

KYCOM CORE ROTATIONS SITES

Kentucky Core Sites

Pikeville Core Site

- Pikeville Medical Center, Pikeville, Kentucky
- Highlands Regional Medical Center, Prestonsburg, Kentucky
- Saint Joseph Martin, Martin, Kentucky
- Paul B. Hall Medical Center, Paintsville, Kentucky
- McDowell ARH Hospital, McDowell, Kentucky
- Williamson ARH Hospital, South Williamson, Kentucky

Bowling Green Core Site

- The Medical Center, Bowling Green, Kentucky

Hazard Core Site

- Hazard ARH Regional Medical Center, Hazard, Kentucky
- Harlan ARH Hospital, Harlan, Kentucky
- Kentucky River Medical Center, Jackson, Kentucky
- Whitesburg ARH Hospital, Whitesburg, Kentucky

Henderson Core Site

- Methodist Hospital, Henderson, Kentucky

Lincoln Trail Core Site

- Twin Lakes Regional Medical Center, Leitchfield, Kentucky
- Hardin Memorial Hospital, Elizabethtown, Kentucky

Northeast Kentucky Area Health Education Center Core Site

- Clark Regional Medical Center, Winchester, Kentucky
- King's Daughters Medical Center, Ashland, Kentucky
- Meadowview Regional Medical Center, Maysville, Kentucky
- St. Claire Regional Medical Center, Morehead, Kentucky
- Saint Joseph Mount Sterling, Mount Sterling, Kentucky
- Three Rivers Medical Center, Louisa, Kentucky

Northern Kentucky Core Site

- Saint Elizabeth Healthcare, Covington, Ft. Thomas, Florence, and Edgewood, Kentucky

Owensboro Kentucky Core Site

- Owensboro Medical Health System, Owensboro, Kentucky

Purchase Area Health Education Center Core Site

- Crittenden Health Systems, Marion, Kentucky

- Jackson Purchase Medical Center, Mayfield, Kentucky
- Livingston Hospital and Healthcare Services, Salem, Kentucky
- Lourdes Hospital, Paducah, Kentucky
- Marshall County Hospital, Benton, Kentucky
- Murray-Calloway County Hospital, Murray, Kentucky
- Parkway Regional Hospital, Fulton, Kentucky
- Trigg County Hospital, Cadiz, Kentucky
- Western Baptist Hospital, Paducah, Kentucky

Somerset Core Site

- Lake Cumberland Regional Hospital, Somerset, Kentucky

Southern Kentucky Area Health Education Center Core Site

- Russell County Hospital, Russell Springs, Kentucky
- Baptist Regional Medical Center, Corbin, Kentucky
- Baptist Health, Richmond, Kentucky

Other Regional Core Sites

Indiana Core Site

- King's Daughters Health, Madison, Indiana

Michigan Core Site

- McLaren Bay Region Medical Center, Bay City Michigan

Mississippi Core Site

- Rush Foundation Hospital, Meridian, Mississippi
- Regency Hospital Company, Meridian, Mississippi
- Magnolia Regional Health Center, Corinth, Mississippi

Ohio Core Site

- Southern Ohio Medical Center, Portsmouth, Ohio
- Adena Medical Center, Chillicothe, Ohio
- Grandview Medical Center, Dayton, Ohio

Tennessee Core Site

- Lakeway Regional Hospital, Morristown, Tennessee

Virginia Core Site

- Norton Community Hospital, Norton, Virginia
- Lonesome Pine Hospital, Big Stone Gap, Virginia

CLASS OF 2020 CLINICAL ROTATION PROGRAM

KYCOM ABSOLUTES

- This manual is required reading for all third and fourth year students. Submittal of the attestation form, located in the *Request Forms, Case Logs and Evaluation Forms* section of this manual, is required before entry to clinical rotations. All items under *Student Eligibility for Clinical Rotations* must be completed before entry to clinical rotations.
- KYCOM requires all students to use and check the UPIKE email for communication with the school and to maintain the inbox at a level whereas it can accept correspondence.
- All students are expected, unless excused by their attending physician, to attend morning reports, M&M rounds, and all site scheduled didactics and workshops. These do not meet your requirement for Clinical Competency #4. Attendance at Educational Programs.
- The Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE) must be taken, and approval received, before any student may sit for either Level 1 or Level 2 CE of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA). See *COMLEX-USA Policy*.
- The COMLEX-USA Level 2 CE and 2 PE may not be taken before completion of the clinical capstone course. See The Clinical Competency Program.
- All log items must be completed and submitted electronically within nine (9) calendar days from the last day of the rotation, or will be incomplete. If the completed logs are received within fourteen (14) days, the grade may be raised to a maximum of 70% at the discretion of the Associate Dean for Clinical Affairs. After fourteen (14) days, if the completed logs have not been received, a grade of 69% will be entered on the transcript for this rotation. **The last date that activity is logged into E*Value will be considered the last date of the rotation and late logs will be calculated using that date, regardless of any “scheduled date’ listed on VSAS or the Rotation Request Form.**
- Viewing of two educational videos per core rotation block is required, even when off rotation for board study. These are pass/fail courses during the Fall and Spring semesters of third year. A minimum of 70% must be obtained on the total quizzes for each semester in order to pass the course. If a failure is received for the Fall semester, the course will be remediated during Winter Break. If a failure is received for the Spring semester, the course will be remediated during the Capstone Course.
- Viewing of two educational videos, is required per fourth year selective clinical rotation a maximum of two video receipts will be accepted (for credit) per rotation month, and submitted as part of rotation log items. Attendance at one Journal Club meeting is required per academic year. Journal Club dates are assigned. Substitution

of assigned dates is the responsibility of the student. Changes to the schedule must be reported to the Associate Dean for Clinical Affairs at least 24 hours before the Journal Club meeting. See *Clinical Journal Club*.

- KYCOM maintains a “No Tolerance Policy” for violations of the dress code. See, *Student Responsibilities - Dress*.
- Denial for Conference and Rotation requests will be issued for submittals beyond the required timeline. See, *Attendance at Professional Conferences* and, *Scheduling of Elective/Selective Clinical Rotations*.
- Students on rotation during the “Make-up” block in April of 4th year will not receive a diploma at the graduation ceremony. The diploma will be awarded to the student once all rotation log documents are submitted and reviewed and all graduation requirements listed, in *Graduation Requirements*, have been satisfied.
- All times indicated are Eastern Time.

INTRODUCTION

The mission of University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM) includes preparation of our graduates for competency in the world of primary care medicine. A successful KYCOM graduate will, after completion of the program, demonstrate sufficient knowledge, skill sets, experience, values, and behaviors that meet established professional standards, supported by the best available medical evidence, that are in the best interest of the well-being and health of the patient. The maturation process from clinical years three to four, and ultimately successful graduation is the shared responsibility of the individual student, KYCOM and the host hospitals and physicians that provide the clinical experiences.

During the 3rd and 4th years, a total of twenty-one four week rotation blocks have been provided to complete 76 weeks of clinical requirements, which include:

1. 36 weeks of required Core rotations (9 blocks)
2. 20 weeks of required Selective rotations (5 blocks)
3. 20 weeks of Elective rotations (5 blocks)
4. 8 weeks for COMLEX preparation (2 blocks)

Completing additional rotations, either for credit or not for credit, will not be approved and could result in disciplinary action.

The schedule includes two weeks at the end of the 3rd year devoted to clinical skills evaluation and a mandatory class meeting, and four weeks of winter holiday breaks (2 weeks per year, per KYCOM calendar).

The Promotion and Matriculation Committee regularly reviews the academic progress of students. Upon completion of each course, students receive notification of their grades and grade reports are reviewed by the P & M Committee. Failure of more than one clinical rotation is grounds for dismissal.

Core Rotation Requirements

<u>Rotation</u>	<u>Length of rotation</u>
Family Medicine (Required and assigned)	<i>two</i> 4-week blocks
General Internal Medicine (Required and assigned)	<i>two</i> 4-week blocks
General Surgery (Required and assigned)	<i>two</i> 4-week blocks
Women's Health (Required and assigned)	<i>one</i> 4-week block
Pediatrics - Neonate (Required and assigned)	<i>one</i> 4-week block
Psychiatry (Required and assigned)	<i>one</i> 4-week block

ELECTIVE TIME

Elective rotations are intended to fulfill the interests of the osteopathic medical student and provide residency audition opportunities. Approval from the Associate Dean for Clinical Affairs is required, however, both the location and the preceptor are chosen by the student. Twenty (20) weeks of elective time are required during the clinical years. Elective time must be utilized. Elective time may be utilized as follows:

1. Can be in an in-patient or out-patient setting, and chosen from any medical or surgical subspecialty, however, must be served for a minimum of two weeks. See Course Descriptions in Selective/Elective section of manual for suggested endeavors.
2. Clinical Research – maximum of eight (8) weeks – See COM 897 – Clinical Research
3. Electives may be completed in two-week or four-week blocks. (No more than two, four-week time periods can be divided into four, two-week rotations per year.)

COMLEX BOARD REVIEW GUIDELINES

Description

The third year osteopathic medical student may elect to utilize up to eight weeks to prepare for COMLEX. The student is expected to perform independently and adhere to established study protocols, and subject content. An approved form of the COMSAE is part of the study plan, and is taken at the determined point within the scheduled study program and results submitted for KYCOM review, BEFORE COMLEX IS TAKEN.

Location

The study program may be offered commercially, or completed privately within a private residence, a library or within a study carrel. The program site may be remote from KYCOM or on campus.

INDEPENDENT STUDY – COM 799 AND COM 899

Course Description: This is an independent study course in which students will be provided a detailed individualized study plan to prepare them for their COMLEX-USA Level 1 or Level 2 CE examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

This course will be four weeks in duration, but can be continued in four week increments as approved by the course director as long as the student is preparing for their COMLEX-USA retake examination. In addition, if necessary, this course may be repeated approved by the course director and the Promotions and Matriculation Committee if the student's board examination retake is not passed.

Course Goal: The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA Level 1 examination.

Course Format: Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

Grades: Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA Level 1 examination on their assigned date will Pass. Students who do not follow the assigned study plan or who do not take their COMLEX Level 1 on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

SELECTIVE ROTATIONS

Pre-Requisite Courses: General Internal Medicine I, Family Medicine I, General Surgery I and Pediatrics are recommended for completion prior to the selective rotation experience. See individual “COM” course descriptions for specific pre-requisite requirements.

Selective rotations are intended to transition the osteopathic medical student from active learner to active medical decision maker and care planner. Five (5) selectives are required for a total of twenty (20) weeks within the two year clinical schedule. Approval from the Associate Dean for Clinical Affairs is required, however, both the location and the preceptor are chosen by the student. See course descriptions for selectives in Medicine, Osteopathic Principles & Practice, Women’s Health, Rural Health and Emergency Medicine for specific course details.

The rotation can be arranged as one four-week block or two, two-week blocks. A total of four weeks must be devoted to each of the SELECTIVE categories, i.e. Medicine, Women’s Health, Rural Health, Osteopathic Principles & Practices and Emergency Medicine.

- No more than two, four-week time periods (selective or elective) can be divided into four, two-week rotations per year.

Selective Rotation Requirements

<u>Rotation</u>	<u>Length of rotation</u>
Emergency Medicine	<i>one</i> 4-week block
OP&P (site assigned)	<i>one</i> 4-week block
Medicine subspecialty	<i>one</i> 4-week block
Rural Medicine (AHEC, site assigned)	<i>one</i> 4-week block
Women’s Health	<i>one</i> 4-week block

COMLEX-USA Policy

Graduation requirements from KYCOM include successful completion of COMLEX-USA Level 1, Level 2 CE, and Level 2 PE. KYCOM requires Level 1 to be taken upon successful completion of years one and two of osteopathic medical education. KYCOM requires Level 2 CE and Level 2 PE to be taken after successful completion of Level 1 and years one, two, and three of osteopathic medical education, which includes successful completion of all core rotations and the Capstone course that completes the third year of study.

KYCOM will use student performance on their third year Comprehensive Osteopathic Medical Achievement Tests (COMATs), performance on the COMSAE Phase 2, and performance on KYCOM-purchased question banks and assessment tests, as indicators of readiness to pass the COMLEX Level 2 CE exam. Students may be advised to take additional COMSAEs or practice exams.

KYCOM will use student performance in their clinical Capstone course as an indicator of readiness for the COMLEX Level 2 PE. Students will be required to remediate their Capstone course if their performance is unsatisfactory.

All students are limited to a maximum of four attempts to pass each required COMLEX-USA examination in order to meet graduation requirements. Failure of four attempts on any COMLEX-USA examination will result in dismissal from KYCOM.

Level 1. Before entry into the third year of osteopathic medical education, all students must sit for COMLEX-USA Level 1 on a date agreed upon by the Associate Dean for Academic Affairs. Delays from this schedule will prevent the start of the third year of study and require pre-approval from the P and M Committee. When the Level 1 exam is taken, the student will be permitted to enter third year clinical rotations at the beginning of the next scheduled rotation period.

Failure of the Level 1 examination will result in removal from third year clinical rotations at the end of the current rotation. A plan of study will be developed by the student and approved by the P and M Committee to assist students to prepare for a retake of the examination. The student will remain off rotations until the Level 1 examination has been retaken. Failure to retake this examination in the period of time allotted by the P and M Committee will result in a meeting with this Committee to determine disciplinary consequences. Following the initial retake of the examination, the student will be permitted to return to clinical rotations while awaiting results. However, after two or more failures, the student will be removed from rotations until a passing score is received and a return to rotations is approved by the P and M Committee.

The P and M Committee will determine the appropriate length of time to be devoted to studying for a retake of the examination. Under no circumstances will a period of time greater than one semester be granted to study for a retake of the examination. Failure to follow the study plan or take the examination in the period of time allotted by the P and M Committee will result in a disciplinary hearing.

Failure to achieve a passing score by December 31st of the third year will result in removal from clinical rotations and review by the P and M Committee. The student will be allowed to return to clinical rotations only after a passing score has been received by KYCOM. The Associate Dean for Clinical Affairs will determine student placement in accordance with scheduling and curricular requirements.

Level 2 CE and Level 2 PE. KYCOM requires the Level 2 CE and Level 2 PE examinations to be taken after successful completion of Level 1 and years one, two, and three of osteopathic medical education, which includes successful completion of all core rotations and the Capstone course that completes the third year of study. Upon successful completion of COMLEX-USA Level 1, NBOME will notify students of their eligibility to register for COMLEX-USA Level 2 examinations. KYCOM students may register for Level 2 CE or Level 2 PE any time between this notification and December 1st of the 4th year of study. All students are required to take both the Level 2 CE and Level 2 PE examinations between the start of the fourth year and December 1st of the fourth year of study. The student has the option to take Level 2 CE or Level 2 PE in any order. Failure to take the exams prior to December 1st of the fourth year will result in a

referral to the KYCOM Promotion and Matriculation Committee for consideration of disciplinary action.

Failure of the Level 2 CE examination will result in the removal of the student from clinical rotations. A plan of study will be developed by the student and approved by the P and M Committee to assist students to prepare for a retake of this examination. Following the first retake of this examination, the student will be permitted to return to clinical rotations while awaiting results. However, after two or more failures, the student will be removed from rotations until a passing score is received and a return to rotations is approved by the P and M Committee.

The P and M Committee will determine the appropriate length of time to be devoted to studying for a retake of the examination. Under no circumstances will a period of time greater than one semester be granted to study for a retake of the examination. Failure to take the examination in the period of time allotted by the P and M Committee will result in a disciplinary hearing.

Failure of the Level 2 PE will require a mandatory remediation course be completed prior to a retake of the examination. If a student fails the exam two or more times, this may result in the removal of the student from clinical rotations pending review by the Associate Dean for Clinical Affairs and a study plan to be developed by the P and M Committee. This plan may include (a) the student being counseled on how to prepare for the examination or (b) being removed from clinical rotations, and (c) matriculation into a review course at student expense.

Failure to successfully complete the COMLEX-USA graduation requirements within two years from the start of the student's fourth year of study will result in dismissal from KYCOM.

Sample Calendar					
Start Date	End Date	Third Year	Start Date	End Date	Fourth Year
7/30/2018	8/24/2018	Core Rotation	7/1/2019	7/26/2019	Selective, Elective or Board Study
8/27/2018	9/21/2018	Core Rotation	7/29/2019	8/23/2019	Selective or Elective
9/24/2018	10/19/2018	Core Rotation	8/26/2019	9/20/2019	Selective or Elective
10/22/2018	11/16/2018	Core Rotation	9/23/2019	10/18/2019	Selective or Elective
11/19/2018	12/14/2018	Core Rotation	10/21/2019	11/15/2019	Selective or Elective
12/17/2018	12/28/2018	Winter Break	11/18/2019	12/13/2019	Selective or Elective
12/31/2018	1/25/2019	Core Rotation	12/16/2019	12/27/2019	Winter Break
1/28/2019	2/22/2019	Core Rotation	12/30/2019	1/24/2020	Selective or Elective
2/25/2019	3/22/2019	Core Rotation	1/27/2020	2/21/2020	Selective or Elective
3/25/2019	4/19/2019	Core Rotation	2/24/2020	3/20/2020	Selective or Elective
4/22/2019	5/17/2019	Selective or Elective	3/23/2020	4/17/2020	Selective or Elective

5/20/2019	6/14/2019	Selective, Elective or Board Study	5/2/2020	Graduation
6/17/2019	6/28/2019	Clinical Capstone Course		

OBJECTIVES

The clinical years at KYCOM are a transition from the pre-clinical experience to the world of integrative, experience based medicine. In twenty-one months, KYCOM aims to see the student successfully achieve comprehension and competency of the “Seven Core Competencies” as outlined by the National Board of Osteopathic Medical Examiners, and evaluated by both KYCOMs interim evaluative tools and the successful completion of COMLEX Level 2-CE and 2-PE before graduation.

