end of the clerkship, including surgical garb, library materials, textbooks, pagers or other items.

Clinical Clerkship Sites

ACOM provides clinical training experiences primarily in Alabama, although excellent sites are available in other locations. Students will receive the highest quality clerkship experiences through the framework established by the Alabama Medical Education Consortium (AMEC). Since 2005, medical students from partner schools have served their third and fourth year clerkships in the core sites set up by AMEC and managed by core site directors (physicians) and coordinators. This enriched and expanding clinical network, coupled with mature core site management, adds value to the clinical clerkship experience for ACOM students.

The Division of Clinical Resources assigns students to specific core clerkships. These mandated learning experiences are at sites with preceptors who provide ACOM with training opportunities and from whom the school gets quality assessments of students throughout their clinical training.

Students will complete these specific core clerkships over the course of their third year of training at assigned core sites. These educational exposures occur in a practical, clinical environment designed to develop expertise in patient diagnosis and management. In addition to outpatient experiences at hospital-based clinics, free-standing clinics, and physicians’ offices, students will be provided with inpatient clinical experiences at hospitals and medical centers.

During the third year, the student will be assigned to a core site. Each site will be centered on a carefully selected hospital with sufficient resources to provide the third year curricular plan. The fourth year curriculum is intended to build on the foundational experience provided in the third year. Fourth year experiences are in settings where more demands for independence can be expected of the senior medical
student. Flexibility is provided by three clerkships of elective time in the third year and up to eight clerkships of elective time in the fourth year to give students ample opportunity to pursue their special interests.

A current list of ACOM clerkship sites to which students will be assigned can be found at the end of this document. These clinical clerkships are directed toward areas of medicine that are important in the primary care practice.

Formal clinical affiliation agreements are in place with these training sites. Students are expected to comply with the policies, procedures, and general rules of the training facility at which any clerkship is completed. The institution is responsible for determining the degree of student involvement at that institution, including access to the facility and areas within the facility, clinical access to patients, access and contribution to patients' medical records, as well as observation and participation in procedures. Each student should have access to the hospital library or learning resources center in the same capacity as physicians and house staff at the institution.

**Length of Clerkships**

The minimum length of a clerkship is four (4) consecutive weeks at the same site with a single physician or a hospital responsible to the school for the student's education during the clerkship. A clerkship may not be "split" unless by approval by the Associate Dean of Clinical Sciences at least four weeks prior to the scheduled onset of the clerkship.

**Hours of Duty**

Each clinical training site sets its own schedule. Night call, weekend coverage, and holiday assignments are at the discretion of the training site.

- Clerkships begin at 7:00 a.m. on the first Monday of the clerkship block and end at 7:00 p.m. on Friday evening 26 days later. Deviation from these hours is at the discretion of the supervising physician preceptor. Students may not take call or remain on service after 7:00 p.m. on the last Friday of the clerkship. If the supervising physician deviates from the clerkship plan and alters student hours or has planned numerous "days off" such as his/her personal vacation, it is the student's responsibility to contact the core site coordinator or clerkship chair for advice and counsel.
- 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.
- 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.
- Students shall be given a minimum of two days off every 14 days. This requirement may be met by giving a student every other weekend off, but this is at the discretion of the supervising physician.
- Departure prior to the scheduled departure date will be considered an unexcused absence and may result in failure of the clerkship, unless approved by the supervising physician and the clerkship chair.
- On the final weekend of the rotation, the student must be given adequate time to travel to the next clerkship rotation site. It is intended that Saturday and Sunday are all travel days, and that all student assignments are completed by the final Friday of the clerkship rotation.
Attendance

- **One hundred percent attendance** is expected at all clinical clerkships. Any absence during scheduled clerkship work hours, for any reason, must be arranged with and excused by the preceptor and reported to the regional coordinator in advance. The student must report the absence to their regional coordinator in advance. If on a core clerkship, the student must also notify the Site Coordinator.

- **Any** absence during clerkship work hours must be made up by the student in accordance to a plan pre-approved by the preceptor.

- Extended absences will not be excused for travel to elective clerkships and/or medical mission work. Students will use the weekend between clerkships for travel time to the next clerkship. If a student needs additional time to travel to a geographically distant clerkship, this should be discussed with the supervising physician of the current clerkship and the student’s regional coordinator as soon as the need is known.

- An absence from a clerkship will be excused only under extreme circumstances. Students cannot be absent from any clerkship experience without permission from the supervising physician. Absence from a clerkship in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship.

- The student may be excused, with prior approval from the student’s regional coordinator, for COMLEX USA examinations. One day of excused absence is allowed for COMLEX Level 2 CE. Students are encouraged to schedule the NBOME/COMLEX exam at a testing center in close proximity to their training site. One day of excused absence is allowed for the COMLEX Level 2 PE exam. These absences must be as a written request in advance to the student’s regional coordinator. Students should discuss with the supervising physician on the first day of the affected clerkship their need for release time for testing. Students wishing to take additional time for licensure exam study or review, may be approved to do so by the Associate Dean of Students, but will be required to take a leave of absence and make up the time prior to graduation.

- Should a student receive a notice for Jury Duty, he/she may obtain a letter from the Clinical Resources Division describing a clinical student’s duties and obligations and verifying the status of "full time student," which should suffice for excusal from jury duty, but does not excuse the student from jury duty; only a judicial official has the authority to excuse the student from serving on a jury. The Clinical Resources Division will work with the student individually to ensure that such requests are provided in a timely and accurate manner.

- ACOM maintains, and the student must recognize, that fulfillment of the academic program is top priority and that it is the student’s responsibility to fulfill all course and clerkship requirements.

- ACOM does not specifically allow time off for the USMLE exam or for interviews for postdoctoral positions. With approval from the supervising physician, time missed may be made up by taking night call or weekend call.

- If a personal health problem or family medical problem prevents a student from meeting the assigned responsibilities, the student should immediately contact their regional coordinator. A written physician’s note must be presented to all involved parties for any absence exceeding 24 hours. All lost time is expected to be made up with night or weekend duty, at the direction of the supervising physician or Site Director.

- Dishonesty to a preceptor or the school (such as portraying oneself as "ill" when that is not the case) is inappropriate behavior. Should a student decide to take time away from a clerkship for reasons other than those listed above or be found to be dishonestly portraying his/her reason for being away from a clerkship, the "unexcused absence" policy will apply. In addition, the circumstances regarding the absence may be referred to the Student Progress Committee. Violations of student conduct can result in adverse consequences up to and including suspension and/or dismissal. Refer to the Student Handbook regarding standards of conduct and the Student Progress Committee.
Non-Clinical Experiences

It is important for students to observe and participate in non-clinical experiences such as tumor board, journal club, or hospital committees in order to understand and appreciate the full spectrum of activities in which physicians are involved. Students are expected to participate in as many non-clinical experiences as are approved by the preceptor.

Health Insurance Portability and Accountability Act (HIPAA)

Students will abide by the rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI). This includes prohibition of discussing patient information in an inappropriate manner or setting.

Core Curriculum

ACOM entrusts its various clinical training sites, Site Directors, and Supervising Physicians to train students for excellence in clinical practice. The preceptors and clinical training sites will implement the curriculum in a manner that balances the learning needs of the students and the educational resources available at the site. To enhance learning, preceptors and sites are encouraged to use a variety of teaching techniques, including observation, monitored participation, video and audio recordings, computers, readings, individual discussions, and presentations by students, faculty, and others. Specific curricular expectations are outlined in the curriculum syllabus for each of the required clerkships.

The clinical years (3rd and 4th) will consist of clinic, hospital, and office-based training. All faculty are approved by ACOM based on interest and dedication to teaching as well as the evaluation of the Curricula Vitae (CV) and background checks. The clinical curricula reflect the mission of the college through planning and evaluation in the Academic Planning and Evaluation Committee for Curriculum (APECC) and the input and review of the Dean’s Cabinet.

Entry into any third year course requires successful completion of the entire course of study of the second year. During the third year, the student will be assigned to a core site. Each site will coordinate with clinics and hospitals within a 50-mile radius with sufficient resources to provide the third year core curricular plan. The core experience within the site will consist of the following REQUIRED clerkships: one month of Behavioral Medicine, two months of Internal Medicine, one month of General Surgery, one month of Obstetrics/Gynecology, one month of Pediatrics, one month of Family Medicine, and one month of Hospice & Palliative Care. The remainder of the year is designated for selectives and electives.

The fourth year curriculum is intended to build on the foundational experience provided in the third year. The only required clerkship is Emergency Medicine. Fourth year experiences are in settings where more demands for independence can be expected of the senior medical student. Electives will allow students to travel to locations for clerkships in their chosen specialty in preparation for application to residency programs. One OMS-IV elective must be a General Internal Medicine rotation.

At each core site, there will be a Core Site Director and Core Site Coordinator. The Core Site Director manages the core site and its operation, as well as directing interaction with the College regarding student performance. The Core Site Coordinator manages the day-to-day activities of students, such as preceptor assignment, evaluations, lectures, and post-clerkship exams. The Core Site Coordinator will contact the student before core clerkships begin regarding student expectations, housing, orientation activities, and other pertinent information.

Classification of Clinical Clerkships

Clinical clerkships are classified as required core, selective or elective:
a. **Required Core Clerkships:** Required core clerkships are assigned by the Division of Clinical Resources and cannot be changed by the student.

b. **Selective Clerkships:** Students will complete one surgical selective clerkship during the third year. **Selectives must be performed in a hospital setting.** Selective clerkships must be chosen from the selective clerkships list approved by ACOM. The preceptor for a selective clerkship may be a member of the ACOM Clinical Faculty or adjunct faculty, or a faculty member of an affiliated medical school. If a student wishes to complete a selective clerkship with a physician not on the approved faculty list, that physician must first receive approval through the Division of Clinical Sciences.

c. **Elective Clerkships:** Students will complete three elective clerkships during their third year and up to eight elective clerkships during their fourth year. Electives can be in any specialty and at any medical facility. Preceptors for elective clerkships may be any licensed, practicing physician approved by the Division of Clinical Sciences and is not required to be a member of the ACOM Clinical Faculty. Students are encouraged to schedule elective clerkships in a variety of clinical practice areas for broad-based clinical exposure. Students may not complete more than two elective clerkships with the same supervising physician over the combination of the third and fourth year.

**OMS-III Clerkships**

a. Core Hospital Clerkships: Clerkships are completed during the OMS-III year.

b. Students have the option to complete selective clerkships at locations other than at ACOM core sites provided the clerkships are approved by the Division of Clinical Sciences 60 days in advance.

