



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

07/01/2025

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

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1. Philosophy, Goals and Objectives of Clinical Training

1.1 Clinical Education Philosophy and Goals

The clinical education and training program at ICOM is built on the core philosophy of developing highly competent osteopathic physicians. Our aim is to prepare students to deliver comprehensive, patient-centered care to individuals, families, and communities. The program is specifically designed to foster both profound medical expertise and the essential leadership skills required to address diverse healthcare needs across all levels of the system.

Osteopathic physicians are expected to lead multidisciplinary healthcare teams and drive significant, positive change throughout healthcare systems—from individual patient management to broad public health initiatives. A central objective of this program is to graduate physicians who will profoundly influence the quality, accessibility, and equity of healthcare delivery. Recognizing that physicians serve as leaders not only within clinical environments but also in their broader communities, our curriculum actively promotes engagement in public health, illness prevention, and the continuous improvement of healthcare systems.

Curriculum Overview

ICOM's clinical curriculum is an intellectually rigorous and integrative program that blends traditional and innovative educational methodologies. It's meticulously designed to achieve the following core objectives:

- Develop strong analytical and clinical problem-solving skills for effective prevention, diagnosis, and treatment across diverse patient populations.
- Ensure mastery of essential clinical knowledge and procedural skills necessary for competent medical practice.
- Promote a comprehensive understanding of contemporary healthcare systems and the inherent challenges in healthcare delivery.
- Foster effective, compassionate physician-patient relationships built on a foundation of professionalism and ethical integrity.
- Instill a profound commitment to lifelong learning and continuous professional development, essential for adapting to an evolving medical landscape.

Clinical Competencies Upon Completion

Upon successful completion of the clinical training program, students will be fully prepared to demonstrate the following advanced competencies:

- Deliver high-quality, evidence-based medical care firmly grounded in current biomedical science.
- Provide comprehensive and continuous care to individuals and families, addressing a broad spectrum of health needs.
- Integrate behavioral, social, environmental, and emotional factors into patient care plans and health promotion strategies.
- Adapt effectively to the evolving demands of medical practice through ongoing knowledge acquisition and continuous skill refinement.
- Collaborate seamlessly with other healthcare professionals to ensure coordinated, patient-centered care.
- Engage in the critical appraisal and application of medical research to enhance clinical decision-making and patient outcomes.
- Practice in a fiscally responsible and efficient manner, while diligently maintaining personal and professional well-being.
- Serve as proactive advocates for patients, actively pursuing measures to improve care quality and outcomes.
- Recognize and effectively utilize community resources to enhance public health initiatives.
- Communicate effectively with patients from diverse backgrounds, fostering trust and facilitating shared decision-making.
- Assess and manage clinical risk, judiciously balancing considerations of benefit, cost, and resource availability.
- Initiate appropriate specialist consultations while ensuring seamless continuity of patient care.

Entrustable Professional Activities (EPAs)

The clinical clerkship is structured to develop the thirteen Core Entrustable Professional Activities (EPAs) that all osteopathic medical graduates should be able to perform independently upon entering residency. These universally applicable competencies form the foundation of clinical readiness, regardless of specialty.

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

EPA 2: Formulate a prioritized differential diagnosis.

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

EPA 4: Enter and discuss orders and prescriptions.

EPA 5: Document clinical encounters in the patient record.

- EPA 6:** Deliver an effective oral presentation of clinical findings.
- EPA 7:** Formulate clinical questions and apply evidence to patient care.
- EPA 8:** Conduct patient handovers to transition care responsibility.
- EPA 9:** Collaborate as part of an interprofessional healthcare team.
- EPA 10:** Recognize and respond to patients requiring urgent or emergent care.
- EPA 11:** Obtain informed consent for tests and procedures.
- EPA 12:** Perform core physician procedures safely and competently.
- EPA 13:** Identify system failures and contribute to a culture of safety and quality improvement.

2. Osteopathic History

The foundation of ICOM is profoundly linked to the visionary work of Dr. Andrew Taylor Still, the progenitor of osteopathic medicine. Initially trained in conventional allopathic medicine, Dr. Still became increasingly disillusioned with the limitations of 19th-century medical practices. Following personal tragedies stemming from disease, he embarked on a journey in 1874 to forge a new paradigm for healthcare, which he termed osteopathy.

His philosophy advocated for a holistic view of health, transcending mere symptom treatment to focus on the entire person. This innovative perspective rapidly gained recognition, culminating in the establishment of the first osteopathic medical school in 1892 in Kirksville, Missouri.

Today, osteopathic medicine continues its robust advancement. Osteopathic physicians (D.O.s) practice across all medical specialties, holding full licensure to diagnose, treat, prescribe medication, and perform surgery.

At ICOM, we are honored to perpetuate Dr. Still's enduring legacy by seamlessly integrating his foundational principles into our contemporary curriculum. Our program uniquely combines cutting-edge medical and surgical practices with a patient-centered approach that addresses the physical, emotional, and environmental determinants of health.

Osteopathic physicians are expertly trained to employ hands-on diagnostic techniques, such as palpation, which are indispensable to the physical examination process. Beyond pharmacologic treatments and surgical interventions, Osteopathic Manipulative Medicine (OMM) remains a vital therapeutic tool for alleviating pain and managing a wide array of health conditions.

While D.O.s are prepared for practice across all medical specialties, ICOM places a significant emphasis on primary care as the cornerstone of osteopathic education. This commitment ensures that a substantial majority of our graduates are well-prepared to embark on careers in primary care, while those pursuing specialty care receive a robust and comprehensive grounding in primary care principles.

Four Tenets of Osteopathic Medicine

- The body is a unit; the person is a unit of body, mind and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated
- Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function

Osteopathic Principles and Practice

Osteopathic education is a cornerstone of our entire curriculum at ICOM. It's not designed to be a standalone or segmented component of the program but rather an integral philosophy woven throughout all clinical services. This approach reflects the osteopathic understanding that true osteopathic care isn't about applying specific manipulative techniques to isolated problems.

Instead, it embodies the profound capability to view presenting complaints within the context of the whole person, recognizing the intricate interconnectedness of body, mind, and spirit.

The concept of holistic medicine, which champions treating the entire person—both physical and psychological aspects—is a fundamental tenet of osteopathic philosophy. As such, it's deeply embedded into every facet of our clinical education program. Consequently, the following objectives are universally applicable across all services, adapted as appropriate to each clinical context.

Students will develop a comprehensive understanding of the osteopathic profession across all aspects of healthcare. This core knowledge includes:

- Grasping principles such as the body's inherent self-healing tendencies, the unity of the organism within its environment, and the appropriate application of diagnostic and therapeutic manipulative processes.
- A deep comprehension of the guiding tenets and core philosophy of osteopathic medicine.
- Knowledge of the history, growth, and ongoing development of the osteopathic profession.
- Understanding the effects of growth, development, and aging on the musculoskeletal system, including both normal physiology and variations from normal.
- Integrating topical anatomy and neuroanatomy with structural anatomy to understand functional relationships.
- Familiarity with the anatomy and physiology of component parts of the musculoskeletal system and their intricate inter-relationships.
- Identifying frequently encountered structural anomalies and functional abnormalities in the musculoskeletal system across various age levels.
- Recognizing somatic changes that occur due to distant disease processes and how these changes can impede the resolution of the disease.
- Proficiency in musculoskeletal evaluation procedures tailored for each age group and clinical situation.
- Understanding the primary somatic changes resulting from anatomical syndromes and their relationship to other syndromes.
- Applying osteopathic philosophy and principles to special situations throughout the human life cycle.

Students will also gain a thorough understanding of:

- The direct relationship between the philosophy and principles of osteopathic medicine and concepts of health and disease.
- The profound connection between the philosophy and principles of osteopathic medicine and comprehensive patient management strategies.
- The relevance of osteopathic philosophy and principles to clinical situations encountered within each of the various medical specialties.
- The impact of osteopathic philosophy and principles on the practice of sub-specialty areas within medicine.

Students will demonstrate a deliberate intent for:

- Applying basic osteopathic concepts to healthcare, encompassing diagnosis, treatment planning, recognizing variations, and knowing when and how to apply these concepts effectively.
- Utilizing osteopathic manipulative techniques in diagnosing and treating problems within special clinical situations, such as pregnancy, labor, pediatrics, and surgery.
- Employing appropriate indications and contraindications for osteopathic manipulative techniques in scenarios unique to various medical specialties.
- Applying a diverse range of osteopathic manipulative medicine techniques, adjusted to meet the unique needs of individual patients (e.g., considering age, developmental stage, or specific disorder).
- Recognizing the intricate relationship between diseases or disorders of the musculoskeletal system and a patient's total well-being.
- Writing appropriate orders and progress notes relevant to the utilization of Osteopathic Manipulative Treatment (OMT).

Osteopathic education is a central component of ICOM's entire curriculum. It's designed to be seamlessly integrated with all clinical services, rather than existing as a separate or segmented part of the program. Osteopathic care extends beyond applying specific manipulative techniques for particular conditions; it embodies a comprehensive approach to patient evaluation, recognizing the intricate interdependence of all body systems and considering every aspect of an individual's health.

The core principles of osteopathic medicine emphasize the holistic treatment of the patient, accounting for both physical and psychological factors influencing health. These fundamental principles are deeply embedded throughout the entire clinical education program. Consequently, the following objectives are applicable across all clinical services, adapted as appropriate to each specific context.

Core Knowledge and Competencies

Students will acquire a foundational understanding of osteopathic medicine in relation to all facets of healthcare, encompassing:

- **Basic Principles of Osteopathic Healthcare:** Comprehending the body's inherent self-healing capacities and the intricate interconnectedness of its physiological systems.
- **Manipulative Techniques:** Mastering the application of diagnostic and therapeutic

manipulative techniques, including discerning their appropriate timing and methodology.