Educational and Performance Goals include:

1. Comprehension of the osteopathic philosophy, recognition of the need for its application, and demonstration of clinical OMT skills.
2. Comprehension of the applicability of biomedical, clinical, epidemiologic, biomechanical, and the social/behavioral sciences to clinical situations, and demonstration of application to patient-centered care.
3. Demonstration of patient-centered care. To include:
 - a. Effective data gathering
 - b. Development of effective physician-patient relationships
 - c. Recognition of age-related preventive health issues
 - d. Sensitivity to cultural influences
 - e. Development of treatment plans that are both evidence based and patient specific.
 - f. Development of treatment plans with both scientific basis and integration with osteopathic philosophy.
4. Demonstration of good communication and interpersonal skills that facilitate quality physician-patient, physician-family and physician-health professional relationships.
5. Demonstration of professional behavior. To include:
 - a. Performance of medically ethical behavior
 - b. Cognizance of the concept of social accountability
 - c. Cognizance of the concept of professional duty.
6. Ability to develop treatment plans that demonstrate the interpretation of epidemiologic information, and its applicability to patient-specific issues.
7. Comprehension of the concepts of Systems-Based Practices (Can effectively identify and integrate health care resources to provide complete patient centered care.)

Required Encounters:

Over the course of the third and fourth year clinical experience at KYCOM, all osteopathic medical students must encounter and assess the following clinical conditions:

1. Ischemic heart disease/coronary artery disease
2. Cerebrovascular accident
3. Liver disease
4. Renal disease
5. Substance abuse
6. Mental health disorders such as anxiety/depression

7. Neuromuscular trauma
8. Hypertension
9. Diabetes Mellitus
10. Pregnancy
11. Otitis Media
12. Hypercholesterolemia
13. Abdominal pain

STUDENT ELIGIBILITY FOR CLINICAL ROTATIONS

1. DRUG SCREEN POLICY

KYCOM requires a urine screen for drugs immediately after matriculation with KYCOM, prior to the beginning of third year clinical clerkships, and during the Clinical Capstone course. Students are responsible for the expense involved with this evaluation. Positive findings will be reviewed by the Associate Dean for Student Affairs and/or the Associate Dean for Clinical Affairs. Further evaluation by external professional consultants may be required. A positive test result may become grounds for dismissal.

Drug Testing on Demand – Any student may be required to submit to drug and/or alcohol testing based on reasonable suspicion.

2. CRIMINAL BACKGROUND CHECK

KYCOM requires criminal background checks for all students prior to matriculating to KYCOM and prior to the beginning of third year clinical rotations. Students will be responsible for the expenses involved with this evaluation. The mechanism for evaluation will be determined by the Associate Deans for Student Affairs and Clinical Affairs. Infractions may be referred to the Promotion and Matriculation Committee.

Mandatory Self-Reporting for Criminal Behavior

All accepted and currently enrolled medical students are required to promptly (within 10 calendar days) report any criminal charges filed against them to the Associate Dean for Student Affairs. Criminal behavior includes any felony and misdemeanor violations of the law, but excludes minor traffic violations, such as parking tickets. Any charges that were previously disclosed on the AACOMAS application need not be reported again. Student violations of the law will be reviewed by the Associate Dean for Student Affairs in the context of future implications for licensure, threat to patient safety, and the ability to be an appropriate member of the osteopathic medical profession. Depending on the nature and severity of the criminal offense, student suspension or dismissal is possible.

3. IMMUNIZATIONS

KYCOM, in conjunction with requirements of all hospitals accredited by the Joint Commission on Accreditation of Healthcare (JCAHO) and/or Healthcare Facilities Accreditation Program (HFAP), have required the following immunizations:

- a. TB testing yearly
- b. Chest radiography, every three years, if TB test is considered positive
- c. Tdap immunization once during adulthood, followed by the Tetanus toxoid immunization, every ten years
- d. Measles, Mumps, Rubella, Hepatitis B and Varicella immunity, established by documented antibody titer
- e. Influenza immunization yearly

ALL TB tests must be current by June 1 of each year of clinical rotations. A current, updated documentation of TB evaluation must be uploaded into Verified Credentials prior to that date. Failure to provide a current TB evaluation will prevent the student from participating in any clinical activities for the following year, which will result in delay and/or failure to achieve graduation.

ALL Influenza vaccinations must be current by October 1 of each year of clinical rotations. A current, updated documentation of Influenza vaccine must be uploaded into Verified Credentials prior to that date. Failure to provide proof of current vaccine will prevent the student from participating in any clinical activities, which will result in delay and/or failure to achieve graduation.

It is the policy that all Measles, Mumps, Rubella, Varicella and Hepatitis B immunity documentation will be completed on June 1 of the first year of school. This documentation must be uploaded into Verified Credentials. Failure to provide a completed documentation will prevent the student from participating in any clinical rotations for the following year, which will result in delay and/or failure to achieve graduation.

Documentation of an updated tetanus vaccination is required prior to matriculation to KYCOM. This must be on file at the Office of the Associate Dean for Clinical Affairs.

4. ACADEMICS

- a. All pre-clinical courses will have been completed before entry into the 3rd clinical year rotation schedule.
- b. COMLEX Level 1 must be taken before entry into the 3rd clinical year rotation schedule.

5. ATTESTATION FORM

Submittal of the signed and dated form which attests that the clinical rotations manual has both been completely read and understood is a mandatory requirement before entry into the third year of osteopathic medical study.

STUDENT RESPONSIBILITIES

KYCOM maintains a “**NO TOLERANCE**” policy for diversions from the mandatory guidelines below:

1. REPORT FOR ROTATION

Each rotation begins on the first Monday of each block and ends on the last Friday of the block. It is the student’s responsibility to contact the clinical preceptor one week before the commencement of the rotation to determine a “first day meeting place and time.” Failure to contact the preceptor and/or failure to find the preceptor can lead to failure of the rotation. It is the responsibility of each student to be present on the commencement of each rotation. One week prior to the start date of each rotation, it is the responsibility of the student to send contact information to the Director of Clinical Rotations for scheduling in E*Value and to ensure that a COMAT exam is scheduled.

In the event of an unavoidable tardiness to the rotation, it is the responsibility of the student to notify the Supervising Physician and the Office of the Associate Dean for Clinical Affairs at KYCOM. If an orientation is required at a clinical rotation site, it is imperative that the student participate in that orientation and follow the protocols established by that rotation.

2. ATTENDANCE

Prompt student attendance is expected for the 26 days of each rotation period. Attendance is mandatory for all clinical rotations. A maximum of three (3) days **for excused absence** is permitted, *if approved by the Associate Dean for Clinical Affairs*, and must be recorded on student logs for the rotation. Absence in excess of the 3-day standard will result in an “incomplete” for the rotation, until such time that the activity requirement is satisfied. If a pattern of missing three days for each rotation is noted by KYCOM staff, it will be referred to the chair of the Promotions and Matriculation Committee. Unexcused absence constitutes referral to the Promotions and Matriculation Committee, and may result in failure of the clinical rotation. An example of an unexcused absence includes, but is not limited to, a study day for the COMAT exam.

3. SUBMISSION OF STUDENT CASE LOGS AND ROTATION EVALUATION

All students are required to submit a complete electronic case log for each clinical rotation within nine (9) calendar days of the last day of the rotation. The Case Log consists of the student’s daily activities. e.g. all patient contact, all procedures performed, all readings (assigned and unassigned), conferences attended, etc. and is submitted within nine (9) calendar days of the last rotation day. Logs not submitted within nine (9) calendar days are considered late and an incomplete grade will be entered for this rotation and may result in a referral to the Promotions & Matriculation Committee. If the completed logs are received within fourteen (14) days, the incomplete grade may be raised to a maximum of 70% at the discretion of the Associate Dean for Clinical Affairs. After fourteen (14) days, if the completed logs have not been received, a grade of 69% will be entered on the transcript for this rotation.

- a. All students are required to include their level of participation in each activity. Level of participation – (1) Observed, (2) Assisted, (3) Managed Under Supervision.
- b. The student is required to evaluate each rotation electronically. This evaluation will reflect the student’s attitude and observations regarding the quality of training received on each rotation.

- c. In the event of late submittal of log materials (within fourteen (14) days), if acceptable to the Associate Dean for Clinical Affairs, the rotation grade will be converted from an incomplete to an absolute maximum score of 70%. If the late log materials are not received within fourteen (14) days, students will receive a 69% (Failure) for the rotation.

4. MEDICAL INSURANCE

Students must maintain personal health insurance throughout their enrollment and present documentation of health insurance coverage as instructed by the KYCOM Office of Student Affairs prior to the start of each academic year. KYCOM students are responsible for the costs of their health insurance.

5. HOUSING

All housing needs while the students have relocated to the individual rotation sites are at the student's expense. Neither KYCOM nor the individual core site is responsible for student housing.

6. PROFESSIONALISM

As a representative of both KYCOM and the osteopathic profession, it is the student's responsibility to maintain professional deportment at all times.

a. DRESS

KYCOM students are expected to dress professionally at all times and to be attentive to personal hygiene and cleanliness. It is the right of patients, peers and healthcare staff to expect a safe, non-offensive, non-infective, and non-allergenic work environment. Personal appearance and hygiene reflect concern and respect for both staff and patient safety. It contributes to the delivery of quality health care, and sends a message to the public that the healthcare facility maintains a positive, respectful and safe environment. Unclean and unkempt individuals provoke discomfort, and create a barrier to healthcare access.

KYCOM maintains a “**NO TOLERANCE**” policy for diversions from the mandatory guidelines below:

1. At all times a student must be clearly identified as a KYCOM student.
2. Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed otherwise by the healthcare facility or preceptor physician.
3. Scrub suits are to be worn in the operating room, procedure rooms, during call hours, and at the discretion of individual preceptor physician and/or healthcare facility.
4. Clothing, at all times, must be neat, clean and free from offensive odors. Clothing must be professional, consistent with the standards for a professional environment, and not attract undue attention or serve as a distraction to others. Clothing that contains unprofessional or offensive writing or caricatures may not be worn. Students should dress in a non-provocative manner that demonstrates respect for patients, fellow students, and staff. It must also be appropriate to the

type of work being performed and take into account the potential expectations of patients, staff or fellow students.

5. Open-toed and casual shoes, such as sandals and flip-flops are not considered professional attire.
6. Jewelry, neckwear, scarves and accessories can be worn, however, must be removed if either preceptor or healthcare facility consider them to interfere with duty, or a potential for infection and possible harm to patients, staff or self exists.
7. Tattoos and body art can often be perceived as affronts or threats to religion and family. Tattoos and body art should be covered completely to prevent potential for offensive reactions from patients, peers or staff.
8. KYCOM students must be physically clean, well groomed, and take steps to prevent and/or address problems of offensive body odor.
 - a. Avoid excessive use of fragrances – scented chemicals pose a threat for allergic and/or adverse reactions by patients, peers and healthcare staff.
 - b. Hairstyle and length (including mustaches and beards) must be clean, neat and controlled. Hair should not interfere with duties or pose a threat to infection for patient, peer or healthcare staff.

b. SEXUAL HARASSMENT

Any incident of suspected sexual harassment must be reported immediately to the Supervising Physician, Associate Dean for Clinical Affairs and the Associate Dean for Student Affairs. Any student involved in sexual harassment will be referred to the Associate Dean for Student Affairs for further action.

c. STUDENT/PATIENT RELATIONSHIPS

The relationship between an osteopathic medical student and a patient must always be kept on a professional basis. A student shall not date or become intimately involved with a patient due to the ethical and legal considerations. Conduct in such an unprofessional manner shall be considered improper behavior and will be grounds for disciplinary action, including dismissal from KYCOM.

d. KYCOM PHARMACEUTICAL AND INDUSTRY REPRESENTATIVE POLICY

Introduction

Kentucky College of Osteopathic Medicine (KYCOM) operates as a not-for-profit osteopathic medical educational institution engaged in educating osteopathic medical students and advancing osteopathic medical education. KYCOM has been granted accreditation by the American Osteopathic Association's Commission on Osteopathic College Accreditation. Our mission includes preparation of our graduates for competency in the world of primary care medicine. A successful KYCOM graduate will, after completion of the educational program, demonstrate sufficient knowledge, skill sets, experience, values, and behaviors that meet established professional standards, supported by the best available medical evidence, that are in the best interest of the well-being and health of the patient.

Code of Ethics

KYCOM is guided by Section 17 of the American Osteopathic Association Code of Ethics¹ which specifically relates to the interaction of physicians with pharmaceutical companies, and is clarified as follows:

1. The physicians' responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.
2. It is ethical for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as, side effects, clinical effectiveness and ongoing pharmaceutical research.
3. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.
4. When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the substance or appearance of a relationship to the physician's use of the employer's products in patient care.

Pharmaceutical Research and Manufacturers of America (PhRMA)²

Guidelines from the PhRMA code, developed voluntarily by the pharmaceutical industry, and adhered to by KYCOM include:

1. A conference or meeting is any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse, and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented.
2. Financial assistance for scholarships or other educational funds to permit medical students, residents, fellows, and other healthcare professionals in training to attend carefully selected educational conferences may be offered so long as the selection of individuals who will receive the funds is made by the academic or training institution. "Carefully selected educational conferences" are generally defined as the major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations.

¹ American Osteopathic Association Code of Ethics adopted July 2003, updated July 2016.

² Code on Pharmaceutical Company Interactions with Healthcare Professionals, originally adopted in July 2002, and amended in January 2009.

3. Any financial support provided by PhRMA certified companies, should be given to the educational activity (CME) provider with the intent to reduce the overall CME registration fee for all participants.
4. No grants, scholarships, subsidies, support, consulting contracts, or educational or practice related items should be provided or offered to a healthcare professional in exchange for prescribing products or for a commitment to continue prescribing products. Nothing should be offered or provided in a manner or on conditions that would interfere with the independence of a healthcare professional's prescribing practices.
5. It is appropriate for companies, where permitted by law, to offer items designed primarily for the education of patients or healthcare professionals if the items are not of substantial value (\$100.00 or less) and do not have value to healthcare professionals outside of his or her professional responsibilities.
6. Any healthcare professional that serves as either part of a program planning committee or as a program speaker, and who also serves as a company speaker and/or consultant, is required to disclose the relationship to all.

Adjunct Clinical Faculty and Clinical Rotation Sites

Pharmaceutical and industry representatives (PI reps) are not received on the KYCOM campus, and maintain no direct exposure to the osteopathic medical students educated there. PI rep exposure to students, is limited to "off-campus" health care facilities which include physicians' offices, hospital clinics and hospitals, and "pre-approved" attendance at graduate medical education programs. KYCOM students are professionally bound by the applicable sections of the AOA Code of Ethics.

All hospital sites are required to maintain affiliation agreements with KYCOM, are credentialed by the Joint Commission (JCAHO) or the Healthcare Facilities Accreditation Program (HFAP), and are duly licensed within their jurisdiction. All adjunct clinical professors are required to re-credential with KYCOM every five years, are actively licensed in their respective jurisdictions, and carry regionally acceptable malpractice insurance. All clinical education sites:

1. Provide and maintain an environment conducive to the education and training of osteopathic medical students.
2. Assist the osteopathic medical students in obtaining experience in patient care by allowing said students to share responsibility for patient care with qualified staff physicians.
3. Provide and maintain an environment which encourages critical dialogue between the medical staff physicians and said students through clinical rotations, rounds and conferences.

Professional Student Behavior as defined by KYCOM includes:

1. Performance of medically ethical behavior, i.e. all actions are in the best interest of patients.
2. Cognizance of the concept of social accountability to preceptor, host site and/or peers.

3. Cognizance of the concept of professional duty to supervising faculty and their patients.

Summary

The pharmaceutical and pharmaceutical research industry is a recognized member of the healthcare team that is voluntarily bound by a set of guidelines. KYCOM supports the guidelines, and will follow them within the definitions of the school's mission, and those professional duties as outlined within publications of the American Osteopathic Association and all published school catalogues and/or manuals.

e. ISSUES DEEMED REPORTABLE

1. It is the student's responsibility to notify the preceptor and/or supervisory house staff of any critical issue(s) that affect the student doctor and/or his/her patient(s) during the rotation.
2. If necessary, it is the student's responsibility to notify the regional coordinator and/or KYCOM of any critical issue(s) that affect him/her during the rotation.

f. FINANCIAL COMPENSATION

A KYCOM osteopathic medical student engaged in a clinical rotation within the hospital, office or any patient care setting is there as both an observer and registered student. A student is neither an employee or entitled to any financial compensation or means of compensatory reward. Any student that enters a financial and/or compensatory relationship within the rotation site has violated the professional agreements between KYCOM and the core site.

g. MOBILE TELEPHONES AND HANDHELD DEVICES

KYCOM students are welcomed guests at clinical rotation sites. They are given the courtesy to participate as a member of the staff, however, as guests, should be mindful that mechanical sounds, attention to electronic messages and use of keyboards within the confines of examination rooms, operating rooms, procedure rooms and at bedside can both be perceived (by patients and staff) as a lack of interest, and potentially distract preceptor physicians and healthcare staff from the delivery of safe healthcare. The following guidelines for the use of mobile devices are mandated by KYCOM:

1. Handheld devices are not to be used to take photographs of patients, patient's records, or to store patient's confidential information.
2. No handheld device is to be carried into operating or procedure rooms.
3. Upon entry into a hospital or outpatient facility, all ringers are to be set for "QUIET" or "VIBRATE", and alarms disabled.
4. Ringers and alarms for handheld devices must be disabled or set to "QUIET" or "VIBRATE" at all conferences.
5. Handheld devices may be used on patient rounds, and within patient rooms ONLY if permission is obtained from the preceptor physician and the patient.
6. Handheld devices may be used at nurses' stations, the intensive care unit(s), and within the emergency department, with preceptor physician and nursing approval ONLY.