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>Course Numbers</th>
<th># of 4 Week Rotations</th>
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</thead>
<tbody>
<tr>
<td>Core: Behavioral Medicine</td>
<td>DO CLIN 801</td>
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<tr>
<td>Core: Internal Medicine I</td>
<td>DO CLIN 802</td>
<td>1</td>
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<tr>
<td>Core: Internal Medicine II</td>
<td>DO CLIN 803</td>
<td>1</td>
</tr>
<tr>
<td>Core: Obstetrics / Gynecology</td>
<td>DO CLIN 804</td>
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<tr>
<td>Core: General Surgery</td>
<td>DO CLIN 805</td>
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<tr>
<td>Core: Pediatrics</td>
<td>DO CLIN 806</td>
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<tr>
<td>Core: Family Medicine</td>
<td>DO CLIN 807</td>
<td>1</td>
</tr>
<tr>
<td>Core: Hospice &amp; Palliative Care</td>
<td>DO CLIN 808</td>
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<tr>
<td>Surgery Selective</td>
<td>DO CLIN 810-839</td>
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<tr>
<td><strong>Electives</strong></td>
<td>DO CLIN 840-899</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>12</strong></td>
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</table>

The Surgery Selective must be chosen from designated surgery specialties approved by the Associate Dean for Clinical Sciences. If a student chooses to fulfill the clerkship with a physician not on the approved list, he/she must first receive approval through the Division of Clinical Sciences.

**Surgery Selective Choices:** (Course numbers DO CLIN 810-839 will be assigned)

- General Surgery: DO CLIN 818
- Orthopedics: DO CLIN 819
- ENT: DO CLIN 820
- Urology: DO CLIN 822
- Urogynecology: DO CLIN 823
- Gynecological Surgery: DO CLIN 824
- Cardiothoracic Surgery: DO CLIN 825
- Inpatient Neurosurgery: DO CLIN 827
- Inpatient Plastics: DO CLIN 828
- Inpatient Colorectal Surgery: DO CLIN 830
- Inpatient Vascular Surgery: DO CLIN 831
Elective Choices: (Course numbers DO CLIN 840-899 will be assigned)

** Electives shall not be with the same physician for more than two months for the combination of the 3rd and 4th years.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Course Number</th>
<th>Elective Choice</th>
<th>Course Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Internal Medicine</td>
<td>DO CLIN 840</td>
<td>Oncology Surgery</td>
<td>DO CLIN 871</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>DO CLIN 841</td>
<td>Plastic Surgery</td>
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<tr>
<td>Cardiology</td>
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<td>Radiology</td>
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<td>Nephrology</td>
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<td>Dermatology</td>
<td>DO CLIN 874</td>
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<td>Pulmonology</td>
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<td>Hematology/Oncology</td>
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<td>Rheumatology</td>
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<td>Neurology</td>
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<td>Critical Care Medicine</td>
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<td>Infectious Diseases</td>
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<td>Adolescent Medicine</td>
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<td>International Medicine</td>
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**SAMPLE STUDENT SCHEDULE - Third Year**

<table>
<thead>
<tr>
<th>Fall Semester Courses</th>
<th>Credit Hours</th>
<th>Spring Semester Courses</th>
<th>Credit Hours</th>
<th>Summer Semester Courses</th>
<th>Credit Hours</th>
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<tbody>
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<td>Surgery Selective</td>
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**OMS-IV Clerkships**

a. Requirements: OMS-IV students will complete a four-week Emergency Medicine clerkship at their core site or other approved site. Students must also take a General Internal Medicine elective during the OMS-IV year.

- **Clerkships Required:** Emergency Medicine

<table>
<thead>
<tr>
<th>Clerkships Required: Emergency Medicine</th>
<th>Course Numbers</th>
<th># of 4 Week Rotations</th>
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<tr>
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<tr>
<td>*Electives</td>
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<td><strong>TOTAL</strong></td>
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</table>
Elective Choices: (Course numbers DO CLIN 940-999 will be assigned)

** Electives shall not be in the same specialty for more than four months for the combination of the 3rd and 4th years. Students may not precept with the same physician for more than two months for the combination of the 3rd and 4th years.

- General Internal Medicine: DO CLIN 940
- Gastroenterology: DO CLIN 941
- Cardiology: DO CLIN 942
- Nephrology: DO CLIN 943
- Pulmonology: DO CLIN 944
- Hematology/Oncology: DO CLIN 945
- Rheumatology: DO CLIN 946
- Neurology: DO CLIN 947
- Allergy/Immunology: DO CLIN 948
- Critical Care Medicine: DO CLIN 949
- Infectious Diseases: DO CLIN 950
- Adolescent Medicine: DO CLIN 951
- Emergency Medicine: DO CLIN 952
- Endocrinology: DO CLIN 953
- Pediatrics: DO CLIN 954
- OB/GYN: DO CLIN 955
- Sports Medicine: DO CLIN 957
- Neonatology: DO CLIN 958
- Pre-Internship: Medicine: DO CLIN 959
- Pre-Internship: Surgery: DO CLIN 960
- General Surgery: DO CLIN 961
- Neurosurgery: DO CLIN 962
- Otolaryngology: DO CLIN 963
- Anesthesiology: DO CLIN 964
- Vascular Surgery: DO CLIN 965
- Orthopedics: DO CLIN 966
- Ophthalmology: DO CLIN 968
- Urology: DO CLIN 969
- Urogynecology: DO CLIN 970
- Oncology: DO CLIN 971
- Plastic Surgery: DO CLIN 972
- Radiology: DO CLIN 973
- Dermatology: DO CLIN 974
- Women’s Health: DO CLIN 975
- Behavioral Health: DO CLIN 976
- Family Medicine: DO CLIN 977
- OPP: DO CLIN 978
- Geriatrics: DO CLIN 979
- PM&R: DO CLIN 980
- Occupational Medicine: DO CLIN 981
- International Medicine: DO CLIN 982
- Addiction Medicine: DO CLIN 983
- Pathology: DO CLIN 984
- FQHC: DO CLIN 985
- Trauma Surgery: DO CLIN 986
- Radiation Oncology: DO CLIN 987
- Preventive Medicine: DO CLIN 988
- Colorectal Surgery: DO CLIN 989
- Cardiothoracic Surgery: DO CLIN 990
- Gynecological Surgery: DO CLIN 991
- Clinical Integration: DO CLIN 993
- Clinical Reasoning: DO CLIN 995
- Research: DO CLIN 996
- Hospice & Palliative Care: DO CLIN 998
- Adv. Clinical Skills Training: DO CLIN 999

SAMPLE STUDENT SCHEDULE - Fourth Year

<table>
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<th>Fall Semester Courses</th>
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<table>
<thead>
<tr>
<th>Spring Semester Courses</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>Elective VI</td>
<td>4</td>
</tr>
<tr>
<td>Elective VII</td>
<td>4</td>
</tr>
<tr>
<td>General Internal Medicine Elective</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

Number of Clerkships

Students will complete 21 clinical clerkships in the third and fourth year, each of which is represented as a course on the student’s transcript. Twelve clerkships are completed during the third year and nine clerkships are completed during the fourth year.
Third Year Clinical Clerkship Descriptions:

DO CLIN 801) Behavioral Medicine:
Four weeks focusing on the evaluation, intervention, and management of the psychiatric patient. Emphasis is placed on the medical student learning the triage and community integration of treatment models, treating the patient in the setting close to home rather than the inpatient psychiatric hospital. This month will offer the integration of the psychiatric treatment model with the goal of community treatment and placement for the mentally ill patient.

DO CLIN 802) Internal Medicine I:
Four weeks of training in clinic and hospital settings leading to a foundational understanding of general medical problems in the adult male and female patients. This precedes and represents a requirement for Internal Medicine II.

DO CLIN 803) Internal Medicine II:
Four weeks of training with the same objectives as IM I. Increases the consolidation of educational goals by providing continuity of environment and faculty found in IM I.

DO CLIN 804) Obstetrics/Gynecology:
Four weeks of training in the inpatient or outpatient setting to obtain acceptable competency for a medical student in the care of medical and surgical issues related to the female genitourinary system. This will include the evaluation and care of the pregnant patient for prenatal, delivery and post-natal period.

DO CLIN 805) General Surgery:
Four weeks of training in the hospital setting under the supervision of a hospital-based general surgeon(s). This will include the evaluation, surgical intervention, consultation, and follow-up of the adult male and female population.

DO CLIN 806) Pediatrics:
Four weeks of clinical training in the outpatient and/or inpatient setting. The student will learn to take an appropriate history for male and female patients from birth to adulthood. Emphasis will be placed on preventive health management for evaluation of growth milestones, as well as immunization strategies. Identification of the acutely ill patient will be integrated into the experience.

DO CLIN 807) Family Medicine:
Four weeks of training with a family physician students will work with a family physician in order to gain a more complete perspective of the uniqueness of family medicine and further their learning of clinical knowledge and skill sets necessary to practice medicine in a variety of outpatient and inpatient settings.

DO CLIN 808) Hospice & Palliative Care:
Four weeks of training designed to provide students with a comprehensive experience in both “End-of-Life” Care and the most current modalities of symptom control / management. Students will experience being a part of a treatment team caring for individual patients and families anticipating and managing a spectrum of issues in anticipation of life’s end. This will include experience in dealing with social, psychological, and spiritual distress in terminally ill patients. The palliative care components will include: management of pain, anxiety, insomnia, nausea & vomiting, anorexia, constipation, pruritus, cough, dyspnea, and delirium. Students are also invited and encouraged to reflect upon end-of-life issues for themselves and their families and achieve increasing comfort in their discourse.

DO CLIN 810-839) Surgery Selective:
There is one Surgery Selective Clerkship Rotation required in the third year. It must be done in a hospital setting with preceptors that are approved by the Division of Clinical Sciences. Each student will be assigned to one physician/physician group to follow and work with faculty throughout his/her schedule of clinical activity. All selective clerkship preceptors will be approved by the Alabama College of Osteopathic
Medicine’s Division of Clinical Sciences. The Division of Clinical Resources will offer a pre-approved set of clerkship sites from which the students may choose the required selective clerkships, but students will not be limited in their choice to only these sites. Site evaluations are collected and reviewed.

DO CLIN 840-899) Electives
Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty.

Osteopathic Principles & Practice during Clinical Clerkships
During all clerkship rotations, students will work to incorporate osteopathic structural diagnosis and treatment techniques in all hospital and outpatient areas. Students will pre-round; attend rounds, and post round at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. Students will complete the grading elements of this experience during their core clerkship rotations. Please note: This is NOT a clerkship. This is a curricular requirement that will run throughout the length of the third and fourth year. Completion is required in order for students to graduate. For more information, please consult the OPP for Clerkships syllabus.

Fourth Year Clinical Clerkship Descriptions

DO CLIN 903) Emergency Medicine:
Four weeks of training with a prerequisite of successful completion of the entire third year of training prior to entry. Students will be educated in the initial evaluation and stabilization of the acutely ill or traumatized patient. Education of the triage process at the entry into the Emergency Department is included in the experience.

DO CLIN 940-999) Electives
Electives may be completed in any discipline, with any licensed practicing physician approved by the Division of Clinical Sciences and are not required to be completed with a member of the ACOM clinical faculty.