- **Core Philosophy:** A thorough grasp of the philosophy and guiding principles of osteopathic medicine.
- **Professional Evolution:** Understanding the historical context, ongoing development, and growth of the osteopathic profession.
- **Musculoskeletal Dynamics:** Analyzing the effects of growth, development, and aging on the musculoskeletal system, encompassing both normal variations and pathological deviations.
- **Anatomical Correlations:** Establishing clear correlations between anatomical and neuroanatomical structures and their functional anatomy.
- **Musculoskeletal Interrelationships:** Recognizing the complex interrelationships of anatomical components within the musculoskeletal system and their collective roles in maintaining overall health.
- **Common Musculoskeletal Conditions:** Identifying frequently encountered structural anomalies and functional abnormalities within the musculoskeletal system across diverse age groups.
- **Somatic Manifestations:** Understanding somatic changes precipitated by distant disease processes and their subsequent impact on disease resolution.
- **Musculoskeletal Evaluation:** Developing proficiency in musculoskeletal evaluation procedures tailored to varying patient demographics and distinct clinical situations.
- **Somatic Syndromes:** Identifying primary somatic changes associated with specific anatomical syndromes and their interactions with other conditions.
- **Life Cycle Application:** Applying osteopathic principles to unique clinical scenarios encountered throughout the human life cycle.

Philosophy and Patient Management

Students will gain a comprehensive understanding of:

- The profound relationship between osteopathic principles and concepts of health and disease.
- How osteopathic medicine philosophy and principles inform and guide patient management strategies.
- The versatile application of osteopathic principles across various medical specialties.
- The impact of osteopathic philosophy on subspecialty practice.

Application of Osteopathic Principles and Techniques

Students will demonstrate the following competencies:

- Application of core osteopathic concepts to healthcare, including precise diagnosis, effective treatment planning, and recognizing appropriate variations in their application.
- Skilled utilization of OMT for diagnosing and treating conditions within specific clinical contexts (e.g., pregnancy, pediatrics, surgery).
- Comprehensive understanding of the indications and contraindications for OMT across different medical specialties.
- The ability to adapt osteopathic manipulative techniques to meet the unique, individualized needs of patients based on factors such as age, developmental stage, and specific health conditions.
- Recognition of the critical relationship between musculoskeletal disorders and a patient's

- overall well-being.
- Proficiency in accurately documenting relevant orders and progress notes pertaining to the use of OMT.

Assessment and Development of Osteopathic Manipulative Skills

The assessment of cognitive learning and the practical application of Osteopathic Manipulative Medicine (OMM) will involve the direct observation and evaluation of students' psychomotor skills by osteopathic physicians and faculty members. Achieving proficiency in OMM requires comprehensive instruction, consistent practice, close supervision, effective role modeling, robust support, ongoing encouragement, dedicated mentoring, and constructive evaluation.

During the clinical years (third and fourth years), OMM integration primarily focuses on students and their preceptors. At this stage, students possess a foundational understanding of medical terminology and the basic rudiments of osteopathic technique. However, they require extensive practice and repetition to solidify their knowledge and refine their psychomotor skills.

Fourth-graders will have additional OMM opportunities, including dedicated teaching modules and elective rotations.

Throughout both the third and fourth years, students will initially receive close supervision and mentoring, with increasing autonomy granted as they demonstrate progress and proficiency.

Preceptors are expected to have a clear understanding of each student's capabilities, ensuring that the techniques being implemented are both safe and efficacious, that patient risk is minimized, and that patient health outcomes are demonstrably improved.

To further support preceptors in this crucial role, ICOM will provide digital media of selected OMM techniques, in addition to hosting 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 is 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 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 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 doctors 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 offensively workplace or academic setting.

5. Introduction To Clinical Medicine

Clinical site placements are determined at the discretion of the Clinical Affairs department. The process for assigning clinical sites is generally guided by the following stages, which may be adjusted by the Clinical Affairs department as deemed necessary:

Residency Status Placement

- Students with verified credentials (criteria to be determined annually) from a state where a core clinical site is located may be offered the option to apply for placement within that state. This option is based on the student's prior history and established ties to the state, supporting a residency placement. Students are assigned to these rotation placements prior to the Rank-List Lottery Placement process.

Rank-List Lottery Placement

- Students who do not apply for, or do not qualify for, a residency placement will participate in a lottery-style drawing to determine their clinical site. Participants will have the opportunity to rank their preferences from the remaining available core sites.
- Each student will be assigned a randomized number. These numbers will be drawn consecutively during an open ceremony. When a student's number is drawn, they will be matched with their highest-ranked site that remains available. This process continues until all eligible students have been assigned a site.

Site-Swap Opportunity

- Following the Rank-List Lottery placement, students will have a one-time opportunity to request a site swap. This involves submitting a request to exchange their assigned lottery

site with another consenting student's lottery site. If approved by the Clinical Affairs department, this swap will constitute the final clinical site assignment for both students involved.

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 site placements will take place during the fall of the second year and will be finalized in January 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 credentialed preceptors and appointed 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 enable 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 Clinical Affairs Department. Each core affiliated site will have a regional assistant dean, a credentialed and contracted ICOM faculty physician, who provides oversight and guidance to the clinical rotations and student experiences. The regional assistant dean will assist in monitoring 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 most core affiliated sites. Sites without a local coordinator, ICOM Clinical Affairs Team will function as administrative support for students, preceptors, and the regional assistant dean.

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

ICOM's medical students will be required to complete all third- and fourth-year rotations to be eligible for graduation.

5.2 Rotation Structure

Minimum requirements for clinical rotations are 32 hours per week for four-week rotations. Student schedule, clinical hours, and preceptor availability (including preceptor vacations) should be taken into account. Students should avoid scheduling travel during Scholarly Activity periods, as it is strongly discouraged. The Clinical Affairs Department 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 two-week or four-week basis. All paperwork for electives must be completed and submitted during the approved election time period as noted by the Clinical Affairs Department. All requests for elective rotations must be submitted at least 90 days before the start of the rotation to be approved.

ICOM electives are chosen from the core site 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 Clinical Affairs Deans.

Electives may also be scheduled outside ICOM regional hospital sites in the OMS-IV year; 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 Clinical Affairs Deans or their proxy.

5.3 Third Year Clinical Rotations

ICOM's third-year osteopathic medical students will be required to complete 12 rotations. Each clinical rotation will consist of a minimum of 32 contact hours/week; 128 cumulative hours per block. The required rotations for third year are listed below. All rotations must be taken and completed at ICOM core sites or sites designated by ICOM Clinical Affairs Department.

The third-year clinical rotations are Family Medicine, Internal Medicine, Internal Medicine Subspecialty, Women's Health, Pediatrics, Behavioral Health, Surgery and Surgery Subspecialty, and an Elective. Any missed/failed third-year rotations will be scheduled in the fourth year at the discretion of ICOM Clinical Affairs Department. Osteopathic principles and practice (OPP) 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. OPP is to be completed concurrently with your clinical rotations.

OMS-III students will complete the Clinical Preparation course in-person, on campus at ICOM in July of their third year. This four week block focuses on the final preparation for success in the clinical clerkships and includes ACLS and BLS certification, multi-station OSCE's, task trainers, OPP training, and meeting with specialists of each core rotation.

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.

In an effort to provide third year students with time to prepare for the COMLEX-USA Level 2 licensing exam and the ERAS application, ICOM students will receive a Residency Preparation

month scheduled in May or June.

Students in years three and four must complete semester-long courses in Osteopathic Principles and Practice (OPP). The OPP courses are designed to reinforce and build upon the basic foundation of the first two years of osteopathic medical education and provide further information on how to integrate osteopathic principles and practices into patient care. Moreover, these courses will help prepare the student for taking the National Board of Medical Examiners (NBOME), COMLEX-2 CE. These courses are designed to be completed at the individual core rotation sites. OPP is to be completed concurrently with your clinical rotations.

THIRD YEAR CURRICULUM (In no particular order)	
CLINICAL ROTATION	LENGTH OF ROTATION
Clinical Preparation	4 weeks
Elective	4 weeks
Family Medicine	4 weeks
Internal Medicine	4 weeks
Internal Medicine - Subspecialty	4 weeks
Pediatrics	4 weeks
Psychiatry	4 weeks
Scholarly Activity	4 weeks
Surgery	4 weeks
Surgery - Subspecialty	4 weeks
Vacation	4 weeks
Women's Health	4 weeks
Osteopathic Principles & Practice (OPPC 3551)	Fall Semester
Osteopathic Principles & Practice (OPPC 3951)	Spring Semester
Residency Preparation	4 weeks

5.4 Fourth Year Clinical Rotations

ICOM's fourth-year osteopathic medical students will be required to complete 36 weeks of rotations. Each clinical rotation must consist of a minimum average of 32 contact hours/week.

The required rotations for fourth year are listed below. Scheduling audition rotations at residency programs are highly encouraged for your clinical electives. At least one four-week elective in year four must be in a Primary Care Specialty, such as: Family Medicine, Geriatric Medicine, Outpatient Internal Medicine, Outpatient Pediatrics, Sports Medicine, Urgent Care, and Women's Health. The core Emergency Medicine clerkship may be offered in either the OMS-year III or IV depending on the core site. The ICOM Clinical Affairs Department will determine whether or not a rotation meets the definition of a primary care elective. Students must seek approval from ICOM Clinical Affairs Department 90 days prior to scheduling rotation.