7. Handheld devices may be used within the confines of on-call rooms and hospital cafeterias.

h. SOCIAL MEDIA EXPECTATIONS

KYCOM students are expected to adhere to standards of professionalism and abide by applicable laws, policies, and rules that govern privacy and the dissemination of protected information (e.g., HIPAA). When using social media and other internet sites that involve postings, comments, and images, students are expected to refrain from posting protected information, disparaging others, or otherwise conducting themselves in a way that could reasonably be perceived as unethical or unprofessional. Care should be taken when expressing opinions. When expressing opinions, particularly opinions about medical or health care issues, students should clearly state that their viewpoints are their own and do not necessarily represent the views of KYCOM or others. Further, cyber stalking and similarly inappropriate online activity can be viewed as forms of harassment. KYCOM students should be mindful of the fact that social media and other internet sites are never completely secure; what is posted can be seen by many, including prospective residency programs and future employers.

Social media conduct that is contrary to this policy may result in disciplinary action (up to and including dismissal from KYCOM and in some instances, legal action, if postings violate applicable laws.

i. STUDENT IN “GOOD STANDING” DESIGNATION

KYCOM defines a student in “Good Standing” as an individual who has conformed to established policy guidelines, passed all required milestone examinations to date, satisfied all course requirements to date, and has maintained all records and supporting documents as required by the student handbook.

APPROVED ABSENCE AND LEAVE POLICIES

Absence of the attending physician or the student, from rotation for a period greater than one day, requires the student to notify the office for Clinical Affairs, of the interruption of activity. Only the Supervising Physician and the Associate Dean for Clinical Affairs may grant time off during a prescribed clinical rotation. At the discretion of the Associate Dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.

Reasons for approved absence may include illness, conference attendance or extended leave. Any unexcused absence will be referred to the Promotions and Matriculation Committee with a recommendation of failure for the clinical rotation.

The student is not permitted to leave the designated clinical rotation prior to the scheduled departure date without prior approval of both the Associate Dean for Clinical Affairs and the attending physician. Departures prior to the scheduled departure date without prior consent will be considered an unauthorized absence and is subject to referral to the Promotions and Matriculation Committee and potential failure of that clinical rotation.

a. PERSONAL ILLNESS

It is paramount that the well-being of the student is considered in any illness. If a student is absent for more than one day during a rotation, the Office of the Associate Dean for Clinical Affairs of KYCOM must be notified and the student must be seen by a physician for documentation and for the well-being of the student. The student should not hesitate whatsoever to report an illness as the welfare of the student and his/her patient contacts is of prime importance.

b. TEMPORARY ABSENCE

A “short period of time” is defined as less than one day and may be requested to attend to personal business (e.g. banking, child care, etc.). Permission of the supervising physician and/or office of clinical rotations is required. No duration or frequency restrictions are defined; however, it is intended that the student provide clear reason for the temporary absence.

c. ATTENDANCE AT PROFESSIONAL CONFERENCES

Kentucky College of Osteopathic Medicine is committed to providing quality medical education for our students. This experience includes excellence in academic and clinical medicine, research and community service. In order to maximize this process, it is felt that participation in professional meetings can greatly enhance a student’s professional and personal growth. Attendance of AOA-sponsored national meetings, osteopathic divisional society meetings and AOA/osteopathic specialty meetings will be provisionally approved. All other meetings must have an individual request and be approved by the Associate Dean for Clinical Affairs.

1. Students on clinical rotations wishing to attend a provisionally approved professional meeting will submit a student travel request to the Associate Dean for Clinical Affairs at least 30 days prior to the meeting indicating the name and location of the professional meeting, sponsoring agency, and dates of prospective absence.
2. Only one professional conference will be allowed per student per year of clinical rotations. Any deviation from this policy must be approved by the Associate Dean for Clinical Affairs on an individual basis.
3. Students must obtain permission from both the Associate Dean for Clinical Affairs and the supervising preceptor and be in good standing, see Student Responsibilities section of this manual.
4. A student travel request will be denied if the student is not in good standing or at the discretion of the Associate Dean for Clinical Affairs.
5. Each student will be required to submit a one-page report on the meeting, and the value added to the student’s education, in E*Value. Participation of professional meetings outside of normal KYCOM curriculum is considered a privilege and honor. Students must document attendance to these meetings.

d. INTERVIEW POLICY

The following policy has been adopted regarding residency/internship interviews:

1. Students will be required to submit an **Interview Request Form**, signed by the preceptor.

2. A maximum of three (3) days for absence is permitted, if approved by the Associate Dean for Clinical Affairs, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an “Incomplete” for this rotation, until such time that the activity requirement is satisfied. Students that require time away from the rotation, that would jeopardize the attendance policy, may request for individual consideration from the Associate Dean for Clinical Affairs.

e. VACATIONS AND HOLIDAYS

Two winter breaks and the clinical capstone course are the only pre-approved leaves from clinical rotations. Clinical service attendance during religious or national holidays is at the discretion of the Supervising Physician, hospital or clinic facility. There are no designated religious and/or national holidays approved by KYCOM during the clinical rotations. Additional vacation time beyond what has already been described, can be requested and scheduled during the clinical rotation period, and requires a submitted request, sixty (60) days in advance of the event.

f. EXTENDED LEAVE

Direct written requests for extended leave to the Associate Dean for Student Affairs. The Associate Dean for Clinical Affairs should be copied on all correspondence. A leave of absence may be granted for one of the following reasons:

1. Health
2. Personal / Family
3. Financial Hardship
4. Pursuit of a graduate degree at this or another college or university

Extended leave of absence, for a maximum period of one year, may be granted only to students in good standing, as defined in Student Responsibilities section of this manual. Following an extended leave of absence, a student must submit a written request to return to KYCOM to the Associate Dean for Student Affairs.

Students that require time away from rotations, that would jeopardize the attendance requirement, may request individual consideration from the Associate Dean for Clinical Affairs.

GENERAL ROTATIONS INFORMATION

Student responsibilities listed below are expected of all KYCOM students, and subject to individual hospital policies:

1. Students will write daily notes on all patients during rounds.
2. Student will be prepared to present their patients on rounds.
3. Students will have all patient charts on rounds and have prepared a maintained **up to date flow chart**, with labs, medications, and other pertinent data.
4. Students will gather medical histories and conduct physical and osteopathic structural examinations on all assigned patients.
5. Students will write discharge notes which include physical exam, diagnosis, medications list, and follow-up appointments.
6. Students will keep a log in E*Value on all patients seen.

STUDENT LIABILITY INSURANCE

KYCOM students are covered with liability insurance and are covered only if the student is participating in an officially approved rotation. This applies to core rotations as well as approved elective and selective sites. If a student is aware of a potential legal liability situation, the Associate Dean for Clinical Affairs must be notified immediately. Progression of any legal liability action is to be detailed in writing by the student and regularly sent to the Office of the Associate Dean for Clinical Affairs.

STUDENT EVALUATION (GRADE)

1. The student will be evaluated for each clinical rotation.
2. Only one grade will be applied per clinical rotation. The Associate Dean for Clinical Affairs is responsible for the verification of all clinical rotation grades.
3. The evaluation is intended to measure the student in comparison to others at the same level of education. The “KYCOM Student Assessment Form” measures:
 - a. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
 - b. Medical Knowledge
 - c. Patient Care
 - d. Interpersonal and Communication Skills
 - e. Professionalism
 - f. Application of Practice Based Learning Skills
 - g. Application of Systems Approach to Medicine
4. Specific documentation of a failing grade should accompany the evaluation.
5. At the midpoint of the clinical rotation, a student-preceptor conference should take place to indicate the level of student performance. A discussion as to the areas of strength and weakness should be discussed at that time.
6. The Associate Dean for Clinical Affairs will refer a failing grade to the Promotions and Matriculation Committee for further action or remediation.

GRADE APPEALS

A student who seeks to appeal a particular rotation grade must file a written request for grade review within one month of the rotation grade being recorded. The Associate Dean for Clinical Affairs will inform the student in writing of their decision to either uphold or change the rotation grade. This decision must be made within 10 calendar days of receipt of the student’s appeal. If the Associate Dean for Clinical Affairs denies the grade appeal, the student may appeal to the P&M Committee for a final appeal of the grade. The recommendation of the Committee will be forwarded to the Dean for a final decision on the student’s grade. The decision of the Dean will be sent in writing to the student, P&M Committee, Associate Dean for Clinical Affairs, and the Office of Academic Affairs.

REMEDICATION POLICY

All clinical rotations must be successfully completed with a passing grade prior to graduation. Failure of any required or elective clinical rotation will be referred to the Promotions and Matriculation Committee for consideration. Appeal of any rotation failure will follow the same guidelines of any failure as stated in the Student Handbook. In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will

be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

BLOOD BORNE PATHOGEN EXPOSURE AND POST-EXPOSURE PROPHYLAXIS

1. **GENERAL:** The goals of this policy are to insure the immediate cleansing of the exposure site, reporting of the incident and, when indicated, immediate appropriate post-exposure prophylactic treatment be started using CDC&P guidelines within two hours of the exposure or less, and that appropriate laboratory work-up, counseling and follow-up be provided. All costs above what is paid by the student's health insurance are borne by KYCOM. The Blood Borne Pathogen (BBP) policy includes three (3) components;
 - a. Education.
 - b. Immediate post-mishap evaluation of exposure risk, as outlined by current Center for Disease Control and Prevention (CDC&P) guidance and recommendations.
 - c. Appropriate follow-up.
2. **EDUCATION:** All KYCOM 2nd year students will attend a 2-hour block of instruction on HIV and a 1-hour block on Universal Precautions annually which will address CDC&P current relevant universal exposure precautions, the post-exposure reporting process, prophylactic treatment of BBP and other transmitted disease as indicated.
3. **BBP/HIV EXPOSURE**

All students with medical education related BBP/HIV exposure through another person's blood or body fluids – by sharps injury or exposure to mucous membranes/skin – will take the following steps immediately.

 - a. **PERFORM BASIC FIRST AID: IMMEDIATELY** clean the wound and skin with soap and running water. Flush any mucous membranes or eyes with copious amounts of water or normal saline for several minutes. Blood should be allowed to flow freely from the wound. Blood should not be squeezed or “milked” from the wound.
 - b. **IMMEDIATELY NOTIFY** your Preceptor or Attending physician. Any KYCOM students with medical education related BBP/HIV exposure will be immediately released from his/her preceptorship/rotation and go to the nearest affiliated hospital Emergency Room (ER). If no affiliated hospital is in the area, go to the nearest hospital with an ER.
 - c. **NOTIFY** the Office of Clinical Affairs of the incident.
 - d. The goals of the student reporting to the ER for BBP/HIV exposure are:
 - i. To help the student assess whether the exposure is low or high risk using the most current CDC&P guidelines.
 - ii. Starting post-exposure prophylactic medication within two hours, if the incident is a high risk. High-risk exposure is typically defined as significant blood or bodily fluid exposure, of a source person with any of the following: known HIV and/or symptoms of AIDS, multiple blood transfusions 1978-1985, IV drug user, multiple sexual partners, homosexual activity.
 - iii. Counseling the student on medication side effects and clarifying the benefit/risk ratio of their use.
 - iv. Check baseline labs: HIV antibody testing, complete blood count, renal and hepatic chemistry profile, and hepatitis evaluation.

- e. The Associate Dean for Clinical Affairs shall be a point of contact for any problem that may arise.
- f. The student shall report for follow-up to the previously identified physician who is the designated site clinical contact for BBP/HIV exposure. This individual will be designated by the Chief of Staff or Director of Medical Education at each of the core areas and be identified to the student prior to starting preceptorship/rotation. This physician shall, at a minimum, be responsible for:
 - i. Insuring HIV antibody testing is done at 12 weeks and 6 months and results checked.
 - ii. Writing prescriptions for the four-week drug regimen if needed.
 - iii. Repeating complete blood count and renal and hepatic chemistry profiles at two weeks.
 - iv. Monitoring potential pancreatic toxicity by ordering weekly complete blood counts and chemistry profiles.

PREPARATION FOR RESIDENCY

The Graduate Medical Education Application Process - The Associate Dean for Academic Affairs authors the MSPE (Medical Student Performance Evaluation). This document is a peer group evaluation which details the student in comparison to the entire class. In order to assist in the preparation of the letter, the Office of Academic Affairs will need the following by **June 1 of the third year of study**:

1. A Curriculum Vitae (CV) with the following format:
 - a. CONTACT INFORMATION
 - Name
 - Mailing Address
 - Permanent Address
 - Telephone
 - Cell Phone
 - Email
 - b. EDUCATION
 - Include dates, majors, and details of degrees, training and certification
 - High School
 - College/University
 - Graduate/Medical School
 - Post-Doctoral Training
 - c. EMPLOYMENT HISTORY
 - List in chronological order, include position details and dates
 - Work History
 - Academic Positions
 - Research and Training
 - d. PROFESSIONAL QUALIFICATIONS
 - Certifications and Accreditations
 - Computer Skills
 - e. HONORS/AWARDS

2. PERSONAL DATA

- a. In four or five sentences, mention information that might be included within an introductory paragraph:
 - i. Where you are from
 - ii. Where you were prior to KYCOM (other schools, jobs)
 - iii. Why you came to KYCOM (medical school)
 - iv. Any struggles or hardships you encountered during medical school
 - a) Personal or family issues
 - b) Failures of courses, etc.
- b. Submit a list of **Personal Strengths**:
 - i. Academic
 - ii. Interpersonal skills such as communication with patients, staff, etc
 - iii. Perhaps you struggled in the classroom but have excelled in the clinic setting
 - iv. Perhaps comments from preceptors about you (not the written ones from your evaluations since they will already be in your letter) or comments from patients (“I would like for you to be my doctor one day”); again there are many possibilities

The purpose for these submittals is so that the letter produced, can be personalized, and emphasis can be placed on things you feel are important.

SCHEDULING OF CORE CLINICAL ROTATIONS

The core site clinical rotations schedule will be established through the Office of Clinical Affairs and Core Site Coordinators or Area Health Education Centers (AHEC), where available.

SCHEDULING OF ELECTIVE CLINICAL ROTATIONS

1. Twenty weeks of elective rotations are at the discretion of the individual student with the approval of the Associate Dean for Clinical Affairs. Good Standing, as defined in Student Responsibilities section of this manual, is required to apply.
2. All elective rotations are in four week blocks, and will begin on the first Monday of the first week and end on the last Friday of the fourth week with no less than five (5) days per each full week. Two elective rotation blocks may be divided into two, two-week blocks with approval from the Associate Dean for Clinical Affairs.
3. Elective Clinical Rotation Forms are available from the Director of Clinical Rotations. Elective Request forms must be completed and submitted to the Director of Clinical Rotations **at least 60 days prior** to the anticipated start date of the rotation. Elective rotation requests may be denied if paperwork completion requirements are not met. Twenty weeks of elective rotations must be completed to meet graduation requirements.
4. Failure to submit an elective rotation request in the allotted time and to obtain elective rotation approval, will jeopardize the elective, and may disrupt and/or lengthen a student’s academic schedule.

SCHEDULING OF SELECTIVE CLINICAL ROTATIONS

Selective rotations must include **Emergency Medicine, Osteopathic Principles and Practice, Women’s Health, Rural Medicine and a Medicine Subspecialty**. See the course descriptions of these rotations for more detailed information.

The objective of selective clinical rotations is to provide a framework for the evaluation and management of the patient with acute and chronic pathophysiology that requires the consultation of the specialty physician. The osteopathic medical student is given the opportunity to observe and participate in the management of medical cases in the hospital environment, and experience the intricacies of necessary diagnostic and therapeutic planned procedures. It is suggested that selective rotations are served in the core site, to facilitate recognition of the role played by the medical specialist in the care of hospitalized patients. Students must follow the following procedure:

1. Submit a Selective Request Form to the Director of Clinical Rotations.
2. All requests must be submitted to the Director of Clinical Rotations **at least 60 days prior** to the anticipated start date of the rotation, and approved by the Associate Dean for Clinical Affairs. Students must be in Good Standing, as defined in Student Responsibilities section of this manual in order to apply. Selective rotation requests may be denied if requests are submitted without sufficient time to process them.

VISITING STUDENT APPLICATION SYSTEM (VSAS)

VSAS® is an electronic application service designed to streamline the application process for senior selective/elective rotations at U.S. hospitals and medical centers that are members of the Council of Teaching Hospitals and Health Systems (COTH). The service requires only one application for all participating institutions, effectively reducing paperwork, miscommunication, and time.

KYCOM is a member of the Visiting Student Application System (VSAS). KYCOM students may apply for multiple rotations using the VSAS website. During February of the third year of study, you will receive instructions on how to gain access to the VSAS website, via UPIKE e-mail. Most programs begin accepting applications by May 1st of the third year of study. When given access, you will need to complete your profile information and upload a photograph. Students can upload all information, EXCEPT the transcript. The transcript will be uploaded into your file by the UPIKE registrar’s office once your application has been submitted. Credentialing documents, e.g. immunization records, letter of good standing or criminal background check can be uploaded by the Clinical Affairs Office. However, **KYCOM cannot upload any document until the application is submitted by the student.**

CHANGES IN CORE CLINICAL ROTATION

Changes in core clinical rotations are only permitted for compelling reasons. Written documentation as to the reasons for a change should be directed to the Associate Dean for Clinical Affairs. The decision as to the ability to change schedules will be at the discretion of the Associate Dean for Clinical Affairs.

CHANGES IN ELECTIVE CLINICAL ROTATIONS

Changes in unconfirmed elective clinical rotations may be allowed only once per clinical rotation after the schedule has been established. Rotations may not be changed less than sixty (60) days prior to the start date. All changes are submitted in writing to the Associate Dean for Clinical Affairs as to the changes and the reasons for the change. Changes in confirmed electives will not be allowed without approval of the Associate Dean for Clinical Affairs. Any deviation from this policy will result in a referral to the Promotions and Matriculation Committee for further consideration.

