



Idaho College of Osteopathic Medicine

## **Clinical Clerkship Guide and Rotation Manual**

### **MANUAL HISTORY AND UPDATE**

This manual is provided to Idaho College of Osteopathic Medicine (ICOM) students (OMS-3 and OMS-4) as a guide to the interpretation and application of clinical rotation policies and procedures regarding their roles and responsibilities as osteopathic medical students during clinical training.

**Date**

**07/23/20**

**Pages/Sections Changed/Updated**

Updated

### **Notice of Right to Change Policies and Procedures**

ICOM administration reserves the right to make changes in any policy and procedure as approved by the Dean/Chief Academic Officer. Such changes take precedence over manual statements. While reasonable effort is made to publicize such changes, it is the responsibility of the reader to verify the current policy or procedure.

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# Background

## ICOM Administration

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## Commission on Osteopathic College Accreditation (COCA)

Idaho College of Osteopathic Medicine School of Osteopathic Medicine is pre-accreditation status with the American Osteopathic Association's Commission on Osteopathic College Accreditation.

Commission on Osteopathic College Accreditation

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# **1. Philosophy, Goals and Objectives of Clinical Training**

The philosophic framework of clinical education and training at ICOM is that of preparing students to become osteopathic physicians possessing the highest competencies in the profession. The program will educate students to become competent physicians who clearly recognize their roles as providers of comprehensive healthcare to the individual, to the family as a unit, and to communities.

Osteopathic physicians must be able to function in the role of leader of the healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare physicians who will have a positive impact on the equality of healthcare and healthcare delivery systems and will improve access for individuals and their families.

We believe the physician must assume a leadership role not only in the medical community, but also in the broader community in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as a whole; thus, physicians must be motivated toward the prevention of illness and the upgrading of the delivery of healthcare services at extended levels.

In pursuit of its goal of excellence, the ICOM clinical curriculum is a challenging blend of the traditional and the innovative, designed to:

- Foster the analytic and problem-solving skills requisite for physicians involved in disease prevention, diagnosis, and treatment in individual patients, families, communities, and populations at large.
- Ensure the acquisition of basic clinical knowledge and essential clinical skills.
- Develop an understanding of contemporary healthcare delivery issues.
- Cultivate effective physician-patient relationships based upon integrity, respect, and compassion.
- Develop high ethical standards.
- Promote a lifelong commitment to learning.

As a result of the two years of clinical training, students will be able to:

- Demonstrate clinical excellence, using current evidence-based medicine and biomedical knowledge in identifying and managing the medical problems presented by patients.
- Provide continuing and comprehensive care to individuals and families.
- Integrate the behavioral/emotional/social/environmental factors of individuals and families in promoting health and managing disease.
- Develop and maintain the knowledge, skills, and attitudes required for the best in modern medical practice in a rapidly-changing world.
- Pursue a regular and systematic program of lifelong learning.

- Recognize indications for and initiate consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other health professionals.
- Be aware of the findings of relevant research, understand and critically evaluate this body of research, and apply the results to medical practice.
- Manage his/her practice in a businesslike, cost-efficient manner that will provide professional satisfaction and time for a rewarding personal life.
- Serve as an advocate for the patient within the healthcare system. Assess the quality of care that he/she provides and actively pursue measures to continually improve.
- Recognize community resources as an integral part of the health care system, and participate in improving the health of the community.
- Inform and counsel patients concerning their health problems, recognizing and valuing differences in patient and physician backgrounds, beliefs, and expectations.
- Develop mutually satisfying physician-patient relationships to promote comprehensive problem identification and problem solving.
- Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
- Balance potential benefits, costs, and resources in determining appropriate interventions.

### **1.1 Core Entrustable Professional Activities(EPA)**

The goals of the clinical clerkship relate directly to the thirteen core Entrustable Professional Activities, or EPA, that the osteopathic graduate can be entrusted to carry out. These osteopathic EPA describe what all osteopathic physicians should be expected to perform without direct supervision on day one of residency. EPA are generalizable skills and required of all osteopathic residents regardless of any specific discipline.

EPA 1: Gather a history and perform a physical examination.

EPA 2: Prioritize a differential diagnosis following a clinical encounter.

EPA 3: Recommend and interpret common diagnostic and screening tests.

EPA 4: Enter and discuss orders and prescriptions.

EPA 5: Document a clinical encounter in the patient record.

EPA 6: Provide an oral presentation of a clinical encounter.

EPA 7: Form clinical questions and retrieve evidence to advance patient care.

EPA 8: Give or receive a patient handover to transition care responsibility.

EPA 9: Collaborate as a member of an interprofessional team.



EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

EPA 11: Obtain informed consent for tests and/or procedures.

EPA 12: Perform general procedures of a physician.

EPA 13: Identify system failures and contribute to a culture of safety and improvement.

## 1.2 General Clerkship Objectives

The Office of Clinical Affairs is eager to make the clinical experience on rotations exciting, stimulating, and educational. The Office and its associated training institutions and faculty members are happy to assist students in any way possible to achieve their career goals.

The following general objectives are expectations for all clinical rotations. They are designed to help students develop the fundamental skills of medical problem solving, case management, procedural expertise, and professional demeanor. Some focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others deal purely with psychomotor skills or attitudes and feelings. Students should review these objectives carefully as their evaluation on each rotation will in large measure be based on achievement of these objectives.

As a result of each clinical rotation, students should become better able to obtain an adequate, logical, and sequential medical history. Students should include in the history of present illness (HPI) those pertinent positive and negative features which demonstrate your understanding of the patient's problem. All drugs, treatments, and important previous milestones concerning that illness will be clearly noted.

*Past history* will contain:

- Complete present medication use, including doses and lengths of time on the drug, plus prior drug experience, when applicable.
- All previous surgeries, including approximate dates and sequelae.
- All previous injuries and any sequelae.
- Immunizations.
- Quantitative estimate of alcohol, tobacco, or illicit drug use and other appropriate social history.
- All untoward drug reactions (allergic or toxic), including anesthetic agents and specific reaction. If none, it should be clearly noted.

*Family history* will include all diseases with a familial tendency, or which may have a bearing on the HPI. List the ages and health status of all first-degree relatives.

*Review of systems* will contain some notation for each body system. Detailed and complete system histories are mandatory for symptoms uncovered during the review of systems.

Perform and record an adequate *physical examination*, which includes:

- Accurate and complete vital signs.
- A thoughtful description of the patient's general appearance and behavior.
- A thorough and complete description of physical findings pertinent to the HPI.
- A structural exam pertinent to the chief complaint.
- Careful attention to findings suggested by the past medical history or review of systems.

The remainder of the physical examination must be sufficiently detailed to identify incidental abnormal findings not related to the present illness or positive historical clues.

Write a complete H&P in the patient's chart. It should include a brief summary statement, which demonstrates that you have synthesized the historical and physical exam data. Orally present the patient's data and your synthesis in 5-10 minutes in standard logical, sequential fashion, demonstrating your understanding of the patient's disease process and its manifestations in your patient.

Apply basic medical knowledge in synthesizing a differential diagnosis and plan of management to solve the patient's problems. Success in this area requires the ability to:

- Generate a clear problem list.
- Develop a plan of action to confirm diagnosis.
- Review the pertinent literature to expand student knowledge of the problem. Identify indicated laboratory tests.
- Suggest a therapeutic plan of treatment including the use of osteopathic principles.
- Define patient education objectives and assess the patient's understanding.
- Perform as an effective member of the health care team and the patients' primary physician.
- Gather patient information and data, and offer an interpretation of the data relevant to the patient's problems.
- Report these data on rounds and in the progress notes.
- Progress notes should reflect a dispassionate report.
- Acquire sufficient knowledge and skill concerning the patient's problem to be considered "the local expert" by your health care team.

Demonstrate and develop the following affective (attitudes, feelings) and behavioral characteristics:

- Work with patients in a respectful, compassionate, caring, and empathetic manner.
- Develop a professional attitude and demeanor in working with patients, peers, faculty, house staff, health care professionals, and other persons in the health care setting.
- Identify and emulate appropriate role models among preceptors and house staff, including those who demonstrate the process of developing rapport and positive communications with patients, faculty, house staff, and other health care professionals.

Demonstrate the following professional behaviors:

- Reliability and dependability
- Self-awareness
- Emotional stability
- Integrity and honesty
- Initiative and enthusiasm
- Punctuality
- Self-education

## **2. Osteopathic History**

The history of ICOM begins with the advent of osteopathic medicine by Andrew Taylor Still, a native of Virginia. In 1854, Dr. Still, then a practicing allopathic physician in Kansas, became increasingly dissatisfied with the medical practices of his day. He developed a new theory of medicine which he called osteopathy. He based his new approach to healthcare on the concepts of body unity, the body's inherent ability to heal itself given all the optimum conditions, and on the proper alignment and function of the musculoskeletal system.

ICOM takes pride in bringing the philosophies of Dr. Still to Idaho. Over the years, the practice of medicine has evolved and so has the practice of osteopathic medicine. Today, doctors of osteopathic medicine (D.O.s) serve the public with full medical practice rights. Osteopathic physicians are trained in all the modern practices science has to offer in medical and surgical care while incorporating the concept of treating the whole person.

Osteopathic physicians believe hands-on examination (palpation) is an essential part of making a physical diagnosis. In addition to pharmacologic treatment and surgery, manipulative medicine remains an important therapeutic tool utilized by osteopathic physicians in alleviating pain and

treating illness. The training of osteopathic physicians has always stressed a primary care orientation to ensure that the majority of student physicians will make the choice of entering primary care, and those entering specialty care are trained first in the primary care fields.

## **2.1 Four Tenets of Osteopathic Medicine**

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

## **2.2 Osteopathic Principles and Practice**

Osteopathic education plays a key role in the entire curriculum. It should not be a segmented part of the program, but rather integrated with all clinical services. Osteopathic care does not imply specific manipulative techniques for specific problems, but rather the capability to look at presenting complaints and to see persons in their entirety.

The concept of holistic medicine (i.e., treating of the whole person, both the physical and the psychological) is a cornerstone of the osteopathic philosophy and as such is integrated into the entire clinical education program. Therefore, the following objectives are applicable to all services, as appropriate.

Students will gain an understanding of the osteopathic profession regarding all aspects of health care.

Attainment of core knowledge includes:

- Concepts basic to osteopathic health care including: the self-healing tendency/processes,
- The unity of the organism in its environment, and diagnostic and therapeutic manipulative processes, and when and how to apply them.
- The philosophy and principles of osteopathic medicine.
- The history, growth, and development of the profession.
- The effects of growth, development, and aging on the musculoskeletal system (normal and variations of normal).
- Topical anatomy and neuroanatomy correlated with structural anatomy.
- Anatomy and physiology of component parts and their inter-relationships within the musculoskeletal system.
- Most frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system at each age level.

- Somatic changes which occur as a result of distant disease processes and the relationship of these changes in delaying the resolution of the disease process.
- Musculoskeletal evaluation procedures suitable for each age group/situation.
- Primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- The application of philosophy and principles in special situations within the life cycle.

Students will gain an understanding of:

- The relationship of the philosophy and principles of osteopathic medicine to concepts of health and disease.
- The relationship of the philosophy and principles of osteopathic medicine to patient management.
- The relevance of the philosophy and principles of osteopathic medicine to situations in each of the various specialties.
- The impact of the philosophy and principles of osteopathic medicine on the practice of sub-specialty areas.

Students will demonstrate a purposeful intent for:

- Application of basic osteopathic concepts to health care (diagnosis, treatment, variations, when and how to apply).
- Use of osteopathic manipulative techniques in diagnosing/treating problems in special situations (e.g., pregnancy, labor, pediatrics, surgery).
- Using indications/contraindications for osteopathic manipulative techniques in situations unique to the various specialties.
- Using a variety of techniques in osteopathic manipulative medicine applied/ adjusted to the unique needs of the individual patient (e.g., in terms of age, development, disorder).
- Recognizing the relationship of disease/disorder of the musculoskeletal system to total wellbeing.
- Writing of appropriate orders and progress notes relevant to the use of Osteopathic Manipulative Treatment.

The assessment of cognitive learning and practical application of osteopathic manipulation will consist of evaluation of students' psychomotor skills through direct observation by osteopathic physicians and faculty members. Students need instruction, practice, supervision, role modeling, support, encouragement, mentoring, and constructive evaluation to achieve proficiency in osteopathic manipulation. In the clinical years, students and preceptors comprise the primary targets for OMM integration. Students at this stage understand the language of medicine and the rudiments of osteopathic technique but need practice and repetition to consolidate their knowledge and psychomotor skills. Fourth year OMM opportunities include teaching modules

and the opportunity for elective rotations. During the 3rd and 4th year, students need supervision and close mentoring early, and more permission to treat as they progress. Preceptors should understand what the students capabilities are, that the techniques they are implementing are safe and efficacious, that risk is low and, that their patients' health will improve as a result. ICOM will provide digital media of selected benign techniques to preceptors, in addition to live preceptor development programs.

### **3. Osteopathic Oath**

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

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

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

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

### **4. Code of Ethics of the American Osteopathic Association (1996)**

**Section 1** - The physician shall keep in confidence whatever he/she may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or authorized by the patient.

**Section 2** - The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3** - A physician-patient relationship must be founded on mutual trust, cooperation and respect. The patient, therefore, must have complete freedom to choose his/her physician. The physician must have complete freedom to choose patients who he/she will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make his/her services available.

**Section 4** - A physician in never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when he/she withdraws from the case so that another physician may be engaged.