Virtual rotations are optional and available to complete during fourth-year. ICOM has the following courses available (subject to availability): Business in Medicine, Medical Spanish, Radiology, Pathology, Critical Care and Research (prior approval required from Course Director). Students are allowed a maximum of four weeks of virtual rotations total throughout their fourth year.

Students are required to take four weeks of vacation. These may be used to fill gaps between audition rotations and electives. It is strongly encouraged to use vacation in one, two, or three-week increments. Vacation weeks may be used for making up previously missed/failed rotation at the discretion of ICOM Clinical Affairs Department.

Students may not spend more than eight consecutive weeks away from patient facing care, except in extenuating circumstances reviewed by ICOM Clinical Affairs Department.

Students may complete a maximum of 16 weeks in one specific specialty. An additional four weeks (maximum) may be allotted in lieu of virtual rotations at the discretion of ICOM Clinical Affairs Department.

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.

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

FOURTH YEAR CURRICULUM (In no particular order)	
CLINICAL ROTATION	LENGTH OF ROTATION
Emergency Medicine	4 weeks (Unless completed in 3rd year)
Primary Care Elective	4 weeks
Elective I (Audition and Sub-internship Rotations)	4 weeks

FOURTH YEAR CURRICULUM (In no particular order)	
Elective II (Audition and Sub-internship Rotations)	4 weeks
Elective III (Audition and Sub-internship Rotations)	4 weeks
Elective IV (Audition and Sub-internship Rotations)	4 weeks
Elective V (Audition and Sub-internship Rotations)	4 weeks
Elective VI (Audition and Sub-internship Rotations)	4 weeks
Elective VII (Audition and Sub-internship Rotations)	4 weeks
Elective VIII (Audition and Sub-internship Rotations)	4 weeks
Osteopathic Principles & Practice (OPPC 4551)	Fall Semester
Osteopathic Principles & Practice (OPPC 4901)	Spring Semester

5.5 Away Rotation Requests

All students desiring to complete elective rotations away from their designated ICOM core site must complete an **Elective Request Form** (ERF) and must be in Good Academic Standing. All “away” rotations must be officially approved by the ICOM Clinical Affairs Department. The form may be obtained online from eValue (home page).

- All “away” rotation requests must be submitted at least 90 days prior to the rotation start date for domestic rotations and at least 120 days for all international rotations (see 5.11).

5.6 Scheduling Away Rotations Using Various Platforms

Many 4th year elective rotations are scheduled through VSLO (the Visiting Student Learning Opportunities) and Clinician Nexus. ICOM Clinical Affairs Department grants information and access to these platforms. Additional information is available upon request.

5.7 Scheduling Away Rotations Without Using a Platform

ICOM Clinical Affairs Department requires one of the following for approving away rotations:

- A completed **ERF** signed by the preceptor.
- A forwarded acceptance email/letter from the preceptor/office/program with rotation details.

Helpful Information to Consider When Attempting to Schedule Away Rotations

- Make contact with potential preceptors months in advance to show respect for their time and increase your chances of securing a spot. Many operate on a “first-come, first-served” basis. The quickest way to reach a preceptor is often through their office or practice manager.

- One of the quickest ways to contact a potential preceptor is by contacting their office or practice manager.
- Always include your CV and a letter of interest to demonstrate seriousness and provide the preceptor with an overview of your qualifications. Some preceptors may request a CV and licensing examination scores to rank student applications.

5.8 Required Documentation for Away Rotations

Many sites will request a list of documents required to participate in a clerkship at their sites.

This may include but is not limited to:

- Letter of Good Standing
- Immunization Records
- Criminal Background Check and Drug Screen
- ICOM's Proof of Liability/Malpractice Coverage

In order to facilitate the provision of these documents to the clinical site, students must provide the following information to the ICOM Clinical Affairs Department:

- Name, title, and email address of contact person
- Name of Healthcare or Medical Education Institution requesting Documentation
- A list of the documentation the entity is specifically requesting

5.9 Electives

To maintain the credibility of ICOM students, elective rotation commitments must be honored. If a cancellation is necessary, students must notify the Clinical Affairs Department at least four weeks before the rotation begins. Cancellations after this deadline are not allowed, as hospitals often reserve spots for ICOM students and turn away others. Late cancellations waste valuable rotation slots, impacting both hospitals and fellow students. Any changes after the deadline require official documentation proving the cancellation by the physician or hospital.

A Dean's letter, confirming good standing, immunizations, and malpractice coverage, is sent for each external elective rotation. Students can arrange electives with core site coordinators where applicable, or ICOM Clinical Affairs Department. While four-week electives are preferred, some can be split into two two-week rotations.

Elective rotations in the third-year are to be completed at the student's core clinical site. Elective rotations in the fourth-year can either be completed at a student's core clinical site or other hospital location. However, fourth-year elective rotations cannot be completed at a different ICOM core clinical rotation site.

Students are encouraged to contact the ICOM Clinical Affairs Department if they are having difficulty in obtaining a rotation or have any questions pertaining to available rotations.

5.10 Military Clinical Rotation Information

All students in the military may serve certain rotations in the military with approval by the Clinical Affairs Deans. ICOM Clinical Affairs Department 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. Students must stay in communication with the ICOM Clinical Affairs Department about their plans to attend Active

Duty Training (ADT) rotations and/or other military rotations.

5.11 International Rotations

International rotations are an option to schedule for 4th year elective rotations. The Clinical Affairs Deans and the Dean must approve these rotations in advance. A signed affiliation agreement between ICOM and the international organization must be in place at least 90 days before the start date of 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 follow ICOM policies.

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 submit a completed Electronic Request Form to ICOM Clinical Affairs Department and have approval of the rotation from the Clinical Affairs Deans and the Dean.
- Must have necessary immunizations, passport, and other requirements for travel.
- Maximum six (6) weeks is allowed for international rotations.
- Students are responsible for submitting documents of their travel insurance that includes evacuation coverage to the ICOM Clinical Affairs Department.
- Students must have completed the Travel Safety SDL (self-directed learning) and electronically sign to show understanding of safe practice in foreign countries 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.

5.12 Out of State Rotations

All out-of-state rotations are governed by the State Authorization Reciprocity Agreement (NC-SARA). This federal regulation mandates that educational institutions follow state laws requiring formal permission for students to participate in clinical practicums or medical clerkships. Each state has its own state permit requirements. Failure to comply with NC-SARA could result in the loss of federal education funding for the institution.

Students planning to complete clinical rotations outside of Idaho must work closely with the ICOM Clinical Affairs Department to ensure compliance with NC-SARA regulations. In addition, students must complete the Away Rotation Request form and submit all required documents.

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

1. Submit the Away Rotation Request form to the ICOM Clinical Affairs Department between six months and no less than 90 days before the start of the rotation.
2. ICOM Clinical Affairs Department will review the request and work to obtain any necessary state approvals.
3. Students will be notified of the status of their request within 30 days of submission (at least 60 days before the rotation start date).

For any questions or concerns about NC-SARA compliance, contact ICOM's Clinical Affairs Deans.

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

5.13 Clinical Education: Comparability in Clinical Experience and Assessment

Students at Idaho College of Osteopathic Medicine (ICOM) will gain clinical experience through diverse affiliated core sites. These sites offer comparable educational experiences, including direct patient contact, required clinical modules, regular interactions with ICOM faculty through case presentations and didactics, and assigned reading topics. ICOM gathers feedback from supervising physicians and evaluates student performance using the NBOME Comprehensive Osteopathic Medical Achievement Tests (COMAT). The assessments, along with student feedback on preceptors and rotations, help monitor curriculum effectiveness and guide preparation for licensing exams.

Student evaluations, standardized patient assessments, and skills testing will be structured around core competencies and Core EPAs, rating each student during clinical rotations and clerkships. This ongoing assessment will foster continual development throughout the four-year curriculum. Online evaluation forms will collect student perceptions through Likert-scaled questions and open-ended responses. Feedback from supervising physicians and healthcare institutions will be gathered to monitor student performance effectively. ICOM coordinators will compile rotation data to create a composite record of student performance, sharing aggregated information with partnering institutions. This data will help ICOM administration and faculty evaluate the effectiveness of clinical rotations and student preparedness, leading to continuous improvement actions by relevant committees and leadership.

5.14 Clinical Modules

Clinical modules/videos/lectures are available to students on clinical rotations. These modules can be accessed to fit students' schedules. They are meant to supplement topics which should be covered on clinical rotations and act as study guides for the COMATs and COMLEX-USA level 2-CE. Clinical modules are not intended to replace extensive reading, studying, and patient contact during clinical rotations.

Students will be given the required curriculum in the third and fourth year. Learning objectives and reading assignments are provided for the core discipline rotations.

5.15 End of Rotation Exams

At the end of each core rotation (Internal Medicine, Surgery, Women's Health, Pediatrics, Family Medicine, Behavioral Health, and Emergency Medicine), students must complete an end-of-rotation exam (NBOME COMAT) on the last Friday of the rotation, as scheduled by ICOM Clinical Affairs Department.

Whether attending in-person or virtually, tardiness is unacceptable. Students must be seated and ready before the exam time. Arriving more than 15 minutes late may cause disqualification from the exam, leading to a zero score. Attendance is mandatory, with no make-up exams allowed unless authorized by the Clinical Affairs Deans after a valid reason is provided. Failure to pass an end-of-rotation exam, including due to tardiness or unexcused absence, will cause a referral to the PAR Committee.

When taking exams, it is essential to uphold integrity. Any questionable behavior during the exam could lead to a referral to the PAR Committee and may cause failure of the COMAT. Adhering to ethical standards reflects your commitment to academic honesty and also ensures a fair assessment environment for all students.