THE CLINICAL COMPETENCY PROGRAM

Introduction

Competency in the world of evidence based medicine requires solid clinical skills, the ability to work with other healthcare professionals, broad medical knowledge and familiarity with the information highway. The clinical competency program is an adjunct to the clinical rotations requirement and is designed to meet the following objectives:

- Development of good communication and interpersonal skills
- Demonstrate ability to identify and integrate health care resources
- Effectively gather and present data
- Expand basic medical knowledge

There are five programs that constitute **The Clinical Competency Program**. They are:

1. The Clinical Journal Club
2. The “End of Service” (COMAT) Exam Modules and COMSAE Exam
3. OPC V and OPC VI
4. Viewing of Educational Videos – 4th year
5. The Clinical Capstone Course

All components of the Clinical Competency Program are graded as “Pass/Fail”. However, they are based on numerically graded formats as described below. “Fail” is defined as any numerical score < 70 points.

1. CLINICAL JOURNAL CLUB

The 3rd year osteopathic medical student is partnered with peers and 4th year colleagues to review current topics in the medical literature. Articles will be chosen by KYCOM faculty.

Objectives

- a. To promote professional reading habits.
- b. To encourage critical evaluation of published medical information.
- c. To broaden medical knowledge.
- d. To support collegiality among professionals

Format

All 3rd and 4th year students are required to attend one journal club per academic year. All meetings will be scheduled for one Tuesday evening per four week rotation period, at 6:30 pm eastern time. Students will connect to the program

from their personal computers, and will have the ability to converse with each other, either via headset or telephone connection. Meeting assignments will be issued by the Associate Dean for Clinical Affairs as follows:

- a. Journal Club date assignments will be sent by University of Pikeville (Upike) e-mail to all class members no later than the first day of rotations. Substitution of assigned dates is the responsibility of the student. Changes to the schedule must be reported to the Associate Dean for Clinical Affairs at least 24 hours before the planned Journal Club meeting.
- b. Notification of assigned journal articles will be released via Upike e-mail no later than one week before the assigned date.
- c. At the conclusion of each journal club session, the facilitator will assign five questions to be answered via e-mail by noon on the following day. All answers should be no longer than three sentences in length.

Student Responsibilities

- a. Read and outline the assigned journal article in advance of the meeting.
- b. Be prepared to be called upon during the online meeting to discuss the article content, related theory/clinical practice or study question material.
- c. Submission of completed facilitator questions before 12:00 Noon ET on the day following the meeting.

Attendance

- a. Students are expected to attend the journal club meeting on the date assigned. All attendance is verified by Go To Webinar.
- b. If absences are reported to the Associate Dean for Clinical Affairs, prior to airtime, a make-up date or alternate assignment will be given.
- c. Failure to notify the Associate Dean for Clinical Affairs about unavoidable absence from journal club requires a written explanation. Remediation will be at the discretion of the Associate Dean for Clinical Affairs.

Grading

The grade will be based on successful completion of the five quiz questions, and verified attendance. Study questions submitted by absentees or submitted beyond the deadline will not be accepted. The question responses will be due the morning after the session, and should be e-mailed to the program facilitator.

2. END OF SERVICE EXAMINATION MODULES - COMAT

- a. Completion of on-line examination modules in the areas of Family Medicine, Emergency Medicine, Internal Medicine, Surgery, Pediatrics, Women's Health, Osteopathic Principles & Practices, and Psychiatry is a mandatory requirement to receive full credit for each of the above rotation disciplines. The modules are prepared by the National Board of Osteopathic Medical Examiners and entitled "Comprehensive Osteopathic Medical Achievement Test" (COMAT). Each module is designed to assess medical knowledge in the core subject area. The modules also serve to prepare the osteopathic medical student for the COMLEX Level 2CE examination, taken by KYCOM students after completion of the third year of study.

- b. Exams will be completed during the fourth week of the rotation.
- c. For two rotation disciplines, e.g. surgery (Course Nos. 740 & 741), exams will be completed during the fourth week of *both* rotations (Rotation grades for each discipline will be considered an “**incomplete**” until the exam result is received by the Associate Dean for Clinical Affairs.
- d. The exam will account for 50% of the rotation grade.

Suggested References

Bratton, Robert, Family Medicine Board Review, latest edition.

Ayala, C. & B. Spellberg, Boards and Wards for USMLE Steps 2&3, latest edition.

3. OPC V AND OPC VI

COM 703 AND COM 704 Course Description: OPC V and VI are designated for (1) one credit hour each. These third year courses are a continuation of the OPC I-IV course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. These courses will be a standard didactic program for third year students. Students will be required to complete 2 video modules per 4-week block. **These must be completed during each block, even if the student is off rotation for board study.** All modules will be presented on the LifeSize Video Center and/or AOPTIC websites. Sessions will work in conjunction with the scheduled third year rotations.

Grading Policy: Students may complete a pre-exam prior to viewing each module. Each post-exam will be worth 5 points. There will be 5 post-exam questions per module.

OPC V Post-Exam (5 points)	50 Points
Total Possible Points for the Course:	50 Points
Course Passage = 70% or 35 of the total points available	
OPC VI Post-Exam (5 points)	60 Points
Total Possible Points for the Course:	60 Points
Course Passage = 70% or 42 of the total points available	

Remediation Policy: Students who do not achieve 70% or better in the course have failed the OPC V course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC V, the student will revisit and pass the modules failed. Remediation will be required during winter break for OPC V and during the clinical capstone course for OPC VI.

4. EDUCATIONAL VIDEOS AND PROGRAMS

Each student is required to view or attend a minimum of ten (10) clinical programs (your choice) during fourth year. The program(s), viewed and/or attended, must have the capacity to issue a certificate of successful completion. A limit of two completed program certificates must be earned per clinical rotation

period, and submitted via E*Value, with the rotation logs. No more than two (2) clinical programs can be viewed on the same day, and no more than two (2) certificates can be submitted at the same time to receive credit.

Grading is “Pass/Fail” and remediation is at the discretion of the Associate Dean for Clinical Affairs. Logs are considered INCOMPLETE without submittal of the two (2) required certificates.

KYCOM allows the student to opt to attend AOA/AMA credentialed Continuing Medical Education Programs (CMEs) held at the student’s host hospital or medical center, on campus in Pikeville, on-line with UPIKE or at another COCA accredited osteopathic medical school, or on-line or in-person at one of the two other Kentucky medical schools. These do not include scheduled didactic education meetings such as Morning Report, Tumor Board, etc. Alternative educational resources include:

- Annual KYCOM Pediatric Symposium attendance – Equivalent to two (2) certificates
- Annual KYCOM Alumni CME attendance – Equivalent to two (2) certificates
- On-line viewing of A-OPTIC monthly Grand Rounds – Equivalent to one (1) certificate. (www.A-OPTIC.org)
- On-line viewing of University of Kentucky CE CENTRAL video series – Equivalent to one (1) certificate, regardless of the credit hours received per certificate. (www.CECENTRAL.com)

5. THE CLINICAL CAPSTONE COURSE

Introduction

A two-week period at the completion of the 3rd year of study is provided on KYCOM campus to prepare the osteopathic medical student for the challenges of both the 4th year of study and COMLEX Level 2 Performance Evaluation. Housing is provided. The student is responsible for their own bedding, towels, toiletry items and meals. Program segments include:

- a. WELCOME
 - i. Update contact information
 - ii. Complete order forms for graduation regalia
 - iii. Update financial aid information
 - iv. Introduction to the Clinical Skills Testing Performance Evaluation
- b. PREPARATION FOR RESIDENCY - An on-line recorded program will be available for off-campus viewing, for each of the following topics.
 - a) Electronic Residency Application Service (ERAS)
 - b) Medical Student Performance Evaluation – refer to General Rotations Information: “Preparation for Residency” for submittal information deadlines and content.
- c. OSHA SEMINAR - An on-line recorded program will be available for off-campus viewing. The Course Review Test must be submitted to the Clinical Affairs Department for proper credentialing and assigned credit. Topics to be discussed include:

- i. Steps to take in case of bloodborne diseases exposure.
- ii. Evaluation of exposure risk
- iii. CDC recommendations for the management of health care professionals exposed to HBV, HCV and HIV.
- iv. Risk prevention recommendations
- d. CLINICAL SKILLS TESTING PERFORMANCE EVALUATION
- e. DRUG SCREEN

Objectives

- i. To strengthen the level of competency in clinical skills possessed by the osteopathic medical student-in-training.
- ii. To determine necessary areas of concentration to achieve successful professional competency.
- iii. To evaluate the osteopathic medical student's readiness toward professional competency.
- iv. To evaluate the osteopathic medical student's readiness for graduation from medical school.
- v. To aim for success in the COMLEX Level 2 Performance Evaluation

Description

Modules have been developed to portray clinical encounters commonly seen by the osteopathic physician in either the outpatient, primary care or emergency department settings. Standardized patients have been trained to portray clinical scenarios in a standardized fashion, appropriate to the clinical setting, and should be interviewed, examined and treated as you would care for a "real patient".

Format

The class will randomly be divided into groups, and scheduled to sequentially rotate through simulated patient encounters. The student will review the chart information, conduct a patient interview, perform a physical examination, perform any treatment maneuvers, give (age/gender/race) appropriate health promotion information, review findings with the patient, and answer any patient questions or concerns. At the end of each encounter, the student will leave the room, and report to the "SOAP Note Writing Station". All SOAP notes (for proper credit) must be generated and stored on the assigned computer. The student will document information gathered during the patient history and physical examination, develop a "most to least likely" differential diagnosis (at least three is recommended) and propose a treatment plan.

Evaluation

The student's clinical performance will be graded by KYCOM clinicians in the departments of Family Medicine, Osteopathic Principles and Practice and Basic Medical Sciences. The standardized patients have been trained to provide an

evaluation of the student's humanistic qualities (communication and listening skills, patient respect, etc.).

Remediation

Students who are unsuccessful during the capstone course must attend a remediation session on campus at KYCOM prior to taking the COMLEX Level 2 PE. The date of the remediation will be determined by the Associate Dean for Clinical Affairs.

Suggested References

Le, Tao, First Aid for the USMLE Step 2 CS, latest edition

Savarese, Robert G., OMT Review, latest edition

Nelson, Kenneth E., Somatic Dysfunction in Osteopathic Family Medicine, latest edition

Kauffman, Mark, COMLEX Level 2PE Review Guide, latest edition

Porter, Robert, The Merck Manual, 19th Ed., 2011.

Seidel et al, Mosby's Guide to Physical Examination, 6th Ed., Elsevier Health Sciences, latest edition

Gomella and Haist, Clinician's Pocket Reference, 11th Ed., McGraw-Hill Co., latest edition

Reteguiz, J., Mastering the USMLE Step 2CS, 3rd Ed., McGraw-Hill, latest edition

Award of Honors.

For the KYCOM Class of 2015 and subsequent KYCOM classes, class ranks will no longer be reported on student transcripts. Beginning with the 2015-2016 academic year, KYCOM will recognize superior student achievement with the designation of Honors earned by students with grade point averages of ninety percent and above by semester for curriculum years one and two and by year for curriculum years three and four. The award of Honors for the third curriculum year will be based on the nine 700 level core rotations and any 800 level clinical rotations that take place between August 1 and July 31 of that year, For OPP Fellows, the calculation of third year honors is based solely on performance in the nine 700 level core rotations and fourth year Honors is calculated solely from grades earned with 800 level clinical rotations.

The award of Honors recognizes student achievement for that specific term or year and will be reported on the student transcript. In order to be eligible for Honors, students must be in good academic standing with no course or COMLEX board exam failures earned during the term or year under consideration. Further, students cannot be on a partial or decelerated schedule or repeating a course previously taken.

GUIDELINES FOR PRECEPTORS

PRECEPTOR EDUCATIONAL RESPONSIBILITIES

Preceptors will provide instruction, supervision, and evaluation of the performance of students. If for any reason the preceptor decides a student's performance is unsatisfactory, he/she should contact the rotations office before the rotation's completion. If a problem arises with a student's performance, the KYCOM Associate Dean for Clinical Affairs will decide on the appropriate action to be taken. The preceptor is encouraged to conduct a mid-rotation meeting with the student to provide specific feedback on the student's performance. This is especially important if the student is not meeting expectations. The preceptor will evaluate the performance of the students in writing immediately following completion of the rotation. Preceptors are encouraged to discuss the evaluation with the student before returning it to KYCOM. The student will evaluate his/her own performance, the educational services, and faculty participation at the rotation site. This evaluation will also be submitted to the rotations office during the week following rotation. Copies of KYCOM evaluation instruments are included at the end of this manual.

INSTRUCTIONAL OBJECTIVES FOR PRECEPTORS

The following guidelines are provided to aid supervising physicians and staff in meeting the objectives of the curriculum for the students. The preceptor will:

1. Provide direction and guidance to enable the student to master the objectives listed in the curriculum for the rotation.
2. Demonstrate availability for support, directional guidance and consultations with the students.
3. Demonstrate a wide variety of knowledge necessary for the instruction of the student.
4. Effectively encourage questions and stimulate problem solving.
5. Admit freely a lack of knowledge when he or she encounters a situation that is not a familiar medical problem.
6. Display the following personal traits:
 - a. attentive to the needs of the students
 - b. a calm and relaxed manner
 - c. enthusiasm about the practice of medicine
 - d. interest in presenting information to students
7. Effectively define and illustrate clinical signs and symptoms.
8. Help the students in developing skills in clinical problem solving.
9. Display a manner which exemplifies those characteristics that promote effective physician/patient communication.
10. Display the appropriate psychosocial interactions that promote effective physician/patient communication.
11. Provide the students with educational programs that will increase their knowledge.

ATTENDING PHYSICIAN RESPONSIBILITIES

The preceptor/attending physician possesses the experience and training to:

1. Review and co-sign all written materials
 - a. Progress Notes
 - b. History and Physical Exams
 - c. Admit Notes and Discharge Summaries

- d. Treatment Orders
2. Review Student Performance
 - a. Conduct a mid-rotation evaluation session to discuss the student's progress
 - b. Completion and Submittal of the "KYCOM Student Assessment Form" at the completion of the rotation.
3. Attend Patient Rounds
 - a. Answer case specific questions
 - b. Emphasize important "learning" points
 - c. Direct the student's case management activities
4. Serve as a Mentor
5. Suggest Reading

STUDENT RECORD KEEPING

LOGS

All students are required to maintain a daily electronic log of every patient seen during ambulatory and hospital care. All attending physicians are entitled to review this log at any time, and encouraged to review them at the end of the rotation. Logs and evaluations are to be completed within nine (9) calendar days from the last day of the rotation. If logs are not completed within that nine day window, students will be "locked out" of the E*Value system and an incomplete will be assigned for the rotation until all log materials are received and validated. Upon successful submission of all log documents within fourteen (14) days, at the discretion of the Associate Dean for Clinical Affairs, the rotation grade may be raised to a maximum of 70%. If all log documents are not submitted within fourteen (14) days, a 69% will be reported and the student will receive a failure for the rotation.

The following Case Log components are mandatory:

1. Student Assessment Form
2. Rotation Evaluation Form – utilized for student evaluation of the clinical experience. This evaluation will be accumulated and reviewed for credentialing and curricular purposes and must accompany all Case Logs.

The following entries are suggested for each of the following log areas:

1. Student Log – Ambulatory Clinic Rotation – utilized on all ambulatory clinical rotations, including but not limited to rotations such as Family Medicine, General Internal Medicine, and Pediatrics. This would be an outpatient log and would not include hospitalized patients.
2. Student Log – Hospital Case Participation – noting the following:
 - a. Patient identification **number or initials only**. It is a HIPAA violation to identify patients by name.
 - b. Admission date
 - c. Diagnosis – Provisional or Final
 - d. Level of Participation
 - e. H&P Performed
 - f. Attending Physician
 - g. OMT

4. Student Log – Surgery – utilized during the surgical core and elective rotations noting the surgical procedures, level of participation, final diagnosis, and whether the procedure was performed on an inpatient or outpatient basis.
5. Student Log – Obstetrics – utilized on all obstetrical cases.
6. Student Log – Special Procedures – examples such as laceration repair, Pap smear, Electrocardiography, Surgical biopsy, Cardiac stress test, etc.
7. Student Log – Educational Programs – listing of all clinical didactic lecture activities including Journal Club, Morbidity & Mortality Review, Tumor Board, Videoconferences, County Medical Society, etc.
8. Student Log – Reading Program – noting the breadth and depth of the student’s professional reading experience during the clinical rotation. This would also include any references for research performed at the request of the preceptor. The log would list the names of books, journals, or other educational material completed during the log period.

No Case Logs will be considered complete without the appropriate completed component parts. For purposes of credentialing, gaining future practice privileges or certification, students should permanently keep signed copies of their logs. This can be done by exporting the log documents from E*Value to Microsoft Excel. KYCOM will not keep file copies of such documents for more than one year, and it is the student’s responsibility to be able to produce original documentation of his/her training.

GRADUATION REQUIREMENTS

1. Successful Completion of COMLEX level 1, Level 2-CE, and Level 2-PE
2. Completion of Educational Programs
3. Completion of Capstone Course
4. Completion of Clinical Journal Club
5. Successful completion of end-of-service examination modules in Internal Medicine, Family Medicine, Pediatrics, General Surgery, Women’s Health, Osteopathic Manipulative Medicine, Psychiatry and Emergency Medicine.
6. Successful completion of OPC V and OPC VI.
7. Successful Completion of all clinical rotations and submittal of all documentation
 - a. Submittals of all clinical rotation logs
 - b. Student Assessment Forms
 - c. Documentation of required encounters
8. Attendance at all class meetings
 - a. Class meeting at conclusion of the 3rd year of study
 - b. Exit class meeting at conclusion of 4th year of study
 - c. Attendance at graduation exercises

COURSE SYLLABI

COM 799

INDEPENDENT STUDY I

Faculty: Dr. Joshua Crum (Course Director)
Office: Coal Building 611
Hours: By appointment
E-mail: joshuacrum@upike.edu

Texts: N/A
Supplemental Texts: N/A

Hours: 4.0 credit hours

Every four-credit course as outlined in this policy, and the appropriate grade will be part of the student's permanent KYCOM transcript. However, credits earned in this course will NOT take the place of any clinical rotation requirements as outlined in the Student Handbook and Clinical Rotations Manual. The credit hours earned in this course will not be calculated into the student's grade point average.