**Section 5** - A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systemized and scientific knowledge through study and clinical application

**Section 6** - The osteopathic physician has an obligation to society to maintain in high standards and, therefore, to continuously regulate him or herself. A substantial part of such regulations is due to the efforts and influence of the recognized local, state, and national associations representing the osteopathic profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7** - Under the law, a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of materials or activities that are false or misleading.

**Section 8** - A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which he practices. A physician shall designate his osteopathic school or practice in all professional uses of his name. Indications of specialty practice, membership in professional societies and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9** - A physician shall obtain consultation whenever requested to do so by the patient. A physician should not hesitate to seek consultation whenever he/she believes it advisable.

**Section 10** - Any dispute between or among physicians involving ethical or organizational matters in controversy should first be referred to the appropriated arbitrating bodies of the profession.

**Section 11** - Any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decision, consistent with any applicable osteopathic hospital rules or regulations

**Section 12** - Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13** - A physician shall respect the law. When necessary, a physician shall attempt to help to formulate a law by all proper means in order to improve patient care and public health.

**Section 14** - In addition to adhering to the foregoing ethical standards, a physician should, whenever possible participate in community activities and services.

**Section 15** - It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

**Section 16** - Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimidation of a sexual nature involving a colleague or subordinate

in the workplace or academic setting when such conduct creates an unreasonable, intimidating, and hostile or offensives workplace or academic setting.

## **5. Introduction To Clinical Medicine**

### **5.1 Overview of Clinical Experiences**

ICOM students in years three and four are assigned to core affiliated hospital systems. Additionally, ICOM has secured affiliations with additional healthcare systems which will provide additional learning opportunities for ICOM students. Core hospital assignment will take place during the fall of the second year. Clinical experiences occur within hospital sites for inpatient experiences, in ambulatory practices, and in geriatric acute care and long-term facilities. Rotations will occur with contracted, fully accredited faculty members.

The core clerkship clinical rotations are designed to provide the student with an education in the general areas of behavioral health, emergency medicine, family medicine, internal medicine, internal medicine-subspecialty, pediatrics, surgery, surgery-subspecialty and women's health.

All clerkships are under the direct supervision of Idaho College of Osteopathic Medicine (ICOM). ICOM has affiliations and will continue to engage hospitals, clinics and physicians to offer diverse training opportunities. The program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment and to develop expertise in the area of patient diagnosis and management. The rotations provided at each affiliated site, and the number of students assigned to each affiliated site from ICOM, are determined by mutual agreement with the hospital/training site and the ICOM Office of Clinical Affairs. Each core affiliated site will have a regional assistant dean, a credentialed and contracted ICOM faculty physician, who provides over-site and guidance to the clinical rotations and student experiences. The regional assistant dean will monitor the progress and performance of ICOM students and preceptors during their third and fourth year clinical experiences. ICOM will also provide a regional clerkship coordinator at each core affiliated site to provide administrative support to students, preceptors and the regional assistant dean.

Whenever possible, ICOM uses hospitals with accredited postdoctoral programs approved by the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) for postdoctoral training, to provide assurance of adequate teaching material and faculty.

### **5.2 Rotation Structure**

Minimum requirements for clinical rotations are 32 hours per week for four-week rotations. The Office of Clinical Affairs will schedule the rotations according to the availability of rotation sites and numbers of requests. The primary care, medical, and surgical rotations will be completed at ICOM's core clinical training sites where ICOM has established rotations, affiliation agreements, and faculty.

Limited exceptions may be granted. Most rotations will be scheduled on a four-week basis. The scheduling document accommodates for approved two-week rotations. All paperwork for



electives must be completed and submitted during the approved election time period as noted by the Office of Clinical Affairs. All requests for elective rotations must be submitted at least 90 days before the start of the rotation in order to be approved.

ICOM electives are chosen from the ICOM elective lists and are based on educational standards and requirements, the student's self-assessment of areas where they would benefit most from further education and patient exposure, and along with input from the Associate Dean for Clinical Affairs.

Electives may also be scheduled outside ICOM regional hospital sites; however, each elective site and rotation must be requested, and all required documentation submitted, at least 90 days in advance of start date and must be approved by the Associate Dean for Clinical Affairs or their proxy.

### **5.3 Third Year Clinical Rotations**

ICOM's third-year osteopathic medical students will be required to complete 12 core rotations. Each rotation will consist of a minimum of 32 contact hours/week. The required rotations for third year are listed below. All core rotations must be taken and completed at ICOM core rotation sites. Core rotations are clinical rotations involving patient care which are required to be completed at a ICOM clinical site with ICOM faculty.

The third-year core rotations are family medicine, internal medicine, internal medicine subspecialty, woman's health, pediatrics, behavioral health, emergency medicine, surgery and surgery - subspecialty. All third year rotations must be successfully completed to progress to the fourth year. Osteopathic principles and practice is a semester long course each in the fall and spring semester consisting of monthly clinical modules, quizzes and hands-on education and assessment in osteopathic principles and manual medicine.

The internal medicine subspecialties include allergy/immunology, cardiology, critical care medicine, endocrinology, gastroenterology, geriatric medicine, hematology/oncology, infectious disease, physical medicine and rehabilitation (PMR), pulmonology, nephrology, neurology, and rheumatology.

The surgical subspecialties include orthopedic surgery, cardiovascular surgery, urological surgery, dermatology, ophthalmology, otolaryngological surgery, anesthesiology, neurosurgery, pediatric surgery, plastic and reconstructive surgery, and vascular surgery.

### Third Year Curriculum

Rotation type/specialty	Length of rotation
Clinical preparations	4 weeks
Family medicine	4 weeks
Internal medicine	4 weeks
Women's health	4 weeks
Pediatrics	4 weeks
Emergency medicine	4 weeks
Surgery	4 weeks
Psychiatry	4 weeks
Internal medicine subspecialty	4 weeks
Surgery subspecialty	4 weeks
Elective	4 weeks
Scholarly activity	4 weeks
Vacation	4 weeks
Osteopathic Principles and practice 3551	Fall semester
Osteopathic Principles and Practice 3951	Spring semester

#### 5.4 Fourth Year Clinical Rotations

ICOM's fourth-year osteopathic medical students will be required to complete all third- and fourth-year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth year student must have passed COMLEX-USA Level 2-CE and PE. Each rotation must consist of a minimum of 32 contact hours/week. The required rotations for fourth year are listed below. Osteopathic principles and practice is a semester long course each in the fall and spring semester consisting of monthly clinical modules, quizzes and hands-on education and assessment in osteopathic principles and manual medicine. Electives in the fourth year are often utilized by students for audition rotations at sites with residency programs or to obtain additional experience in the student's areas of interest. At least one four-week elective in year four shall be in a primary care specialty, such as family medicine, internal medicine, pediatrics, and women's health. The Office of Clinical Affairs will determine whether or not a rotation meets the definition of a primary care elective.

ICOM's fourth year osteopathic medical students will be required to complete the following clinical rotations.

#### Fourth Year Curriculum

Rotation types/specialties	Length of rotation
Residency Preparation	4 weeks
Vacation	4 weeks
Elective I	4 weeks
Elective II	4 weeks
Elective III	4 weeks
Elective IV	4 weeks
Elective V	4 weeks
Elective VI	4 weeks
Elective VII	4 weeks
Elective VIII	4 weeks
Elective IX	4 weeks
Osteopathic Principles and Practice 4551	Fall semester
Osteopathic Principles and Practice 4901	Spring semester

In an effort to provide 4th year students with time to prepare for COMLEX-USA Level 2 board exams and the ERAS application, ICOM students will receive a residency preparation month scheduled in July, designed for assisting in preparedness for COMLEX-USA level 2 CE and utilizing and preparing for ERAS.

ICOM's fourth-year osteopathic medical students will be required to complete all third- and fourth-year rotations to be eligible for graduation. Additionally, to become eligible for graduation, each fourth year student must have passed COMLEX - USA Level 2-CE and PE.

### **5.5 Away Rotation Requests**

All students desiring to complete elective rotations away from their designated ICOM regional sites must complete an **away rotation request form**. All “away” rotations must be officially approved by the Office of Clinical Affairs.

The form may be obtained from the Office of Clinical Affairs (specifically the Coordinator of 3rd or 4th Year rotations) or found online.

- All “away” rotation requests must be submitted in a timely manner (at least 90 days prior to the start of a rotation time slot for domestic rotations/at least 120 days for all international rotations).
- In order to participate in away rotations, a student must be in Good Academic Standing and have passed COMLEX-USA Level 1.

### **5.6 Scheduling Away Rotations Using VSLO**

Many elective rotations, especially for 4th year rotations, are scheduled through VSLO (the Visiting Student Learning Opportunities). Information regarding using VSLO to schedule rotations may be obtained from the Coordinator of 4th Year rotations. Students must be granted access to VSLO by ICOM to use this service.

### **5.7 Scheduling Away Rotations Without Using VSLO**

Students requesting to complete elective rotations at sites that do not utilize VSLO must follow the following procedure and submit all required information to the coordinator of 4th year rotations.

- An approval (via e-mail or letter) to accept the student on the rotation from the preceptor/rotation site must be attached to the **away-rotation request form**. This email or letter should give an idea of the learning objectives for this rotation along with the student’s potential schedule.
- A copy of the potential preceptor’s Curriculum Vitae (CV) must be attached to the request form. For international rotations, information on the international site and/or sponsoring group must be attached to this request form. All international rotation requests must meet the requirements discussed previously in the Clinical Clerkship Guide.

### **Helpful Information to Consider When Attempting to Schedule Rotations with Preceptors who do not utilize VSLO**

- Always make initial contact with the potential preceptor months before your scheduled elective rotation. Showing respect for the physician’s time to consider a student for a medical clerkship is very important. Keep in mind that you may not be the only medical student requesting a medical clerkship from a provider, so in some cases, “first come, first served.” Make your request early.

- One of the quickest way to get in touch with a potential preceptor is by contacting their office or practice manager. Office/practice managers set the physician's schedule and may know whether they be interested in precepting.
- Submit a medical student curriculum vitae (CV) along with your letter of interest. A potential preceptor needs to know that you are a serious student. A CV is a short way of informing the potential preceptor of your fund of knowledge, your interests, and what you have to offer as a mentee. In fact, some physicians may request your CV and board scores as a ranking system for accepting students for a medical clerkship.
- A sample letter to utilize when contacting a preceptor may be found in Appendix 1 of this clerkship guide.

### **5.8 Required Documentation for Away Rotations**

Many sites will request a list of documents required in order to participate in a clerkship at their sites. This may include but is not limited to:

- Letter of Good Standing (also known as LOGS- states your academic standing, BLS & ACLS certification, etc.),
- Immunization Records (to include proof of PPD, flu vaccination, etc.),
- Criminal Background Check,
- Drug Screen,
- ICOM's Proof of Liability/Malpractice Coverage

For liability reasons, **the ICOM Office of Clinical Affairs will not release these documents directly to students** but we can release this information, in one form or another, to a requesting entity only for the purposes of clinical coordination. In order to facilitate the provision of these documents to the clinical site, students must provide the following information of the 3rd Year or 4th Year coordinator:

- Name, Title, Fax Number, and Email Address of Contact Person
- Name of Healthcare of Medical Education Institution requesting Documentation
- A list of the documentation the entity if specifically requesting

### **5.9 Electives**

In order to uphold the credibility of ICOM students, it is necessary to maintain elective commitments. If a student must cancel an elective, he/she must first notify the Office of Clinical Affairs, no later than 4 (four) weeks prior to the start of that rotation time slot. Cancellations will not be accepted after that time. This policy is necessary because many hospitals reserve elective slots for students and may turn away students from other schools. Withdrawal on short notice means that a desirable rotation slot is wasted. This is unfair to the hospital and more importantly, it is unfair to fellow students. Any changes received after the deadline must be accompanied by official documentation certifying that the student has been cancelled by the physician/hospital originally registered.

A letter from the Dean stating that the student is in good standing, immunizations are current, and proof of coverage by ICOM's malpractice insurance will be sent for each outside elective rotation. Students must arrange their own electives with the approval of the Associate Dean of Clinical Affairs. Questions regarding the scheduling of 3<sup>rd</sup> or 4<sup>th</sup> year rotations should be directed to the appropriate 3<sup>rd</sup> or 4<sup>th</sup> Year coordinator. Although it is preferred that students schedule their elective rotation for four consecutive weeks, some elective rotations may be split into two 2-week rotations.

Students are encouraged to contact the Office of Clinical Affairs if they are having difficulty in obtaining a rotation. Any questions pertaining to specific clinical offerings should be directed to the Office of Clinical Affairs; students may also access this information via the ICOM intranet.

### **5.10 Military Clinical Rotation Information**

All students in the military may serve certain rotations in the military with approval by the Associate Dean of Clinical Affairs. A copy of the military orders must be presented to the Clinical Associate Dean for approval. The office of clinical affairs understands that students in the military may have different requirements for clerkships and auditions rotations, and this office will strive to assist students in fulfilling those requirements.

### **5.12 International Rotations**

A limited number of international rotations are available for 4<sup>th</sup> year Elective Rotations. International Medical Mission rotations must be at ICOM-affiliated sites and approved in advance by the Associate Dean for Clinical Affairs and the Dean. A signed affiliation agreement between ICOM and the international organization must be in place at least 90 days prior to the clinical rotation. ICOM does not assume any liability for health or safety while on international rotations. Students are not allowed to complete rotations in countries under travel warnings by the US State Department. All international experiences must comply with ICOM policies for international rotations. Requirements for students wishing to do an international rotation include:

- Must be in good academic standing
- Must have taken and passed COMLEX-USA Level 1
- Must have approval of the rotation from the Associate Dean for Clinical Affairs and the Dean.
- Must have necessary immunizations, passport, and other requirements for travel.
- Must prepare a written case report from his/her clinical experience abroad (no more than two pages, topic pertinent to the country of rotation, e.g., tropical diseases, occupational injuries, food-borne illnesses).
- Students are responsible for obtaining travel insurance that includes evacuation coverage, and must be presented with the required forms for international travel. Students must have completed the Travel Safety SDL and electronically sign to show understanding of safe practice in foreign country prior to travel.