If a student does not pass a post-rotation exam, they may retake it once. If they pass the retake, the highest possible grade is "Pass*," and they will not be eligible for "High Pass (HP)" or "Honors (H)." Failing the exam twice results in a grade of "F" for the rotation, necessitating a repeat of the rotation and referral to the PAR Committee. Additional consequences may apply as outlined in the College Catalog.

5.16 Notice of Site Changes

Clinical training sites are subject to change. 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 physician. 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 an OMS-3 or OMS-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.

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 treatment 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 a time for 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 a 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 may have 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 may be available. If you are performing duties related to your rotation such as participating in a surgical case or delivery, you MUST communicate with your attending physician explaining your absence and be prepared to complete a make-up assignment.

In addition to site didactics, ICOM course directors host didactics sessions which are MANDATORY for years three and four. If you are performing duties related to your rotation such as participating in a surgical case or delivery, you MUST communicate with your course director the explanation for your absence and be prepared to complete a make-up assignment.

6.8 Evaluations

Upon beginning your rotation, remind your preceptor they will be receiving an electronic link for the evaluation to complete about you one week before your rotation ends.

The student is responsible for carrying a hard copy of the preceptor-student evaluation (Home Page of eValue) at all times, in the event that their preceptor wants to complete a hard copy.

Students are encouraged to seek mid-point feedback from their preceptors as noted on the preceptor-student evaluation in an effort to allow them to improve on areas of concern. During the last week of each rotation block students must make every effort to meet with their preceptor for discussion of their evaluation.

Upon completing your rotation, you will be **required to complete an evaluation of both your ROTATION and PRECEPTOR**. Students will be asked to constructive honest professional feedback 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. The information provided on these evaluations 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 cause an incomplete grade for the rotation.

Any specific preceptor or rotation concern should not wait for documentation at the end of rotation evaluation but should be brought to the immediate attention of the Clinical Affairs Deans and/or Director.

Student evaluations are due in the ICOM Clinical Affairs Department by the Sunday after completion of the rotation. If the student worked with several providers (on rotations such as: IM Hospitalist, rotations residents and/or advanced practice providers, etc.), the student should have the principal evaluator submit a composite evaluation based on the input of all providers. Final preceptor-student evaluations must be completed by an MD/DO. Evaluations completed by a resident, must be co-signed by an Attending Physician. Students are not permitted to self-complete the evaluation and provide it to the evaluator for a signature. Violation of this policy will be subject to review by the PAR Committee and may cause a failure of the rotation and need for a Modified Course of Study. Additional information regarding PAR Committee referral and consequences of clinical rotation failures or Modified Courses of Study may be found in the College Catalog. Students are solely responsible for obtaining the preceptor's evaluation.

Clinical preceptor grades are an essential part of assessing student performance during clinical rotations. If a student is not rated on a specific item because the item is not observed or not applicable, 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 will be included in the Dean's Letter (MSPE) or be utilized to provide additional formative feedback to the student.

Grades for all clinical rotations are given by the course directors along with the ICOM Clinical Affairs Department, utilizing the preceptor evaluations, completion of required assignments, and COMATs if required for the rotation.

Students who receive a failing grade from a preceptor on any rotation will be referred to the PAR Committee as noted in the College Catalog and will also be required to repeat the failed rotation in its entirety (weekly didactics, coursework, COMATS where applicable).

Rotation grades are calculated and recorded in eValue. The ICOM Clinical Affairs Department reports grades to the Registrar's Office who then enters them into SONIS.

6.9 Electronic Health Record

Most training sites will equip you with a username and password for use of their EHR to use on that rotation. With this you will be able to access protected personal health information. You must abide by the site's EHR requirements. **DO NOT** use others' usernames and passwords.

Students must adhere to all HIPAA policies, and failure to do so may carry legal penalties. All rotating students must sign a Confidentiality and Non-Disclosure Agreement. This agreement will allow students to receive a username 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.

6.10 Reporting for Service

Students must reach out to their next rotation a minimum of one week prior to the start date to gain information on logistics (what time, location, and with whom to meet on their first day). When in doubt of time, show up early - for example: if the office opens at 8am, show up at 7:30am. 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 3rd year rotations. Students are expected to bring their own basic diagnostic equipment and a freshly laundered white coat. Students must report on time, out of respect for others' commitment to their education. Tardiness is unacceptable and is noted on the preceptor-student evaluation and may reflect negatively on the student's overall grade. Timeliness is a critical component of professionalism and may cause a referral to the PAR Committee.

6.11 Work Hours / Training Hours

Students must adhere to the schedule set by their preceptor throughout their rotation and meet the minimum requirement of 128 hours per four-week rotation (32 hours/per week). Students are expected to follow their preceptor's schedule which takes precedence over the ICOM holiday schedule.

For any absence, students must first notify their preceptor and then inform the ICOM Clinical Affairs Department, regardless of the reason or the amount of time missed. Failure to notify both parties may lead to a referral to the PAR Committee. Unexcused absences may also cause a failing or incomplete grade and a referral to the PAR Committee.

Clinical schedules determined by the training site may include day, evening, or holiday shifts. Preceptors may ask students to rotate shifts to maximize exposure to peak patient flow. During some rotations, weekend hours may also be assigned. Professionalism in patient care requires reliable attendance.

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

For details on attendance requirements and the PAR Committee process, please refer to the College Catalog.

6.12 Attendance Overview

Attendance at all scheduled shifts is mandatory. Students must arrive at least 15 minutes early. Any absence, regardless of duration, must be promptly reported to the preceptor and the ICOM Clinical Affairs Department.

6.13 Absence Request Form

Students are required to complete the Absence Request Form, available on the eValue homepage, for all types of absences. A fully completed and signed form (by the student and their rotation

preceptor) must be submitted to the ICOM Clinical Affairs Department within one week of the missed time.

This procedure is **mandatory**, and failure to comply will result in the absence being classified as unexcused. Unexcused absences will be managed in accordance with the policies outlined in the College Catalog and below.

Additionally, absences require makeup work to meet attendance requirements, as specified in the College Catalog and this document.

6.14 Discretionary Days

Students are permitted a maximum of three discretionary days per year. No more than 1 day may be taken in any given rotation, and discretionary days may not be utilized on the day of the COMAT exam. Approval for discretionary days must be obtained in writing from both the preceptor and the ICOM Clinical Affairs Department at least one week prior to the requested time off.

In exceptional cases, the ICOM Clinical Affairs Department may review extenuating circumstances for potential consideration at its discretion.

Students are not allowed to alter their regular work schedule to accommodate discretionary time off during any rotation.

6.15 Sick Days

Sick days are unplanned and occur unexpectedly due to your individual illness, preventing you from participating in patient care.

Students are permitted up to a maximum of five sick days per academic year. Exceeding this limit may lead to review by the ICOM Clinical Affairs Department and the PAR Committee.

Failure to meet the minimum required time for a clinical rotation due to illness-related absences may place the student at risk of failing the rotation.

Students must promptly notify their clinical site/preceptor, and the ICOM Clinical Affairs Department of any absences due to illness. Missing 2-4 hours will count as a half-day; more than four hours is recorded as a full day of sick leave. Absences over one day must be made up, coordinated through the ICOM Clinical Affairs Department.

If three or more days are missed in a rotation due to illness, a healthcare provider's note specifying the absence duration and expected return date is required. Per ICOM's policy and COCA guidelines: Students are not permitted to obtain a healthcare provider's note for illness from any physician or healthcare provider that they are currently working with on a clinical rotation or any provider they have worked with in the past on a clinical rotation. Prolonged absences (over 3 days) may necessitate a Medical Leave of Absence, potentially delaying graduation. Each case will be assessed individually.

For certain illnesses such as Pandemics, students are expected to adhere to CDC guidelines or follow site-specific policies if those policies override the CDC recommendations.

Medical Leave of Absence requests are first submitted to the ICOM Clinical Affairs Department. For details on attendance, Medical Leave of Absence, and PAR Committee referrals, refer to the College Catalog.

6.16 Family Emergencies/Death in Family

Students must promptly notify their clinical site/preceptor, and the ICOM Clinical Affairs Department of any family emergencies or deaths in the family via email. Due to the variability of circumstances, time off needed for family emergencies or a death in the family will be reviewed by ICOM Clinical Affairs Department on a case-by-case basis. Any time missed from the clinical rotation must be made up, coordinated through the ICOM Clinical Affairs Department.

6.17 Time Off for Residency Interviews

Students who need time away from clerkships to attend residency interviews may take up to 12 days off during the interview season, which typically runs from August through the end of January of the fourth year.

For each absence, students must complete an Absence Request Form, obtain their preceptor's signature, and submit the completed form to the ICOM Clinical Affairs Department within one week of the requested interview date.

Whenever possible, students are encouraged to schedule interviews around their clinical responsibilities. Interviews may be conducted during rotations without taking time off, provided they do not interfere with clinical duties.

If time off is necessary, students may request:

- Up to 4 days off during a four-week rotation, and
- No more than 2 days off during a two-week rotation.

Please note that partial-day absences exceeding four hours will count toward the total allowed interview days. Time off for interviews does not count towards allotted time for discretionary days.

6.18 Conference Attendance

All requests for conference attendance must be submitted in writing to the Clinical Affairs Deans no later than 60 days prior to the conference date. The request must include the conference name, requested attendance dates including travel, and the rationale for attendance. A maximum of one conference per year is permitted at the discretion of Clinical Affairs Deans.

Final approval of conference attendance is at the discretion of the Clinical Affairs Deans and is not guaranteed. If approved, students are permitted up to three consecutive days including any travel during the clinical years 3 and 4.

Students may be required to make up any missed time on the clinical rotation.