Course Description: This is an independent study course in which students will be provided a detailed individualized study plan to prepare them for their COMLEX-USA Level 1 examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

This course will be four weeks in duration, but can be continued in four week increments as approved by the course director as long as the student is preparing for their COMLEX-USA retake examination. In addition, if necessary, this course may be repeated approved by the course director and the Promotions and Matriculation Committee if the student's board examination retake is not passed.

Course Goal: The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA Level 1 examination.

Course Attendance: N/A.

Course Format: Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

Grades: Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA Level 1 examination on their assigned date will Pass. Students who

do not follow the assigned study plan or who do not take their COMLEX Level 1 on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

Examination Policy: There are no examinations in this course other than the assigned assessment tests.

Challenge of Examination Questions: N/A

Remediation Policy: According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. The Promotion & Matriculation Committee could recommend dismissal or decide a student may remediate Independent Study 1. Should remediation be recommended the student will meet with Dr. Crum to develop a new study plan and set new dates for assessments and the COMLEX-USA Level 1 examination. The format for remediation will be at the discretion of Dr. Crum but may require the student to purchase/attend a third-party preparatory course.

COM 899

INDEPENDENT STUDY II

Faculty: Dr. Joshua Crum (Course Director)
Office: Coal Building 611
Hours: Anytime or by appointment
E-mail: joshuacrum@upike.edu

Texts: N/A
Supplemental Texts: N/A

Hours: 4.0 credit hour

Every four-credit course as outlined in this policy, and the appropriate grade will be part of the student's permanent KYCOM transcript. However, credits earned in this course will NOT take the place of any clinical rotation requirements as outlined in the Student Handbook and Clinical Rotations Manual. The credit hours earned in this course will not be calculated into the student's grade point average.

Course Description: This is an independent study course in which students will be provided a detailed individualized study plan to follow to prepare them for their COMLEX-USA Level 2CE examination. The study plan will include required assessments to provide benchmarks for preparedness, as well as usage of specified question banks and study resources.

Course Goal: The primary goal of this course is to provide the student additional time and structure to prepare for the COMLEX-USA Level 2CE examination.

Course Attendance: N/A.

Course Format: Students will have an individual study plan to follow with built-in assessments and question bank goals to serve as benchmarks for preparedness to retake their COMLEX-USA board examination.

Grades: Grades will be reported as Pass or Fail. Students following the assigned study plan and taking the COMLEX-USA Level 2CE examination on their assigned date will Pass. Students who do not follow the assigned study plan or who do not take their COMLEX Level 2CE on the assigned date will fail this course. Failure of this course can be grounds for dismissal from KYCOM.

Examination Policy: There are no examinations in this course other than the assigned assessment tests.

Challenge of Examination Questions: N/A

Remediation Policy: According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. The Promotion & Matriculation Committee could recommend dismissal or decide a student may remediate Independent Study Level II. Should remediation be recommended the student will meet with Dr. Crum to develop a new study plan and set new dates for assessments and the COMLEX-USA Level 2CE examination. The format for remediation will be at the discretion of Dr. Crum but may require the student to purchase/attend a third-party preparatory course.

OSTEOPATHIC PATIENT CARE (OPC) V

Faculty: Joshua Crum, D.O., Course Director
Laura Griffin, D.O., et al.

Course Hours: OPC V is designated for (1) one credit hour. Training modules are scheduled to be recorded and made available via LifeSize Video System and/or the AOPTIC website. Please refer to the lecture schedule on Joule' for instructions on how to access videos and the days and times as to when these training modules will be made available. The course extends from the first day of clinical rotation, 3rd year, until the last day of the fifth clinical rotation, 3rd year.

Course Description: This third year course is a continuation of the OPC I-IV course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. The course will be a standard didactic program for third year students. This course will consist of recorded modules and online exercises (*via* LifeSize Video Center and/or the AOPTIC website in addition to pre-video and post-video exams on Joule'). Essential components of the course will include reinforcement of principles of medical issues incurred after graduation including but not limited to, osteopathic manipulative treatment, physicians' relationship with patients and social dilemmas in medicine, pain management, physician payment systems, substance abuse, landmark trials and Good Samaritan laws.

Course Goals:

1. To integrate Osteopathic Principles and Practices throughout the third year clinical clerkship experience.
2. To standardize the clinical curriculum and to further develop an appreciation of the:
 - a. Ethical issues relevant to practicing medicine.
 - b. Patient's role in his/her healthcare.
 - c. The key issues in relationships between physicians and patients.
 - d. Professionalism needed in healthcare profession
 - e. The potential impact of working with patients and others with different moral, cultural, and religious views etc.
 - f. Domestic violence and Abuse, Substance abuse and Disorders, Right to Die, Pain management, Global issues in Medicine, billing systems and laws affecting the healthcare profession.
3. To further develop medical decision making skills.
4. To hone diagnostic and treatment/management skills.
5. To hone effective physician-patient communication skills.
6. To further develop and maintain a good physician and patient relationship and continue to master the art of osteopathic manipulative treatment.

Course Format:

Students will be required to complete 2 video modules per rotation. This course will consist of 5 rotations (August -December) and 10 modules. All modules will be presented on the LifeSize

Video Center and/or AOPTIC websites. After viewing each module, students will take a post-exam on Joule'. Sessions will work in conjunction with the scheduled third year rotations, and designed to meet the course objectives noted above. **These videos must be completed during each block, even if you are off rotations for board study.**

Grading Policy: Students will complete a post-exam worth 5 points (5 questions).

10 Post-Exams (5 points each)	50 Points
Total Possible Points for the Course:	50 Points
Course Passage = 70% or 35 of the total points available	

Examination Policy: The examination policy for UP-KYCOM will be followed for all block exams (*if applicable*).

Remediation Policy: Students who do *not* achieve 70% or (35) cumulative points or better in the course have *failed* the OPC V course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC V, the student will revisit and pass the modules failed. Remediation will be required during Winter Break of third year.

OSTEOPATHIC PATIENT CARE (OPC) VI

Faculty: Joshua Crum, D.O., Course Director
(606) 218-5428
Laura Griffin, D.O., et al.

Course Hours: OPC VI is designated for (1) one credit hour(s). Training modules are scheduled to be recorded and made available via LifeSize Video System and/or the AOPTIC website. Please refer to the lecture schedule on Joule' for instructions on how to access videos and the days and times as to when these training modules will be made available. The course extends from the first day of the sixth clinical rotation, 3rd year, through the last day of the eleventh clinical rotation, 3rd year.

Course Description: This third-year course is a continuation of the OPC I-V course(s) and will serve to further expand and develop the world of osteopathic patient care through a multifaceted approach. The course will be a standard didactic program for third year students. This course will consist of recorded modules and online exercises (*via* LifeSize Video Center and/or the AOPTIC website with post-video exams on Joule'). Essential components of the course will include reinforcement of principles of medical issues incurred after graduation including but not limited to, osteopathic manipulative treatment, physicians' relationship with patients and social dilemmas in medicine, pain management, physician payment systems, substance abuse, landmark trials and Good Samaritan laws.

Course Goals:

1. To integrate Osteopathic Principles and Practices throughout the third-year clinical clerkship experience.
2. To standardize the clinical curriculum and to further develop an appreciation of the:
 - a. Ethical issues relevant to practicing medicine.
 - b. Patient's role in his/her healthcare.
 - c. The key issues in relationships between physicians and patients.
 - d. Professionalism needed in healthcare profession
 - e. The potential impact of working with patients and others with different moral, cultural, and religious views etc.
 - f. Domestic violence and Abuse, Substance abuse and Disorders, Right to Die, Pain management, Global issues in Medicine, billing systems and laws affecting the healthcare profession.
3. To further develop medical decision-making skills.
4. To hone diagnostic and treatment/management skills.
7. To hone effective physician-patient communication skills.
8. To further develop and maintain a good physician and patient relationship and continue to master the art of osteopathic manipulative treatment.

Course Format:

Students will be required to complete 2 videos per 4-week block. All modules will be presented on the LifeSize Video Center and/or AOPTIC websites. Sessions will work in conjunction with the scheduled third year rotations, and designed to meet the course objectives noted above. All students must complete the sessions even if rotations are suspended for board study due to a board failure.

Grading Policy: Each post-exam will be worth 5 points. There will be 5 post-exam questions per module.

Post-Exam (5 points)	60 Points
Total Possible Points for the Course:	60 Points
Course Passage = 70% or 42 of the total points available	

Examination Policy: The examination policy for UP-KYCOM will be followed for all block exams (*if applicable*).

Remediation Policy: Students who do *not* achieve 70% or (42) cumulative points or better in the course have *failed* the OPC VI course. According to the KYCOM Student Handbook, all failures are reviewed by the Promotion & Matriculation Committee and a decision is made whether or not a student is allowed to remediate failed courses. If the Promotion & Matriculation Committee decides a student is allowed remediate OPC VI, the student will revisit and pass the modules failed. Remediation will be required in June, during clinical capstone course.

CORE ROTATION CURRICULUM

The following applies to all core rotations:

Student Hours

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, **however, should not exceed 80 hours in duration.**
3. Maximum continuous **duty should not exceed 24** hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days **should** be provided as a weekend break.

Location

The physician's office, outpatient clinic, and/or participating hospital(s) within the core site.

Dress

At all times, KYCOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a KYCOM student. See Student Responsibilities section of this manual for clarification.

Attendance

Prompt student attendance is expected for the 26 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for Clinical Affairs, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an "incomplete" for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for Clinical Affairs, of the interruption of activity. At the discretion of the associate dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings

It is the responsibility of the student to be familiar with the hospital's didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to KYCOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading

The KYCOM Student Assessment Form for CORE (and OPP) rotations, which is completed by the attending physician, comprises 50% of the rotation grade. The COMAT examination score comprises the balance of the grade. Upon receipt and review of all information, the associate dean for Clinical Affairs evaluates the material, and assigns a numerical grade, as per the Clinical Rotations Manual, Student Evaluation (Grade). The evaluation is intended to measure the student in comparison to others at the same level of education.

The KYCOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

Challenge of Grades

Any challenges or questions are to be directed to the associate dean for Clinical Affairs. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean's response requires further clarification.

Remediation

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

COM 708: Family Medicine I

Course Description

Family Medicine I is a mandatory, four-week, third-year core rotation that may be served in either the in-patient or out-patient setting. The third-year osteopathic medical student is progressed from the clinical courses introduced during the two pre-clinical years to their application in patient care. A hospital setting is preferable, however, course objectives can be achieved in an office setting. Preventive care, family planning, end of life care, acute and chronic care applied across all age groups, coordination of medical services and the operation of a professional practice are among the many experiences gained over the four weeks.

Course Objectives

1. To provide a framework for care of the general medical patient.
 - a. To develop and apply interviewing skills to the patient encounter, as a means to both solidify physician-patient relationships and produce preliminary differential diagnosis.
 - b. To utilize physical examination skills to progress from preliminary differential diagnosis to a probable differential diagnosis and the development of a diagnostic and treatment plan.
 - c. To experience the evolution of a diagnostic plan, and the establishment of a working diagnosis and its associated treatment plan.
 - d. To identify and apply core osteopathic principles and practices to the care of the general medical patient
 - e. To identify available social and medical resources and the family physician's role in their coordination to patient care, i.e. referral decision-making.
 - f. To view the role of experience based medicine to medical decision-making.
2. To provide a framework for preventive medical care to all age groups.
3. To expose students to the operation of a professional office:
 - a. The roles of staff and physician(s) in the delivery of healthcare.
 - b. The influences of third party insurance and medical decision-making.
 - c. Care and recording of medical records.
 - d. The roles of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
 - e. The role of the telephone, and other electronic communication tools in the delivery of healthcare.
 - f. Awareness of physician responsibilities under HIPAA and OSHA regulations.
4. To provide knowledge of office procedures, their associated equipment, and laboratory submittal requirements.
 - a. Phlebotomy
 - b. Wound repair and suture removal
 - c. Electrocardiography
 - d. Spirometry
 - e. Audiometry
 - f. Screening examinations of the male and female breast
 - g. The anal, rectal and prostate examination
 - h. The female internal examination

5. To develop written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.
 - c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.

Student Duties

The student participates as both a member of the hospital house staff and office staff.

Responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients including:
 - a. Production of a progress SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Assist and/or perform office procedures under supervision.
4. Office set-up and performance of procedures:
 - a. Osteopathic Manipulative Treatment
 - b. Preventive health screens
 - c. Minor surgery
 - d. Preparation of laboratory specimens
 - e. Draping and gowning

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 709: Family Medicine II

Course Description

Family Medicine II is a mandatory, third year, upper level, four week core rotation, that may be served preferably in an office based setting, however, can be accomplished in an in-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in both the care and the medical decision-making for both the in-patient and out-patient population. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities associated with physician actions.

Prerequisite: Family Medicine I

Course Objectives

1. To develop efficient and complete evaluative and management skills for the care of the general medical patient.
 - a. To conduct an age, gender and problem associated patient interview and physical examination, while including preventive medical care for all age groups.
 - b. To formulate and test preliminary differential diagnosis during the physical examination.
 - c. To develop a diagnostic and treatment plan.
 - d. To establish a working diagnosis and the challenges associated with the implementation of the treatment plan.
 - e. To apply core osteopathic principles and practices to the care of the general medical patient.
 - f. To coordinate available social and medical resources as part of the comprehensive treatment plan.
 - g. To, under preceptor supervision, take the family physician's role in referral decision-making.
 - i. To view the role of experience based medicine to medical decision-making.
 - ii. To view the availability of services and its impact on patient care.
 - iii. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
2. To develop a model for the operation of a professional office:
 - a. Examine the roles of staff and physician(s) in the delivery of healthcare. This may include, with the consent of the preceptor, attendance at office staff meetings.
 - b. Develop an understanding of the influences that third party insurances have on medical decision-making.
 - c. Understand the laws that govern the care and recording of medical records.
 - d. Gain a working knowledge of the "International Classification of Diseases" and "Current Procedural Terminology" and their impact on physician reimbursement.
 - e. Examine the telephone system, and other electronic communication tools in relation to the delivery of healthcare.
 - f. Know the HIPAA and OSHA regulations in regard to the operation of a professional medical practice.
 - i. Confidentiality
 - ii. Hazardous waste removal

- iii. Emergency procedures
 - g. To develop an inventory of necessary property and supplies for the daily operation of a general medical practice.
- 3. To continue development of written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.
 - c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.

Student Duties

The student participates as both a member of the hospital housestaff and office staff.

Responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients including:
 - a. Production of a “problem-based” progress SOAP note in each assigned patient chart.
 - b. Maintain “out of chart” treatment plans on each assigned patient for purposes of bedside discussion and comprehensive care planning.
 - c. Investigation and interpretation of all diagnostic studies ordered for the patient, and be prepared to discuss findings for purposes of comprehensive care planning.
 - d. Follow-up with all consultants on assigned patients, and be prepared to discuss findings for purposes of comprehensive care planning.
 - e. Production of any case summaries and/or discharge summaries for the admitted patient.
 - f. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
 - g. Assist and/or perform office procedures under supervision.
 - h. Office set-up and performance of procedures:
 - i. Osteopathic Manipulative Treatment
 - ii. Preventive health screens
 - iii. Minor surgery
 - iv. Preparation of laboratory specimens
 - v. Draping and gowning
 - i. Attend and observe, with preceptor permission, family meetings.
3. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 720: General Internal Medicine I

Course Description

General Internal Medicine I is a mandatory, four week, hospital based, third year core rotation. The third year osteopathic medical student is progressed from Course No. 607, second year Introductory Internal Medicine, and Course No. 604, Clinical Applications of Osteopathic Medicine, to practical application in the hospital setting. The pathophysiology of cardiovascular, cerebrovascular, pulmonary, renal, gastrointestinal and endocrine disorders are among the patient population seen. As a member of a multi-disciplinary internal medicine “teaching” service, under the supervision of hospitalists, general internists, and medicine subspecialists, the osteopathic medical student participates in the admission, in-hospital care and discharge of the patients served.

Course Objectives

1. To develop age and gender specific, problem oriented history and physical examination skills.
2. To learn effective communication skills.
 - a. The focused patient interview
 - b. Peer case presentation techniques
 - c. Production of coherent admission, progress, and discharge notes
3. To correlate information gained from the patient’s chief complaint, medical, surgical, social, and familial histories with the signs and symptoms seen on examination to develop differential diagnoses in order of likelihood.
4. To appreciate the role that experience based medicine plays in the management of the medical patient.
5. To appreciate the need for preventive medical care as part of the total treatment regimen for the medical patient.
6. To learn the principles of the production and implementation of a total treatment plan.
7. To expose students to the operation of a hospital.
 - a. The hospital laboratory
 - b. The radiology department
 - c. The nursing staff and patient care management.
 - d. The physical, occupational, speech, and respiratory therapy teams.
 - e. The social services department
 - f. The strict observance of HIPAA and OSHA regulations.
 - g. The coordination of patient care.
8. To provide practical procedural knowledge:
 - a. Phlebotomy and arterial blood gases
 - b. Insertion of nasogastric tubes
 - c. Insertion of urinary catheters
 - d. Insertion of central vascular catheters
 - e. Electrocardiography
 - f. The rectal examination
 - g. Cardiovascular resuscitation
 - h. Lumbar spinal puncture
 - i. Culture of blood, body fluid and soft tissues

Student Duties

The student participates as a member of the hospital house staff.