**ICOM will not allow students to participate in International rotations in countries currently under a travel warning by the US State Department.**

### **5.13 Out of State Rotations**

All out of state rotations are subject to the State Authorization and Reciprocity Act. This is federal legislation that requires states to abide by state assigned law that may require students doing either online education or distance learning to obtain the formal permission of the state to serve a clinical practicum or medical clerkship within their state. Each state has a different requirement for state authorization or approval. The federal penalty for violating the State Authorization and Reciprocity Act is loss of federal education funding for the institution. This is legislation that is affecting all educational institutions including ICOM.

**Students desiring to participate in a clinical rotation outside of the state of Idaho must work with the Department of Clinical Affairs to ensure all conditions of the State Authorization and Reciprocity Act are met.** This is in addition to the completion of the Away Rotation Request form and submission of all required documentation.

The process for requesting out of state clinical rotations is as follows:

- Complete the Away Rotation Request form, available for the Department of Clinical Affairs, between 6 months and no less than 90 days prior to the start of your rotations. The form should be submitted to the appropriate clinical coordinator (3<sup>rd</sup> and 4<sup>th</sup> Year Coordinators)
- Clinical Affairs will review the completed form and work to establish necessary state approvals for you to complete your rotation.
- Clinical Affairs will notify you of the status of your request 30 days after the receipt of your request form (at least 60 days prior to the start of your rotation)

If you have any further questions or concerns regarding ICOM's policy on the State Authorization and Reciprocity Act, please contact ICOM's Associate Dean for Clinical Affairs.

**\*\*No travel plans regarding away rotations should be made by the student until they have received official approval from the Office of Clinical Affairs\*\***

#### **5.14 Clinical Education: Comparability in Clinical Experience and Assessment**

Students from the Idaho College of Osteopathic Medicine (ICOM) will have opportunities for clinical experiences across diverse core affiliated clinical sites. ICOM students at these sites will have comparable educational experiences by direct patient contact, required clinical modules (utilizing Lecturio and other learning software programs), regular interactions with ICOM faculty (e.g. case presentations, lectures), and assigned reading topics. Student logs will document exposure to common clinical presentations in required third year rotations and offer alternative learning experiences for students who did not see certain presentations.

Assessment of third year ICOM students will assist in comparing successful areas of the curriculum across multiple sites as well as providing relevant data when modifications are needed. ICOM will obtain feedback regarding student performance from supervising physicians providing training to ICOM students. The NBOME Comprehensive Osteopathic Medical Achievement Tests (COMATs) are a nationally recognized, osteopathically distinctive series of subject examinations that will be used to assess students' educational equivalency across the core clinical rotation sites. Each student's COMAT scores, as well as other relevant assessments, will be used to assess student performance. These assessments will also serve to guide student preparation for board examinations. Student's evaluation of preceptors and rotations will provide further information on the strengths and challenges of core clinical sites.

Student Evaluations, standardized patients and skills testing will be structured to address the core competencies and Core EPA, and rate each student in every clinical rotation and clerkship training. This assessment process will provide for continual development and improvement as students matriculate and progress through the four- year curriculum. Online evaluation forms, comprised of both Likert-scaled questions and open-ended response items, will evaluate student perceptions of the clinical rotation experience. Supervising physicians and healthcare institutions which provide training for osteopathic medical students will be surveyed to obtain feedback regarding student performance. These surveys will help ensure that ICOM is effectively and continuously monitoring all aspects of the educational program to improve and enhance student performance and the student experience at ICOM. ICOM-employed coordinators will compile hospital and ambulatory rotation data to provide a composite record of student performance, and will share aggregated data with partnering institutions for assessment feedback. Therefore, as assessment instruments, these data will assist ICOM administration and faculty in gauging the effectiveness and comparability of each clinical rotation and site as well as the preparedness of each student to move forward academically. Continuous improvement action steps, informed by the analysis, will be taken, as appropriate, by the respective committees and leadership.

#### **5.15 Clinical Modules**

Clinical modules/videos/lectures are available to students on clinical rotations. Appropriate for third- and fourth-year students, these modules can be accessed to fit students' schedules and needs whether traveling, on rotation, or at home. They are meant to supplement topics which should be covered on clinical rotations. They are also meant to act as study guides for both the end-of-rotation exams and COMLEX-USA level 2-CE and PE. Clinical modules are not meant to



replace extensive reading, studying, and patient contact during clinical rotations.

Students will be provided with required curriculum during the third year. Learning objectives are provided for the core discipline rotations as well as reading assignments.

### **5.16 End of Rotation Exams**

At the end of each core rotation (internal medicine, surgery, woman's health , pediatrics, family medicine, behavioral health, and emergency medicine), the student must complete an end-of-rotation exam (NBOME COMAT). This will be completed on the last Friday of the rotation, as assigned by the Office of Clinical Affairs. In addition, all students must take and pass the OMM COMAT exam within the last six months of their third year.

Tardiness for end-of-rotation exams is unacceptable and students must be in their seats and have their computers set up before the posted exam time. Students more than 15 minutes late may not be allowed to take the exam and may receive a zero for the exam. Attendance is required at all examinations. There will be NO make-up examinations given except at the discretion of the Associate Dean for Clinical Affairs, and only after a valid reason has been identified. Any student who fails an end of rotation exam, including due to excessive tardiness or an unexcused absence, will be referred to the PARC as discussed in the Academic Handbook.

Additional post-rotation exams may be added as they are developed and released. Exams cover the learning objectives and material found in the web-based instruction. Students must successfully pass all 3<sup>rd</sup> year post-rotation exams in order to be promoted to 4<sup>th</sup> year and participate in 4<sup>th</sup> year rotations. In addition, successful completion of all 3<sup>rd</sup> year clinical requirements is required prior to being released to sit for COMLEX-USA Level 2-CE examination. Additional information regarding COMLEX-USA Level 2-CE and PE examination requirements may be found in the Academic Handbook.

The Honor Code applies to this and all exams. Any suspected violation of the ICOM honor code will be referred to the PARC as noted in the Academic Handbook.

Students who do not pass a post-rotation exam may be allowed one chance to retake the exam. If the student passes the exam on the initial retake, the highest grade possible for the clinical rotation is a "Pass Clinical (PC)", and they are not eligible for High Pass (HP) or Honors (H). If the exam is failed twice, the student will receive a grade of F (Fail) for the entire rotation. A student failing a clinical rotation will be referred to the PARC, be required to repeat the clinical rotation and will be placed into a Modified Course of Study which may result in delaying graduation. Additional consequences may apply to students who have failed a rotation as noted in the Academic Handbook. Further information regarding failure of clinical rotations and Modified Courses of Study may be found in the Academic Handbook.

### **5.12 Notice of Site Changes**

Clinical training sites are subject to change. While the training sites are subject to change without notice to students, those students who are in clinical rotations at the time of the change will be accommodated for the duration of the rotation when possible. Rotation sites will be updated annually.

## **6. General Student Protocols and Procedures**

### **6.1 Student Supervision**

The ICOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the ICOM student is to participate in patient care in ways that are appropriate for the student's level of training and experience and the clinical situation. The ICOM student's clinical activities will be under the supervision of licensed physicians. During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another physician or non-physician provider who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing precepting duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. The preceptor or their designee must examine all patients seen by the student doctor. It is the responsibility of the precepting/ supervising physician to assure that documentation in the patient's medical record is appropriate.

In the rare case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and therefore work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites.

As a medical student, you will work directly under the supervision of an attending physician. A licensed physician must countersign all entries in the patient record. You must clearly identify yourself in the medical record as MS-3 or MS-4 student.

### **6.2 Procedures**

The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the student's demonstrated level of expertise. First and second year medical students will be directly supervised at all times (supervising physician or

designee present or immediately available). Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student's level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures. The supervising physician or provider may only supervise procedures in which they hold privileges and that are within their scope of practice.

### **6.3 History & Physicals**

ICOM believes in the importance of an educationally sound, realistic policy pertaining to student performance of histories and physicals (H&P's) in affiliated training sites. Ideally, the H&P policy should be the same for all students. However, we realize the sovereignty of our affiliated hospitals and acknowledge that our policy must be integrated with individual hospital policy. Ideally, the student should complete at least two H&P's per day on the assigned service.

Clinical preceptors should critique the H&P with feedback to the student. The student should have time and opportunity for patient follow-up. The office of the DME and/or Regional Dean is responsible for the H&P policy for each hospital. If a student has any questions or concerns regarding the policy or their role as a student, they should contact the Regional Dean or the DME's office of the affiliated hospital.

The DME and/or Regional Dean for each specific hospital will make clear to the student the policy of that hospital for student order writing. As students are not licensed physicians, all activities (orders, any patient care, procedures, progress notes, etc.) in the clinical setting are under the supervision of an attending physician who assumes responsibility for the student.

Students are strongly encouraged to complete structural examinations on all patients and render Osteopathic Manipulative Therapy as indicated.

### **6.4 Rounds**

Your direct supervisor will give you the schedule to make rounds on each service. You are expected to be prompt and prepared to discuss the status of your patients and any results/ reports that may have been received. This is the time to ask questions. Do not be afraid to speak up if there is something you are not clear on.

### **6.5 Morning Report**

Many services will have a morning report, where the "on-call" house staff will report on the events of each patient during the night. This is also where the chief resident will make assignments for the day. There is usually an educational component during this time. This conference is MANDATORY if you are on a service with morning report. BE ON TIME and be prepared. ON TIME is five minutes early.

## **6.6 Procedure Workshop, Simulation or Skills Lab**

Occasionally during your rotation or at your clinical training site, workshops or “skills labs” will be given to enhance your procedural or OMT training. Attendance is MANDATORY. If assigned, you are expected to attend and be prepared.

## **6.7 Didactics**

Each service and clinical site has its own didactic schedule, which you will be provided the first day on service. Attendance at all didactic sessions is MANDATORY. In the event you are outside a 30 minute radius from the site, teleconference options are available. If you are performing duties related to your rotation such as participating in a surgical case or delivery, you MUST communicate with your regional coordinator the explanation for your absence.

## **6.8 Evaluations**

Please remind your preceptor to complete your evaluation in the online E-Medley system. All evaluations are to be completed online and must be completed in a timely fashion as noted in the Academic Handbook. Preceptors will be encouraged to give mid rotation reports on your current assessment to allow you to improve on areas of concern. During the last week of each rotation block the student must meet with the preceptor for discussion of your evaluation. You are encouraged to seek this feedback from preceptors.

Prior to completion of your rotation, you will be **expected to complete an evaluation of both your ROTATION and PRECEPTOR**. Students are required to evaluate each clinical educational site and the preceptor. Students will be asked to comment on areas such as appropriateness of the site for the stated objectives, the adequacy of the physical facility for learning, whether the atmosphere in the clinical setting was conducive to student learning, the patient population, the learning experience in terms of preceptor teaching and preceptor feedback. Completion of this evaluation is required and the information provided will be utilized, in an anonymous fashion, to provide valuable feedback and assist ICOM in its effort to constantly improve its clinical rotation program. Failure to submit a preceptor evaluation will result in an incomplete grade for the rotation.

Any specific preceptor or rotation concern should not wait for documentation in the end of rotation evaluation but should be brought to the immediate attention of the Regional Dean or Associate Dean for Clinical Affairs.

Student evaluations are due in the Office of Clinical Affairs within three weeks of completion of the rotation. If the student worked with several physicians, the student should have the principal evaluator submit a composite evaluation based on the input of all physicians. Attending evaluations of student performance must be completed by the principal evaluator; students are not permitted to self-complete the evaluation and provide to the evaluator for a signature. Violation of this policy will be subject to review by the Professionalism and Academic

Performance Committee (PARC) and may result in a failure of the rotation and need for a Modified Course of Study. Additional information regarding PARC referral and consequences of clinical rotation failures or Modified Courses of Study may be found in the Academic Handbook. Students are solely responsible for obtaining the preceptor's evaluation.

Clinical preceptor grades are an integral part of assessment of student performance during clinical rotations. If a student is not rated on a specific item because the item is not observed or not relevant, then that item will not be included in the calculation of the rotation grade. In addition to the quantitative rating, preceptors are encouraged to write narrative comments which may be included in the Dean's Letter (MSPE) or be utilized to provide additional feedback.

Students who receive a failing grade from a preceptor on any rotation will be referred to the PARC as noted in the Academic Handbook.

Rotation grades are calculated in the Office of Clinical Affairs utilizing the grading scale noted in the Academic Handbook and then reported and entered in the Registrar's Office.

### **6.9 Clinical Logs**

Each student will maintain a Clinical Experience Database Log so that acquisition of particular clinical skills and exposure to a broad scope of practice for each rotation can be monitored. Forms must be submitted for each rotation to the Office of Clinical Affairs no later than 10 days after completion of the rotation. If the student did not observe, assist on, or perform any procedures, they are still required to submit a log form stating that no procedures were observed, assisted, or performed. Failure to maintain and submit required logs will result in an incomplete grade. Students must include all information requested on the log form. In compliance with HIPAA, no patient names or other identifiers may be included on logs.