Unexcused Absences

Unexcused absences include, not limited to, extracurricular activities, vacations, and lack of childcare. Additionally, any student who misses any time from a clinical rotation without notifying the Clinical Affairs with submission of the Absence Request Form or submitting this form after one week of the missed time will also be considered an unexcused absence.

Students must maintain communication with the medical school, which includes contact with the clerkship director, coordinator (where applicable), and the ICOM Clinical Affairs Department. Students are required to adhere to the established policy regarding time off. Discretionary and sick days may not be combined or used consecutively to extend time away from clinical rotations. Failure to notify the Clinical Affairs Department about missed time off a rotation may cause a referral to the PAR Committee.

6.19 Holidays

Students are expected to follow the holiday policies and procedures of their assigned training site (e.g., hospital, clinic, office, or health center). Observance of major holidays is at the discretion of the affiliated training site.

If a student is granted time off for a holiday by their preceptor, they are required to notify the Clinical Affairs Department. Open communication is essential to ensure proper documentation and to maintain compliance with rotation requirement

6.20 Severe Weather Policy

In the case of severe weather during 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 ICOM Clinical Affairs Department.

6.21 Make Up Time

The student will be expected to be available to make up anticipated and actual time off at the discretion of the Clinical Affairs Department Deans 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 College Catalog. If the student's absence will involve missing an examination, the student will need to take the exam at the discretion of the Clinical Affairs Department.

6.22 Dismissal from Rotation Site

In the event a student is directed to leave a rotation or clinical site by a preceptor or site staff, the student must immediately vacate the premises and promptly notify the ICOM Clinical Affairs Department (including the Dean of Clinical Affairs, Clinical Clerkship Director, *and* the appropriate 3rd or 4th year Clinical Coordinator) either by phone or email.

This initial notification must be followed by a written report detailing the incident, submitted to the Clinical Affairs Department within 24 hours. The Clinical Affairs Deans will review the circumstances surrounding the incident. Depending on the outcome of this review, the matter may be referred to the PAR Committee for further evaluation.

6.23 National Licensing Examinations (COMLEX-USA, USMLE)

All students must earn a passing score on the COMLEX-USA Level I and COMLEX-USA Level II-CE examinations to graduate. The student must report to the Office of Learner Outcomes and Assessment and the Clinical Affairs Department when National Licensing Exam examinations plan to schedule these exams (please see below).

Students must notify the clerkship director/clinical preceptor or the DME and let them know the date and time when the licensing examination is scheduled. The Clinical Affairs Department, along with the Dean of Learner Outcomes and Assessment, will notify students of deadlines to sit for the required COMLEX national licensing examinations. Students scheduling exams outside of these deadlines may be referred to the PAR Committee.

Eligible students shall be granted permission to be absent from their service to take the COMLEX-USA examination (one day). If not administered locally, adequate travel time (one day before) will be permitted. Students must notify their clinical preceptor at least 2 weeks before their scheduled licensing exam date. Additionally, students must submit a completed Absence Request Form to ICOM Clinical Affairs Department within one week of the completed exam date. Students are expected to report to their rotations in the usual manner, the day after the exam. Please refer to the College Catalog regarding scheduling of the COMLEX-USA exams with appropriate dates as reported from the Office of Learner Outcomes and Assessment.

Students may be granted time off to take the USMLE; however, the student must submit a written request to the Deans of Clinical Affairs for approval at least two weeks prior to the desired exam date. Additionally, students must submit a completed Absence Request Form to ICOM Clinical Affairs Department within one week of the completed exam date. Please note, completion of USMLE is not required for graduation. For further information, refer to the College Catalog, which provides an overview of ICOM's COMLEX-USA and USMLE Policies.

6.24 Failure of COMLEX-USA Level 2-CE

Students must pass COMLEX-USA Level I and COMLEX-USA Level II-CE to graduate. A maximum of three 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 College Catalog. Additional comprehensive information regarding ICOM COMLEX-USA policies may be found in the College Catalog.

6.25 Email Communication During Clinical Rotations

The ICOM Clinical Affairs Department uses students' official ICOM email accounts as the primary method of communication throughout clinical rotations. Students are expected to check their ICOM email daily—including weekends and holidays—regardless of rotation site.

Students must respond to all email inquiries within 24 hours. When receiving a direct (non-group) email, students are asked to reply to confirm receipt, even if no immediate action is required.

If a student is assigned to a site with limited or no internet access, they must notify the Clinical Affairs Department as soon as possible to make alternative arrangements.

6.26 Contact Information Requirements

Students are required to keep their contact information—including mailing address and phone number—up to date in eValue and SONIS throughout all four years of medical school. This is essential for official communications from ICOM and may also be used for time-sensitive matters such as scholarship fund distribution for away rotations.

6.27 Professional Appearance and Dress Code

ICOM emphasizes the importance of maintaining a professional appearance, as it reflects the standards of quality health care and professionalism expected of student physicians. Students must present a clean, well-groomed, and professional appearance at all times during clinical rotations. The below may be altered to meet site dress requirements. Please seek guidance from your preceptor/site coordinator for all rotations pertaining to dress code/attire requirements.

General Attire Expectations:

- Attire should be neat, clean, and professional. Recommended clothing includes dress pants, dress shirts or blouses, appropriate socks, and professional shoes.
- Jeans, T-shirts, hats or head coverings (except for religious or medical reasons), and sunglasses are not permitted during clinical activities, learning sessions, or examinations.
- Hair and facial hair must be clean, dry and controlled to not interfere with patient contact. Long hair should be tied back if it risks touching or brushing against patients during physical exams.

White Coat and ID Requirements:

- Students are required to wear a clean, short white consultation jacket with the ICOM patch at all times. If the ICOM coat is soiled, a clean, non-ICOM short white lab coat may be worn temporarily.
- Your ICOM identification (ID) badge must be worn at all times. If you lose your ID, you must contact ICOM immediately to obtain a replacement.

Scrub Attire

- Students must adhere to the institution's policies regarding scrub use.
- Scrubs are not to be worn outside the institution. Students should wear professional attire to and from the hospital or clinical site.
-

Identification and Enforcement:

- Students must wear any additional hospital-issued identification as required by each clinical site.
- If a student arrives without their lab coat, in inappropriate attire, or without proper identification, they will be asked to leave and return only when they meet the dress code requirements.

This may cause the recording of an unexcused absence. This will require further action and review by ICOM Clinical Affairs Deans. Inappropriate dress may also be considered a professionalism issue and may be referred to the PAR Committee.

Maintaining a professional appearance is an essential part of patient care and respect for the learning environment.

6.28 Professional Liability Insurance

All students participating in ICOM-approved clinical rotations during their third and fourth years are covered by ICOM's professional liability insurance. Policy statements are provided to each regional clinical coordinator and preceptor.

Please note that this liability insurance does not cover any activities that are unsupervised, performed outside the approved scope of practice, or conducted outside of an ICOM-approved clinical rotation.

6.29 Medicare Policy

Recent updates from Medicare (CMS) now enable greater student involvement in documentation. Medical students are allowed to document all components of the evaluation and management (E/M) medical record, including the history and physical examination. The preceptor is required to verify all documentation completed by the medical student and must personally perform (or re-perform, if initially done by the student) the physical examination and medical decision-making activities to ensure appropriate billing.

6.30 Prescription Writing

Students may assist in writing or entering electronic prescribing information on behalf of the preceptor; however, the prescribing physician is required to sign and submit all prescriptions. The student's name should not appear on any prescription. In clinical rotation sites that utilize electronic prescribing, the preceptor must log into the system using their personal credentials and ensure that all prescriptions are signed and sent under their own account. Additionally, students must adhere to all relevant local hospital system rules and regulations pertaining to prescription writing.

6.31 Health Insurance Portability and Accountability Act (HIPAA)

Student physicians must remain fully aware of and adhere to HIPAA guidelines, in alignment with the policies of their training institution and applicable state and federal regulations. HIPAA training is mandatory for all students and must be completed before clinical rotations begin. Any breach of HIPAA protocols (including but not limited to accessing your own medical records) will be treated with the utmost seriousness and may lead to a referral to the PAR committee for further review.

6.32 Preceptor-Student Relationship

The student is expected to maintain a professional relationship with the preceptor, consistently adhering to appropriate professional boundaries. Social interactions and personal relationships outside the learning environment should be limited to avoid creating potential conflicts of interest or compromising the integrity of the professional dynamic. Contact through social networking platforms (see examples below) should be avoided until after the student has fully graduated from ICOM. Career-oriented networking through professional platforms like LinkedIn is permitted but not encouraged.

If a personal relationship exists between the preceptor and student prior to the commencement of the rotation, this must be disclosed before the rotation begins. A professional relationship must be upheld at all times during the clinical experience, should the rotation proceed. Students are prohibited from rotating with family members.

Students are strictly prohibited from engaging in romantic relationships with any preceptor, staff member, or any patient they encounter during their medical school tenure. Any violation of these guidelines will result in the student being referred to the PAR committee for further review.

6.33 Use of Electronic Devices

Use of phones or other electronic devices for non-educational purposes during clinical rotations is strictly prohibited. This includes texting, checking social media, email, or any personal activity during patient care or preceptor interactions. Such behavior is considered unprofessional and may cause disciplinary action and/or a negative evaluation.

Electronic devices may only be used for clinical or educational purposes with explicit approval from the preceptor.

6.34 Social Media

At no time may students post any patient information, commentary or rotation-specific information on web-based social media sites (i.e. Facebook, X (formerly known as Twitter), Instagram, Snapchat, and personal blogs, etc).