Locating Selective or Elective Clerkships

a. If the student finds a selective / elective clerkship that (s)he would like to do within the ACOM network, (s)he should contact her/his Regional Coordinator by email to request the clerkship. The majority of ACOM preceptors are clinicians with busy practices, so they may not always be available at the time for which the clerkship is requested.

b. Personal or Professional Contacts
If a student is interested in completing a clerkship with a Physician | Residency Program out of the ACOM Network for clinical clerkships, that student may request an out of network approval from the Division of Clinical Sciences.
Process for Out-of-Network Selective/Electives Non-VSAS

1. Student finds preceptor/residency program for rotation and gets a tentative approval at least 4 weeks prior to start of rotation.
2. Student finds Out of Network (OON) Request on E*Value homepage and clicks link to complete. Click save to submit.
3. OON request goes to Associate Dean of Clinical Science (ADCS) for approval or request for more information.
4. Once ADCS approves a request, automated notification is sent to Student, Regional Coordinator (RC), Credentialing Coordinator (CC), and Affiliation Agreement Coordinator.
5. Student uploads updated Schedule Tracker form from E*Value link after OON approval.
6. CC contacts program on the student's behalf to verify necessary documentation and agreements.
7. Once CC is aware of the required documents from program, student is notified via email.
8. Student requests official transcript be sent from Registrar to program.
10. CSA inputs any OON programs/preceptors in E*Value as needed.
11. CSA verifies student schedule against curriculum to ensure requirements are met.
12. CSA sends initial enrollment spreadsheet to Registrar two weeks prior to the beginning of each rotation period.
13. CSA sends follow-up enrollment spreadsheet to Registrar one week prior to the beginning of each rotation period.
14. Changes during the week lead-up to start of a rotation must be approved by ADCS.
15. Student reports to program with blank paper copies of Learning Agreement (LA) and Preceptor Eval of Student form. Students must provide copy of appropriate syllabus.
16. Registrar notified student not at site after LA not submitted. Referred to Dean of Students and ADCS for disposition.
17. Registrar notified after receiving LA that student is progressing. Registrar submits attendance to Federal Government.

* Student not receiving tentative approval within 4 weeks of start date may not receive approval of rotation due to inability to meet program credentialing requirements.

** All details must be finalized for the student to complete this rotation no later than 2 weeks prior to the first day of the rotation. If rotation has not been confirmed by rotation site by this date, student will be assigned to a rotation by the Regional Coordinator.
Documents and Additional Materials Needed for Audition Rotations

Below is a list of documents that may be requested of you by a program or host institution. It is your responsibility to ensure all necessary documents are obtained and submitted. This list is to help you know where to find necessary information and who to request help from if needed. *Please note, all documents in this list may not be required for every program.*

<table>
<thead>
<tr>
<th>Document / Information</th>
<th>Process for Obtaining Document / Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS/BLS training/certification</td>
<td>Your certification cards were given to you and you should have uploaded them to E’Value. If you did not, contact Kimberly Cummings to get another copy.</td>
</tr>
<tr>
<td>Affiliation Agreement</td>
<td>The Credentialing Coordinator will notify the Affiliation Agreement Coordinator if an affiliation agreement is needed and she will take care of it. Student has no responsibility for affiliation agreements.</td>
</tr>
<tr>
<td>Class Rank</td>
<td>Send requests to <a href="mailto:registrar@acom.edu.org">registrar@acom.edu.org</a></td>
</tr>
<tr>
<td>COMLEX score</td>
<td>Can be pulled by you from your NBOME account</td>
</tr>
<tr>
<td>Course Syllabi</td>
<td>Can be downloaded from E’Value homepage</td>
</tr>
<tr>
<td>Criminal Background</td>
<td>Can be pulled by you from E’Value. If a program requires a more current one, you must obtain at your own expense per the appropriate state’s requirements.</td>
</tr>
<tr>
<td>CV / Personal Statement</td>
<td>You must provide this information.</td>
</tr>
<tr>
<td>Drug Screen</td>
<td>Can be pulled by you from E’Value. If a program requires a more current one, you must obtain at your own expense per the appropriate state’s requirements.</td>
</tr>
<tr>
<td>Flu shot documentation (current)</td>
<td>Can upload verification to E’Value</td>
</tr>
<tr>
<td>GPA</td>
<td>Can be viewed through Self-Service on unofficial transcript</td>
</tr>
<tr>
<td>HIPAA training/certification</td>
<td>Can be obtained at core site hospital</td>
</tr>
<tr>
<td>Immunization / immunity Records</td>
<td>Records can be pulled by you from E’Value. If a signature of a healthcare provider or school official is required, you have two options: (1) have it signed by a healthcare provider at your core site, or (2) send a completed, scanned copy to Kimberly Cummings and she will obtain the necessary signature for you and return it via email.</td>
</tr>
<tr>
<td>Infection Control training/certification</td>
<td>Can be obtained at core site hospital</td>
</tr>
<tr>
<td>Learning Agreement form - blank</td>
<td>Can be downloaded by you from E’Value homepage</td>
</tr>
<tr>
<td>Letter of Good Standing</td>
<td>A generic version can be downloaded by you from E’Value. If a program requires a unique form/letter, please send it to Kimberly Cummings. She will get it filled out and signed by the appropriate party, then she will forward it to the appropriate person to send to the program.</td>
</tr>
<tr>
<td>Liability Insurance Verification form (not applicable to all programs)</td>
<td>Send to Kimberly Cummings. She will obtain appropriate signature and send to your program or host institution</td>
</tr>
<tr>
<td>Malpractice Certificate of Insurance</td>
<td>The Credentialing Coordinator will send this to each program that requests it. If applying through VSAS, please let Melanie Elmore know so she can upload it on your behalf. You are not authorized to release this under any circumstances.</td>
</tr>
<tr>
<td>Mask Fit test</td>
<td>Can be obtained at core site hospital</td>
</tr>
<tr>
<td>Out of Network Request form</td>
<td>Must be completed and sent to Dr. Miller for approval</td>
</tr>
<tr>
<td>OSHA training/certification</td>
<td>Can be obtained at core site hospital</td>
</tr>
<tr>
<td>Personal Health Insurance</td>
<td>You must provide this information.</td>
</tr>
<tr>
<td>Physical Exam within 12 months of rotation date</td>
<td>You must go to your healthcare provider to obtain this information.</td>
</tr>
<tr>
<td>PPD / TB skin test documentation (2016)</td>
<td>Can upload verification to E’Value</td>
</tr>
<tr>
<td>Preceptor Evaluation form - blank</td>
<td>Can be downloaded by you from E’Value homepage</td>
</tr>
<tr>
<td>TDAp immunization (current)</td>
<td>Can upload verification to E’Value</td>
</tr>
<tr>
<td>Transcript - Official</td>
<td>Official transcripts can be requested via self-service (preferred method) or by filling out a Release of Information Request posted on our website at <a href="http://www.acomedu.org/registrar/">www.acomedu.org/registrar/</a> and submitting to <a href="mailto:registrar@acom.edu.org">registrar@acom.edu.org</a>. For a VSAS program, your official transcript can be uploaded on your behalf following your request to the Registrar’s office. For non-VSAS programs, your official transcript will be sent for you as requested.</td>
</tr>
</tbody>
</table>
Students may apply for clerkships at other medical schools and graduate medical education programs. These clerkships are often used to "audition" for residency programs. Each training site will have its own application guidelines and processes, which typically can be found on the institution's or program's website and/or through Visiting Student Application Service (VSAS). Please note that the application process will vary with different programs and can be very time-consuming. Some programs will allow students to apply for a clerkship rotation online, while others will require the signature of the Associate Dean of Clinical Sciences before processing the request. Students must complete their portion of the application and forward it to the Credentialing Coordinator and CC appropriate Regional Coordinator, along with a checklist of all items that the host program requires for a completed student packet. If the application is completed online, the application checklist must be forwarded to the Credentialing Coordinator and CC’ed to the appropriate Regional Coordinator. If there is an application fee, the student must include payment with the application. The Credentialing Coordinator will forward the completed application packet, along with the supporting documents, such as immunization records and certificate of liability insurance, to the host program. Students are responsible for securing housing and for all costs associated with these clerkships. Clerkships at medical education programs should be requested at least 120 days in advance to allow time to complete the necessary processes. Applications received less than sixty days prior to the start date of the clerkship may not be approved. In that situation, the student may be placed at an alternative clerkship site at the discretion of the Division of Clinical Sciences. All out-of-network clerkship rotations must be set and confirmed 4 weeks prior to the start of the clerkship rotation. If the clerkship rotation has not been confirmed by the rotation site by this date, the student will be assigned to a clerkship rotation by the Regional Coordinator.

(Note: Active Duty Military clerkships will follow these procedures as well.)

Clerkship Information for Military Students

Military Rotations

- HPSP students are required to complete at least 2 rotations with military programs. Students should think of these as audition rotations.
  - It is recommend that students begin looking into scheduling audition rotations at the beginning of spring semester of OMS-III year.
  - Most students will defer their 3rd Active Duty Tour until their OMS-IV year, and complete two Active Duty Tours (ADTs) while rotating in these military programs.
- Students are strongly encouraged complete officer training prior to arranging to rotate at a military facility.
- If officer training has already been completed, students should make sure to review military customs and courtesies and be prepared to represent themselves and their school as an officer.

Matching to a Residency

- HPSP students are required to apply to both the military and civilian match.
- If a student matches with a military residency, he/she must withdraw from the civilian match.
  - Match results are released in December each year – earlier than civilian match.
- If a student matches to a civilian residency and is approved by the appropriate branch, the student will usually go on reserve status until the completion of that residency.
- If a student does not match with the military, and is not given permission to continue with a civilian match, the student will typically complete a one-year general internship with the appropriate branch and reapply the following year.
- *Please refer to the appropriate branch's portal for instructions, requirements, and deadlines specific to that service branch.
Locating Clerkships at Medical Education Programs:

Students will be provided a list of potential residency sites by May 1 of each year for the purpose of scheduling audition rotations. Students will find it extremely useful to perform audition rotations at residency programs to which they are interested in applying for residency. It is strongly recommended that each student perform audition rotations in at least three (3), if not four (4), residency programs in which they are interested. The usual audition rotation season opens in June of the OMS-III year and concludes in late November of the OMS-IV year.

Students may find the following websites helpful in locating clerkships at medical education programs:

- **AOA Online Opportunities** database has information about osteopathic residency programs. Most programs accept visiting students for clerkships. Information can be found at the following address: [http://www.opportunities.osteopathic.org/](http://www.opportunities.osteopathic.org/)

- **FRIEDA Online** is an online database maintained by the ACGME of accredited GME programs. [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)

- **AAMC-Member Program** [http://www.aamc.org/students/medstudents/electives](http://www.aamc.org/students/medstudents/electives)

- **Visiting Student Application Service (VSAS)** Some programs require students to apply through VSAS. Details can be found at [https://services.aamc.org/20/vsas/](https://services.aamc.org/20/vsas/)

Students may also contact programs directly or review their website(s).