### **6.10 Electronic Health Record**

At some of training sites you will receive a username and password for accessing the EHR in use on that rotation. With this you will be able to access protected personal health information. You must sign a "confidentiality agreement" to receive this access. DO NOT use others' usernames and passwords. This is a HIPAA violation, and may carry legal penalties. All rotating students must sign a Confidentiality and Non-Disclosure Agreement. This agreement will allow students to receive a user name and password for computer access for the above applications.

Confidentiality policies also apply to non-electronic patient information; all must be protected, and shared only with those who have a professional need to know.

### **6.11 Reporting for Service**

On the first day of each rotation service, the student should report to the regional assistant dean/Director of Medical Education or a designee by no later than 8:00 am, or at the time required by the DME or the clinical department supervisor. Any questions regarding specific instructions for reporting on the first day of rotations should be directed to the regional site coordinator or the coordinator of 3<sup>rd</sup> year rotations. Students are expected to bring their own basic diagnostic equipment (e.g. otoscope, ophthalmoscope, stethoscope, etc.). Students must report on time, out

of respect for others' commitment to their education. Timeliness is a critical component of professionalism. Tardiness will not be accepted and will reflect negatively on the student and ICOM.

### **6.12 Work Hours**

One hundred percent attendance on all clinical rotations is expected. There are no unexcused absences. Failure to notify both the Office of Clinical Affairs and/or the rotation site of **any absence** from a rotation, regardless of the reason or number of hours absent, may result in completion of a professionalism report with referral to the PARC. An unexcused absence will result in either a failing or an incomplete grade and result in referral to the (PARC). For additional information regarding attendance and referral to the PARC, please refer to the Academic Handbook.

Students are required to be at their assigned supervised clinical education experience sites for a minimum of 32 hours per week, unless the clinical site is open less than 32 hours. Students may be assigned to day, evening, or holiday shifts. Preceptors may ask students to rotate shifts in order to gain the most clinical experience during times of peak patient flow. During certain clinical rotations, students may be assigned to Saturday and Sunday hours as well. The ICOM holiday schedule is independent of the clinical clerkship rotation schedule. OMS-3 and OMS-4 students must follow the schedule as outlined by their preceptor for the month.

### **6.13 Attendance/Sick Days**

Attendance at all scheduled shifts is mandatory. Students are expected to arrive at least 15 minutes early to each of their scheduled shifts.

Any length of absence (an hour, 1/2 day, full day) must immediately reported to the site coordinator, regional dean and either the director of 3<sup>rd</sup> year or director of 4<sup>th</sup> year rotations.

Extracurricular activities, vacations, or lack of childcare are NOT acceptable excuses for absences.

The student must maintain communication between him/herself and the medical school. This communication can include contact with the clerkship director, administrator, site director, and staff in the Office of Clinical Affairs.

### **6.14 Discretionary Days**

Students are allowed 3 discretionary days total annually. No more than 1 day may be taken in any given rotation, and discretionary days may NOT be used on the day of the COMAT exam. Discretionary days MUST be approved by both the preceptor and Office of Clinical Affairs in writing at least 1 week in advance to the requested time off.

### **6.15 Sick Days**

Students are allowed 5 sick days annually. If more than 5 sick days total are taken by a student, this may result in referral to the Office of Clinical Affairs and to the Professionalism and Academic Performance Committee (PARC) for review. Thirty two contact hours per week are required for completion and credit assignment for each rotation. If fewer than 32 contact hours

per week are completed the rotation is considered incomplete. Additional information regarding attendance and referral to the PARC may be found in the Academic Handbook.

Students must contact their clinical site/preceptor as well as the site coordinator, regional dean and either the 3rd or 4th year coordinator immediately if they are missing any clinical time due to illness (leaving early, arriving late, or missing a full day).

If 2-4 hours of clinic time is missed, a 1/2 day will be documented. More than 4 hours of missed clinic time equals a full day of sick leave.

If an absence of greater than one working day is necessary due to illness, that time must be made up. Arrangements for missed time will be coordinated with the Office of Clinical Affairs through the site coordinator.

If the student is absent from a single rotation for more than 2 days due to illness, the student is required to submit to the Office of Clinical Affairs a note from a licensed healthcare provider defining the number of days absent, and the expected date of return.

If extraordinary circumstances require a student's prolonged absence (more than 3 days in one rotation), the student may be encouraged to consider a Medical Leave of Absence which can be requested through the Office of Clinical Affairs. A Medical Leave of Absence may delay the student's graduation. Each case will be evaluated on a case-by-case basis. Additional information regarding medical leaves of absence may be found in the Academic Handbook.

Students who require a medical leave of absence will be reviewed the Associate Dean of Clinical Affairs, the Dean and may be referred to the Academic Performance, Promotion and Standards (APPS) Committee. Each case will be considered on an individual basis. A plan for deceleration, remediation, or withdrawal will be developed in discussion with the appropriate ICOM administrator. Student withdrawal will follow the "Withdrawal" protocol in the Academic Handbook.

#### **6.16 Family Emergencies/Death in Family**

Due to the variability of circumstances, time off needed for family emergencies or death in the family will be reviewed by Office of Clinical Affairs on a case-by-case basis.

#### **6.17 Time Off for Residency Interviews**

Students requiring time away from clerkships for interviewing may take up to twelve days off during interview season, which extends from September to through to the end of January of the fourth-year.

Students may request no more than four days off for interviewing during any four week rotation, and no more than two days over any two week rotation. This includes partial day absences of greater than four hours. Students will be required to make up missed time at the clerkship director's discretion.

All requests for time off must include written verification of the interview location and date, provided to the Office of Clinical Affairs at least one week prior to the requested date of absence. Permission for an absence must be cleared in advance with all of the following:

- ICOM Office of Clinical Affairs

- Physician to whom student is assigned
- Regional Dean/Director of Medical Education of the affiliated hospital.
- 

### **6.18 Student Absence Requests**

Student absence requests must be made utilizing the official ICOM Absence Request / Submission form which may be obtained from the Office of Clinical Affairs or found online.

All absences, whether due to a current illness or a request for a future absence, must be completed using this form.

There are **no exceptions for this procedure** and failure to follow the procedure will be considered an unexcused absence. Unexcused absences will be handled per the process described in the Academic Handbook.

The clerkship program is a full time educational experience, and any other activities will not take precedence or conflict with the student's assigned/required duties. An unexcused absence may result in either a failing or an incomplete grade and referral to the PARC as noted in the Academic Handbook. (See also, "Non-attendance Evaluations")

If the student desires to participate in an activity that will take him/her away from an assigned clinical setting, the student must submit a written request fully explaining the request and detailing the time away from assigned duty. This request must be submitted to the Office of the Associate Dean for Clinical Affairs at least two working days (week days), before the requested absence.

Students wishing to attend educational seminars, conferences, etc. up to three consecutive days during the clinical years 3 and 4 must have approval from the Associate Dean of Clinical Affairs. Only students in “good standing” and with an overall GPA of 3.0 or higher at the end of the OMS-2 training will be considered. In addition, students must have up to date submissions of all clinical rotation evaluations, site evaluations and clinical experience database (logs). Time away from rotation should be made up to achieve the total of 32 contact hours/week required to receive full credit for the rotation. Educational presentations such as posters or research may be, at the discretion of the Associate Dean, be counted toward the required 32 contact hours/week.

Any excused absence may be required to be made up in order to satisfy attendance requirements as noted in the Academic Handbook and elsewhere in this document.

### **6.19 Training Hours**

Four weeks of vacation time are included in both the 3rd and 4th years as a scheduled rotation block. Students are generally expected to work 5 full days (an average of forty hours, with a maximum of eighty hours) per week, but some required “shift” schedules may be different for surgical, sub-internship, and emergency medicine rotations. Working hours in each of the services will be determined by the training site and the physician in charge of that service, in cooperation with the Associate Dean for Clinical Affairs and the regional dean of the ICOM affiliated training site. If call, night duty, or weekend duties are required, this will be indicated by



the individual rotation. If the student should work call, night duty or the weekend, he/she may be given compensatory time off. Compensatory time off greater than two days must be approved by the Office of Clinical Affairs. Students are not permitted to rearrange their normal working schedule to allow for time off during any rotation. The only exception may be the emergency medicine and inpatient hospitalist rotations in order to accommodate shift schedules, provided it has been approved by the appropriate supervising physician.

Professionalism in patient care requires reliable attendance. The Office of Clinical Affairs will centrally track the number of days off for each student. No unexcused absences can be permitted from patient care activities. As noted above, students will be given three (3) discretionary days and five (5) sick days (approved absences) per academic year. Any student with more than two (2) days per rotation or a total of five (5) days per academic year of time off (not made up) may be referred to the PARC for further review. Additional information regarding attendance requirements and the PARC may be found in the Academic Handbook.

ICOM students called to jury duty must provide appropriate documentation and the student may be required to make up any extended missed days.

## 6.20 Holidays

While on clinical rotations, students are excused for holidays that are observed by their respective clinical site. If a student is assigned by a preceptor to work on a holiday, the student may NOT request use of a discretionary day on the holiday.

**The student is required to follow the training site (e.g., hospital, clinic, office, health center) policies and procedures regarding holidays.** All major holidays will be observed at the discretion of the affiliated training site at the respective training site and must be reported to the Office of Clinical Affairs.

<u>Holidays:</u>	<u># of Days</u>
Thanksgiving	2 (4th Thursday in November and Friday after)
Christmas	3 (Christmas Eve, Christmas Day and the next day)

If a student is required to work on a major holiday, the student may be given a compensatory day off during the holiday week at the discretion of the regional dean/associate dean of clinical affairs.

## 6.21 Severe Weather Policy

In the case of severe weather while on clinical rotations, students should follow the severe weather protocol of their specific clinical site. If the preceptor is present, the student should make every attempt to be present. If the student is unable to get to the clinical site due to unsafe road conditions, the student must communicate this to their preceptor, their regional site coordinator and the 3<sup>rd</sup> or 4<sup>th</sup> year coordinator immediately.

### **6.22 Make Up Time**

The student will be expected to be available to make up anticipated time off at the discretion of the clerkship director in order to maintain compliance with the ICOM attendance policy. The student may also be required to make up unanticipated time off as noted in the attendance requirements in the Academic Handbook. If the student's absence will involve missing an examination, the student will need to retake the exam at the discretion of the Office of Clinical Affairs.

### **6.23 Dismissal from Rotation Site**

In the event the student is asked to leave the rotation and/or rotation site by the preceptor or clinical site staff, the student must **IMMEDIATELY** notify the Regional Dean and the Office of Clinical Affairs (Associate Dean for Clinical Affairs, Director of Clinical Rotations, 3<sup>rd</sup> or 4<sup>th</sup> Year coordinator) in person or by phone. In addition, this communication must be followed by written documentation of the events and sent to the site coordinator and office of Clinical Affairs within the ensuing 24 hours.

### **6.24 National Board Examinations (COMLEX-USA, USMLE)**

The student must report to the Office of Clinical Affairs when National Board examinations will be taken (please see below). For time off, (e.g. National Boards) the clerkship director or the DME will be notified and the student will not be required to work nor to make up the time missed.

Eligible students shall be granted permission to be absent from their service in order to take the COMLEX-USA examination (one day). If not administered locally, adequate travel time (one day before) will be permitted. Students must provide notice to their clinical preceptor, Regional Dean (if at a core ICOM training site) and the Office of Clinical Affairs at least 2 weeks in advance of their scheduled boards date. Students are expected to report to their rotations in the usual manner, the day after the exam day, unless travel exceeds 200 miles. Dates for COMLEX-USA examinations can be found at this website: <https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-1/examination-schedule/>

Students may be granted time off to take the USMLE, however, the student must submit this request in writing for approval by the Associate Dean for Clinical Affairs and the Dean at least 2 weeks prior to desired exam date. Completion of USMLE is not required for graduation. The Academic Handbook also provides a review of ICOM COMLEX-USA Policies.

### **6.25 Failure of COMLEX-USA Level 2-CE or COMLEX Level 2-PE**

Students must pass COMLEX-USA Level 1, COMLEX-USA Level 2-CE and PE in order to graduate. A maximum of TWO attempts is permitted for any level of exam. Failure to pass each of these exams will be handled according to the COMLEX-USA policies in the Academic Handbook. Additional comprehensive information regarding ICOM COMLEX-USA policies may be found in the Academic Handbook.

### **6.26 Email Policy**

ICOM Office of Clinical Affairs will use ICOM email as an official form of communication with students during clinical rotations. All students are required to check their ICOM email daily including weekend/holidays on all rotations and to respond to email requests within 24 hours. Students are asked to acknowledge any email sent specifically to them (non-group emails) with a simple reply to ensure the email was received. If a student is located in a site with no/limited internet access, they must inform the Office of Clinical Affairs immediately.

### **6.27 Change of Address/Phone/Email**

Students are to notify the Office of Clinical Affairs and the Registrar of any change in mailing address during the clerkship years. It is required that all students have up to date addresses and phone numbers for ICOM offices in all four years of medical school. Students will also receive an ICOM email address which will be the primary source of communication with ICOM during all four years of medical school.

### **6.28 Dress Code**

ICOM recognizes the importance of professional appearance in maintaining an atmosphere conducive to the delivery of quality health care. Students are always expected to dress in a professional and appropriate manner in accordance with the ICOM Academic Handbook. Please note, business attire is appropriate for all clinical rotations. Men are required to wear a shirt and a tie with slacks or khakis unless otherwise directed by their clinical preceptor. Women's skirt or dress length should be to the knee when seated. Thin strap or racer back tank tops must be covered with a sweater or jacket. Low cut or strapless tops or dresses are not permitted. Jeans, T-shirts and flip-flops are not permitted. Closed-toe shoes are required. Shoes should be professional (no tennis shoes), comfortable and functional. You must be able to stand in them for hours at a time, and run if necessary.