1. Performance of admission histories and physicals for the patients of “teaching” attending physicians
2. Completion of rounds on all in-patients of “teaching” attending physicians.
3. Performance of after hours call.
4. Attendance at hospital conferences.
5. Performance, under supervision, of minor bedside procedures.

Related Reading

- Gomella, Leonard and Steven Haist, Clinicians Pocket Reference, Latest Edition
 - Ch. 2: Chartwork
 - Ch. 15: Imaging Studies
 - Ch. 19: Basic ECG Reading
- Thaler, Malcolm, The Only EKG Book You’ll Ever Need, Latest Edition
 - Ch. 8: Putting It All Together – 11Step Method for EKG Reading
- Simon, Roger P., Greenberg, David A., and Michael Aminoff, Lange Clinical Neurology, Latest Edition
 - Appendix A: The Neurology Examination

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 721: General Internal Medicine II

Course Description

General Internal Medicine II is a mandatory, four week, hospital based, core rotation that may be served during the third year of study. The osteopathic medical student, under the supervision of either a general internist, or medical subspecialist and house staff, is encouraged to incorporate evaluative skills, and evidence based medical information, to develop a comprehensive treatment regimen based on logical medical decision-making.

Pre-requisite: General Internal Medicine I

Course Objectives

1. To experience the responsibilities of an intern or resident.
2. To experience case management and the coordination of systems based medical care.
 - a. The use of subspecialists and other medical/surgical disciplines.
 - b. The use of social services and outpatient programs
 - c. The use of physical therapy
 - d. The use of in-house care services.
3. To produce and implement a total treatment plan.
4. To experience prioritization skills.
5. To develop a problem oriented approach to patient care.
6. To develop a sense of cost-effective medical care.

Student Duties

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients.
3. Performance of after hours call.
4. Attendance at hospital conferences.
5. Performance of bedside procedures.
 - a. Placement of catheters
 - b. Central and peripheral line placement
 - c. Electrocardiography
 - d. Spirometry
 - e. Sepsis work-up and procedures
6. Completion of an "End of Service" examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

Related Readings

- Longo, Fauci, Kasper, Hauser, Jameson & Loscalzo, Harrison's Manual of Medicine, McGraw Hill, Latest Edition
 - Ch. 5: Principles of Critical Care Medicine
 - Ch. 7: Assessment of Nutritional Status
 - Ch. 13: Sepsis and Septic Shock
 - Ch. 15: Acute Respiratory Distress Syndrome
 - Ch. 18: Stroke

- Ch. 86: Antibacterial Therapy
- Ch. 128: ST-Segment Elevation Myocardial Infarction (STEMI)
- Ch. 129: Unstable Angina and Non-ST-Elevation Myocardial Infarction
- Ch. 140: Chronic Obstructive Pulmonary Disease

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 740: General Surgery I

Course Description

General Surgery I is a mandatory third year core rotation. The third year osteopathic medical student is introduced to the department of surgery within the hospital. Assignments are interdisciplinary, and subject to the operative schedule. The osteopathic medical student is given the opportunity to explore the evaluation and management of the surgical patient, pre-operatively, intra-operatively and during the post-operative period. Suggested surgical departments include: colorectal, urologic, head & neck, cardiovascular, peripheral-vascular, thoracic and neurosurgery.

Course Objectives

1. To provide a framework for care of the surgical patient.
2. To provide a review of:
 - a. Aseptic technique
 - b. Gowning and gloving
 - c. Methods for entry/departure from the surgical theatre
3. To identify and apply core osteopathic concepts to the care of the surgical patient.
4. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
5. To expose students to an evaluative approach to diagnosis and management of the surgical patient by use of:
 - a. Physical examination
 - b. Laboratory and Diagnostic Testing
 - c. Evidence based medicine
6. To provide knowledge of common operative procedures, and equipment.

Student Duties

The student participates as a member of the housestaff, and responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients (may include):
 - a. Production of a progress SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of pre and post-operative Osteopathic Manipulative Treatment at the discretion of the attending surgeon.
3. Assistant within the operating room suite – aimed to:
 - a. Gain Surgical knot tying experience
 - b. Gain wound closure experience
 - c. Properly identify anatomic structures and provide surgical retraction for the attending surgeon.
 - d. Experience methods for circulation of Surgical Tools
4. Perform essential study and preparation for each planned procedure on the attending surgeon's surgical schedule.

Related Reading

Lawrence, Peter F., Essentials of General Surgery, Latest Edition

- Ch. 1: Perioperative Evaluation and Management of Surgical Patients
- Ch. 2: Fluids, Electrolytes and Acid Base Balance
- Ch. 3: Nutrition
- Ch. 7: Wounds and Wound Healing
- Ch. 8: Surgical Infections

Gomella, Leonard G., and Steven A. Haist, Clinician's Pocket Reference, Latest Edition

- Ch. 2: Chartwork
- Ch. 16: Introduction to the Operating Room
- Ch. 17: Suturing Techniques and Wound Care

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 741: General Surgery II

Course Description

General Surgery II is a mandatory hospital based, four week, third year core rotation. The third year osteopathic medical student is engaged to exercise diagnostic skills to evaluate the surgical patient, hone surgical skills as an assistant in the operating room suite, and develop an appreciation for evidence based surgical care criteria. Assignments are inter-disciplinary, and subject to the operative schedule. Suggested surgical departments include: colorectal, urologic, head & neck, cardiovascular, peripheral-vascular, thoracic and neurosurgery.

Prerequisite: General Surgery I

Course Objectives

1. To provide a framework for care of the surgical patient, which include:
 - a. Principles of Nutrition
 - b. Use of Osteopathic Manipulative Treatment
 - c. Principles of hydration
 - d. Infectious disease considerations
 - e. Thrombosis prevention
 - f. Airway management
 - g. Physical activity guidelines
 - h. Applications of evidence based surgical care criteria
 - i. Utilization of diagnostic imaging and the laboratory
2. To experience the pathophysiology relevant to affected organ systems, and the efficacy of surgical care.
3. To provide knowledge and experience with the performance of bedside procedures, which may include:
 - a. Placement of central venous catheters
 - b. Placement of gastrointestinal catheters
 - c. Placement of Urinary catheters
 - d. Removal of sutures and catheters
 - e. Wound care
 - f. Ostomy care
4. To provide knowledge and experience as an operative assistant with operative procedures, and their associated equipment.

Student Duties

The student participates as a member of the housestaff, and responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients (may include):
 - a. Production of a SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of pre and post-operative Osteopathic Manipulative Treatment at the discretion of the attending surgeon.

- e. Performance of bedside procedures as outlined above.
3. Assistant within the operating room suite
 - a. The student must be gowned, gloved and positioned at bedside, within the sterile field for all surgical procedures.
 - b. The student must have reviewed the surgical procedure a priori, and be prepared to outline the operative goals, and anatomical landmarks.
 - c. The student should be prepared to close surgical wounds with use of accepted knot tying techniques.
 4. Conduct essential study and preparation for each planned procedure on the attending surgeon's surgical schedule.
 5. Completion of an "End of Service" examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 706: Pediatrics

Course Description

Pediatrics is a mandatory, four week, third year core rotation. The third year osteopathic medical student is progressed from the second year introductory pediatrics course, to experience the care of infants, children and adolescents in the out-patient population. Common childhood diseases, genetic and developmental disorders, preventive health care, physical examination skills, and diagnosis and management strategies are among the rotation's experiences.

Course Objectives

1. To provide a framework for care of the general pediatric patient.
 - a. The patient (parent) interview.
 - b. The physical examination
 - c. The utilization of laboratory and Diagnostic Testing
 - d. The utilization of evidence based medicine for diagnosis and treatment
 - e. The utilization of available social and medical resources for pediatric patient care, i.e. referral decision-making.
2. To identify and apply core osteopathic principles and practices to the care of the pediatric patient.
3. To provide a framework for preventive medical care to the pediatric population.
4. To expose students to the influences of third party insurance on medical decision-making.
5. To expose students to the influences of HIPAA and OSHA regulations on the operation of a professional pediatric practice.
6. To gain knowledge of office procedures, their associated equipment, and laboratory submittal requirements.
 - a. Phlebotomy
 - b. Wound repair and suture removal
 - c. Spirometry
 - d. Audiometry
 - e. Cerumen removal
 - f. Culture collection
7. To recognize developmental milestones in the pediatric population.
8. To develop written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.
 - c. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general pediatric patient.

Student Duties

1. Performance of admission histories and physicals on in-patients.
2. Completion of rounds on all in-patients including:
 - a. Daily examination and evaluation of clinical status
 - b. Production of a progress SOAP note in each assigned patient chart.
 - c. Investigation of all diagnostic studies ordered for the patient.
 - d. Production of any case summaries and/or discharge summaries for the admitted patient.
 - e. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Completion of “after hours” on-call duty per preceptor or hospital assignment.
4. Assist and/or perform office procedures under supervision.
5. Office set-up and performance of procedures:
 - a. Osteopathic Manipulative Treatment
 - b. Preventive health screens
 - c. Minor surgery
 - d. Preparation of laboratory specimens

Related Reading

- Behrman, Kleigman and Jenson, Nelson Textbook of Pediatrics, Latest Edition
 - Chapters 52-55: Pathophysiology of Body Fluids
 - Chapters 142-145: Allergic Disorders
 - Chapters 301-303: Infectious Diseases
 - Chapters 377-382: The Respiratory System
 - Chapters 645-647: The Ear
- Marcadante, K and R. Kliegman, H. Jenson & R. Behrman, Nelson Essentials of Pediatrics, Latest Edition
 1. Ch. 67: Overview and Assessment of Adolescents
 2. Ch. 68: Well-Adolescent Care

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 718: Psychiatry

Course Description

Psychiatry is a mandatory, third year, four week core rotation, served primarily in an in-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in the evaluation and care for the hospitalized psychiatric patient. During the four weeks, the osteopathic medical student will interview and evaluate patients, perform an admission history and physical on all admitted patients, and develop multi-axial assessments on all patients seen.

Course Objectives

1. To develop evaluative and management skills for the care of the psychiatric patient.
 - a. To conduct an age, gender and problem associated patient interview and physical examination.
 - b. To perform a mental status examination
 - c. To become acquainted with a psychiatric diagnostic and treatment plan.
 - Includes understanding of the DSM Multi-axial Classification System
 - d. To establish a working diagnosis with reference to The Diagnostic and Statistical Manual IV.
 - Includes the medical work-up for the psychiatric patient
 - e. To apply core osteopathic principles and practices to the care of the psychiatric patient.
 - f. To participate with available social and medical resources as part of the comprehensive treatment plan.
 - g. To view the role of evidence based medicine to treatment decision-making.
 - h. To view the availability of services and its impact on patient care.
 - i. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
 - j. To view the efficacy of psychotherapeutic treatment modalities, which include:
 - i. The mechanism of action for psychotherapeutic agents.
 - ii.
 - i. The role of psychopharmacology, and side-effect profiles
 - ii. The treatment of Axis III comorbid states
 - iii. Awareness of procedural alternatives to chemical therapies, e.g. cognitive treatment.
2. To gain an understanding for the operation of an in-patient psychiatric unit.
 - a. Examine the roles of staff and physician(s) in the delivery of healthcare. This includes with the consent of the preceptor, attendance at group and individual treatment sessions.
 - b. Know the HIPAA and OSHA regulations in regard to the operation of a psychiatric unit.
 1. Confidentiality
 2. Emergency procedures
 - c. The need for security measures required for the safe operation of a psychiatry unit.
3. To develop written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.

Related Reading

- Black, Donald and Andreasen, Nancy: Introductory Textbook of Psychiatry, Latest Edition
 - Ch. 1 – Diagnosis and Classification
 - Ch. 2 – Interviewing and Assessment
 - Ch. 6 - Mood Disorders
 - Ch. 7 – Anxiety Disorders
 - Ch. 9 – Alcohol and Drug – Related Disorders.
 - Ch. 16 – Child Psychiatry.
 - Ch. 20 – Psychopharmacology and Electroconvulsive Therapy

See also the CORE ROTATION CURRICULUM cover page in this manual.

COM 705: Women's Health

Course Description

Women's Health is a mandatory third year core rotation. The third year osteopathic medical student is introduced to the evaluation and management of the pregnant patient, preventive care regimens, family planning, malignancy, diagnosis and treatment of infectious diseases, urinary, ovarian and uterine disorders, and endocrine disorders. The experience serves primarily the in-patient woman at her time of confinement, however, may include out-patient gynecologic care. The experience may be served within a multi-practitioner service, or on the service of one obstetrician/gynecologist.

Course Objectives

1. To provide a framework for care of the obstetrical patient.
2. To provide a framework for preventive medical care of the gynecologic patient.
3. To identify and apply core osteopathic concepts to the care of the female patient.
4. To experience the pathophysiology relevant to diseases of the breast, ovaries, urinary bladder, and uterus, and their medical/surgical management.
5. To expose students to an evaluative approach to diagnosis and management of the adult female patient by use of:
 - a. Physical examination
 - b. The gynecologic and medical/surgical history
 - c. Laboratory and Diagnostic Testing
 - d. Experience based medicine
6. To provide knowledge of gynecologic and obstetrical office and operative procedures, and their associated equipment.

Student Duties

The student participates as both a member of the host hospital's women's health department service. Responsibilities include:

1. Performance of admission histories and physicals
2. Completion of rounds on all in-patients (To include):
 - a. Production of a progress SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office, operating room suite and labor & delivery, and may include some office duty.
 - a. Office procedures may include: Pelvic Examination
 - i. Breast Examination
 - ii. Biopsy
 - iii. Preparation of pathologic specimens
 - iv. Draping and gowning
 - b. Assist with the management of the Obstetrical patient during labor and delivery
 - c. Assist with deliveries (vaginal and C-section), as appropriate.

- d. Assist with all gynecologic surgical procedures.
4. Essential study and preparation for each planned procedure on the attending physician's schedule.
5. Completion of an "End of Service" examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

Related Reading

Beckmann, Charles et al, Obstetrics and Gynecology, Latest Edition

- Ch. 1
- Ch. 6
- Ch. 8
- Ch. 9
- Ch. 11
- Ch. 14-16
- Chs. 26-30
- Ch. 32
- Chs. 35-37
- Ch. 43
- Ch. 46

See also the CORE ROTATION CURRICULUM cover page in this manual.

SELECTIVE ROTATION CURRICULUM

The following applies to all selective rotations:

Student Hours

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, **however, should not exceed 80 hours in duration.**
3. Maximum continuous **duty should not exceed 24** hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days **should** be provided as a weekend break.

Location

The physician's office, outpatient clinic, approved hospital or medical center. See **"Requisites" specific to the Rural Medicine Selective.**

Dress

At all times, KYCOM students will act as a representative of the school, and be attentive to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a KYCOM student. See Student Responsibilities section of this manual for clarification.

Attendance

Prompt student attendance is expected for the 26 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for Clinical Affairs, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an "incomplete" for this rotation, until such time that the activity requirement is satisfied.

Absence of the attending physician or the student, from the practice for a period greater than one day, requires the student to notify the office for Clinical Affairs, of the interruption of activity.

At the discretion of the associate dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.

Lectures and Meetings

It is the responsibility of the student to be familiar with the hospital's didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to KYCOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading

The KYCOM Student Assessment Form for CORE (and OPP) rotations, which is completed by the attending physician, comprises 50% of the rotation grade. The COMAT examination score comprises the balance of the grade. Upon receipt and review of all information, the associate dean for Clinical Affairs evaluates the material, and assigns a numerical grade, as per the Clinical Rotations Manual, Student Evaluation (Grade). The evaluation is intended to measure the student in comparison to others at the same level of education.

The KYCOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

Challenge of Grades

Any challenges or questions are to be directed to the associate dean for Clinical Affairs. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean's response requires further clarification.

Remediation

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

COM 808: Addictions Medicine

Course Description

Addictions Medicine is an elective, third or fourth year medical student, four week rotation, served primarily in an in-patient setting. The elective is intended for the osteopathic medical student to experience the reality of the physician-patient relationship through an active and observational clinical experience. The osteopathic medical student is, under preceptor supervision, and actively engaged in the evaluation and care for both the hospitalized and ambulatory patient. During the four weeks, the osteopathic medical student will interview and evaluate patients, perform an admission history and physical on all admitted patients, and develop assessments and care plans on all patients seen.

Course Objectives

1. To develop evaluative and management skills for the care of the patient with addiction, through observation and interaction with physicians in a real world environment.
 - a. To conduct an age, gender and problem associated patient interview and physical examination.
 - b. To perform a mental status examination
 - c. To demonstrate effective communication and interaction with patients and families with a broad range of demographic, socioeconomic, ethnic, cultural , and religious backgrounds and to develop effective skills in interviewing and data-gathering, and demonstrate empathic attunement and boundary establishment. To allow the student to experience the development of those important communication skills while interacting with physicians, support staff, and patients.
 - d. To conduct a comprehensive diagnostic assessment and treatment formulation, and view the role of evidence based medicine to treatment decision-making.
 - e. To apply core osteopathic principles and practices to the care of the patient with addiction.
 - f. To participate with available social and medical resources as part of the comprehensive treatment plan.
 - g. To view the availability of support services and its impact on patient care.
 - h. To view the effect of outside influences, e.g. third party insurance, on medical decision-making.
 - i. To view routine detoxification protocols, both inpatient and outpatient, and smoking cessation approaches.
 - j. To demonstrate knowledge about the variety of psychopharmacological, psychotherapeutic, group, religious, and residential treatments.
 - k. To view the efficacy of psychotherapeutic treatment modalities, which include:
 - The mechanism of action for psychotherapeutic agents.
 - The role of psychopharmacology, and side-effect profiles.
 - Maintenance drug therapies, which include naltrexone, buprenorphine, methadone, disulfiram, acamprosate, and nicotine replacements.
 - l. To allow students to understand the construction of treatment plans.
2. To develop written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.