Participating in Out-of-Network Selectives /Electives

a. **Student Responsibilities**
   - Student identifies preceptor or residency program and gets tentative approval for clerkship from preceptor/program.
   - Student completes electronic Out-of-Network Request form (links and instructions are in E*Value). Once the Out-of-Network form is saved, it will be automatically sent to the Associate Dean of Clinical Sciences for approval.
   - Student should forward the email received from the preceptor/program indicating approval for the clerkship to the Credentialing Coordinator.
   - Student will work with the Credentialing Coordinator to ensure all necessary documents are sent to the program (refer to Appendix F)
   - Once all requirements for a clerkship have been met and the host program has confirmed dates, the student will notify the appropriate Regional Coordinator so she can enter the student's schedule in E*Value.

b. **Division of Clinical Sciences**
   - The Associate Dean of Clinical Sciences approves or denies the request, and an automated notification is sent to the student, Credentialing Coordinator, and Affiliation Agreement Coordinator.
   - Credentialing Coordinator uses information from the Out of Network Request form to make initial contact with the preceptor/program. Additional information can be accessed at [http://opportunities.osteopathic.org/search/search.cfm](http://opportunities.osteopathic.org/search/search.cfm) or [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)
   - Credentialing Coordinator confirms and provides the information as required by the preceptor/program/institution. The establishment of communication with the host institution/agency will start the clock for exchange, review and approval of the clerkship.
activity. If approval from both ACOM and the host institution is not secured by 60 days from
the start date, the probability of completing the necessary requirements in time to start the
clerkship is significantly decreased.

- If an affiliation agreement is required, the student **DOES NOT** negotiate it.

c. Division of Clinical Resources

- If an affiliation agreement is required, the student **DOES NOT** negotiate it.
- Once all requirements for a clerkship have been met and the host program has confirmed
dates, the student will notify the appropriate Regional Coordinator so she can enter the
student’s schedule in E*Value.

d. Key Assumptions to Guide and Direct Out-of-Network Activities

- In order to obtain a timely approval of an Out-of-Network Elective request, students must
follow the process outlined in Appendix F.
- Request for approval for elective clerkships must be received at ACOM 120 days prior to
requested clerkship.
- Participation in an elective clerkship will be at the final discretion of the ACOM and the host
institution.
- Students must pay any application and/or registrations fees and meet any additional
requirements of host agency/institution as noted in Visiting Student Application Service or
presented by the program.
- All applications and supplemental materials must be completed 90 days prior to the start of
a clerkship.
- A completed submission to ACOM or the host institution does not guarantee approval or
acceptance.

**Additional Options for Elective Clerkship Rotations**

Students may consider the following options when planning elective clerkships:

a. **International Studies**: OMS-IV students who are in good standing may complete up to two
international clerkships involving the clinical care of patients. The primary site supervisor for
international clerkships must be a licensed physician qualified to practice within the host country.
Students will be responsible for obtaining the appropriate visa and immunizations or other
prophylaxis requirements. International clerkships must be approved at least 60 days in advance
by the Division of Clinical Sciences. The guidelines/application for international clerkship can be
obtained from the Dean of Students.

b. **Research Elective**: Students who are in good standing and have completed all OMS-III core
clerkship rotations may complete up to two research electives with prior approval by the Division
of Clinical Sciences. The AOA recognizes that the advancement of scientific research plays a critical
role in the mission to improve American healthcare through promoting osteopathic medicine. The
Research Elective is an immersion experience in ongoing human or animal based research, which
may involve, but is not limited to, the following: clinical investigation, policy studies, or health
services research and may be laboratory-based, practice-based, or both. Your preceptor will be the
Principal Investigator (PI) for the project and will be required to adhere to all regulations and
procedures (IRB, IACUC, etc. as appropriate) and be approved by the ACOM Research Committee, as
well as the Research Elective Clerkship Chair. The student will be required to take appropriate on-
line training in research through the ACOM Research Division before beginning the Research
Elective. Research electives must be approved at least 60 days in advance by the Associate Dean of
Clinical Sciences. Guidelines/Applications for the research elective can be found on E*Value.
d. **Off-Cycle Clerkships:** If an OMS-IV student is accepted for an elective clerkship at a training site that has a clerkship schedule different from ACOM, the student must first ask if that site will accept the ACOM clerkship schedule. Sites will often accommodate varying student schedules in order to recruit applicants for their residency programs. If the training site will not accommodate the ACOM clerkship schedule, the Division of Clinical Sciences will review the student’s request for alternate scheduling on a case-by-case basis.

**Limits on Clerkships**

a. Throughout years 3 and 4, the student will not be permitted to complete more than five elective/selective clerkships in the same specialty. For example, a student who is interested in cardiology could use a medical selective in cardiology and then up to four elective clerkships in cardiology.

b. Students may not complete more than two elective/selective clerkships with the same preceptor.

c. Students may complete only one clerkship with a preceptor who is a member of the student’s family. A clerkship completed with a family member must be an elective clerkship.

d. Guidelines on student participation in clinical activities while on clerkship rotations are included in this document as Appendix C. They are meant to be recommendations for policies concerning student involvement in the clinical setting at all clerkship rotation venues.

**Confirmation of Clerkship Assignments**

It is the responsibility of the student to contact each site 7 days prior to arrival to confirm the clerkship, obtain instructions regarding start time, dress code, housing arrangements and to receive any special instructions or assignments for the clerkship. It is recommended that these contacts be made at least 2 weeks in advance. The student should send a letter of introduction and/or a CV, and a photograph before starting the clerkship as a way of introducing themselves (some sites will require these items). For any clerkship occurring at a core site, it is very important to work with the Site Coordinator to confirm the clerkship and coordinate clerkship details. Some core sites ask that students not contact preceptors directly, but to arrange clerkships through the Site Coordinator. The student should confer with the Coordinator at their core site to determine the best method to confirm clerkships at that site.

**Patient Care Activities**

The clinical site will define the degree of student involvement in patient care activities at that facility. Students must comply with all of the general and specific rules and medical ethics established by the hospital, clinic, or facility at which they are being trained.

A medical student is not legally or ethically permitted to practice medicine or assume responsibility for patient care. A student may be involved in assisting in the care of a patient, but **only under the supervision of a licensed physician**. The attending physician is responsible for the medical care of the patient. A student may not administer therapy or perform procedures, except under the supervision of a licensed physician to whom the student has been formally assigned.

**Medical Records/Charting**

Policies regarding documentation by medical students in medical records will vary among hospitals and clinics. Some sites allow students to write full notes and orders directly into the patient’s chart. In this case, the supervising physician must also document the history of present illness, any relevant physical
exam information, as well as an assessment and plan. **Student notes are never to serve as the attending physician's notes.** 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. 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 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.

### Competency Portfolio

Students must record clinical thinking and procedural skills witnessed by their preceptors in the **Competency Portfolio** in the PxDx 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 use this information to populate the Medical Student Performance Evaluation (MSPE; formally called Dean's Letter). This MSPE is a vital part of each student’s residency application. The more complete the portfolio is, the better a program director will understand the depth of the student's training. It is, therefore, in the student's best interest to populate the portfolio as accurately and completely as possible. If the competency portfolio is incomplete, potential Residency Program Directors will not be able to see a true picture of the student's abilities.

**Continuing to populate the portfolio during their 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.**

Student grades will not be influenced by the number of clinical skills recorded, but the portfolio will serve as a method for students to track their performance of common skills typically encountered during clinical clerkships. As such, this portfolio will become an important asset to the student when applying for residency. In addition, the portfolio will serve as a tool to assist ACOM to evaluate the clinical experiences received by students at various training sites.

### Grading Guidelines for Clinical Clerkships

**Assignment of Grades**

A grade for each clerkship will be assigned by the Clerkship Chairs. Details can be found in the clinical syllabus for each clerkship. The elements required for each core clerkship include a post-clerkship COMAT examination, evaluation by the Supervising Physician or Core Site Director, attendance and participation at grand rounds or other conferences, clerkship rotation didactics, case studies, and quizzes or oral exams. Students who do not receive a passing score will be required to remediate certain portions of the clerkship. The final grade will be assigned and approved within 14 days of the completion of the clerkship. A letter grade is assigned for each clerkship. **Students must score 70% or higher on each grading element to pass the clerkship.**

**Grading Scale**

The academic status or grading of medical student performance is determined at the end of each semester. Grades are determined through averaging scores collected through assignment(s) scores, quiz(s), practical
results, evaluations, and COMAT exams. Each clerkship has a syllabus which will explain in detail how the grades are calculated. Grades shall be assigned to individual students on the basis of the Clerkship Chair’s judgment of the student’s scholastic achievement using the grading system below:

<table>
<thead>
<tr>
<th>Quality of Performance</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>A</td>
</tr>
<tr>
<td>Good</td>
<td>B</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>C</td>
</tr>
<tr>
<td>Failure</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Grading Symbols</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete</td>
<td>I</td>
</tr>
<tr>
<td>Administrative Withdrawal</td>
<td>AW</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>W</td>
</tr>
</tbody>
</table>

Clerkship Chairs will report a numeric grade to the registrar. A letter grade of A, B, C, or F will be assigned to the score for the course by registrar based on the following scale:

- A = 90-100%
- B = 80-89%
- C = 70-79%
- F = < 70%

The minimum satisfactory grade for each element of a core clerkship is C. Grades of A, B, C, and F will be factored into the GPA calculation. Grades of I, AW, and W will not affect GPA.

**Incomplete Clerkships**

"A grade of Incomplete (I) may be assigned if the student’s didactic work in a clerkship rotation is incomplete or if the student will be required to take a remediation exam. The Associate Dean of Clinical Sciences will establish a deadline of not more than 90 days for the student’s completion and/or remediation of remaining coursework, and the grade of Incomplete will be replaced once the student has completed all assigned coursework or remediation. A student who fails to complete all coursework by the deadline will be assigned a grade of F." The only exceptions are stipulated by the Chair of the Student Progress Committee.

**Assignment of the Final Grade**

The final grade for each student will be assigned by the Clerkship Chair. The Clerkship Chairs reserve the right to use their discretion to modify a student’s grade based upon stated criteria and/or circumstances in addition to those referenced in this document. Students must score 70% or greater for each required grading element.

**Failure of a Clerkship**

A student who fails a clerkship will be required to repeat and pass that clerkship prior to graduation. This may result in the student not being able to graduate as scheduled. Any student who fails a clerkship rotation will be referred to the Student Progress Committee.

**Grade Appeals**

Questions regarding a clerkship rotation grade are to be directed to the Clerkship Chair only. Students are never to contact the supervising physician who evaluated them.

Students have 48 hours after the grade is posted to their official transcript to dispute a grade. Students receive a notification from E*Value when a preceptor submits an evaluation of them. It is the student’s responsibility to review these evaluations. If a student wishes to dispute any information found within the evaluation, this request must be submitted via email to the appropriate Clerkship Chair within 48 of the initial E*Value notification.