The student must wear professional attire as described in the Academic Handbook. CLEAN short, white lab coats with a ICOM patch are required at all times. If your ICOM embroidered lab coat is dirty, you are permitted to wear a non-ICOM-issued short, white lab coat until the original coat is cleaned. Students must wear their ICOM ID badge at all times as noted below.

On services where scrub suits are indicated, they will be provided by the hospital. Scrubs are not to be worn outside of the teaching facility. Students will wear appropriate professional attire to and from the institution.

Approved identification will be worn as dictated by each hospital. Students are required to carry their ICOM identification (ID) badges at all times. If you have lost your ICOM ID you must contact ICOM to obtain a new ID badge.

If you arrive without your lab coat or inappropriate dress, you may be asked to leave the rotation and may NOT be allowed to participate in clinical activities. **This may result in the recording of an unexcused absence and will require further action and review by the Associate Dean of Clinical Affairs. Inappropriate dress may also be considered a professionalism issue and**

**may be referred to the PARC as noted in the Academic Handbook.**

Good personal hygiene is expected. Do not wear overpowering cologne or other scents. Scrubs are to be worn ONLY on surgical services. They are not to be worn home or into the hospital from outside. New scrubs must be worn daily. Surgical head and footgear is not to be worn outside of the operating room area. **Failure to adhere to these standards of dress and grooming may result in corrective action** as noted above.

### **6.29 Professional Liability Insurance**

All students serving clinical rotations are covered by the professional liability insurance of ICOM during their third and fourth years. Policy statements are provided to each region clinical coordinator and preceptors.

Liability insurance for 3rd and 4th year students does not cover activities that are unsupervised or performed outside the scope of practice or as part of a ICOM approved clinical rotation.

### **6.30 Medicare Policy**

Recent changes in Medicare(CMS) allow more student participation in regard to documentation. Students are now allowed to document all aspects of the evaluation and management(E/M) medical record and the history and physical exam. The preceptor must verify all documentation performed by medical students and perform(or re-perform if done by the medical student) the physical exam and the medical decision-making activities for proper billing.

### **6.31 Prescription Writing**

Students may write or input electronic prescribing information for the preceptor, but the physician must sign/send all prescriptions. The student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

### **6.32 Health Insurance Portability and Accountability Act (HIPAA)**

Student physicians should be cognizant of HIPAA. This will be in accordance with the training institution rules and regulations and state and federal regulations as they apply. HIPAA training will be completed by the student prior to rotations. Any HIPAA violations will be taken very seriously and may result in referral to the PARC

### **6.33 Preceptor-Student Relationship**

The student should maintain a professional relationship with the preceptor and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and kept to a minimum, so as not to put the student or preceptor in a compromising situation. Contact through web- based social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully completes the

program. Career networking through professional sites like LinkedIn is acceptable.

If the preceptor and student have an existing personal relationship prior to the start of the rotation, this must be disclosed prior to the start of the rotation and a professional relationship must be maintained at all times in the clinical setting.

### **6.34 Social Media**

Students may not post any patient or rotation-specific information on social media sites (i.e. Facebook, twitter, etc). Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided with all employees of clinical sites as well as program faculty and staff. Career networking through professional sites like LinkedIn is acceptable.

Students should NEVER post any patient related information or commentary even if the patient name is not included. Students should avoid all perception of impropriety such as pictures suggesting compromising states or alcohol. Violation of these guidelines may result in referral of the student to the PARC.

### **6.35 Cell Phone Calls/Text Messages**

It is inappropriate, unprofessional, and disrespectful to text message, check social media sites or email, or use cell phones/iPad mini or any other devices for purposes other than educational in nature while on clinical rotations. If the preceptor approves, electronic devices with internet capabilities may be used as a clinical resource (i.e. medical applications). Students that text message and/or use their cell phone with internet access for non-educational purposes will be disciplined for unprofessional conduct and may also be reflected in a negative evaluation from the preceptor.

### **6.36 Incident Reporting**

If at any time a student believes a patient situation may have legal implications, they should contact the Office of Clinical Affairs immediately.

### **6.37 Student Files**

Student evaluations are available for review according to college policy. Grades cannot be given by phone. Student evaluations and grades are maintained in the Office of Clinical Affairs. Student files are CONFIDENTIAL and will not be copied by office personnel of the Office of Clinical Affairs and/or sent to another party for externship/internship applications. However, students will be allowed to copy their own evaluations. Student transcripts will remain under the aegis of the Registrar's Office. Comments provided by preceptors on the student end-of-rotation evaluation will be included in the Dean's Letter (MSPE).

### **6.38 Letters of Recommendation**

The Office of Clinical Affairs does not provide letters of recommendation for students seeking post-doctoral training unless required by the program director. Students should identify faculty

members who will advocate their suitability in the various specialties. Letters of recommendation should be forwarded to the Electronic Residency Application Service (ERAS).

Do not have these letters sent to the Office of Clinical Affairs. ICOM will provide the Medical Student Performance Evaluation as part of all student residency applications. As the name signifies, this is a standardized instrument of evaluation and not a letter of recommendation.

### **6.39 Textbooks**

Textbooks for individual rotations will be listed in the course syllabus and available electronically in the ICOM medical library.

### **6.40 Suspended Rotations**

Rotations suspended due to local health system community or national events (eg, Covid-19) will be changed to a virtual rotation if no clear clinical opportunity exist. Students will continue to follow their normal rotation schedule and complete assignments, attend didactics, and follow the course directors lead following the assigned curriculum. The office of clinical affairs will make every effort to provide real time clinical experiences to replace those missed. Student do not have the option of taking the virtual rotation if a clinical rotation experience exists.

## **7. Student Health and Counseling**

### **7.1 Body Fluid and Needle Stick Policy**

Incidents involving needle sticks and exposure to body fluids or potential blood borne pathogens require immediate action to protect students' health and safety. If a student sustains a needle stick or is exposed to infectious materials he or she should:

- Immediately wash exposure site thoroughly with soap and water (or water only for mucous membranes)
  - Wash needle stick and cuts with soap and water
  - Flush the nose, mouth or skin with water
  - Irrigate eyes with clean water, saline or sterile irrigating solutions
- Immediately notify the preceptor or clinical supervisor at the rotation site for assistance
- For students, the preceptor should notify the Office of Clinical Affairs as soon as reasonably possible to begin the process of filing an incident report. Care should never be delayed while awaiting submission of an incident report.
- Seek immediate care for necessary lab work and post-exposure prophylaxis if indicated
  - In the event that the rotation site has an existing exposure policy, the student should comply with the site's policy.

- If the rotation site is not able to assist the student, the student should seek care at the nearest available facility to provide appropriate care (initial lab work for HIV, HBV, HCV and risk assessment to determine the need for chemoprophylaxis, etc.).
- The preceptor or appropriate institutional representative should obtain consent from the source patient for appropriate laboratory testing (i.e. HIV, HBV, and HCV status).
  - Students should receive post-exposure prophylaxis within hours of the exposure rather than days, per CDC recommendations, if the status of the source patient is deemed high risk or if there is uncertainty of the source patient's status.
  - Post-exposure prophylaxis for HIV, when indicated, is extremely time sensitive, with best results obtained when treatment is begun within just a few hours of exposure. Thus immediate evaluation following an incident is critical.
- Some clinical sites will provide post-exposure care to students at no charge. When this is not the case, students should file their personal health insurance first. However, submission of insurance information should never delay an initial evaluation or institution of appropriate care and/or post-exposure prophylaxis.
- Although the preceptor or clinical supervisor may have contacted the ICOM Office of Clinical Affairs as indicated above, the student must also contact the ICOM Office of Clinical Affairs as soon as reasonably possible. Within a minimum of 72 hours of the exposure, the student must report the incident and then fax a copy of the Exposure Reporting form.
  - The incident report shall contain:
    - The date and time of exposure
    - Clinical site, location and unit information
    - Details of how the exposure occurred
    - Details of the type and severity of the exposure
    - Details about the source patient (i.e. post-exposure management, previous vaccinations, current HIV, HBV, HCV status)
    - In the event that an incident report was filed at the rotation site, a copy of this must be sent to the ICOM Office of Clinical Affairs to be maintained in the student's file.

In the event of an exposure, the National Clinician's Post Exposure Prophylaxis Hotline is available by phone, 888-448-4911, 24 hours per day, seven days per week, to provide guidance in managing exposures.

## **7.2 Infectious Diseases**

While all students have had thorough training in microbiology and infectious diseases during the

first two years of the curriculum, it is important to review some basic fundamental principles.

*Needle sticks, and Blood and Body Fluid Exposures*

Diseases you can catch in the hospital or office include but are not limited to:

*Needle sticks, and Blood and Body Fluid Exposures*

- Hepatitis B
- Hepatitis C
- HIV

*Aerosol and Droplet Exposures*

- TB
- Measles
- Chickenpox
- Meningococcus
- Pertussis
- Influenza
- Rubella
- Lassa fever, etc.

*Oral Fecal Transmission*

- Salmonella
- Shigella
- Cryptosporidiosis
- Enterovirus
- Adenovirus
- Hepatitis A, etc.
- Clostridium difficile

*Direct Inoculation*

- Herpes Simplex
- S. aureus
- Group A Streptococcus
- EKC (Pink Eye)
- Syphilis
- Scabies, etc

### **Important Precautions**

*Wash Your Hands*

1. Hands washed without scrub will not significantly reduce the numbers resident organisms (S. epi, Corynebacteria, P. acnes, etc.) but is effective in removing transient flora such as gram-negative bacilli and S. aureus. Antiseptic agents such as chlorhexidine are probably more effective. .
2. Always wash between different patients as well as between “clean” and “dirty” sites on the same patient.
3. Always wash hands and follow strict aseptic technique before inserting or manipulating



any intravascular device or any other device, which will enter a sterile body site.

### ***Observe Isolation Procedures***

1. Isolation procedures are based on a large body of scientific work and detailed guidelines are provided by the CDC (<http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>)
2. Each isolation category specifies whether gloves, gowns, masks, and/or goggles are necessary when in close contact with the patient or even entering the room
3. Isolation is intended for appropriate patients. This also includes patients and specimens derived from patients. All specimens taken from isolated patients must be designated as isolation specimens and placed in the appropriate protective bags. The lab must be aware that a specimen is from an isolation patient as body fluids can be hazardous when spilled, splattered or aerosolized in the lab.
4. There is a copy of the infection control manual and the isolation category cards in every health care facility.

### ***If you are sick, don't be a vector to patients or other healthcare workers.***

1. If you are ill, consult a physician.
2. Wear a mask if you have a respiratory illness or stay at home. Remember to follow the ICOM policy for any absences, including those related to illness, as described elsewhere in this guide
3. Practice frequent handwashing.
4. If you have a contagious disease or have been exposed to one, inform your supervisor and the Department of Clinical Affairs immediately.

### ***Use great care when handling needles or sharp instruments***

1. Never attempt to recap a needle.
2. Dispose of all sharps (used or unused) only in the red plastic containers. Know where the container is located BEFORE using needles or sharp instruments.
3. Don't use needle cutters and don't try to bend or break needles.
4. Be careful when cleaning up after LP's, thoracentesis, bone marrow biopsies or any other procedures in which sharps or needles were used.
5. Don't hide needles under drapes or packaging.
6. Occasionally while in the hospital or clinic, a student is accidentally stuck with a needle, sharp or other potentially contaminated infectious material. **Should this occur you should immediately follow the needle stick / exposure policy reviewed previously in this guide.**
7. Thoroughly clean the wound immediately.
8. Immediately inform your supervisor for the particular rotation. An incident report should be filed at the nursing station and a note made in the patient's chart.

### ***General Blood and Body Fluid Precautions***

1. Follow Universal Precautions for Body Fluid Exposure at all times.
2. Use disposable, non-sterile gloves whenever you handle blood, urine, sputum, or other potentially infectious material from any patient.

### ***HIV/AIDS***

1. Both are increasing in incidence and prevalence in the population.
2. HIV transmission has been documented due to occupational exposure, but is unusual. The risk from a needle stick is about 1 in 300 but actual risk depends on a number of factors. .
3. In prospective studies of 1000 mucous membrane or skin exposures, there has been no documented HIV transmission.
4. No HIV transmission has been documented with casual contact, nor with fairly intimate but not sexual or parenteral exposure.
5. If you're pregnant, or think you are, you should follow all universal precautions. Students who are pregnant should consult with their Obstetrician for additional guidance regarding specific precautions to take while on clinical rotations.

### ***Vaccinations***

- More detailed information can be found on the CDC's website (<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>). Students are responsible for following all ICOM immunization policies.

### **7.3 Immunization Record**

It is the responsibility of the student to have completed all immunization requirements/records as required in the ICOM matriculation agreement. Failure to do so will jeopardize starting or ongoing participation in clinical rotations. The student will also be responsible for keeping their PPDs current according to the guidelines set forth by the CDC (within one year of their last PPD). This documentation pertaining to the update must be submitted to the Office of Clinical Affairs prior to the student continuing on their rotation schedule. Students who do not comply with this policy will be removed from rotations and any absence for this reason will be considered unexcused and handled according to policies reviewed elsewhere in this document and in the Academic Handbook.