Utilization of the above social sites should be avoided with all employees of clinical sites and program faculty and staff. Career networking through professional sites like LinkedIn is acceptable. Any communication on social media must be outside clinical working hours. Students should maintain professionalism by avoiding all perception of impropriety such as pictures suggesting compromising states or substance use. Please refer to the *ICOM College Catalog* for questions regarding communication and misconduct. Violation of these guidelines may cause referral of the student to the PAR committee.

6.35 Incident Reporting

Examples of situations that warrant the student to immediately contact the Clinical Affairs Department include, but are not limited to:

- Accidental exposures or injuries such as needle sticks (refer to the appropriate section in the manual for detailed protocols), burns, or lacerations.
- Any instance where a student feels they are physically or sexually at risk of harm.

- If a student is unexpectedly dismissed or asked to cease their rotation.
- Unauthorized disclosure of protected health information.
- Observing or being involved in actions that appear to violate medical ethics, professional standards, or legal regulations.

6.36 Student Files

The Clinical Affairs Department is responsible for maintaining accurate and secure records for all students participating in clinical education. Student records and evaluations are treated as confidential, in accordance with ICOM policy. Student files may include but are not limited to, academic records, immunization and health documentation, evaluations, correspondence, and other sensitive information. Official transcripts are maintained by the Registrar's Office.

Comments provided by preceptors in end-of-rotation evaluations may be included in the Medical Student Performance Evaluation (MSPE or "Dean's Letter"), which is submitted as part of the residency application process. Students are encouraged to review their evaluations for accuracy and must address any concerns within the same semester the evaluation is completed.

For more information on academic records and student rights under FERPA, please see *ICOM College Catalog*.

6.37 Letters of Recommendation

The Clinical Affairs Department does not issue letters of recommendation for students pursuing post-doctoral training, unless specifically requested by a residency program. Students are encouraged to seek out faculty members and preceptors who can best advocate for their qualifications in their chosen specialties. The letter writer should submit all letters of recommendation directly to the residency application platform being utilized by the specialty. A copy of the letter of recommendation may be sent to Clinical Affairs for the sole purpose of audition rotation applications.

HPSP students preparing for the Military Match may have their letter writers send their letter of recommendation to Clinical Affairs for later transfer to their Military branch for their MODS (Medical Operational Data System) Application.

Please note that ICOM will provide the Medical Student Performance Evaluation (MSPE) as part of every student's residency application. The MSPE is a standardized evaluation tool and is not considered a recommendation letter.

6.38 Textbooks

Textbooks for individual rotations will be listed in the course syllabus for each clinical rotation. These may be available electronically and accessed via the ICOM medical library through the ICOM website.

6.39 Suspended Rotations

In instances where clinical rotations are suspended due to local, regional, or national events (e.g., pandemics), rotations may be converted to a virtual format if in-person clinical opportunities are unavailable. Students will continue to adhere to their scheduled rotation timeline, complete all

assignments, attend didactics, and follow the curriculum as guided by their course director. The Clinical Affairs Department will make every effort to provide real-time, patient-facing clinical experiences to compensate for any missed in-person rotations. Please note that students do not have the option to choose a virtual rotation if a suitable in-person clinical experience is accessible.

6.40 Orientation

At the beginning of clinical education, students will be required to participate in hospital orientation, where applicable, to complete all onboarding requirements necessary for hospital credentialing for their core site. Additionally, students may need to complete onboarding activities on a monthly-by-month basis if their rotation will be outside of the hospital system completed for their core site.

To ensure that all students are properly prepared, credentialed, and oriented prior to participating in clinical rotations, in compliance with institutional and hospital requirements, all students must complete the onboarding process prior to the start of any clinical rotation. Onboarding ensures students meet all institutional site specific requirements in patient care activities.

Students will follow all requirements related to patient care as established by the hospital/training site. Failure to complete onboarding requirements for health system partners in a timely manner is a professionalism issue and the student may be referred to the PAR committee for review.

Students will meet with their preceptor at the beginning of their rotation to formulate mutual goals they hope to achieve during the rotation. Students are encouraged to proactively engage with their preceptor to clarify expectations for the rotation. This discussion may include, but is not limited to, the following areas:

- 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

7. Student Health and Counseling

7.1 Bloodborne Pathogen Exposure (Needlestick Injuries)

Students are expected to follow the clinical site or hospital's policies and procedures in the event of a needlestick injury or potential exposure to bloodborne pathogens. This includes seeking

immediate care, notifying the appropriate site supervisor, and completing any required documentation.

Students must notify the ICOM Clinical Affairs Department as soon as reasonably possible and submit the Bloodborne Pathogen Exposure Form within 72 hours of the incident. A copy of the completed form will be retained on file in the Clinical Affairs Department and in Student Affairs.

Obtaining immediate medical attention should not be delayed to await health insurance approval or complete administrative steps.

Any post-exposure care, including testing, should be processed under the student's personal health insurance. If a bill is incurred, the student should contact the Clinical Clerkship Director.

7.2 Immunization Records and Vaccinations

Students must complete and maintain all required immunizations, medical history, and physical examination forms as outlined by ICOM and its partnered health systems. Failure to meet these requirements may cause removal from clinical rotations and unexcused absences.

Immunization requirements may change, and students are responsible for staying current, including annual tuberculosis testing per CDC guidelines. Documentation must be submitted to the Clinical Affairs Department before continuing rotations. ICOM may not be able to accommodate requests for alternative clinical sites due to immunization non-compliance.

Before registration, all students must submit a completed medical history form and proof of immunizations to Student Services at ICOM. A completed physical examination form is also required and will be kept on file. Students are responsible for maintaining all immunizations required by the Idaho College of Osteopathic Medicine to participate in supervised clinical practice experiences.

All students must provide documentation of adequate immunization and/or immunity for the following:

1. **Measles, Mumps, Rubella (MMR)**- titers for each or two doses at least 28 days apart.
2. **Tetanus, Diphtheria, Pertussis (Tdap)**- one dose within the last 10 years.
3. **Varicella**- titer or two doses at least 28 days apart.
4. **Influenza**- annual vaccination. Proof must be submitted to the Clinical Affairs Department by October 31st each year.
5. **COVID-19**- (to be updated as necessary)
6. **Hepatitis B**- completed vaccination series and positive antibody titer
7. **Tuberculosis Screening**- either a blood test (Quantiferon TB Gold or TSpot) or two PPD skin tests with two results. If a student previously tested or tests positive, a chest x-ray and annual TB Questionnaire must be submitted.

7.3 Health Services

Students experiencing medical emergencies or requiring after-hours healthcare are advised to utilize appropriate resources, including local urgent care facilities, Emergency Departments, and Emergency Medical Services (EMS), as dictated by their condition. For critical emergencies,

students should contact EMS directly via the 911-dispatch system.

Students on clinical rotations away from ICOM who require health services can obtain assistance at any time by contacting their Regional Dean or the ICOM Clinical Affairs Department.

ICOM does not assume financial responsibility for injuries (e.g., accidental needle sticks, burns, lacerations) or medical/surgical issues incurred during clinical rotations or elsewhere. Therefore, students are required to maintain a valid health insurance policy throughout their enrollment at ICOM. Proof of current health insurance coverage must be submitted annually to the Clinical Affairs Department and updated promptly if any changes in coverage occur.

7.4 Counseling Services

Students on clinical rotations have 24/7 access to comprehensive behavioral health support. This includes direct access to the **STUDENTLINC** helpline at **1-888-893-LINC**, or they can obtain information on local behavioral health services through the ICOM Clinical Affairs Department, their Regional Dean and Coordinator, or the ICOM Student Catalog. Additionally, students may utilize the Behavioral Health Specialists located at ICOM.

We strongly encourage students experiencing challenges such as anxiety, academic stress, relationship difficulties, loneliness, depression, substance abuse, sexuality conflicts, test anxiety, or concerns related to medical school adjustment to seek counseling.

The STUDENTLINC helpline is a free, confidential, and non-judgmental telephone counseling and referral service available to all ICOM students. When you call, you'll be asked to provide your SCHOOL ID number, address, and phone number, and will be connected with an experienced counselor. They can assist with immediate crises or help determine the appropriate resources for further mental health services.

Following the call, STUDENTLINC generates a secure report based on the triage assessment, which is housed at their facility. Confidentiality is paramount: only the Behavioral Health Specialists will have access to these reports, strictly for follow-up and referral purposes. ICOM follows all HIPAA and FERPA regulations.

STUDENTLINC's toll-free number ensures students can connect directly with a trained counselor at any time, day or night. This counselor will triage the situation and refer students to appropriate local counseling services. The number is specific to ICOM, and students are greeted as ICOM students. Standard protocols govern these interactions, allowing counselors to assess the student's needs and determine if emergency intervention is required.

If immediate attention is needed (e.g., a student may be a danger to themselves or others), STUDENTLINC will keep the student on the line while simultaneously alerting relevant parties, such as the Assistant Director of Student Services (if appropriate), and emergency services. If emergency intervention isn't necessary, the student will receive counseling over the phone and subsequently be referred to the ICOM-approved contact for follow-up. Upon call completion, the STUDENTLINC counselor creates a detailed report and securely transmits it to the ICOM-approved contact.

For **emergencies**, please **call 911**. For **non-emergency situations** during business hours (Monday through Friday, 9 AM to 5 PM), contact campus safety and request the Behavioral Health specialist. After 5 PM, on weekends, and holidays, please call **STUDENTLINC at 888-893-5462**.

7.5 Medical Care & Medication Samples

Students are prohibited from seeking medical care, including physical examinations and prescriptions, from their preceptors, their colleagues, or clinical staff. The sole exception to this policy is in emergency situations where the preceptor is the only qualified and licensed provider available to render care.