Related Reading

Black, Donald and Andreasen, Nancy: Introductory Textbook of Psychiatry, Latest Edition

- Ch. 2 – Interviewing and Assessment
- Ch. 9 – Alcohol and Drug – Related Disorders
- Ch. 20 – Psychopharmacology and Electroconvulsive Therapy

Latt, Noeline and Katherine Conegrave, John B. Saunders, and E. Jane Marshall, Addiction Medicine (e-books) <http://0-ehis.ebscohost.com.library.acaweb.org/ehost/detail?sid=c4a9f7e7-0106-4a17-b863->

[aed482d3c42b%40sessionmgr4&vid=1&hid=8&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=nlebk&AN=467530](http://0-ehis.ebscohost.com.library.acaweb.org/ehost/detail?sid=c4a9f7e7-0106-4a17-b863-aed482d3c42b%40sessionmgr4&vid=1&hid=8&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZQ%3d%3d#db=nlebk&AN=467530)

- Ch. 1 – The Scope of Addiction Medicine
- Ch. 2 – Assessment and Diagnosis: General Principles
- Ch. 3 – Approaches to Management

Student Duties

The student participates as a member of the unit staff. Responsibilities include:

1. Performance of admission histories and physicals. To include:
 - a. A complete mental status examination
 - b. A global assessment of functioning
2. Completion of rounds on all in-patients including:
 - a. Production of a “problem-based” progress SOAP note in each assigned patient chart.
 - b. Investigation and interpretation of all diagnostic studies ordered for the patient, and be prepared to discuss findings for purposes of comprehensive care planning.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
3. Attendance at all treatment sessions for assigned patients.
4. Attend and observe, with preceptor permission, family care plan meetings.

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

COM 800: Clinical Osteopathic Medicine Selective

Course Description

Clinical Osteopathic Medicine is a mandatory selective rotation. The program attempts to answer the questions of “WHEN”, “WHY”, “HOW”, “WHERE”, and “IF” to utilize osteopathic manipulative techniques as part of the treatment plan for the medical/surgical patient. The appreciation of the intercommunication of the body systems, and the interpretation of T A R T findings is incorporated into the diagnosis and treatment of neural, muscular, joint, and visceral dysfunction. The osteopathic medical student is introduced to the evaluation and management of medical/surgical patients in both the out-patient and in-hospital setting.

Pre-Requisite Courses: General Internal Medicine I and Family Medicine I.

Course Objectives

1. To master examination skills of both the axial and appendicular skeleton for disorders, and/or somatic dysfunction.
 - a. Displays knowledge of neurologic and muscular diagnostic tools.
 - b. Displays knowledge of the osteopathic structural examination.
2. To recognize physical changes of soft tissue structures for somato-somatic, somato-visceral, viscero-visceral and viscero-somatic reflex dysfunction.
3. To display clinical competency in the use of direct treatment approaches:
 - a. High Velocity, Low Amplitude treatment of articular somatic dysfunction.
 - b. Application of Muscle Energy to treatment of articular somatic dysfunction.
 - c. Application of myofascial release to restricted soft tissue structures.
4. To display clinical competency in the use of indirect treatment approaches:
 - a. Application of Counterstrain to restricted soft tissue structures.
 - b. Application of Myofascial Release to restricted soft tissue structures.
 - c. Application of “Balance and Hold” techniques to treatment of articular and fascial somatic dysfunction.
 - d. Application of “Osteopathic Cranial Manipulative Medicine” to treatment of cranial and sacral somatic dysfunction.
 - e. Application of “Progressive Inhibition of Neuromusculoskeletal Structures” to restricted soft tissue structures.
5. To display clinical competency with the “decision making” process for proper utilization/application of osteopathic manipulative procedures to clinical problems.
 - a. Osteopathic approaches as diagnostic tools.
 - b. Osteopathic techniques as primary and/or secondary treatment tools.
 - c. Osteopathic approaches as palliative tools.

Student Duties

1. The student participates as a member of the house staff, for all in-patients and responsibilities include:
 - a. Performance of admission histories and physicals.
 - b. Completion of rounds on all in-patients, including:
 - i. Production of a progress SOAP note on each assigned patient chart.
 - ii. Investigation of all diagnostic studies ordered for the patient.

- iii. Production of any case summaries and/or discharge summaries for the admitted patient.
- iv. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
- c. Participation in “after-hours” call rotation.
- d. Attendance at hospital conferences.
- 2. The student participates in the out-patient setting. Responsibilities include:
 - a. Performance of physical examinations to include performance of Osteopathic Structural Examination.
 - b. Performance of Osteopathic Manipulative Treatment under supervision.
 - c. Production of progress, SOAP notes on each assigned patient.
- 3. Completion of an “End of Service” examination (COMAT) administered by the National Board of Osteopathic Medical Examiners, during the fourth week of the rotation.

Related Reading

See CANVAS on the University of Pikeville website.

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

COM 804 Emergency Medicine Selective

Course Description

Emergency Medicine is a mandatory, four-week, hospital based, third or fourth year selective rotation that affords the medical student the opportunity to learn in an Emergency Medicine setting. The osteopathic medical student, under the supervision of an emergency medicine specialist, sees the essentials of Emergency Medicine through observation and performance of clinical procedures, hands on clinical experiences and direct interaction with faculty, individual patients, and families. Integration of clinical skills and evidence-based medicine is achieved with emphasis on didactic discussions, and development of clinical skills.

Pre-requisites: General Internal Medicine I, General Internal Medicine II, Family Medicine I, General Surgery I, Pediatrics, and Woman's Health

Course Objectives

1. To integrate osteopathic principles and practice concepts into the conventional care of emergency patients
2. To experience case management and the coordination of systems based medical care.
 - a. The use of subspecialists and other medical/surgical disciplines.
 - b. The use of social services and outpatient programs
 - c. The use of in-house care services.
 - d. To recognize the social and economic factors that affect patient care.
3. To employ the knowledge, attitudes, and skills necessary to provide preventive, episodic, or continuing care to individual patients in an emergency medicine setting
4. To experience prioritization skills.
5. To learn assessment skills for classification of the type, level and urgency of care needed for the particular patient encounter.
6. To integrate the utilization of appropriate health maintenance screening protocols into emergency medicine care.
7. To demonstrate the ability to assess a patient and differentiate the need for urgent versus non-urgent care.
8. For students to experience the practice of evidence-based medicine.
 - a. To assess, apply, and assimilate investigative knowledge to improve patient care.
 - b. To realize the Emergency Medicine physician's role in the community and Society.
 - c. To cite and communicate information in an organized and succinct manner
9. For students to respect and be sensitive to the individuality, values, goals, concerns, and rights of all with whom they interact in the healthcare setting.
10. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.
11. To accomplish the use of effective written, and verbal language skills.

Student Duties

1. Performance of bedside assessment and physical examination
 - a. Production of a problems based progress note.
 - b. Be prepared to suggest a diagnostic and treatment plan with a differential diagnosis basis.

2. Performance of bedside procedures.
 - a. Placement of catheters
 - b. Electrocardiography
 - c. Suturing and simple wound care
 - d. Assist with cardiopulmonary resuscitation under supervision.
 - e. Phlebotomy
 - f. Performance of OMT as deemed appropriate by supervising physician
 - g. Casting of simple fractures under supervision.
3. Performance of after hours call.
4. Attendance at hospital conferences.

Suggested Reading

Case Files Emergency Medicine, Lange case files

ISBN-13: 978-0071768542

ISBN-10: 0071768548

Suggested Topics to Review

Chest Pain - UA, NSTEMI, STEMI, Thoracic Aortic Aneurysm, Pulmonary Embolism, Acute Exacerbation Of COPD, Asthma, CHF, AFIB, HTN Urgency And Emergency, Pneumonia - HCAP, CAP, Stroke, Dizziness, Bell's Palsy, Headache, Seizure, Musculoskeletal Pain - Neck Pain, Back Pain, Acute Injuries Like Ankle/Knee Sprain, Shoulder Pain, Fracture Evaluation And Management, Hip Fracture, Abdominal Pain - Appendicitis, Cholecystitis, Pancreatitis, Diverticulitis, Pyelonephritis, Gastroenteritis, UTI, Kidney Stone, Gastric/Duodenal Ulcers, Small Bowel Obstruction, Ileus, Mesenteric Ischemia, GI Bleed, AAA, OB/Gyn - Vaginal Bleeding, Vaginal Discharge, Miscarriage, Pregnancy Management, Ovarian Cyst/Torsion Prostatitis, Orchitis, Testicular Torsion, Epididymitis, ACLS, ATLS - Trauma Evaluation - Primary Survey And Secondary Survey, Burns, DKA, Laceration Care, SIRS/Sepsis, Meningitis, Alcohol and Other Drug Intoxication/Withdrawal/Overdose

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

Medicine Selective Guidelines

Course Description

The medical selective is a four-week clinical rotation that may be served with subspecialists from the general fields of family medicine, internal medicine, or pediatrics. The osteopathic medical student is given the opportunity to observe and participate in the management and care of patients referred for specialty consultation. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- Infectious Diseases
- Nephrology
- Pulmonary Medicine
- Radiology

Prerequisites: Completion of Internal Medicine I, Family Medicine I and Pediatrics

Course Objectives

1. To recognize the role of the medical specialist in the general management of the adult or pediatric patient.
2. To provide a framework for the:
 - a. Criteria to be considered/information needed, when specialty consultation is contemplated.
 - b. Evaluation and management of adult or pediatric medical disorders.
 - c. Communication process between the primary care physician and the specialty physician.
3. To experience atypical pathophysiologies and their diagnostic work-up
4. To utilize evidence based medicine

Student Duties

The student participates as both a member of the hospital house staff and office staff.

Responsibilities include:

1. Performance of histories and physicals
2. Completion of rounds on all in-patients (To include):
 - a. Production of a progress SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office and/or procedure room suite
4. Essential study and preparation for each planned procedure on the attending physician's schedule.

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

COM 865: Radiology

Course Description

Radiology may be a two or four-week clinical rotation. The Radiology rotation can fulfill the medical selective requirement or can serve as elective time. It can be served with a radiologist within the following areas: general diagnostic radiology, pediatric radiology, vascular and interventional radiology, nuclear radiology, or neurological radiology. The osteopathic medical student is given the opportunity to observe and perhaps participate in the interpretation, performance and care of patients referred for imaging, and/or consultation. The experience can serve either the in-patient or out-patient population. Suggested areas of study may include:

Computed Tomography of the Head, Neck, Abdomen & Axial Skeleton

Magnetic Resonance Imaging of Neural and Vascular Structures

Diagnostic Ultrasound of vascular structures, abdomen and pelvis

Screening or Diagnostic Mammography

Nuclear Radiology for Endocrine, Vascular and Skeletal Diagnosis

Prerequisites: General Internal Medicine I or Family Medicine I, Women's Health, Pediatrics & General Surgery I.

Course Objectives

1. To recognize the role of the radiologist in the general management of the adult or pediatric medical/surgical patient.
2. To develop an understanding of the influences that third party insurances have on medical/surgical decision-making, and the choice and/or necessity for medical/surgical imaging.
3. To experience the criteria to be considered, when radiology consultation is contemplated.
4. To experience the information needed from the ordering physician for the optimal interpretation of diagnostic studies ordered for medical/surgical patients.
5. To experience the role of the radiologist in the Evaluation and Management of adult or pediatric medical/surgical disorders.
6. To experience atypical pathophysiologies and their diagnostic work-up
7. To expand personal interpretation skills.
8. To see how outcomes evidence serves as the basis for consultant recommendations.

Student Duties

The student participates as both an observer and an assistant within the Radiology Suite.

Responsibilities may include:

1. Performance of patient histories
2. Review of outcomes on preceptor selected in-patients. This may include:
 - a. Investigation of all diagnostic studies ordered for the patient.
 - b. Participation in case reviews, e.g. Morbidity & Mortality Conference
3. Assist within the procedure room suite
4. Essential study and preparation for each planned radiologic procedure on preceptor's schedule.
5. Preparation for daily and/or weekly recitation, which may include, self-interpretation of studies under preceptor supervision, review of recent cases or discussion of preceptor reading assignments.

Suggested Reading

- Holmes, Erskine, J.; Forrest-Hay, Anna C.; Misra, Rakesh R.: Interpretation of Emergency Head CT: A Practical Handbook, Cambridge University Press, Latest Edition.
- Mirvis, Stuart E; Shanmuganathan, K.; Miller, Lisa A.; Sliker, C.W.: Emergency Radiology: Case Review Series, Mosby, Latest Edition.
- Novelline, Robert A.: Squire's Fundamentals of Radiology, Harvard University Press, Latest Edition.

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

COM 809: Rural Medicine

Course Description

Rural Medicine is a mandatory primary care selective rotation, and is four weeks in duration. It is an upper level third or fourth year course that may be served preferably in an office based setting, however, can be accomplished in a hospital out-patient clinic. The osteopathic medical student is, under preceptor supervision, actively engaged in both the care and the medical decision-making for the delivery of the healthcare needs to the out-patient population. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities and challenges associated with physician care in a medically underserved area.

Requisites: Community Population \leq 5000 people, Nearest Full Service Hospital \geq 50 miles, Local Hospital Bed Capacity \leq 100 beds, and Preceptor Specialty may include Family Medicine, Internal Medicine, Pediatrics, General Surgery or Women's Health

Prerequisites: Family Medicine I, Family Medicine II, General Internal Medicine I, Pediatrics I, General Surgery I, and Women's Health

Course Objectives

1. To experience the unique challenges of medical practice in a medically underserved area.
2. To apply the knowledge, skill sets, experience, values, and behaviors seen previously in more structured settings, to meet the needs of the region served.
3. To utilize practice skills, supported by the best available medical evidence, that serve the best interest, well-being and health of the patient.
4. To demonstrate competency in primary care medicine.
5. To develop efficient and complete evaluative and management skills for the care of the general medical or surgical patient.
 - a. To conduct an age, gender and problem associated patient interview and physical examination and to include preventive medical care for all age groups
 - b. To establish a working diagnosis and see the challenges associated with the implementation of the treatment plan.
 - c. To apply core osteopathic principles and practices to the care of the general medical or surgical patient.
 - d. To coordinate available social and medical resources as part of the comprehensive treatment plan.
6. To develop an understanding of the operation of a rural health facility.
 - a. Examine the roles of staff and physician(s) in the delivery of healthcare.
 - b. Develop an understanding of the influences that third party insurances have on medical decision-making.
 - c. Develop an inventory of necessary property and supplies for the daily operation of a rural medical practice.
7. To continue development of written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.
 - c. The production of electronic medical records, where appropriate.

d. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.

Student Duties

Student responsibilities include:

1. Performance of histories and physicals
2. Develop treatment plans on each assigned patient for purposes of comprehensive care planning.
3. Perform proposed care plans, and develop self-evaluative tools to assess efficacy of regimen.
 - a. Interpretation of all diagnostic studies ordered for treated patients.
 - b. Follow-up with all consultants on assigned patients.
 - c. Production of any case summaries and/or discharge summaries for assigned patients.
 - d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
4. Assist and/or perform duties and procedures under supervision.
 - a. Office set-up and performance of procedures:
 - i. Osteopathic Manipulative Treatment
 - ii. Preventive health screens
 - iii. Minor surgery
 - b. Attend and observe family meetings when appropriate
 - c. Evaluate patients in the emergency department
 - i. Write admit orders
 - ii. Develop a care plan
 - iii. Request consultation(s)
 - d. Assistance or Performance of Procedures within local hospital procedure room.
 - i. Surgery
 - ii. Wound Repair
 - iii. Line insertion/Removal

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

Women's Health Selective

Course Description

Women's Health is a selective rotation. The osteopathic medical student is given the opportunity to observe and participate in the management of any selected specialty area associated with the adult female patient. The experience can serve either the in-patient or out-patient population.

Suggested areas of study may include:

- Gynecologic Oncology
- Urogynecology
- Reproductive Endocrinology
- Maternal Fetal Medicine

Prerequisite: Women's Health

Course Objectives

1. To provide a framework for the evaluation and management of adult female patient disorders.
2. To experience atypical pathophysiologies and their medical/surgical management.
3. To utilize evidence based medicine
4. To recognize the role of the gynecologic specialist in the general management of the adult female patient.

Student Duties

The student participates as both a member of the hospital house staff and office staff.

Responsibilities include:

1. Performance of histories and physicals
2. Completion of rounds on all in-patients (To include):
 - a. Production of a progress SOAP note in each assigned patient chart.
 - b. Investigation of all diagnostic studies ordered for the patient.
 - c. Production of any case summaries and/or discharge summaries for the admitted patient.
 - d. Performance of Osteopathic Manipulative Treatment at the discretion of the attending physician.
3. Assistant within the office and/or operating room suite
4. Essential study and preparation for each planned procedure on the attending physician's schedule.

See also the SELECTIVE ROTATION CURRICULUM cover page in this manual.

ELECTIVE ROTATION CURRICULUM

The following applies to all elective rotations:

Student Hours

Daily hours are to parallel the hours of the attending physician, however, the following guidelines are suggested:

1. A work day may be considered 12 hours in duration.
2. A work week may be considered typically 72 hours, however, should not exceed 80 hours in duration.
3. Maximum continuous duty should not exceed 24 hours and should be followed by a minimum of 12 hours off duty.
4. Two days out of every 14 days should be provided as a weekend break.
5. About 25% of rotation time (at discretion and approval by Associate Dean for Clinical Affairs and clinical preceptor) may be spent in preparation for in country experience including language familiarity, review of country/region specific medical problems, review of public health policies for the country/region, and preparation of a research project related to this international rotation.

Location

The physician's office and the participating locations where the preceptor provides care.