Before registration, all students are required to provide a completed medical history form and proof of immunizations to Student Health Services. A completed physical examination form is required for students and is kept on file. Students are responsible for maintaining immunizations required by the Idaho College of Osteopathic Medicine in order to complete all required

supervised clinical practice experiences.

All students have provided proof of adequate immunization/immunity for the following:

1. Hepatitis B -including titers/evidence of Hepatitis B sAb
2. Tetanus, diphtheria, pertussis
3. Measles, mumps, rubella -titers of each or two recent vaccines 28 days or more apart
4. Polio
5. Varicella
6. Influenza (annual vaccine)
7. TB skin test (twice given 2 weeks apart) -- If a student has had a positive TB test, a chest x-ray report has been received as well as an annual questionnaire.

#### **7.4 Annual Influenza Vaccination Requirement**

For your own health and safety as well as that of the patients you serve, all students are required to obtain an annual influenza vaccination. The CDC cites yearly influenza vaccinations as the first step to helping protect yourself as well as others around you from contracting the flu virus. For more information from the CDC on flu vaccinations, please visit <http://www.cdc.gov/flu/about/season/upcoming.html> . **Proof of annual influenza vaccine is due to the Office of clinical Affairs no later than November 15 of each year.**

#### **7.5 Health Services**

For medical emergencies and after-hours healthcare, students are encouraged to access appropriate care as warranted by their situation including local urgent care facilities, Emergency Departments and Emergency Medical Services. For true emergencies, students are asked to access EMS and the 911-dispatch system.

For students on Clinical Rotations away from ICOM needing health services, assistance may be obtained anytime by contacting the Regional Dean or the ICOM Office of Clinical Affairs.

ICOM will assume no financial responsibility for injuries (e.g., accidental needle sticks, burns, laceration, etc.) or medical/surgical problems incurred either on or off clinical rotation. For this reason, the student is required to keep in force a health insurance policy throughout every year in attendance at ICOM. Proof of insurance information is to be provided to the Office of Clinical Affairs yearly, and updated on an ongoing basis if there are any changes in coverage.

#### **7.6 Counseling Services**

Students on clinical rotations will have 24/7 access to STUDENTLINC (1-888-893-LINC) or will be able to obtain information concerning behavioral health services within their local region through the ICOM Office of Clinical Affairs or through the Regional Dean and Coordinator. Students may utilize our Behavioral Health Specialist present at ICOM. Counseling is

encouraged for students experiencing anxiety, academic stress, relationship problems, loneliness, depression, alcohol and/or substance abuse, sexuality conflicts, test anxiety and concerns related to medical school adjustment. Students may either self-refer or may be identified by and referred to the Director of Behavioral Health by others, all in a confidential manner.

The STUDENTLINC Counseling Helpline can be reached at (888-893-LINC)

1. The helpline is a free, confidential, non-judgmental telephone counseling and referral service available to all ICOM students.
2. When you call the secure helpline, you will be asked to provide your ICOM ID number, address and phone number. You will then speak with an experienced counselor to help you through an immediate crisis, or determine the type of resources you need for further mental health services. Following the call, a secure report is generated by STUDENTLINC based on the triage assessment. This report will be housed at the STUDENTLINC facility. Confidentiality is a priority, only the Director of Behavioral Health will have access to the reports strictly for follow-up and referral purposes. ICOM is required to follow all HIPAA and FERPA regulations.
3. STUDENTLINC provides a toll-free number, which students can call at any time, day, or night, and be connected directly to a trained counselor who will triage the situation and refer the students to the appropriate counseling services in our area.
4. The number given is specific to ICOM and students are greeted as ICOM students.
5. There are standard protocols that govern the interaction such that counselors assess the student and determine if emergency intervention is needed
6. If it is determined that immediate attention is needed (i.e., a student may be a danger to themselves or others) then STUDENTLINC keeps the student on the line while simultaneously alerting Assistant Director of Student Services (if appropriate), as well as emergency services.
7. If emergency intervention is not needed then the student is counseled over the phone and subsequently referred to the ICOM approved contact for follow up.
8. Once the call is completed, the counselor from STUDENTLINC creates a detailed report of the call and securely transmits the report to the ICOM approved Contact.

**Students on clinical rotations may use STUDENTLINC or obtain information concerning behavioral health services within their local region through the ICOM Office of Clinical Affairs or the local Regional Assistant Dean's office.**

For emergency situations, call 911. For non-emergency situations Monday through Friday 9am-5pm, call campus safety and ask for the Behavioral Health practitioner. After 5pm and on weekends and holidays, call **STUDENTLINC AT 888-893-5462.**

### **7.7 Medical Care & Medication Samples**

Students may not seek medical care from a preceptor, his/her colleagues, or staff. The only exception is emergency situations where the preceptor is the only qualified licensed provider to give care. Students may not take any medication or supplies from a clinical rotation site for personal use. Any student violating these guidelines on drug samples will automatically fail that rotation and may result in referral to the PARC.

### **7.8 Personal Health Insurance**

All Idaho College of Osteopathic Medicine medical students are required to maintain health insurance coverage. All students must either provide proof of health insurance. Proof of insurance is to be provided to the Office of Clinical Affairs on a yearly basis, with ongoing updates for any change in coverage. Any medical costs incurred by students while in training, including those as a result of needle sticks or exposure to infectious diseases or materials, are the responsibility of the student and his/her health insurance carrier.

## **8. Standards of Professional Conduct**

All ICOM students are expected to conduct themselves in a professional and ethical manner at all times. Establishing and maintaining the highest conduct of honor and personal integrity during medical school training is critical to the training of physicians. It is the responsibility of the student to support the standards and it is reasonable to expect this of all students attending ICOM.

All ICOM students have the rights and obligations of other citizens and measure the urgency of these obligations in the light of responsibilities to colleagues, to their profession, and to the institution. When ICOM students speak or act as private persons, they avoid creating the impression of speaking or acting for their School or the Idaho College of Osteopathic Medicine.

As citizens engaged in a profession that depends upon freedom for its health and integrity, students have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

### **8.1 Respect for Patients**

Take the utmost care to ensure patient respect, confidentiality and dignity. As osteopathic medical students, students must demonstrate respect for patients through appropriate language and behavior, including that which is non-threatening and non-judgmental. Patient privacy and modesty should be respected as much as possible during history taking, physical examinations, and any other contact maintaining professional relationships with the patients and their families. It is important for students to be truthful and not intentionally mislead or give false information. Students should avoid disclosing information to a patient that only the patient's physician should reveal. Students should always consult more experienced members of the medical team regarding patient care, or at the request of the patient.

## **8.2 Respect for Faculty, Staff, Colleagues, Hospital Personnel, and Community**

Students respect faculty, staff, colleagues, and others, including hospital personnel, guests, and members of the general public. This respect should be demonstrated by punctuality in relationships with patients and peers, prompt execution of reasonable instructions, and deference to those with superior knowledge, experience or capabilities. Students should express views in a calm and respectful manner when in disagreement with another individual, understanding that a mutual agreement is not always be reached.

## **8.3 Respect for Self**

All students should uphold a high level of personal ethics, beliefs, and morals in their daily conduct.

## **8.4 Respect for Laws, Policies and Regulations**

Students need to respect the laws, policies, and regulations at all levels of the Idaho College of Osteopathic Medicine and the local community.

If a matter arises which may be considered to be a potential violation of law, the Dean will be notified as soon as possible for referral to appropriate law enforcement authorities. All ICOM students, faculty, and staff witnessing a crime in progress are expected to notify law enforcement immediately, while taking personal safety precautions.

Students are expected to adhere to the same high ethical and professional standards required of practicing physicians. The professional conduct of students is evaluated on an ongoing basis throughout the didactic and clinical years of the program. Violations of standards of conduct are subject to faculty review and may be referred to the PARC as noted in the Academic Handbook.

## **8.5 Student Problems/Issues**

The Office of Clinical Affairs faculty and staff make every effort to ensure that all clinical rotations are positive learning experiences. However, if any problems/concerns arise during the clinical year, students are should contact the Office of Clinical Affairs for assistance as soon as any concerns arise. In addition, counseling services are available to all students noted in the previous section of this guide and in the Academic Handbook.

If a preceptor suspects or identifies problems with a student's progress, professionalism or performance they are to contact the Associate Dean for Clinical Affairs. All reports will be thoroughly investigated and, should action be taken, the appropriate procedures, as outlined in the Academic Handbook, will be followed. Examples of such problems may include, but are not limited to:

- Poor interpersonal skills (i.e., personality problems, etc.)
- Deficient clinical skills
- Below average academic performance
- Unexcused absenteeism
- Medical or psychological illness
- Suspected substance abuse (alcohol and other drugs)
- Suspected illegal behavior
- Suspected physical, sexual, or emotional abuse

If at any time, the Office of Clinical Affairs or other faculty member feels a student is unfit physically, mentally, or emotionally to care for patients, the student will be removed from rotations and required to meet with the Associate Dean for Clinical Affairs to determine the appropriate course of action. If a student has concerns about his/her own well-being, they should contact the Office of Clinical Affairs and access ICOM provided counseling services as noted previously.

## **8.6 Ethical Standards**

Essential humanistic qualities required of physicians are integrity, respect, and compassion:

**INTEGRITY** is the personal commitment to be honest and trustworthy; this includes evaluation and demonstration of one's own skills and abilities.

**RESPECT** is the personal commitment to honor other's choices and rights regarding themselves and their medical care.

**COMPASSION** is an appreciation that suffering and illness engender special needs for comfort and help without evoking excessive emotional involvement.

In broad terms, these words propose the qualities of mind and feeling that a physician should bring to the profession of medicine. They enforce no orthodoxy. They do not establish a hierarchy of values or issue imperatives. They do not force the varied facets of each physician's personality into a rigid mold.

These words describe a good relationship between patient and physician. A relationship, in which the dignity and freedom of both parties are respected, and their expectations and needs are acknowledged. This description can be interpreted in many ways; its application to different styles of personality and to different situations is variable.

## **8.7 Non-Cognitive Standards**

As future physicians, medical students have a responsibility to guide their actions to serve the best interest of their fellow students, patients, and faculty. This responsibility is upheld by

maintaining the highest degree of personal and professional integrity. To meet these objectives, the following standards are expected of all clinical-level medical students at ICOM. Medical students shall demonstrate dedication to acquiring the knowledge, skills and attitudes necessary to provide competent medical care.

They shall:

- Assume personal responsibility for their medical education.
- Continue to study, apply, and advance scientific knowledge, and make relevant information available to patients, colleagues, and the public.
- Seek appropriate consultation with faculty, staff, and colleagues in their interactions with patients.
- Take an active role in the planning, implementation and evaluation of the medical education process by discussion with instructors and peers as well as through written evaluation.

Medical students shall demonstrate professional behavior expected of a physician.

They shall:

- Be truthful in carrying out educational and clinical responsibilities; never falsify information including patient histories, physical examinations, or laboratory data, or purposely misrepresent a situation; never tamper with, remove, or destroy patient records or educational materials, including slides or anatomical dissections.
- Maintain confidentiality of information concerning patients and refrain from discussing cases except under appropriate circumstances.
- Be punctual, reliable and conscientious in fulfilling professional duties, including attendance at lectures, examinations, and clinical rotations.
- Not participate in patient care when under the influence of any substance or other conditions, which could impair judgment or ability to function.
- Maintain professional hygiene, demeanor, and appearance when in a patient care setting or representing ICOM.
- Accept the responsibility to review plans or directives for patient care with the attending physician when, after careful consideration, the student believes that these plans or directives are not in the best interests of the patient.
- Clearly identify their role as medical students in the patient care setting.
- Seek appropriate faculty supervision.
- Respect civil laws, hospital rules and ICOM rules governing the conduct of medical students.



Medical students shall show compassion and respect for themselves, their families, their colleagues, faculty, staff, and, most importantly, the patients who participate in their education.

They shall:

- Within the confines of professional confidentiality, establish rapport and deal honestly with patients, colleagues, faculty, staff, and the patient's family.
- Treat with respect patients, their families, and their professional colleagues, including staff and other health care providers, regardless of their age, sex, race, national origin, religion, socioeconomic status, state of health, personal habits, sexual orientation, cleanliness or attitude.
- Care for themselves by following good health maintenance practices related to physical and mental health and seek help in this regard when help is needed.

## **9. Other Regulations and Procedures**

The study and training of each student during assignment to a training institution shall be governed by the following regulations:

- A licensed physician must supervise students.
- Students shall assume responsibility for and perform their assigned duties in accordance with the training institution regulations.
- Students shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care.
- Students should be assigned to specific patients.
- H&P exams should be completed on those patients whom students will be following, on the service to which they are assigned. Emphasis will be placed on the teaching and utilizing osteopathic principles and practice. Palpation and structural diagnosis in the narrative form shall be an integral part of the history and physical examination.
- The student, according to the rules and regulations of the training institution, may sign H&P's. The H&P's performed and documented by students should be reviewed by the supervising physicians and must be countersigned by the supervising physician.
- Progress notes may be written by the students only under the direct supervision of the supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the training institution.
- Students shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physician. Students shall not write prescriptions for medicine, devices, or anything requiring the authority of a physician.

- Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students, and should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns and residents, provided these do not interfere with the student's own program.
- Students shall be required to participate in the utilization of osteopathic manipulative therapy when ordered and supervised by the attending physician.
- Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.
- Every effort should be made to counsel and assist those students having difficulty in a particular service.
- Students who are particularly adept in a specific service should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the DME in accordance with hospital or clinic regulations. Students are to conduct themselves in a courteous and professional manner and shall follow the dress code of the training institution and ICOM at all times.