Refer to the Student Handbook for procedures on how to appeal a clerkship rotation grade.
COMLEX Exams

The COMLEX-USA series, administered by the National Board of Osteopathic Medical Examiners (NBOME), is an examination sequence with three Levels. While all examination levels have the same two-dimensional content structure, the depth and emphasis of each level parallels the educational experiences of the candidate. This progressive nature of the COMLEX-USA examinations ensures the consistency and continuity of the measurement objectives of the osteopathic medical licensing examinations (www.nbome.org).

Students must take and pass COMLEX USA Level 1, COMLEX USA Level 2-CE and COMLEX USA Level 2-PE to meet graduation requirements. Students who fail COMLEX Level 1 or 2 may be placed on administrative leave of absence and required to participate in exam preparation courses or programs. Examination dates will be provided to the students. A student who fails a COMLEX exam will remain in good standing with the college until deemed otherwise by recommendation of the Student Progress Committee to the Dean. Multiple attempts on each exam are allowed; however, please note that many state licensure boards may have limits on the number of exams taken in issuing medical licenses.

COMLEX Level 1

Students are required to take COMLEX USA Level I as soon as possible following completion of the second year and they must take it no later than June 30th. Students are not allowed to start clerkships until they have achieved a passing score on COMLEX Level I exam.

COMLEX Level 2-CE and Level 2-PE

Passage of Step 2 Cognitive Evaluation (CE) and Step 2 Performance Evaluation (PE) is required for graduation. Passing scores must be documented no later than March 1 of the year graduating. Initial attempts at Step 2 exams must be scheduled by July 1 of the year preceding graduation.

*Note, students must have passed all required COMATs, including OPP, before they can take their COMLEX Level 2-CE.

Student Evaluations

Competency Based Evaluation

A 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 healthcare team in each of the following core competencies:

- **OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE**
  - **OMM Knowledge**: Articulates and demonstrates an understanding of the osteopathic approach to patient care.
  - **OMM Treatment**: Demonstrates an ability to formulate an OMM treatment plan.

- **MEDICAL KNOWLEDGE**
  - **Professional Knowledge**: Demonstrates effective use of medical knowledge necessary for patient care and accesses information through consultations and/or literature searches.

- **PATIENT CARE**
  - **History Taking**: Obtains relevant information and performs a complete and accurate history.
  - **Physical Exam and Documentation**: Performs a complete and accurate physical examination and provides accurate and meaningful documentation.
Diagnosis: Synthesizes clinical findings and/or laboratory data to formulate an appropriate differential diagnosis.

Treatment Plan: Writes an appropriate treatment plan.

Skills and Procedures: Uses instruments and performs simple procedures correctly.

- INTERPERSONAL AND COMMUNICATION SKILLS
  Interpersonal Communication and Interaction: Demonstrates effective listening, questioning, and narrative skills to communicate with patients, families, and other healthcare professionals, being sensitive to cultural, religious, and language issues.
  Presentation Skills: Organizes and reports case presentation information in a logical and meaningful format.

- PROFESSIONALISM
  Motivation and Professionalism: Demonstrates willingness to learn and accept instruction; maintains professional, respectful, and cooperative relationships with others (preceptors, staff, patients, and families).

- PRACTICE-BASED LEARNING AND IMPROVEMENT
  Diagnostic and Therapeutic Effectiveness: Uses reliable and current information in diagnosis and treatment; demonstrates the ability to extract and apply evidence; makes self-improvements as needed.

- SYSTEMS-BASED PRACTICE
  Knowledge of Healthcare Delivery Systems: Understands the basic business applications in a medical practice; shows operational knowledge of healthcare organizations; understands the role of the student as a member of the healthcare team; attends and participates in local meetings.
  Local Healthcare Advocacy: Understands local healthcare needs and challenges; makes appropriate use of local medical resources on behalf of patients.

At ACOM these competencies are defined within the following standards statements, as articulated in the table on the next page(s).

<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>
The Preceptor Evaluation of the Student is a list of observable behaviors directly referencing these Core Entrustable Professional Activities for Entering Residency.

**Student Responsibility for Preceptor's Evaluations**

*It is the responsibility of the student* to ensure that preceptors’ evaluations are submitted to the Division of Clinical Resources at the completion of each clerkship. The Clinical Resources staff will assist with obtaining the evaluation if a preceptor is neglectful in completing the evaluation form, but the responsibility rests with the student. If a student has difficulty in getting an evaluation submitted, he or she should inform his or her core site coordinator at the end of the clerkship. The more time that passes after a clerkship is completed, the more difficult it becomes to receive an accurate evaluation. The student’s transcript will not be complete until all evaluations have been posted. Application for Graduate Medical Education (GME) programs cannot be submitted nor diplomas issued without a complete transcript.

Preceptors may complete an online evaluation through the E*Value. In instances when a paper evaluation is requested by the preceptor, one will be sent to the training site. Students may also give a copy of the evaluation to the preceptor. The evaluation can be faxed, mailed, or sent by email to the Division of Clinical Resources. Please note that evaluations received directly from students will not be accepted by the Division of Clinical Resources. The evaluation must be received from the preceptor or training site.

**Preceptors for Core Clerkships:** The coordinator at each core site will work with the Division of Clinical Resources to update preceptor information. The preceptor listed for a core clerkship may not be the primary preceptor, but the supervising physician who oversees the core clerkship. The student should address any concerns regarding the preceptor listed for core clerkships with his/her Site Coordinator by the second week of the clerkship.

**Individual Preceptors:** The student should also make certain that the Division of Clinical Resources has a correct email address for the preceptor, or the person who should receive the email notice that an evaluation is due (such as a practice manager). *This information should be received by the student's Regional Coordinator by the second week of the clerkship.*

**Preceptors at Medical Education Programs:** When on a clerkship at another medical school or GME program, the student should consult with the medical education coordinator at that program regarding their procedures for preceptor’s evaluations. Evaluation procedures may vary at each site. In some cases, one preceptor may complete the evaluation online. In other cases, students may work with multiple preceptors who contribute to the evaluation. In this case, the coordinator or supervising physician at the host site will combine the input received from all evaluators and submit one overall evaluation to the Division of Clinical Resources.

Please note: a resident physician may not qualify as a preceptor; therefore, a resident may not submit a Preceptor Evaluation of Student form to ACOM.

*It is the responsibility of the student to determine the evaluation process at the host site and provide that information, along with the name and contact information of the preceptor of record, to the Division of Clinical Resources. This information should be received by the student's Regional Coordinator at ACOM by the second week of the clerkship.*

**Evaluation Process**

a. 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 and complete a Learning Agreement (See Appendix A). 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. Students should not hesitate to request clarification of anything that is not made clear by the preceptor. The student should provide the preceptor with a copy of the Mid-Clerkship Evaluation Form. If the preceptor does not have a copy of the clerkship syllabus, the student should provide a copy at the beginning of the clerkship.

b. 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, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation, 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.

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

d. The comments section of the evaluation form is designed to identify the student's strengths and areas for improvement. Comments may also be used as content for the Medical Student Performance Evaluation for the residency match program. Students are encouraged to inform the preceptor about the importance of making specific comments about their clinical performance.

Student Evaluation of the Preceptor / Site

Students are required to complete evaluations regarding their clerkship experience. Student feedback received from the evaluations will assist in the overall assessment and improvement of clinical clerkships and future faculty development programs. In order to assist core sites to improve student experiences, a summary of student comments will be reported anonymously, in redacted form, to those training sites and preceptors on an annual basis. The following evaluations are to be completed within seven business days following the completion for the clerkship.

For Required Clerkships:

1. *Evaluation of Preceptor:* Provides feedback that can be used to assess and improve the teaching of up to three preceptors for each clerkship.

2. *Evaluation of Site:* Provides feedback that can be used to assess and improve learning opportunities and the learning environment of specific clerkship sites.

3. *Academic Survey (Core Clerkships only):* Provides feedback that can be used to assess and improve the clerkship syllabus, learning materials, assignments, activities, and the instructional/support efforts of the clerkship chair.

For Selective/Elective Clerkships:

1. *Evaluation of Clerkship:* Provides feedback that can be used to assess and improve selective and elective clerkships.
Post-Clerkship Exams

OMS-III COMAT Exams

OMS-III students completing core clerkship rotations in Behavioral Medicine, Internal Medicine II, OB/GYN, General Surgery, Pediatrics and Family Medicine will take the COMAT (Comprehensive Osteopathic Medical Achievement Tests) subject examination provided by the National Board of Osteopathic Examiners (NBOME). There are no post-clerkship exams for IM I, selective or elective clerkships. Before beginning clerkships, students will receive instructions from the Division of Clinical Resources on how to download the NBOME browser and run a systems check on their computers in order to access COMAT exams. A mandatory OPP COMAT will be administered by the end of the 3rd year. Students have the option to take the Emergency Medicine COMAT any time prior to taking the COMLEX 2 CE exam by following the instructions below.

COMAT exams are administered online on the last day of the clerkship in accordance with NBOME guidelines. The exams are proctored by the Clinical Site Coordinator or their designee at each core site. Students will receive instructions from the Site Coordinator regarding the time and place to report for the exam. COMAT exams must be taken on the day that they are scheduled. Please note: students must inform both their Site Coordinator and the Clinical Sciences Coordinator regarding when they would like to take the OPP exam and the Emergency Medicine exam at least two (2) weeks prior to the anticipated exam date.

All required COMATs must be passed, including OPP, before students take their COMLEX Level 2-CE. Students who fail two (2) or more COMATs more than once may be automatically enrolled in an Elective Clinical Reasoning course, which will take place at ACOM.

COMAT examination structure, content outlines and practice exams for each subject can be found at http://www.nbome.org/comat.

COMBANK 2 has been purchased for your use in preparing for each COMAT. It is strongly recommended that you mine COMBANK by discipline for practice questions, which will greatly help you prepare for each COMAT.

OMS-IV Post-Clerkship Exams

There are no post-clerkship exams for core Emergency Medicine or elective clerkships.

Graduation Requirements

A medical student who has fulfilled all the academic requirements may be granted the degree Doctor of Osteopathic Medicine provided the medical student:

1. Has complied with all the curricular, legal, and financial requirements of ACOM;
2. Has successfully completed all coursework requirements in no more than six years;
3. Attends, in person, the ceremony at which time the degree is conferred;
4. Has taken and passed COMLEX Level 1, Level 2-CE, and Level 2-PE administered by the National Board of Osteopathic Medical Examiners (NBOME); and
5. Has demonstrated the ethical, personal, and professional qualities deemed necessary for the successful and continued study and practice of osteopathic medicine.

Students whose graduation date is delayed will be allowed to walk across the stage with their incoming class as long as they will be able to finish their clerkships before December 31 of the graduation year. To walk across the stage they must have passed COMLEX Level 1 and both parts of COMLEX Level 2.
The Division of Student Services will keep a progressing checklist to confirm academic milestones and approve promotion from one year to the next for each student. The Registrar will confirm and date each milestone to document the student’s progress from matriculation to graduation. The Associate Dean of Students will confirm each student’s checklist and, upon completion, will present qualifying students to the ACOM faculty for a vote to recommend each student to the Board of Directors for graduation. The degree of Doctor of Osteopathic Medicine will be conferred by the Board of Directors upon those students who have fulfilled all academic requirements of ACOM.