Dress

1. At all times, KYCOM students will act as a representative of the school, and be attentive.
2. to personal hygiene, cleanliness and personal demeanor. Short white lab coats with KYCOM identification are expected to be worn unless specifically instructed by the hospital or preceptor. Scrub suits are to be worn in the operating room, procedure rooms, during call hours and at the discretion of individual physicians and/or institution/facility. At all times, however, the student must be clearly identified as a KYCOM student. See Student Responsibilities section 8.a. of this manual for clarification.

Attendance

1. Prompt student attendance is expected for the 28 days of the rotation period. The activities of each day must be recorded on student logs for the rotation. A maximum of three (3) days for absence is permitted, if approved by the associate dean for Clinical Affairs, and must be recorded on student logs for the rotation. Absence in excess of the 3 day standard will result in an "incomplete" for this rotation, until such time that the activity requirement is satisfied.
2. Absence of the attending physician, or the student, from the practice for a period greater than one day, requires the student to notify the office for Clinical Affairs, of the interruption of activity. At the discretion of the associate dean for Clinical Affairs either a reading assignment or alternate duty assignment will be made.
3. Lectures and Meetings

4. It is the responsibility of the student to be familiar with the hospital's didactic lecture schedule, and to document attendance within the student log. Didactic programs include but are not limited to: Morning Report, Journal Club, Morbidity/Mortality Conference, Grand Rounds, and Noon Conference. Absence from any of these events requires the signature of the preceptor, and should be sent with the student log reports to KYCOM. It is expected that the student will attend a minimum of 70% of each kind of event.

Grading

The basis for the rotation grade is the KYCOM Student Assessment Form for **Selective/Elective Rotations**, which is completed by the attending physician. Upon receipt and review of all information, the associate dean for clinical affairs evaluates the material, and assigns a numerical grade. A grade of 70% is considered passing, as per the Clinical Rotations Manual. The evaluation is intended to measure the student in comparison to others at the same level of education.

The KYCOM Student Assessment Form measures:

1. Mastery of Osteopathic Philosophy and Application of Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Application of Practice Based Learning Skills
7. Application of Systems Approach to Medicine

Challenge of Grades

Any challenges or questions are to be directed to the associate dean for Clinical Affairs. The student has the right for review of the challenge by the Promotions and Matriculation Committee, if the associate dean's response requires further clarification.

Remediation

In cases where a passing grade is not achieved, if deemed appropriate by the Promotions & Matriculation Committee, the student will be given the opportunity to repeat the rotation. Upon successful completion of the repeated rotation, a maximum grade of 70% will be recorded on the student transcript.

See also the ELECTIVE ROTATION CURRICULUM cover page in this manual.

COM 896: International Rotation

Course Description

This international rotation is a four-week fourth year rotation that is completed in an out-patient setting. The osteopathic medical student is, under preceptor supervision, actively engaged in both the care and the medical decision-making for the delivery of the healthcare needs to the out-patient population. During the four weeks, the osteopathic medical student will evaluate patients, develop comprehensive care plans and experience the responsibilities and challenges associated with physician care in a medically underserved area.

Prerequisites: Family Medicine I, Family Medicine II, General Internal Medicine I, General Surgery I, Pediatrics, and Women's Health

Course Objectives

1. To experience the unique challenges of medical practice in a medically underserved international area.
2. To apply the knowledge, skill sets, experience, values, and behaviors seen previously in more structured settings, to meet the needs of the region served.
3. Recognize cultural and regional influences that affect access to, implementation, and effectiveness of medical care.
4. To utilize practice skills, supported by the best available medical evidence, that serve the best interest, well-being and health of the patient.
5. To demonstrate competency in primary care medicine.
6. To develop efficient and complete evaluative and management skills for the care of the general medical patient.
 - a. To conduct an age, gender and problem associated patient interview and physical examination and to include preventive medical care for all age groups
 - b. To establish a working diagnosis and see the challenges associated with the implementation of the treatment plan.
 - c. To apply core osteopathic principles and practices to the care of the general medical patient.
 - d. To coordinate available social and medical resources as part of the comprehensive treatment plan.
7. To develop an understanding of the operation of an international health facility.
 - a. Examine the roles of staff and physician(s) in the delivery of healthcare.
 - b. Develop an understanding of the influences that national health insurances and mission organizations have on medical decision-making.
 - c. Develop an inventory of necessary property and supplies for the daily operation of an international medical clinic.
8. To continue development of written and oral communication skills.
 - a. The production of a written and/or dictated history and physical.
 - b. The production of a written and/or dictated encounter progress note.
 - c. The production of electronic medical records, where appropriate.
 - d. Telephone and in-person communication with other medical and health professionals involved in common, with the care of the general medical patient.

- e. Recognize unique challenges to care when providing care in a non-native language, using interpreters, and utilizing non-medical providers in medical situations.

Student Duties

Student responsibilities include:

1. Performance of histories and physicals
2. Develop treatment plans on each assigned patient for purposes of comprehensive care planning.
3. Perform proposed care plans, and develop self-evaluative tools to assess efficacy of regimen.
 - a. Interpretation of all diagnostic studies ordered for treated patients.
 - b. Follow-up with all consultants on assigned patients.
 - c. Production of any case summaries and/or discharge summaries for assigned patients.
 - d. Performance of Osteopathic Manipulative Treatment under the direction of the attending physician.
4. Assist and/or perform duties and procedures under supervision.
 - a. Office set-up and performance of procedures:
 - b. Osteopathic Manipulative Treatment
 - c. Preventive health screens
 - d. Minor surgery
 - e. Attend and observe family meetings when appropriate.
5. Complete a case presentation in written form
6. The presentation will be delivered in a professional manner, in the following order:
 - a. Patient Identifier (-- is a -- y.o. "race," "gender")
 - b. Subjective patient presentation (Paint The Scene)
 - c. History of chief complaint
 - d. PMH/PSH
 - e. Social and Family History
 - f. Obstetrical and Gynecologic history if applicable
 - g. Medication List (include dosage and regimen)
 - h. Allergies (include reaction)
 - i. Physical Exam (Description of Major Related Findings)
 - j. Labs and Imaging
 - k. Differential Diagnosis
 - l. Patient Outcome
 - m. Case Discussion – include unique aspects of the case relevant to presentation in this international context.

See also the ELECTIVE ROTATION CURRICULUM cover page in this manual.

REQUEST FORMS AND EVALUATION FORMS

**University of Pikeville
Kentucky College of Osteopathic Medicine**

Conference Attendance Request

Student's Name _____ **Class of 2020**

Current Rotation _____

Preceptor's Name _____

Rotation Begin Date _____ End Date _____

Conference _____

Location _____

Departure Date _____ Return Date _____
(First date absent from rotation) (First date back to rotation)

Student's Signature _____

Preceptor's Signature _____
Preceptor at time of absence

KYCOM Approval _____
Associate Dean for Clinical Affairs

Date: _____

**UNIVERSITY OF PIKEVILLE
KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE**

ELECTIVE REQUEST FORM

Student Name: _____ Class of 2020

E-Mail Address: _____ Phone # _____

Rotation Type: _____

Rotation Begin Date: _____ End Date: _____

Preceptor (If known): _____

Address: _____

Phone number: _____ Fax number: _____

Hospital preceptor affiliated with: _____

Address: _____

Contact / Coordinator E-mail address: _____

Contact phone number: _____ Fax number: _____

Below for KYCOM Office Use Only

_____ Approved _____ Not Approved

Signature KYCOM Official

_____ Medicine _____ Surgery

Office use only: Received _____ Mailed _____ Faxed _____ E-mailed _____

University of Pikeville
Kentucky College of Osteopathic Medicine
Interview Request Form

Name _____ Class of 2020

Rotation _____ Preceptor's Name _____

First Interview

Residency Program _____

Departure Date _____ Return Date _____
(First date absent from rotation) (First date back to rotation)

Student's Signature _____ Date _____

Preceptor's Signature _____ Date _____

KYCOM Approval _____ Date _____
Associate Dean for Clinical Affairs

Second Interview

Residency Program _____

Departure Date _____ Return Date _____
(First date absent from rotation) (First date back to rotation)

Student's Signature _____ Date _____

Preceptor's Signature _____ Date _____

KYCOM Approval _____ Date _____
Associate Dean for Clinical Affairs

Third Interview

Residency Program _____

Departure Date _____ Return Date _____
(First date absent from rotation) (First date back to rotation)

Student's Signature _____ Date _____

Preceptor's Signature _____ Date _____

KYCOM Approval _____ Date _____
Associate Dean for Clinical Affairs

READ RECEIPT

I attest that I have read the KYCOM Clinical Rotations Manual released for use by the Class of 2020. I further acknowledge that I accept all of the rules and regulations within the text, and am bound to follow them as written. I understand that submittal of this attestation form is a requisite to begin the clinical rotation experience.

Signature	Date
Printed Name	



KYCOM Class of 2020
Student Assessment Form
Core Rotations, OP&P & Emergency Medicine
(To be completed by PRECEPTOR)

Student _____ Rotation Dates: _____

Preceptor: _____ Primary Hospital: _____

Please Check Appropriate Discipline			
<input type="checkbox"/> COM 708 Family Medicine I	<input type="checkbox"/> COM 720 General Internal Medicine I	<input type="checkbox"/> COM 740 General Surgery I	<input type="checkbox"/> COM 706 Pediatrics
<input type="checkbox"/> COM 709 Family Medicine II	<input type="checkbox"/> COM 721 General Internal Medicine II	<input type="checkbox"/> COM 741 General Surgery II	<input type="checkbox"/> COM 718 Psychiatry
<input type="checkbox"/> COM 705 Women's Health	<input type="checkbox"/> COM 800 OP&P Selective	<input type="checkbox"/> COM 804 Emergency Med Sel	

Instructions to preceptors: Clinical rotation grades are based 50% on this form, as completed by you, and 50% their score on the COMAT exam. Each of 9 rotation objectives is scaled from a least desirable (50) to a most desirable (100). Students should be evaluated in comparison to other students seen at similar levels of medical education. Please fax this completed form to (606) 218-5168 within 7 days after the completion of the rotation.

D.O.s – Please complete the following for CME Credit.	AOA Number	

M.D.s –For accreditation purposes, enter the number of Contact Hours for possible CME Credit.	
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PRECEPTOR: Please complete the following or attach your business card.

Print Name	
Business Address	Business Telephone
City/State/Zip	Business Fax

 Preceptor's Signature D.O. M.D. _____
Check One Date

Please utilize this space for any comments, descriptions or supporting statements. All information is held strictly confidential.

Evaluation continues on next page.

Student _____

KYCOM ID _____

Nine (9) rated spheres are listed below. Each can earn up to 100 points.

1.	Professionalism (Demeanor, Appearance, Reliability)																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Major Concerns.				◀	Appropriate.				Above average.				Exemplary.						
2.	Interpersonal Relationships - Health Care Team/Patients																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Distant, strained, dysfunctional cool or awkward.				F	Forms constructive relationships.				Constructive & professional.				High quality, accepted as team member.						
3.	Performance of History & Physical Examinations																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Often misses major, important findings & relevant data.				A	Usually elicits most relevant data & identifies findings accurately.				Almost always elicits all relevant data & identifies findings accurately.				Elicits data efficiently & in great depth; often discovers subtle physical findings.						
4.	Diagnostic Test Selection & Interpretation																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Frequently suggests or interprets diagnostic tests inappropriately.				I	Usually suggests & interprets diagnostic tests appropriately.				Almost always suggests & interprets diagnostic tests appropriately.				Always reveals exceptional insights.						
5.	Treatment																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Demonstrates major misunderstandings about treatment plans.				L	Usually suggests appropriate treatment plans.				Almost always suggests appropriate treatment plans.				Exhibits exceptional insights in treatment plans.						
6.	Charting																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Notes are often formatted improperly, illegible, inaccurate, or lists are not updated.				I	Notes are usually formatted properly, legible & accurate, lists are updated.				Notes are almost always well organized, concise & demonstrate good synthesis.				Notes are always well organized, concise, and demonstrate excellent synthesis.						
7.	Clinical Reasoning																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Frequently illogical or impractical.				N	Usually practical & logical.				Almost always practical & logical.				Frequent astute insights.						
8.	Progression Through Rotation																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Minimal or inconsistent effort or gain.				G	Showed good, consistent effort or gain.				Showed strong effort or gain.				Made extraordinary effort or gain.						
9.	Osteopathic Manipulative Medicine Skills																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Fails to perform structural exam. Unsatisfactory OMT skills.				◀	Occasionally performs structural exam. Acceptable OMT skills.				Routinely performs structural exam. Above average OMT skills.				Always performs structural exam. Excellent OMT skills.						

Student's Signature _____

Date _____

Total _____ **Grade** _____

Signature, Associate Dean for Clinical Affairs _____

Date _____

Student _____

KYCOM ID _____

Ten (10) rated spheres are listed below. Each can earn up to 100 points.

1.	Professionalism (Demeanor, Appearance, Reliability)																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Major Concerns.				◀	Appropriate.				Above average.				Exemplary.						
2.	Interpersonal Relationships - Health Care Team/Patients																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Distant, strained, dysfunctional cool or awkward.				F	Forms constructive relationships.				Constructive & professional.				High quality, accepted as team member.						
3.	Basic Medical Knowledge																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Generally fair or good. Major deficiencies in important areas.				A	Generally good for student level.				Excellent depth in important areas.				Outstanding.						
4.	Performance of History & Physical Examinations																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Often misses major, important findings & relevant data.				I	Usually elicits most relevant data & identifies findings accurately.				Almost always elicits all relevant data & identifies findings accurately.				Elicits data efficiently & in great depth; often discovers subtle physical findings.						
5.	Diagnostic Test Selection & Interpretation																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Frequently suggests or interprets diagnostic tests inappropriately.				L	Usually suggests & interprets diagnostic tests appropriately.				Almost always suggests & interprets diagnostic tests appropriately.				Always reveals exceptional insights.						
6.	Treatment																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Demonstrates major misunderstandings about treatment plans.				I	Usually suggests appropriate treatment plans.				Almost always suggests appropriate treatment plans.				Exhibits exceptional insights in treatment plans.						
7.	Charting																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Notes are often formatted improperly, illegible, inaccurate, or lists are not updated.				N	Notes are usually formatted properly, legible & accurate, lists are updated.				Notes are almost always well organized, concise & demonstrate good synthesis.				Notes are always well organized, concise, and demonstrate excellent synthesis.						
8.	Clinical Reasoning																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Frequently illogical or impractical.				G	Usually practical & logical.				Almost always practical & logical.				Frequent astute insights.						
9.	Progression Through Rotation																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Minimal or inconsistent effort or gain.				◀	Showed good, consistent effort or gain.				Showed strong effort or gain.				Made extraordinary effort or gain.						
10.	Osteopathic Manipulative Medicine Skills																			
	50	60	65	68		70	73	75	78	80	83	85	88	90	93	95	98	100	NA	
	Fails to perform structural exam. Unsatisfactory OMT skills.				◀	Occasionally performs structural exam. Acceptable OMT skills.				Routinely performs structural exam. Above average OMT skills.				Always performs structural exam. Excellent OMT skills.						

Student's Signature _____

Date _____

Total _____ **Grade** _____

Signature, Associate Dean for Clinical Affairs _____

Date _____

Revised 02/2018



KYCOM Rotation Assessment Form – Class of 2020

(To be completed by STUDENT)

Check Year: OMS III OMS IV

Rotation Dates: _____

Preceptor: _____

Core Site: _____

Please Check Appropriate Discipline:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Women's Health | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Selective _____ | <input type="checkbox"/> Elective _____ | |

Please Circle Your Response:

1	Describe how well this rotation prepared you for the rotation subject.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
2	Describe how receptive the attending physician(s) were to student questions.	Very Receptive (1)	Somewhat Receptive (2)	Somewhat Unreceptive (3)	Not Receptive (4)	NA
3	Rate the quality of the didactic training.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
4	Describe the extent to which you were allowed to participate in and/or perform medical procedures.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
5	Describe the variety of patients and problems (pathology, scope and volume) you observed during this rotation.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
6	Was osteopathic theory discussed on rounds and during presentations?	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
7	Were osteopathic techniques utilized on both office and hospital patients?	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
8	Describe the extent to which you had the opportunity to work with patients on a one-to-one basis.	Daily (1)	Very Frequently (2)	Frequently (3)	Infrequently (4)	NA
9	Describe the extent which the attending physician(s)/preceptor(s) verbally quizzed you.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
10	Describe the networking opportunities provided during the rotation. (e.g. introduction for future employment opportunities)	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
11	Describe how well you were received by office staff.	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
12	How many times per day were rounds conducted? (Please enter a number.)	_____ times per day				
13	How long did it take you to drive from your core site to this rotation?	_____ hrs. _____ mins.				
14	How many weekends did you work during this rotation?	_____ weekends				
15	What were the daily hours for this rotation?	_____ to _____				
16	Were you provided meals on this rotation?	Yes (1)	No (2)			
17	What reading/reference materials do you recommend that might benefit a student about to begin this rotation?					
18	Please discuss any preparations or advance arrangements, if any, not covered by the AHEC or the Dept. of Family Medicine that must be made prior to requesting/beginning this rotation?					

19	Please list the strengths of this rotation.		
20	Please list the weaknesses of this rotation.		
21	Additional Comments:		
22	Was an instructional resource center (IRC) available for your use?	Yes (1)	No (2)

Rate the following:

IRC Staff	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Computers	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Printers	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Scanners	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Hours of Operation	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Inter-Library Access	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Instructional Software	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Simulation Equipment	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Accessibility	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Periodical Library	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Reference Library	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA
Internet Subscriptions	Excellent (1)	Good (2)	Fair (3)	Poor (4)	NA

Core Site Facilities Survey

Number of Students During the Rotation		
WiFi Access	Yes (1)	No (2)
Call Room	Yes (1)	No (2)
Shower	Yes (1)	No (2)
Secured Storage Area	Yes (1)	No (2)
Student Study Space	Yes (1)	No (2)
Dining Room	Yes (1)	No (2)
Classroom with Video Conference Capability	Yes (1)	No (2)