## 10. Evaluation and Grading

In order to receive credit for clinical rotations, students must:

1. Fulfill the requirements and responsibilities outlined by the clinical faculty member (preceptor) during the clinical rotation orientation.
2. Attend and participate in all educational modules (lectures, case studies, reading assignments) and other activities such as Morbidity and Mortality conferences, Tumor boards, and hospital grand rounds as assigned by the Clinical Faculty Member.
3. Attend and participate in the ICOM On-Line Curriculum originating from and led by ICOM faculty on internal medicine topics and present case presentations as assigned.
4. Complete question bank in Lecturio as assigned by the Office of Clinical Affairs.
5. Pass the post-course examination (COMAT).
6. Ensure that the following are received by the ICOM Office of Clinical Affairs within seven days after the end of the rotation. The student will receive an incomplete grade in this rotation until these are received by the office of clinical affairs:
  - a. Evaluation of clinical performance - by the supervising preceptor in each of the seven core competencies.
  - b. Site evaluation form to be completed by you

- c. Post-rotation subject examination
- d. Clinical experience database (case logs)
- e. Attendance reports

On-Line Curriculum: Each core rotation in the third year will be accompanied by an on-line curriculum led by ICOM faculty. Completion of this curriculum is required to receive credit for this rotation. You will be expected to learn, understand, and apply terms and concepts presented in the clinical clerkship and appearing in your reading assignments using critical thinking and reasoning skills. Visual images may be supplied in class by computer projection, video, and/or computer images, simulations or VRE. Assignments may be made which require students to use the internet or programs on computers available at ICOM. Some activities will require working with an assigned group of students. Reading assignments are required as indicated on the schedule above or as announced. The requirements for these assignments will be placed in eValue. Please note that late assignments will not be accepted. The grade for a missed assignment is zero. Remember, you can always ask for help during office hours or by appointment. It is your responsibility to get help when needed!

Assessment and Grading: Course goals and learning objectives have been mapped to this course and assessment strategies are designed to ensure that all students achieve the intended learning objectives. Assessment of knowledge in the ICOM clinical education program will be based on the following criteria:

1. Supervising preceptor evaluations of clinical performance in each of the seven core competencies: osteopathic philosophy and osteopathic manipulative medicine, medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.
2. Post-rotation subject examinations following the rotation (COMAT).
3. Examinations, quizzes, and assignments administered electronically at scheduled and random intervals to assess student understanding of relevant concepts.
4. Participation in weekly ICOM On-Line Curriculum including and not limited to case presentations, SOAP notes, and case discussions.
5. Attendance reports.
6. Lecturio question bank

Additional assessments may include educational modules (lectures, case studies, reading assignments), student's procedure logs, question bank review, OMM special assignments and participation in lab for rotations as required, objective structured clinical performance examinations (OSCE) and standardized patients (SP's). Assignments may be made which require

students to use the internet or programs on computers available through ICOM. Again some activities will require working with an assigned group of students. The requirements for these assignments will be noted in eValue.

All end of rotation examinations ( COMAT’s) and quizzes have mandatory attendance and may be administered in a testing center or assigned classroom locations. All exam materials must be turned in at the end of the exam unless otherwise directed. Tardiness for an examination may result in loss of the opportunity to sit for that examination. Students arriving late to an examination will not be permitted to take the exam if other students have already taken the exam and have left the room. The student shall receive a zero (0) for the exam. In case of absence due to illness or unforeseen emergency, you must inform the Office of Clinical Affairs and the Clinical Course Director. Make-up examinations may be given in the event of seriously extenuating circumstances verified by signed and dated documentation. Students are not permitted to copy examination questions or related material during this review and any attempt thereof is considered a violation of the ICOM Honor Code. Late assignments will not be accepted. Remember, you can always ask for help during office hours or by appointment. It is your responsibility to get help when needed!

Grading for this rotation will be on the basis of the ICOM student evaluation form, specialty specific COMAT, completion of assigned questions, and participation and completing assignments in the ICOM On-Line Curriculum with ICOM faculty. Please see the grading rubric below.

Third Year Rotation Grading for Courses With COMAT’s

Require- ment	<b>Honors designation</b> (only available for courses with a COMAT)	<b>High Pass</b> (only available for courses with a COMAT)	<b>Pass</b>	<b>Fail</b>
Preceptor evaluation of student	Student must receive all meets or exceeds expectations with at least 3 exceeds expectations and no negative comments or attendance issues	Student must receive all meets expectations and at least one exceeds expectations and no negative comments or attendance issues	Student must receive no more than two below expectations	Student receives more than two below expectations or any unacceptable

COMAT score	Score above 110 on your first attempt	Score at or above 100 on your first attempt	Score above 80 on your exam. If you fail to take the test on the last Friday of your rotation you will receive a zero and have one chance to retake the exam	<ul style="list-style-type: none"> <li>• Fail to pass the exam in two attempts</li> <li>• Failure to retake failed test in time given</li> <li>• Failure to take the exam on the first time offered and not passing on the second attempt ( as the first attempt is a zero)</li> </ul>
On-line assignments	Participated in and completed and passed 100% of assignments by 11:59 of the last Friday of rotation	Participated in and completed and passed 100% of assignments by 11:59 of the last Friday of rotation	Participated in and completed 100%.	Failure to complete and upload within two weeks after rotation ends
Question bank	Completed 100% by 11:59 of the last Friday of rotation with a passing score of 70%	Completed 100% by 11:59 of the last Friday of rotation with a passing score of 70%	Completed 100% with passing score of 70%	Failure to complete at 70% passing score and upload within two weeks after rotation ends
Student evaluation of preceptor and rotation	Both completed within one week of the end of the rotation	Both completed within one week of the end of the rotation	Completed both evaluations	Failure to complete and upload within two weeks after rotation ends

### Third Year Rotation Grading for Courses Without a COMAT

Requirement	Pass	Fail
Student Evaluation	Student must receive no more than two below expectations	Student receives more than two below expectations or any unacceptable

On-line assignments (if assigned)	Participated in and completed 100%.	Failure to complete and upload within two weeks after rotation ends
Question bank (if assigned)	Completed 100% with passing score of 70%	Failure to complete with passing score of 70% and upload within two weeks after rotation ends

ICOM Student Evaluation Form - The primary basis for the core rotation grade will be the “ICOM Student Evaluation Form” and the end-of-rotation exam (COMAT). The ICOM Student Evaluation Form will be completed by the attending physician and discussed with the student before submission.

End-of-rotation examination - A post-rotation exam ( COMAT) will be administered after the following third- and fourth-year rotations: Internal Medicine, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry and Emergency Medicine. The Internal Medicine COMAT will be completed by the student at the completion of the IM inpatient-block. The Surgical COMAT will be completed by the student at the completion of the General Surgery block. The end-of-rotation exam will be given on the last Friday of the four week block during select core rotations and scheduled by the ICOM clinical affairs department.

New post-rotation exams will be added as they are developed and released. Students must pass the end-of-rotation exam to pass the rotation. Students who do not pass a post-rotation exam may be allowed one chance to retake the exam. If the student passes the exam retake, the highest grade possible would be a Pass Clinical (PC) and they are not eligible for High Pass (HP) or Honors (H). If the exam is failed twice, the student will receive a failing grade and be referred to the Professionalism and Academic Review Committee (PARC) Committee. If remediation of the rotation is permitted and the student passes, a grade of PC\* is assigned. If remediation is failed, a grade of FC is assigned. In addition to the experiences received in the clinical training sites, students are expected to read the assigned text and complete all curricular assignments to prepare for these exams.

Question bank- Completion of these questions during the four week block rotation with a score of 70% or greater will count towards the course grade. These questions are untimed and open book to aid in identifying gaps in clinical knowledge and preparing students for COMLEX-USA Level II. Students not completing these questions will be marked as incomplete. Completion of these questions with at least 70% correct answers is required to pass the course.

Note: To receive a grade for each rotation, as outlined in the ICOM Academic Handbook, the student will be responsible for ensuring the student evaluation form, site evaluation form, end-of-rotation examination, and the clinical experience database (case logs) are received by the ICOM Office of Clinical Affairs. Failure to submit any required rotation documentation may result in a grade of Incomplete and referral to the PARC committee. An incomplete grade is only possible with a passing grade in the event of seriously extenuating circumstances verified by signed and dated documentation.

Student evaluations will be completed by supervising physicians and other appropriate hospital staff with direct knowledge of students' performance. Based on the grading rubric, a grade will be submitted to the Registrar's Office. To receive a grade for each rotation, the student is responsible for ensuring the student evaluation form, rotation site evaluation form, preceptor evaluation, end-of-rotation examination, and the clinical experience database (logs) are received by the ICOM Office of Clinical Affairs. Students will also be responsible for timely completion of any assigned journal and/or textbook readings, clinical modules, and standardized exam question review. As part of the overall evaluation of student academic performance and participation, students will be required to participate in site didactics, including, but not limited to, morning report, noon conference, journal club, Harrison's book review, Tumor Board, and Grand Rounds.

The primary basis for the core rotation grade is the "ICOM Student Evaluation Form" and the end of rotation exam. The end of rotation exam will be given on the last Friday of the four week block during core rotations. The ICOM Student Evaluation Form is completed by the attending physician and discussed with the student prior to submission.

Upon receipt and review of all information, the Associate Dean for Clinical Affairs evaluates the preceptor feedback and evaluation and a numerical grade is assigned. ICOM adheres to the grading scale outlined in the Academic Handbook.

### 10.1 Grading Policies

Questionable Evaluations: All disputes regarding grades or ambiguous evaluations will be submitted to the PARC for final resolution.

The ICOM grading policy and grading scale for clinical rotations may be found in the Academic Handbook.

## **10.2 Failures**

A failing grade on a clinical rotation, either due to failure of an end-of-rotation exam or a failing preceptor evaluation, will be recorded as an "F" or its equivalent on the student's official transcript. A student failing a clinical rotation will be referred to the PARC, be required to repeat the clinical rotation and will be placed into a Modified Course of Study which may result in delaying graduation. Additional consequences may apply to students who have failed a rotation as noted in the Academic Handbook. Further information regarding failure of clinical rotations and Modified Courses of Study may be found in the Academic Handbook. Students who fail two or more rotations may be dismissed from ICOM (Refer to the ICOM Academic Handbook). After satisfactory completion of the rotation, a "PC\*" (70%) or its equivalent will be entered as the final grade for the rotation.

## **10.3 Incomplete Grades**

If for any reason a student receives an incomplete evaluation or is unable to complete a rotation or its associated requirements (including but not limited to rotation logs, preceptor evaluations or assigned cases), the student will receive an incomplete for the rotation. Students are required to make up any incomplete requirements as coordinated and approved by the Associate Dean for Clinical Affairs. Failure to make up the requirements may constitute a failure to make academic progress and may be referred to the PARC. In addition, failure to meet all rotation requirements will result in an inability for the student to be promoted to 4th year clinical rotations.

## **10.4 Nonattendance Evaluations**

Any student who does not report to a rotation (unless with prior consent of the Associate Dean for Clinical Affairs), will receive an automatic "Failure" and will be referred to the PARC. If a student is allowed to continue in the program, they will be placed on a Modified Course of Study in order to make up the rotation at a later time as designated by the PARC or Associate Dean for Clinical Affairs. Placement on a Modified Course of Study may result in a delay in the student's graduation date and may adversely affect financial aid and the student's ability to participate in the residency match process. Additional information regarding attendance policies, rotation failures, referral to the PARC and Modified Courses of Study may be found in the Academic Handbook.

## **10.5 Unauthorized Rotations**

Any student starting an Elective or Selective rotation without prior proper registration with the Office of Clinical Affairs will not receive credit for that rotation and all violations will be subject to review by the PARC. Students must obtain pre-approval for all Elective and Selective rotations to ensure all required documentation and proper affiliation agreements are in place. For questions regarding the approval process, students should contact the coordinators for 3<sup>rd</sup> and 4<sup>th</sup> years.



## **10.6 Course Remediation**

A failing grade on a clinical rotation, either due to failure of an end-of-rotation exam or a failing preceptor evaluation, will be recorded as an "F" or its equivalent on the student's official transcript. A student failing a clinical rotation will be referred to the PARC, be required to repeat the clinical rotation and will be placed into a Modified Course of Study which may result in delaying graduation and result in additional tuition costs. Additional consequences may apply to students who have failed a rotation as noted in the Academic Handbook. Further information regarding failure of clinical rotations and Modified Courses of Study may be found in the Academic Handbook. Students who fail two or more rotations may be dismissed from ICOM (Refer to the ICOM Academic Handbook).

## **10.7 Academic Probation**

Students will be placed on academic probation for:

- Failing to successfully remediate an end-of-rotation exam failure.
- Failing a clinical rotation
- Failing a preceptor evaluation for any rotation.
- Failing two end-of-rotation exams for any two rotations.

Additional information regarding Academic Probation may be found in the Academic Handbook.

# **11. Information for Clinical Sites**

## **11.1 Criminal Background Check and Substance Abuse Screen**

Students have had a background check before entering ICOM and again prior to clinical rotations. A substance abuse screen is completed before matriculation and again before the beginning of the 3<sup>rd</sup> year. Additional screening tests may be required as determined by ICOM or the clinical training sites. ICOM reserves the right to require drug or alcohol testing on any student when reasonable suspicions exist. Students may be required to submit to additional substance abuse testing again in the clinical years depending on the clinical site protocols, and any additional substance abuse screens will be at student's expense.

## **11.2 Immunizations**

Before registration, all students are required to provide a completed medical history form and proof of immunizations to Student Health Services. A completed physical examination form is required for students and is kept on file. Students are responsible for maintaining immunizations

required by the Idaho College of Osteopathic Medicine in order to complete all required supervised clinical practice experiences.