**Additional Policies and Guidelines**

- Contact the appropriate clerkship site or ACOM Clinical Resources staff when you have questions.
- Read all policies/procedures and course/clerkship syllabi and make sure you understand all clerkship requirements **before** beginning a clerkship.
- Be proactive – you are responsible for your schedule; you should know what is expected of you, complete all forms, evaluations, etc. on time and respond promptly to phone calls, e-mails, and any other correspondence.
- Adhere to time frames, especially for schedule changes, absences, etc.
- Seek permission in advance to be absent from your clerkship for any reason.
- Clinical clerkships in medical school are a full-time commitment. Non-clerkship activities must not supersede or conflict with your clinical duties and academic assignments.
- Failure of the student to follow all specified policies may result in approaching a graduation date with requirements unfulfilled, which would impact the ability to participate in commencement, on-time graduation, and/or date of beginning post-graduate training.
- For issues arising at a core site regarding in-house matters, work with local staff using appropriate procedures to resolve the issue locally.
- If advice is needed regarding clerkship or other requirements, seek that from appropriate staff or faculty; we do **not** recommend seeking clarity from classmates or non-ACOM affiliated core site, hospital, or other personnel. Remain fully aware that no allowances can be made for receiving incorrect advice from inappropriate sources.
- During clinical clerkships, students are considered to be part of the patient care team at the applicable training site; as such, the student is a professional-in-training, has duties, responsibilities, and a level of expectation regarding performance that is significantly different, often higher, than during the first two years of medical school. Student behavior is to be above reproach at all times.
- Sexual harassment of any kind will not be tolerated. If a student feels that he or she is being subjected to sexual harassment by any training site personnel such as preceptor, hospital staff member, or any other person associated with the clerkship, he/she should immediately contact their regional coordinator. All reports and allegations of sexual harassment will be taken very seriously. By the same token, students must never engage in activity that could be considered by others to constitute sexual harassment. Students should refrain from developing relationships with preceptors or other training site personnel that go beyond what would be considered a typical professional relationship.
- Students are immediately accountable to their assigned clinical preceptor(s) for carrying out all patient care and academic assignments in a timely, professional, and high quality manner. The student is also accountable to the Director of Medical Education or Site Supervisor for being aware of and complying with general and site-specific policies/procedures, in addition to those of ACOM in general and this manual.
- Students who are ill or experience an emergency situation that renders them unable to fulfill clerkship requirements and which necessitates absence must personally (not by email) contact the clinical supervisors/preceptor **and** core site coordinator **and** their ACOM Regional Coordinator.
Tips on Making the Most of Each Clinical Clerkship
(taken in part from the American Academy of Family Physicians Division of Medical Resources)

**Be familiar with and able to apply the core content of the clerkship specialty.** Before your clerkship begins, take time to review one or two relevant textbooks and other primary resources and go over any notes you may have. Be sure to draw on this body of knowledge as you demonstrate your diagnostic skills.

**Read as much as you can about the illnesses of the patients you are seeing.** Monitor your patients' charts daily. Research patient problems using journals, reference manuals, and internet sources, such as UpToDate. Ask your preceptor to recommend resources to enhance your understanding.

**Be a team player.** Get to know your patient care team – who they are, what they do, and how your role interacts with theirs. True standouts evenly share responsibility, are well-liked, and communicate effectively with other team members.

**Dress professionally, be on time, and be enthusiastic.** Attitude and appearance count. Take extra care on your clerkships to look your best. Unless you know that scrubs are acceptable attire, do not wear them. Make sure your style of dress is appropriate for the setting. Showing up early or staying late can also score you points – as long as you are being productive and learning in the process (not just "hanging out"). Finally, in everything you do, show enthusiasm.

**Establish a learning agreement with your preceptor at the beginning of each clinical clerkship.** This exercise affords you and the supervising physician a touchstone for you to learn the clinical decision-making and procedural skills you want from the clerkship. Agreeing on goals and understanding how information will be taught ensures that your clinical experience is valuable.

**Keep your PxDx competency portfolio up to date for each clerkship.** Record such things as the number of patients you see every day, the types of illnesses your patients have, any of your medical "firsts" (i.e., the first physical you perform, the first baby you deliver, etc.), and any expectations you have for the clerkship before you begin. This will help you remember your experiences and process your feelings. When it is time to choose a specialty, PxDx will help you reconcile your experiences with your expectations and goals.

**Learn to ask enough questions to satisfy your hunger for knowledge without monopolizing precious time.** Although you don’t want to stifle an important question, it is necessary to make the most of limited time with preceptors. Pay attention to other health professionals, as well as other students, and learn from all of them.

**Maximize time spent waiting during clerkships.** Since you never know when you will have extra time, don’t go anywhere without something to read. Keeping journal articles or reference materials with you will afford you the opportunity to study, read up on a patient, or prepare for your next set of rounds.

**During down time, resist the urge to engage in excessive non-clerkship tasks, such as texting, web surfing, or personal phone calls.** Your preceptor may interpret this as boredom, distraction or disinterest. Instead, check out online resources, complete clerkship assignments, read about your patients, or prepare for other didactics or the post-clerkship examination.
### Clinical Clerkship Core Site List
*(current as of April, 2017)*

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>CORE SITE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTHERN REGION</strong></td>
<td></td>
</tr>
<tr>
<td>DW McMillan</td>
<td>Brewton, AL</td>
</tr>
<tr>
<td>Thomas Hospital</td>
<td>Fairhope, AL</td>
</tr>
<tr>
<td>South Baldwin Hospital</td>
<td>Foley, AL</td>
</tr>
<tr>
<td>AltaPointe Health Systems</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Springhill Medical</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Mobile Infirmary</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Franklin Clinic*</td>
<td>Mobile, AL</td>
</tr>
<tr>
<td>Gulf Coast Hospital</td>
<td>Panama City, FL</td>
</tr>
<tr>
<td>Baptist &amp; West Florida</td>
<td>Pensacola, FL</td>
</tr>
<tr>
<td>Capital Regional Medical Center</td>
<td>Tallahassee, FL</td>
</tr>
<tr>
<td><strong>CENTRAL REGION</strong></td>
<td></td>
</tr>
<tr>
<td>Northeast Alabama Regional</td>
<td>Anniston, AL</td>
</tr>
<tr>
<td>St. Vincent's East</td>
<td>Birmingham, AL</td>
</tr>
<tr>
<td>Cahaba Medical Care*</td>
<td>Centreville, AL</td>
</tr>
<tr>
<td>Southeast Alabama Medical Center</td>
<td>Dothan, AL</td>
</tr>
<tr>
<td>Jackson Hospital</td>
<td>Montgomery, AL</td>
</tr>
<tr>
<td>Coosa Valley Medical Center</td>
<td>Sylacauga, AL</td>
</tr>
<tr>
<td>Troy Regional</td>
<td>Troy, AL</td>
</tr>
<tr>
<td><strong>NORTHERN REGION</strong></td>
<td></td>
</tr>
<tr>
<td>Decatur Morgan Hospital</td>
<td>Decatur, AL</td>
</tr>
<tr>
<td>Eliza Coffee Memorial</td>
<td>Florence, AL</td>
</tr>
<tr>
<td>Gadsden Regional Medical Center</td>
<td>Gadsden, AL</td>
</tr>
<tr>
<td>Marshall Medical Center</td>
<td>Guntersville, AL</td>
</tr>
<tr>
<td>Crestwood</td>
<td>Huntsville, AL</td>
</tr>
<tr>
<td>Helen Keller Hospital</td>
<td>Sheffield, AL</td>
</tr>
</tbody>
</table>

* Federally Qualified Health Center (FQHC) site
POLICY AND STATEMENT OF NON-DISCRIMINATION

The Alabama College of Osteopathic Medicine (ACOM) does not discriminate on the basis of age, race, color, gender, gender identity, sex, sexual orientation, religion or creed, national or ethnic origin, or disability in its programs, activities, hiring, or the admission of students.

This policy applies in recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities, and services of the College.

ACOM subscribes to the principles and adheres to the requirements of state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

Complaints and inquiries regarding sex discrimination should be directed to Title IX coordinator appointed by Dean of the Alabama College of Osteopathic Medicine. The Title IX coordinator may be contacted as follows:

Karen Loftin
Title IX Coordinator
445 Health Sciences Blvd.
Dothan, AL 36303
Tel: (334) 699-2266 ext. 4005
Email: kloftin@acom.edu OR titleIXcoordinator@acom.edu

Further information regarding ACOM Title IX policies, how to file a complaint, and other resources can be found on ACOM’s Title IX webpage: www.acom.edu/TitleIX

Complaints and inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, D.C.

Evidence of practices inconsistent with other elements of this policy should be reported to the Associate Dean of Student Services, who is the designated coordinator of ACOM’s non-discrimination program.
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.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

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

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes

2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial

3. Abnormal ECG

4. Abnormal Genital Bleeding

5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides

6. Abnormal Serum TSH

7. Acid Base Disorders

8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea

9. Adrenal Mass
   9.1. Benign
   9.2. Malignant

10. Allergic Reactions

11. Altered Level of Consciousness
    11.1. Overall Approach to Altered Level of Consciousness
    11.2. GCS ≤ 7

12. Anemia/Pallor
    12.1. Overall Approach to Anemia
    12.2. Anemia with Elevated MCV
    12.3. Anemia with Normal MCV
    12.4. Anemia with Low MCV

13. Anorectal Pain

14. Autoimmune Diseases
    14.1. Infectious
    14.2. Congenital

15. Back Pain

16. Benign Prostatic Hypertrophy

17. Bleeding/Brusing
   17.1. Coagulation Proteins
   17.2. Platelets and Vascular System

18. Bone Lesion

19. Breast Discharge

20. Breast Disorders
    20.1. Infection
    20.2. Mass
    20.3. Gynecomastia
       20.3.1. Increased Estrogen and Increased HCG
       20.3.2. Increased LH and Decreased Testosterone

21. Burns

22. Chest Discomfort
    22.1. Cardiovascular (Angina Pectoris)
    22.2. Pulmonary/Mediastinal
       22.2.1. Pulmonary Embolus
       22.2.2. Pulmonary Hypertension
       22.2.3. Fleural 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
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   57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
   62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
   63.1. Female
   63.2. Male
64. Jaundice
   64.1. Adult
   64.2. Infant and Neonatal
65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain
66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
   76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders
      (ADHD, autism, learning disorders)
77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric
78. Movement Disorders
   78.1. Hyperkinetic
   78.2. Tremor
   78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
      79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmurs
   79.3. Systolic Murmurs
      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. Bicynopenia and Pancynopenia
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 provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement
Procedures: Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- 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 autonics
- 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.)
APPENDIX C: ACOM GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

ACOM GUIDELINES FOR STUDENT PARTICIPATION IN THE CLINICAL SETTING

These Medical Student Patient Care Duties' represent a minimum mandatory regulations to be considered by a policy making body at your health care organization given the local standard of care and applicable state and federal rules, regulations, and laws to the extent such are applicable. If your hospital policy is more restrictive, then ACOM students must adhere to your policy as you direct. To the extent the recommendations that follow are not applicable to or appropriate for your health care organization given the local standard of care and/or because applicable state and federal rules, regulations, and laws are more restrictive, it is advisable to document the analysis and final conclusions and modify these recommended guidelines accordingly.