Students are strictly prohibited from taking any medications or supplies from clinical rotation sites for personal use. Violation of these guidelines, particularly regarding the appropriation of drug samples, will cause an automatic failing grade for the rotation and may lead to referral to the PAR Committee.

7.6 Personal Health Insurance

Students are required to maintain personal health insurance coverage throughout their clinical training. For full policy details, including proof of coverage and responsibilities for medical costs during clerkships (e.g., exposures or injuries), refer to the *ICOM College Catalog*.

8. Standards of Professional Conduct

It is expected that all ICOM students will uphold the highest standards of professional and ethical conduct. Cultivating and maintaining honor and personal integrity throughout medical school is paramount to the development of future physicians. Students are responsible for upholding these standards, and this expectation applies to all who attend the Idaho College of Osteopathic Medicine.

8.1 Respect for Patients

All students are expected to uphold the highest standards of patient respect, confidentiality, and dignity. As osteopathic medical students, your interactions must consistently reflect these values through appropriate and professional language and behavior, ensuring a non-threatening and non-judgmental environment.

Patient privacy and modesty are paramount and must be respected at all times during history taking, physical examinations, and any other patient interactions. It is imperative to maintain professional boundaries with patients and their families.

Furthermore, students are expected to demonstrate unwavering truthfulness, refraining from intentionally misleading or providing false information. You must also avoid disclosing information to a patient that falls within the sole purview of the attending physician. Always consult with more experienced members of the medical team regarding patient care, or when a patient requests such consultation.

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

Students are expected to consistently demonstrate respect towards all faculty, staff, colleagues, hospital personnel, guests, and members of the general public. This includes punctuality in all professional interactions, prompt execution of reasonable instructions, and appropriate deference to those with superior knowledge, experience, or capabilities. When disagreements arise, students are expected to express their views in a calm and respectful manner, recognizing that mutual agreement may not always be achieved.

8.3 Respect for Self

Students are expected to maintain the highest level of personal ethics, beliefs, and morals in their daily conduct. This commitment to self-respect is foundational to professional development and is demonstrated through:

- **Personal Integrity:** Consistently acting with honesty, truthfulness, and strong moral principles in all academic, clinical, and personal interactions.
- **Accountability:** Taking responsibility for one's actions, decisions, and their consequences, and learning from experiences to foster continuous growth.
- **Professional Boundaries:** Recognizing and upholding appropriate boundaries in all relationships, both professional and personal, to maintain a clear sense of self and purpose.
- **Well-being:** Prioritizing personal health and well-being, understanding that self-care is essential for sustaining the demanding rigors of medical education and future practice.
- **Continuous Self-Improvement:** Engaging in reflective practices and actively seeking opportunities for personal and professional development to enhance knowledge, skills, and character.

8.4 Respect for Laws, Policies and Regulations

All students are required to adhere to the laws, policies, and regulations established at every level of ICOM and within the broader community.

Should a matter arise that may constitute a potential violation of law, the Dean must be notified promptly for appropriate referral to law enforcement authorities. Any ICOM student, faculty, or staff member witnessing a crime in progress is expected to immediately notify law enforcement, while always prioritizing personal safety.

Students are held to the same high ethical and professional standards as practicing physicians. Your professional conduct will be continuously evaluated throughout both the didactic and clinical years of the program. Violations of these standards of conduct are subject to faculty review and may be referred to the PAR Committee as detailed in the *ICOM College Catalog*.

8.5 Support and Reporting Concerns During Clinical Rotations

The Clinical Affairs Department is committed to ensuring that all clinical rotations provide meaningful, supportive learning experiences. If a student encounters any concerns during the clinical year—academic, personal, or rotation-related—they are encouraged to reach out to the Clinical Affairs Department as soon as possible. Counseling services are also available and are outlined in the earlier section of this guide and the *ICOM College Catalog*.

If a preceptor observes concerns related to a student's professionalism, performance, or progress, they should promptly notify the Dean for Clinical Affairs. All reports will be reviewed thoroughly, and any necessary actions will follow the procedures outlined in the *ICOM College Catalog*. Examples of concerns may include, but are not limited to:

- Challenges with interpersonal or communication skills
- Clinical or academic deficiencies
- Excessive or unexcused absences
- Physical or mental health concerns
- Suspected substance use or illegal behavior
- Suspected abuse (physical, emotional, or sexual)

If at any point the Clinical Affairs Department or a faculty member determines that a student is not fit—physically, mentally, or emotionally—to safely participate in patient care, the student will be temporarily removed from rotations and required to meet with the Clinical Dean to determine appropriate next steps.

Students who have concerns about their own health or well-being are encouraged to contact Clinical Affairs and take advantage of ICOM's confidential counseling resources.

8.6 Ethical Standards

The practice of medicine necessitates the embodiment of core humanistic qualities: **integrity, respect, and compassion**. These qualities are fundamental to the physician's role and underpin the ethical framework of the medical profession.

- **Integrity** signifies a profound personal commitment to honesty and trustworthiness. This includes a candid and accurate self-assessment of one's own skills and abilities, and their consistent demonstration in all professional activities.
- **Respect** involves a steadfast personal commitment to honoring the choices and fundamental rights of others concerning their autonomy and medical care decisions.
- **Compassion** is defined as a deep appreciation for the unique needs for comfort and assistance that suffering and illness encompass, while maintaining a professional distance that precludes excessive emotional involvement.

These principles collectively outline the essential intellectual and emotional attributes that physicians should bring to the profession of medicine. They do not impose rigid doctrines or establish a hierarchy of values; rather, they serve as a guide, accommodating the diverse personalities and approaches within the medical field.

Ultimately, these ethical standards describe the foundation of a beneficial patient-physician relationship—one where the dignity and freedom of both parties are honored, and their respective expectations and needs are acknowledged. While broadly defined, applying these principles allows flexibility across various individual styles and clinical situations.

8.7 Non-Cognitive Standards

As aspiring physicians, medical students bear a fundamental responsibility to guide their actions in service of the best interests of their peers, patients, and faculty. This responsibility is upheld through unwavering commitment to the highest degree of personal and professional integrity. To fulfill these objectives, all clinical-level medical students at ICOM are expected to adhere to the following standards:

Medical students shall demonstrate an unwavering dedication to acquiring the essential knowledge, skills, and attitudes necessary for providing competent medical care. Specifically, they shall:

- Assume personal responsibility for their medical education, actively engaging in all aspects of their learning journey.
- Continuously study, apply, and advance scientific knowledge, ensuring relevant information is readily available to patients, colleagues, and the public.
- Seek appropriate consultation with faculty, staff, and colleagues when interacting with patients, ensuring optimal patient care and personal development.
- Actively participate in the planning, implementation, and evaluation of the medical education process through constructive discussions with instructors and peers, and through formal written evaluations.

Medical students are expected to consistently demonstrate the professional behavior inherent to the role of a physician. This includes:

- **Truthfulness and Integrity:** Students must be truthful in all educational and clinical responsibilities. This explicitly prohibits falsifying information, including patient histories, physical examinations, or laboratory data, or purposefully misrepresenting any situation. Additionally, students must never tamper with, remove, or destroy patient records or educational materials, such as slides or anatomical dissections.
- **Confidentiality:** Maintaining the strictest confidentiality of patient information is paramount. Discussions of patient cases are only permissible under appropriate, professionally sanctioned circumstances.
- **Punctuality and Reliability:** Students are expected to be punctual, reliable, and conscientious in fulfilling all professional duties. This encompasses consistent attendance at lectures, examinations, and clinical rotations.
- **Impairment Policy:** Students are prohibited from participating in patient care if under the influence of any substance or experiencing any other condition that could impair their judgment or ability to function effectively and safely.
- **Professional Presentation:** Maintaining professional hygiene, demeanor, and appearance is required when in a patient care setting or when representing ICOM.
- **Advocacy and Consultation:** If a student believes plans or directives are not in a patient's best interest, they have a responsibility to respectfully review these plans or directives with the attending physician in a private setting.
- **Role Identification:** Clearly identifying their role as a medical student in all patient care settings is mandatory.
- **Supervision:** Students must actively seek appropriate faculty supervision for all clinical activities.
- **Adherence to Regulations:** Respect for civil laws, hospital rules, and ICOM rules

governing the conduct of medical students is unequivocally required.

Medical students must consistently demonstrate compassion and respect for themselves, their families, their colleagues, faculty, staff, and, most importantly, the patients who entrust them with their care and contribute to their education.

Specifically, students shall:

- Establish rapport and deal honestly with patients, colleagues, faculty, staff, and the patient's family, always within the confines of professional confidentiality.
- Treat all individuals with respect—including patients, their families, and professional colleagues, encompassing staff and other healthcare providers—regardless of their age, sex, race, national origin, religion, socioeconomic status, state of health, personal habits, sexual orientation, hygiene, or attitude.
- Prioritize their own well-being by adhering to sound health maintenance practices for both physical and mental health, and actively seek assistance when needed.

9. Other Regulations and Procedures

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

- **Supervision:** Students must always be supervised by a licensed physician.
- **Assigned Duties:** Students shall assume full responsibility for and diligently perform their assigned duties in strict accordance with the regulations of the training institution.
- **Compensation and Gratuities:** Students are strictly prohibited from accepting financial compensation or any form of gratuity for rendering patient care.
- **Patient Assignment:** Students should be assigned to specific patients to facilitate comprehensive learning and continuity of care.
- **History and Physical Examinations (H&Ps):** H&P examinations must be completed on those patients whom students will be following within their assigned service. A strong emphasis will be placed on the teaching and utilization of osteopathic principles and practice. Palpation and structural diagnosis, presented in narrative form, shall be an integral component of the history and physical examination.
- **The student may sign H&P Documentation and Countersigning: H&Ps performed and documented by students** in accordance with the training institution's rules and regulations. The supervising physician must review these H&Ps and require their countersignature.
- **Only students under the direct supervision of the supervising physician may write progress Notes: Progress notes.** Such notes must be countersigned within the timeframe stipulated by the training institution's rules and regulations.
- **Ordering and Prescribing:** Students shall not order any examinations, tests, medications, or procedures without first consulting with and obtaining the explicit prior approval of the supervising physician. Furthermore, students are prohibited from writing prescriptions for medicine, devices, or any other items requiring the authority of a licensed physician.