All students have provided proof of adequate immunization/immunity for the following:

1. Hepatitis B with titers
2. Tetanus, diphtheria, pertussis
3. Measles, mumps, rubella with titers
4. Polio
5. Varicella with titers
6. Influenza (annual vaccine)
7. TB skin test (twice given 2 weeks apart) -- If a student has had a positive TB test, a chest x-ray report has been received as well as an annual questionnaire.

### **11.3 Certifications/Trainings**

All students beginning clinical rotations have successfully completed the following certifications/trainings prior to their clinical rotation experiences:

- Basic Life Support
- Advanced Cardiac Life Support
- HIPAA Training
- OSHA/Blood-borne Pathogen Training

### **11.4 Student Requirements**

The specific objectives are defined for core rotations in the clerkship syllabi. The following must be submitted for a student to receive credit for the rotation:

- Student performance evaluation (a.k.a. Preceptor Evaluation of the Student),
- Clinical experience database (a.k.a. patient logs), and
- Site evaluation (a.k.a. Student Evaluation of Site and Preceptor).

Additional requirements may be incorporated into specific rotations. The student will attend educational lectures and seminars offered at the hospital/training site. Students will be evaluated by each of the responsible individuals on the teaching service through periodic oral evaluation and observation of performance. Physicians on the teaching service will complete a specific

evaluation form provided by ICOM for evaluation of student performance based on the AACOM core competencies. Students will also be evaluated on core rotations by computer-based testing at the end of the rotation.

### **11.5 Educational Resources**

Core clinical training sites will provide a weekly or monthly schedule of educational programs and resources (i.e., lectures, conferences, videotapes, other educational resources) available at the hospital in order to enable students to make use of these educational opportunities. ICOM students and appointed adjunct faculty will have full access to the ICOM library resources.

### **11.6 Administrative Functions**

The hospital/training site, in concert with the ICOM Office of Clinical Affairs, will specifically define the degree of student involvement in its own institution. Standards for medical students should be consistent regardless of their school of origin. ICOM and each participating hospital will identify the personnel involved in teaching programs, including administrative personnel. Program coordination will be through the ICOM Office of Clinical Affairs and the Associate Dean for Clinical Affairs. Program content, structure and evaluation will be the responsibility of the appropriate departments of the hospital and approved by ICOM. Any difficulties in the program should be immediately communicated to the ICOM Office of Clinical Affairs.

Site visits will be done annually by the Associate Dean for Clinical Affairs or appointee.

### **11.7 Orientation**

At the start of clinical education, students will receive an orientation and complete all administrative requirements, including obtaining a name badge and computer password, completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

At the beginning of the clinical rotation, it is recommended that the preceptor and student meet to formulate mutual goals in regard to what they hope to achieve during the rotation. The preceptor should communicate his or her expectations of the student during the rotation. These may include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures

- Oral presentations
- Written documentation – EMR and handwritten notes
- Assignments and write-ups
- Any additional duties that the preceptor feels are necessary for learning purposes

Students will comply with all requirements related to patient care as established by the hospital/training site.

The student will be introduced to the clinical service by the Regional Assistant Dean/Director of Medical Education (DME) and/or Chief of that service, and will also be oriented to the physical plant. This may include, but is not limited to: patient rooms, nursing stations, emergency department, ancillary services facilities (radiology, laboratory, etc.), rest rooms, lounges, cafeteria or coffee shop, and library.

**Information regarding site specific orientation processes for each ICOM Core Clinical Training sites is found in the appendix section of this Clerkship Guide.**

### **11.8 Medical Records/Charting**

The responsibility given to students for medical records varies among facilities. Some sites allow students to write full progress notes and orders directly into the patient's chart. When this is allowed, notes must be immediately co-signed by the supervising physician and that physician must follow with his or her own note. At no time do student notes serve as the physician preceptor's notes. By new CMS regulations, student may document any aspect of the patient encounter, as long as it is verified and signed by the supervising physician. Billing must be directly related to the services provided and documented by the physician.

Some hospitals/clinics have separate pages in charts set aside for "Student Progress Notes." These should also be reviewed and co-signed by the attending physician. Policies may vary at different clinical sites; students are required to follow established policy at the training site. Notes are usually written in the SOAP format. If dictation or computerized entry is allowed by students at a particular hospital or clinic, the resulting notes must also be reviewed and approved by the attending. The student is responsible for obtaining charting instructions from the preceptor or rotation coordinator.

The introduction of electronic medical records (EMRs) presents obstacles for students if they lack a password or are not fully trained in the use of a particular institution's EMR system. In these cases, students are encouraged to hand-write notes, which should be reviewed by preceptors whenever possible for feedback. Hand written notes must be maintained according to HIPPA principles and must be handled and or disposed of in a way that maintains strict patient confidentiality and conforms to the specific institution's policies.

### **11.9 Supervision of the Student**

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or clearly designate an alternate preceptor. Having more than one clinical preceptor has both the potential to disrupt continuity for the student and the advantage of exposing them to valuable variations in practice style, which can help learners develop the professional personality that best fits them.

Students may also be given an assignment or be directed to spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can also be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the student's demonstrated level of expertise.

### **11.10 Setting Expectations**

The student should be provided detailed information regarding what is expected of him/her and what the time commitment to these duties will be. The student should be told what criteria will be utilized to evaluate his/her performance. The student should be informed as to whom he/she is responsible and how that person or those persons may be reached when needed.

It will be clearly defined initially whether the student may record on the patient's chart and, if so, what and where he/she may record.

### **11.11 Informed Patient Consent in Student/Patient Care**

Patients are essential partners in the educational endeavor. Efforts must be made to observe strict confidentiality, respect for patient privacy and dignity, and to honor their preferences regarding treatment. Patients must be informed that a student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission/ check-in, or on a person-by-person basis. The students must be clearly identified as a student, wear their name badge, and verbally identify as such. If the patient requests a physician and refuses the student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

### **11.12 Credentialing of Medical Students at Affiliated Sites**

ICOM works with each affiliated healthcare site to ensure that proper credentialing of all medical students is completed prior to the start of our students' scheduled clinical rotations. Credentialing ensures that ICOM assists its affiliated sites in providing the best possible clinical rotation experiences for ICOM medical students while assisting them in maintaining the highest quality care and safety for their patients and hospital staff.

All ICOM affiliated healthcare sites receive up-to-date and accurate personal information for all ICOM medical students participating in clinical rotations at their facilities. This credentialing information ensures that all ICOM medical students are granted proper access to the facility's physician's portal, teaching faculty, clinical areas, dining facilities, medical library, physician's lounge, and employee parking (list may vary depending on site). ICOM has designated affiliated site liaisons that work with the site's Office of Staff Development or Human Resources department, Public Safety department, and Information Technology department to obtain required credentialing forms as well as create a streamlined process for student credentialing.

Some of the ICOM student personal information used for credentialing may include:

- Student clerkship application
- Letter of Good Standing (LOGS)
- Up-to-date Immunization Records (to include PPD, Varicella Titer, and flu shot during flu season)
- Drug Panel Screen Results
- Criminal Background Check Results
- Proof of BLS Certification
- Proof of ACLS Certification
- Student photograph

It is the policy of most of ICOM's affiliated healthcare sites that all ICOM-generated paperwork (immunization records, drug screen panel results, criminal background check results, proof of BLS & ACLS) required for credentialing is kept on file in ICOM's Office of Clinical Affairs. In all cases, ICOM is able to provide this paperwork upon the affiliated site's request. Release of this information is discussed in a prior section of this Clerkship Guide.

**Information regarding the specific credentialing process at ICOM Core Clinical Training Sites is found in the site-specific appendix.**

### **11.13 Evaluating Student Performance**

Evaluation Methods - There are numerous clinical evaluation methodologies presently utilized by medical schools. These include:

- Closed and open book exams
- Continuous Progress Exams
- Objective Structured Clinical Exams (OSCEs)
- Self-assessment
- Portfolio assessment
- Completion of required assignments
- Clerkship evaluation by preceptor using a form

- Attendance and participation in clerkship learning activities (e.g. participation in rounds)

*Principles of Evaluation* - A very basic principle of evaluation is to evaluate the learner based on a set of written standards and to use multiple sources of data in the process. The trainer who had the most contact with the learner should be the primary data source for determining the rating of the trainee but it is also important to seek the input of others (e.g. residents, nurses, other preceptors) that had contact with the student. It is also important to base the evaluation of the learner on direct observation as much as possible. Direct observation may help prevent two common evaluation errors. These include:

*The Halo/Horns Effect* - This occurs when the preceptor has heard from others that the student coming on his/her service is excellent so bias in a positive direction is already in place at the beginning of the clerkship. Bias could also go in the opposite direction if the preceptor has heard negative information about the student. Utilizing direct observation can help counter bias in either direction.

*Restriction of Range* - An example of this phenomenon is when a preceptor has a tendency to always give a student 4s and 5s on a rating scale of 1 to 5. This happens in part because in the mind of clinicians and students any rating lower than a 4 on the 1 to 5 scale is considered "really bad." To correct for this problem, the preceptor needs to set an expectation with the student at the beginning of the clerkship that the full range of numbers will be used, especially on the formative evaluation. Additionally, data based on direct observation as opposed to inferential information will also help in justifying any rating below a 4 on the 1 to 5 scale.

### **11.14 Student and Preceptor Evaluation Guidelines**

Timely and systematic evaluation completes the learning cycle. Evaluation is most meaningful when it provides the student with a summary of the information the preceptor has collected through previous observations and which has been shared in earlier feedback sessions.

Plans for handling the evaluation process should be discussed at the beginning of the rotation; students have the right to understand "up front" what will be evaluated and when and how evaluation sessions will take place. We recommend that preceptors inform students that they will be expected to be evaluated at the end of the month. In this way the actual evaluation discussion can center on discrepancies between how the preceptor evaluates the student and the student's self-evaluation. As with feedback, evaluation skills quickly improve with practice.

Evaluation is the process of making judgments based upon factual information and observations in order to rate, rank, or assess the student's status at a given point.

#### **Purposes**

- To summarize performance for the student and teacher
- To communicate meaningful summary information to other parties
- To provide information for planning future educational experiences
- To identify areas in need of revision

- To compare a student's skills to a predetermined standard

### **Timing and Setting**

- Evaluation sessions should be predetermined and regularly scheduled
- Evaluation should take place in a protected environment and unhurried atmosphere

### **Guidelines for Evaluation**

- The evaluator should undertake an evaluation only of what he/she can adequately cover in the time available.
- Evaluation must be based on explicit and common goals.
- Evaluation must be based on an atmosphere of trust between students and teachers.
- Students deserve and need to know how they will be evaluated prior to the evaluation session.
- Evaluation should be based on systematic observation recorded over a period of time.
- The one being evaluated should have the opportunity to provide input, not in order to change the evaluation, but to contribute his/her understanding of his/her performance

## **Appendix 1**

### **SAMPLE ELECTIVE CLINICAL ROTATION INTEREST TEMPLATE**

Date

Your Full Name

Street/Mailing Address

City, State, Zip Code

Re: OMS3 Elective Clinical Rotation Interest

Dear (Potential Preceptor),

I am a current 3rd Year medical student at Idaho College of Osteopathic Medicine (ICOM) located in Meridian, ID. I am very interested in serving an elective clinical rotation in (Discipline) under your training/with your practice.

As an ICOM 3rd Year student, I have successfully completed a 2-year didactic curriculum which



has prepared me for clinical rotations. During these didactic years I have studied anatomy, physiology, history and physical diagnosis, pharmacotherapeutics, radiology, the disciplines of internal medicine, pediatrics, OB/GYN, genetics, behavior medicine, surgery, laboratory medicine, emergency medicine, evidence-based medicine, and health policy. I have developed competence in basic surgical skills, suturing, casting and splinting, EKG interpretation, x-ray interpretation, laboratory result analysis, history and physical exam skills, clinical reasoning, and presentation skills.

The clinical year goals I will be working to refine are:

1. Applying didactic knowledge to supervised clinical practice
2. Developing and sharpening clinical problem-solving skills
3. Expanding and developing the medical fund of knowledge
4. Perfecting the art of history taking and physical examination skills
5. Sharpening and refining oral presentation and written documentation skills for patient encounters
6. Developing an understanding of the physician role in health care delivery
7. Preparing for the National Board Exams
8. Developing interpersonal skills and professionalism necessary to function as part of a medical team

To this end, I believe serving an elective clinical rotation (4-weeks/160 hours) with you as a supervising preceptor will help me reach my clinical year goals and progress to be an innovator in the field of healthcare. If you are agreeable to taking me on as a medical student, my school will require the following documentation from your office:

1. Potential Preceptor Curriculum Vitae (CV)
2. An approval letter (either e-mail or official letter) to serve a clinical rotation during (give rotation block dates here). This letter will need to include:
  - a) A general description of your practice (clientele served, patients seen weekly/monthly, etc.)
  - b) Learning objectives
  - c) My potential schedule (i.e., “Student will rotate with preceptor from 7:30 a.m. to 4:00 p.m. Monday- Friday.”)

I will need to submit this information to my Clinical Coordinator for consideration by our school Dean for final approval. At that time, my Clinical Coordinator will work with you and your office to set up an official affiliation agreement for my clinical training.

I hope that we will be able to work together to help me reach my clinical year training goals. If you should need to contact me, please feel free to do so by phone (your phone number) or e-mail

at (your email address).

Sincerely,

(Your Full Name & Credentials)