Medical Student Patient Care Duties permitted and prohibited

I. Definitions:

Direct Physician Supervision: The physician must be present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.

Personal Physician Supervision: The physician must be in attendance in the room from beginning to end, without interruption, during the performance of the function/procedure.

Limited Physical Exam: This includes such components as the head/neck, skin, chest, cardiac, abdominal, neurologic and musculoskeletal exams; this specifically excludes genitourinary, breast and rectal exams.

II. Scope of Duties Permitted:

Medical Students will be supervised by ACOM credentialed attending physicians while on ACOM clerkship rotations. Each student's essential learning task while on clerkship rotations is to improve the 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 problem.
- Craft a treatment plan appropriate to the patient's problems and situation.
- Work with patients and members of the healthcare team ethically and professionally.

By student year, the scope of duties medical students may perform in order to complete the above learning tasks are:
First Year Students:
First Year Students are permitted to perform the following functions only:

- Observation and follow only
- History taking under Personal Physician Supervision

Second Year Students:
Second year Students are permitted to perform the following functions only:

- All functions permitted for First Year Students, as stated above
- History taking under direct physician supervision
- Limited Physical Examination under personal physician supervision until physician determines competency, after which student may perform Limited Physical Examination under direct physician supervision;

Third and Fourth Year Students:
Third and Fourth Year students are permitted to perform the following functions only:

- All functions permitted for First and Second year Students, as stated above
- Under direct physician supervision, may ‘round’ on patients, to include
  - Gathering lab, radiology, nursing and other information/results
  - Obtaining history
  - Performing Limited Physical Exam
  - Developing interim assessments and recommendations
- For genitourinary, breast or rectal exam, student may perform exam under personal physician supervision, if the supervising physician determines the student's readiness and a gender-appropriate chaperone is present, as indicated.
- Under direct physician supervision, may write student notes regarding E/M services or procedures:
  - If such student notes are to be placed in the patient chart, they must be clearly labeled as student notes and co-signed by the supervising physician within 48 hours; these student notes are just that – student notes. They are not the progress note for the patient and never stand alone as such.
  - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.
- May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.
- The following procedures may be performed by 3rd or 4th year medical students only if (a) the supervising physician determines the student’s readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges, competency and teaching proficiency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.
  - The following procedures must be performed under the personal supervision of the physician until the physician determines the student is competent to perform the procedure under direct physician supervision:
- Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
- Ocular Exam with Slit-Lamp
- Wart treatment
- Insertion of Foley catheter

- The following procedures must always be performed by the student under personal physician supervision:
  - Airway Management (i.e. nasotracheal, oropharyngeal, etc.)
  - APGAR and Dubowitz/Ballard Assessment
  - Arterial puncture – for blood gases (ABG)
  - Arthrocentesis
  - Breast Exam
  - Cardiac ultrasound and Doppler studies
  - Casting/Splinting, Elbow
  - Casting/Splinting, Knee/Ankle
  - Casting/Splinting, Lower Extremity
  - Casting/Splinting, Other
  - Casting/Splinting, Shoulder
  - Casting/Splinting, Thumb Spica
  - Casting/Splinting, Upper Extremity
  - Casting/Splinting, Wrist/Hand
  - Colposcopy
  - Ear, Evaluation and Treatment – Cerumen Removal
  - Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
  - Echocardiography
  - EKG Interpretation
  - Electroencephalogram
  - 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 – Tonometry
  - Eye, Evaluation and Treatment of conjunctival foreign body
  - Intravascular Access, Peripheral
  - Intravascular Access, Central
  - Lumbar Puncture
  - Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
  - Nasogastric Tube Placement
  - Newborn Management, Uncomplicated Delivery
  - Newborn Management – Newborn Resuscitation
  - Nose, Evaluation and Treatment – foreign body removal
  - Nose, Evaluation and Treatment, Epistaxis Control
  - Osteopathic Manipulation Treatment (OMT)
  - Provide Health Promotion / Disease Prevention
  - Psychiatric Assessment
  - Pulmonary Function Tests
  - Remove sutures or staples
  - Resuscitation Team Member (specify role i.e. Leader, Compressor, etc.)
  - Skin Lesion Excision
  - Surgical Assist
  - Suturing, extremities (indicate type of anesthesia)
  - Suturing, Face (indicate type of anesthesia)
- Suturing, Hand/digits (indicate type of anesthesia)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery, Spontaneous
- Well Child Development Exam
- X-Ray Studies (i.e. chest, abdominal series, etc.)

The above notwithstanding, duties and activities of students must not conflict with hospital policies.

### III. Scope of Duties Prohibited

*Medical Students are strictly prohibited from performing any and all functions that are not specifically permitted. Additionally, medical students are specifically prohibited from performing the following:*

- Give verbal or telephone orders.
- Write orders regarding end-of-life, such as DNR
COMAT Score Release Process

NBOME provides score reports

ACOM psychometrically evaluates scores

ACOM releases student scores to the SEAMed gradebook and the student’s NBOME account

Student can check score in SEAMed gradebook and NBOME account

Students may share their scores with whomever they wish, but ACOM cannot because FERPA doesn’t allow it. We will share deidentified data regarding COMAT performance with each site on an annual basis.

Failures

- If a student fails the COMAT, student will receive an Incomplete for the course. Once the student has retaken and passed the COMAT, the final course grade will be reported to the Registrar.
- All COMATs, including OPP, must be passed before a student qualifies to take the COMLEX 2-CE
- Please note: It is the student’s responsibility to contact his/her core site coordinator to schedule a retake and then let Amanda Gant know the date of the retake at least **one (1) week in advance**. (See next slide)
Process for **Out-of-Network** Selectives/Electives

**VSAS and Non-VSAS**

It is the sole responsibility of the student to obtain and submit their completed **Learning Agreement** from the preceptor on the first day of the rotation.

Students must also bring the appropriate elective **syllabus** with them to their out of network rotation.

It is also the student’s responsibility to obtain and submit to Priscilla Mixon the completed **Preceptor Evaluation** from their preceptor before they leave that rotation.
## SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-III DETAILED TIMELINE

<table>
<thead>
<tr>
<th>Month</th>
<th>Tasks and Notes</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 (<a href="#">AOA Opportunities</a>, <a href="#">AMA's FREIDA</a>, <a href="#">PCOM MedNet</a>), 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 <a href="#">LoR process</a> for ERAS</td>
</tr>
<tr>
<td></td>
<td>• Write your Personal Statement(s)</td>
</tr>
<tr>
<td></td>
<td>• Visit the <a href="#">ERAS Website</a> 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 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 6</td>
<td>• ERAS 2018 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 and Pass all core COMATs (Psychiatry, Internal Medicine, OB/GYN, Surgery, Pediatrics, Family Medicine, and OPP)</td>
</tr>
<tr>
<td></td>
<td>• Take COMLEX Level 2-CE</td>
</tr>
<tr>
<td>July</td>
<td>• <strong>Deadline</strong>** for students to ensure all evaluations from Spring and Summer Semesters have been submitted</td>
</tr>
<tr>
<td>July 20</td>
<td>• Deadline to complete MSPE Form</td>
</tr>
<tr>
<td></td>
<td>• Audition Rotation season begins</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.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY:
OMS-III VISUAL TIMELINE

3rd Year

OMS III Rotations

August | September | October | November | December | January | February | March | April | May | June | July

- 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.
- VSAS Authorizations issued.
- Log In to VSAS.
- Submit VSAS applications.
- MyERAS tokens distributed through email.
- Narrow down.
- Begin applying for audition rotations (non-

* VSAS Authorizations issued
* Log In to VSAS
* Submit VSAS applications
* MyERAS tokens distributed through email
* Narrow down
* Begin applying for audition rotations (non-

July 15: NMSA/ACOA Match Registration begins (Deadline)

July 31: Emergency Medicine Applicants only - Deadline to complete SWP if required by programs of interest.

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

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

** Failure to meet deadline may delay the release of your MTEP.

July 20: DEADLINE** for students to ensure evaluations from spring & summer semesters have been submitted.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-IV FALL SEMESTER DETAILED TIMELINE

July 6
• Applicants may begin applying to AOA-accredited residency programs only

July 15
• Registration for the NMS/AOA Match opens
• AOA-accredited residency programs start receiving applications
• 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

July 31
• Emergency Medicine applicants only: Deadline to complete the Standardized Video Interview if required by programs of interest. Please check with individual programs about their requirements.

September 6
• Applicants may begin applying to ACGME-accredited residency programs

September 15
• ACGME-accredited residency programs will start receiving applications

Late September
• Students may make an appointment to view their Medical Student Performance Evaluation (MSPE) on campus

October 1
• MSPEs are released to programs through ERAS

November 1
• Recommended date by which students should be registered for the AOA Match

November 22
• Instructions for submitting rank order lists and obtaining match results are provided to NMS registered students

November 30
• NRMP/ACGME Applicant Registration Deadline – after this date you will have to pay a $50 late registration fee

Mid-December
• Military Match results released

December 31
• Deadline* for students to ensure sure all evaluations from Fall Semester have been submitted
• Deadline** for students to have patient centered interviewing evaluations complete and submitted

*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.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-IV SPRING SEMESTER DETAILED 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 will 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 date TBA, 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 4
• 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 for unmatched applicants and unfilled programs
• NRMP Match Day – results of the Match are released to all participants

Late March
• Final Opportunity for Osteopathic graduates: those who have not matched or been placed into a residency program may apply and seek placement into an open AOA-accredited GME position

April 8
• 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.
SCHEDULING AUDITION ROTATIONS & APPLYING FOR RESIDENCY: OMS-IV VISUAL TIMELINE

4th Year

OMS IV Rotations

August
- Continue Audition Rotations
- Register for AOA/NMS Match

September
- Residency Interviews Held
- ERAS applications may be submitted to osteopathic programs
  - Applications for allopathic programs may be submitted
- May register for NRMP Match (Deadline Nov 30)

October
- Continue Audition Rotations
- MSPEs are released to programs on October 1

November
- Submit Rank Order Lists for AOA Match and/or NRMP Match

December
- COMLEX 2 (CE & FE) must be passed by March 1
- SOAP takes place for unmatched applicants

January
- AOA Match Results Released

February
- Graduation

March
- DO Scramble
- NRMP Match Results Released

April
- AOA Match Results Released
- April 8: DEADLINE** for students to ensure evaluations from Period 8 have been
- April 29: DEADLINE** for students to ensure evaluations from Period 9 have

May

June

July

December 31: DEADLINE** for students to have patient centered interviewing evaluations complete and submitted

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

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

** Failure to meet deadline may prevent you from participating in graduation activities.
APPENDIX G: MILESTONES CHECKLIST

MILESTONES CHECKLIST
CLASS OF 2019

- 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 (12/31/16 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 (7/20/17 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 (12/31/17 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 (12/31/17 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 (3/4/18 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 (4/8/18 deadline)
  - Failure to meet this deadline may prevent you from participating in graduation activities
- Ensure evaluation for OMS-IV Period 9 is submitted (4/29/18 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.
## APPENDIX H: TERMS TO KNOW

### TERMS TO KNOW

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition/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 American Association of Colleges of Osteopathic Medicine 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 American Academy of Family Physicians 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 Association of American Medical Colleges 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 Accreditation Council for Graduate Medical Education 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>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 Alabama Osteopathic Medical Association 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>AMEC</td>
<td>Alabama Medical Education Consortium <a href="http://www.amedco.com">http://www.amedco.com</a></td>
</tr>
<tr>
<td>AOA</td>
<td>The American Osteopathic Association is the main representative organization for osteopathic physicians in the United States. <a href="http://www.osteopathic.org/">http://www.osteopathic.org/</a></td>
</tr>
<tr>
<td>AOA Opportunities Database</td>
<td>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. <a href="http://www.opportunities.osteopathic.org/index.htm">http://www.opportunities.osteopathic.org/index.htm</a></td>
</tr>
<tr>
<td>Archival List</td>
<td>List of preceptors kept by the ACOM Clinical Resources department which tracks the status of all preceptors, whether active, inactive or other.</td>
</tr>
<tr>
<td>ATLS</td>
<td>Advanced Trauma Life Support</td>
</tr>
<tr>
<td><strong>Audition Rotation</strong></td>
<td>Elective clerkships (rotations) during the 3rd and 4th years at sites with residency programs in which a student is interested.</td>
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<tr>
<td>----------------------</td>
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<tr>
<td><strong>BLS</strong></td>
<td>Basic Life Support</td>
</tr>
<tr>
<td><strong>CAF</strong></td>
<td>Refers to the Common Application Form that is completed as part of the ERAS application process.</td>
</tr>
<tr>
<td><strong>Chart Rounds</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Clerkship</strong></td>
<td>A 4-week period of training in a medical core or specialty.</td>
</tr>
<tr>
<td><strong>CME</strong></td>
<td>Continuing Medical Education</td>
</tr>
<tr>
<td><strong>COCA</strong></td>
<td>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. <a href="http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx">http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Pages/default.aspx</a></td>
</tr>
<tr>
<td><strong>COI</strong></td>
<td>Certificate of Insurance</td>
</tr>
<tr>
<td><strong>COMAT</strong></td>
<td>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. <a href="http://www.nbome.org/comatmain.asp">http://www.nbome.org/comatmain.asp</a></td>
</tr>
<tr>
<td><strong>COMLEX-USA</strong></td>
<td>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. <a href="http://www.nbome.org/comlex-cbt.asp?m=can">http://www.nbome.org/comlex-cbt.asp?m=can</a></td>
</tr>
<tr>
<td><strong>COMLEX Level 1</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| **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 one day excused absence to take the COMLEX Level 2 PE. Travel days must be made up. |
| **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. |
<p>| <strong>COMSAE</strong> | 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. <a href="http://www.nbome.org/comsa%D0%B5.asp">http://www.nbome.org/comsaе.asp</a> |
| <strong>Core Clerkships</strong> | 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. |
| <strong>Core Site Connections</strong> | Refers to initial meetings between Core Site Coordinators (CSC) and students assigned to their sites. |
| <strong>CRNA</strong> | Certified Registered Nurse Anesthetist |
| <strong>CRNP</strong> | Certified Registered Nurse Practitioner |
| <strong>CSC</strong> | Core Site Coordinator |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSD</td>
<td>Core Site Director</td>
</tr>
<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>
</tr>
<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>Term</td>
<td>Description</td>
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<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HCAHPS</td>
<td>The intent of the Hospital Consumer Assessment of Healthcare Providers and Systems 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">http://www.hcahpsonline.org</a></td>
</tr>
<tr>
<td>HCHCA</td>
<td>The Houston County Health Care Authority is the umbrella organization which owns ACOM and SAMC.</td>
</tr>
<tr>
<td>HIPAA</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>
<tr>
<td>LRC</td>
<td>Learning Resource Center</td>
</tr>
<tr>
<td>The Match</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>Match Day</td>
<td>The date when students find out if they have matched to a residency program.</td>
</tr>
<tr>
<td>MD</td>
<td>Abbreviation for Doctor of Medicine</td>
</tr>
<tr>
<td>MOA (MOU)</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>
</tbody>
</table>
MSPE | 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.

NALS | Neonatal Advance Life Support

NATMATCH | The National Matching Services Inc. specializes in the development and administration of Matching Programs. NATMATCH is the service used in the osteopathic match. [https://natmatch.com/](https://natmatch.com/)

NBME | 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. [http://www.nbme.org/](http://www.nbme.org/)

NBOME | 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. [http://www.nbome.org](http://www.nbome.org)

NMS | The National Matching Services specializes in the development and administration of Matching Programs. NMS administers the AOA Match. [https://www.natmatch.com/](https://www.natmatch.com/)

NRMP | 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. [http://www.nrmp.org](http://www.nrmp.org)

Off-Cycle Student | A student who has had an interruption in their clerkships.

OGME | Osteopathic Graduate Medical Education

OMM (OMT) | 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.

OPP | Osteopathic Principles and Practices is the title of the class where students learn OMM (OMT).

OPTI | 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. [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)

OSHA | The Occupational Safety and Health Administration is an agency of the United States Department of Labor. OSHA’s mission is to “assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance”. [https://www.osha.gov/](https://www.osha.gov/)

PA | Physician Assistant

PALS | Pediatric Advanced Life Support
<table>
<thead>
<tr>
<th>PE</th>
<th>Performance Evaluation. See COMLEX Level-2 PE</th>
</tr>
</thead>
<tbody>
<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 or USMLE</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, &quot;immediately.&quot;</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>
<tr>
<td><strong>USMLE</strong></td>
<td>The <strong>United States Medical Licensing Examination</strong> 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. <a href="http://www.usmle.org">http://www.usmle.org</a> Current minimum passing scores are: Step 1: 192  Step 2 CK: 209  Step 3: 190</td>
</tr>
<tr>
<td>USMLE Step 2 CK</td>
<td>Clinical Knowledge Exam (MD Equivalent to CE Exam)</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>USMLE Step 2 CS</td>
<td>Clinical Skills Exam (MD Equivalent to PE Exam)</td>
</tr>
<tr>
<td>VCU</td>
<td>Video Conferencing Unit</td>
</tr>
<tr>
<td>VMR</td>
<td>Virtual Meeting Room</td>
</tr>
<tr>
<td>Visiting Student</td>
<td>A student who is “away” from their home program while taking elective clerkships.</td>
</tr>
<tr>
<td>VSAS</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 ACOM 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>
## OMS-II COMPETENCIES

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</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Demonstrates the ability to work as a team with other students</td>
<td>Students participate in optional interprofessional simulation experience as part of FMHC course</td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
</tr>
<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>
</tbody>
</table>
### Advanced Medical Interviewing Skills

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<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>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 an optional Hospice experience, as well as small group case discussions. They also write a self-reflective essay after watching “Being Mortal” video.</td>
</tr>
</tbody>
</table>

### Physical Exam Skills

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Description</th>
<th>Performed and/or Evaluated in Simulated Environment</th>
</tr>
</thead>
<tbody>
<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 systems</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>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Screening neuro exam</td>
<td>Performs an accurate and thorough examination of 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>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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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 sutchuring 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>
<td></td>
</tr>
<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>Competencies</td>
<td>Description</td>
<td>Performed and/or Evaluated in Simulated Environment</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</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>
</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.*
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: ____________________________

Signature: ____________________________

(Preceptor)

Step One: Sets the Stage for the Interview

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.
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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<thead>
<tr>
<th>Observable Behavior(s)</th>
<th>Student Could Do Independently (if allowed)</th>
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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                  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.
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.

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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 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

(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.
### APPENDIX K: CLERKSHIP ROTATION EVALUATIONS

**Alabama College of Osteopathic Medicine**

**Preceptor Evaluation of OMS-III Hospice Student**

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>
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<th>Student Could Do Independently (if allowed)</th>
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<tbody>
<tr>
<td><strong>Clinical Skills</strong></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><strong>Communication</strong></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><strong>Teamwork Skills</strong></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><strong>Patient Centered Care</strong></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><strong>Interpersonal Skills</strong></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><strong>Ethics</strong></td>
<td>Demonstrates high ethical standards with empathy, honesty, and professionalism</td>
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<td><strong>Life-Long Learning</strong></td>
<td>Demonstrates ability to self-reflect appropriately</td>
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<td>☐</td>
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<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><strong>Professionalism</strong></td>
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<td>☐</td>
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<td></td>
<td>Projects a professional attitude, including punctuality, attire, and readiness to complete tasks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>Takes responsibility for own decisions and actions</td>
<td>☐</td>
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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.
APPENDIX K: CLERKSHIP ROTATION EVALUATIONS

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

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:**

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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 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.
APPENDIX K: CLERKSHIP ROTATION EVALUATIONS

Alabama College of Osteopathic Medicine
Preceptor Evaluation of Research Student

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.

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<th>Observable Behavior(s)</th>
<th>Meets Expectations</th>
<th>Does Not Meet Expectations</th>
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</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>
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<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>
</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

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.
APPENDIX K: CLERKSHIP ROTATION EVALUATIONS

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
   - b) Office
   - 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></th>
<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>
<td>☐</td>
</tr>
<tr>
<td>b) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) After hours</td>
<td>☐</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></th>
<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>
<td>☐</td>
</tr>
<tr>
<td>b) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) After hours</td>
<td>☐</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></th>
<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>
<td>☐</td>
</tr>
<tr>
<td>f) On rounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) With preceptors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h) After hours</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<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.*
APPENDIX K: CLERKSHIP ROTATION EVALUATIONS

Alabama College of Osteopathic Medicine
Annual Site Survey

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>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>9.</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:

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

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

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

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

14. Describe any noteworthy experiences regarding access or technology.

15. What were the overall strengths of this clerkship rotation site?
16. What were the overall challenges of this clerkship rotation site?

17. How would you rate this site overall?

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

18. Please provide any feedback you have regarding preceptors at this site, site director, and/or site coordinator.

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

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

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

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

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

23. 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.
The ACOM Student Assistance Program is now being administered through Bradford Health Services.

This strictly confidential service provides:

- Individual counseling
- Marital and family counseling
- Grief counseling
- Substance abuse/addiction services
- Divorce, child custody, wills and other legal consultancy
- Bankruptcy, debt management and other financial consultancy

24-hour assistance is available by calling 334-702-9745.
APPENDIX N: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

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

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