- **Educational Attendance:** Attendance is mandatory for all conferences, discussions, study sessions, and any other educational programs specifically designed for students. This attendance should be formally documented via an attendance record. Additionally, students are encouraged to attend lectures for interns and residents, provided these do not interfere with the student's primary program responsibilities.
- **Osteopathic Manipulative Treatment (OMT):** Students are required to participate in the utilization of osteopathic manipulative treatment when it is ordered and supervised by the attending physician.
- **Procedure Performance:** Students shall learn and perform procedures under appropriate and proper supervision, exclusively in areas where the training institution's regulations permit such instruction.
- **Student Support:** Every effort will be made to counsel and assist students experiencing difficulties on a particular service.
- **Advanced Opportunities:** Students demonstrating particular aptitude in a specific service may be granted additional learning opportunities at the discretion of the appropriate supervising physicians and the Director of Medical Education (DME), in accordance with hospital or clinic regulations.
- **Professional Conduct and Dress Code:** Students are expected to conduct themselves in a courteous and professional manner at all times and shall strictly adhere to the dress codes of both the training institution and ICOM.

10. Evaluation and Grading (Sloan and Bates)

Each third-year core rotation incorporates a mandatory online curriculum led by ICOM faculty. Successful completion of this curriculum is essential to receive rotation credit. You are expected to learn, comprehend, and apply terms and concepts presented in the clinical clerkship and assigned readings, utilizing critical thinking and reasoning skills.

Instructional materials may include computer projections, videos, computer-generated images, simulations, or virtual reality environments (VRE). Some assignments may require internet research or the use of specific software programs available at ICOM. Some activities will require collaboration with an assigned group of students. All required reading assignments will be indicated on the schedule or announced in class, with specific requirements posted on e-Value. Please note that late assignments will not be accepted and will receive a grade of zero. Students are encouraged to seek assistance during office hours or by appointment when needed, as it is your responsibility to proactively seek help.

Course goals and learning objectives for this program have been meticulously mapped. Assessment strategies are designed to ensure all students achieve the intended learning outcomes. Assessment of knowledge within the ICOM clinical education program will be based on the following criteria:

- Supervising preceptor evaluations of clinical performance across the core competencies.
- Post-rotation subject examinations (COMAT) administered after each core rotation.
- Examinations, quizzes, and assignments administered electronically at scheduled and random intervals to assess comprehension of relevant concepts.
- Active participation in the weekly ICOM online curriculum, including but not limited to case presentations, SOAP notes, and case discussions.
- Meeting attendance requirements and actively engaging during each clinical rotation and didactic session.
- Lecturio or other assigned question banks.

In addition to the aforementioned criteria, student evaluation may incorporate further assessments, including specialized educational modules (e.g., lectures, case studies, reading assignments), student procedure logs, dedicated question bank reviews, specific Osteopathic Manipulative Medicine (OMM) assignments, and required laboratory participation for certain rotations. Objective Structured Clinical Performance Examinations (OSCEs) and interactions with Standardized Patients (SPs) may also be utilized.

Examinations

All end-of-rotation examinations (COMATs) and quizzes require mandatory attendance. These assessments may be administered in a designated testing center, assigned classroom locations, or through virtual proctoring. All examination materials must be submitted at the conclusion of the assessment unless otherwise directed.

Tardiness for an examination may cause forfeiture of the opportunity to sit for that assessment. Students arriving late will not be permitted to take an examination if other students have already completed the exam and departed from the testing environment. In such instances, the student will receive a grade of zero (0) for the examination. In cases of absence due to verified illness or unforeseen emergency, students must notify the Clinical Affairs Department and the clinical course director promptly. Make-up examinations may be granted only in instances of seriously extenuating circumstances, verified by official, signed, and dated documentation. Students are strictly prohibited from copying examination questions or related materials during any review process; any attempt to do so will be considered a direct violation of the ICOM Honor Code.

Grading

The final grade for each rotation will be determined based on the following criteria:

- The official ICOM student evaluation form where the preceptor(s) evaluate student performance on the clinical rotation.
 - When multiple evaluations are submitted for a student on the same rotation, the highest rating will be used toward the final grade; all evaluations are recorded.

- The specialty-specific COMAT score, if applicable.
 - Completion of all course director assigned requirements, if applicable.
 - Student submission of their evaluation of the preceptor and evaluation of the rotation.
- Students are expected to have these submitted no later than the last day of the semester.

In addition to direct evaluations, students are responsible for the timely completion of all assigned academic tasks. These include, but are not limited to, journal and/or textbook readings, clinical modules, and standardized exam question review. Active participation in site didactics, such as morning report, noon conference, journal club, Harrison's book review, Tumor Board, and Grand Rounds, is also a required component of overall academic performance and participation.

ICOM Student Evaluation Form

This is the form your attending physicians will complete regarding your performance on each clinical rotation.

Supervising physicians and other qualified hospital staff with direct knowledge of student performance will have input into the student evaluation form. The attending physician will complete the final student evaluation form and should be discussed with the student prior to submission.

Competency Characteristics

The first section of this evaluation form evaluates your competency characteristics. It comprises seven sections, four of which are evaluated in the first section. Students will be graded on each of the four sections as demonstrating each of these "Rarely", "Sometimes", and "Consistently."

Entrustable Professional Activities (EPAs)

The next section of the evaluation form evaluates your performance regarding medical entrustable professional activities and consists of eight sections. Students will be graded on each of the eight sections as demonstrating each of these as "Dependent on Preceptor", "Direct Supervision", "Intervening at Times", and "Nearing Independence."

NOTE: Students will earn a failing grade for the rotation, independent of how many total points are earned based on the rubric if they are graded as requiring "Dependent on Preceptor" in three or more of the sections in the Entrustable Professional Activities.

Professionalism

Clinical preceptor(s) will also evaluate students' professionalism during the clinical rotation and consists of one section. Students will be graded as "Fails to Meet Expectations", "Needs Improvement", and "Meets Expectations."

NOTE: Students will earn a failing grade for the rotation, independent of how many total points are earned based on the rubric if they are graded and “Fails to Meet Expectations” for professionalism. Students who receive a “Fails to Meet Expectations” or “Needs Improvement” may be referred to the PAR Committee.

Osteopathic Principles & Tenets

Preceptors will grade students on whether they discussed osteopathic principles and tenets with them and patients in addition if you utilized osteopathic manipulative medicine on patients during the clinical rotation. This section is marked as “Yes” or “No”.

Overall Clinical Performance

This section is evaluated as “Pass” or “Fail” and is where the preceptor(s) will assess your overall performance of the clinical rotation.

NOTE: Students will earn a failing grade for the rotation, independent of how many total points are earned based on the rubric if their overall clinical performance is graded as a “Fail.”

Student Clinical Excellence Award

Preceptors will be given an opportunity to mark whether your performance on the clinical rotation was exemplary and worthy of being recommended for the Student Clinical Excellence Award that is awarded to one student at the end of the fourth year during graduation ceremonies.

Student Attendance

In this section, preceptor(s) will:

- List how many days a student was absent from the clinical rotation and whether the missed time was made up by working additional hours to compensate for the time missed
 - This information will be cross referenced with the student’s submission of an “Absence Request Form”. Any discrepancy between what is reported by the preceptor and what is requested by the student may cause a referral to the PAR Committee for a breach in professionalism.
- List if students were tardy during the clinical rotation
- Respond if the student approached them regarding their performance at the mid-way point of the clinical rotation

End-of-Rotation COMAT Examinations

Students are required to complete a comprehensive post-rotation examination (COMAT) following their third- and fourth-year rotations in Internal Medicine, Surgery, Obstetrics/Gynecology, Family Medicine, Pediatrics, Psychiatry, and Emergency Medicine.

The Internal Medicine COMAT will be administered upon completion of the Internal Medicine inpatient block. Similarly, the Surgical COMAT will be administered upon completion of the General Surgery block. The ICOM Clinical Affairs Department schedules these end-of-rotation examinations and typically occur on the last Friday of the four-week block during designated core rotations. Additional post-rotation examinations may be incorporated into the curriculum as they are developed and released.

The timing for the retake exam is determined by and at the discretion of the Clinical Affairs Department.

Successful completion of each rotation necessitates achieving a minimum passing score on the respective end-of-rotation examination. Students who do not attain a passing score on their initial attempt may be granted one opportunity to retake the exam. If a student passes the retake examination, the highest achievable grade for that rotation will be a “Pass*”, precluding eligibility for High Pass or Honors.

The timing for repeating the failed rotation is determined by and at the discretion of the Clinical Affairs Department.

Failure to achieve a minimum passing score after two attempts will cause a failing grade (F) for the rotation and referral to the PAR Committee. Should the PAR Committee grant permission, the student will be required to retake the failed clinical rotation in its entirety, including the associated COMAT examination.

In addition to the practical experience gained at clinical training sites, students are expected to engage with assigned texts and complete all curricular assignments to adequately prepare for these examinations. The Clinical Affairs Department further advises students to utilize each clinical rotation as a dedicated period to intensively study the specific medical discipline. This approach will not only facilitate mastery of the material for the end-of-rotation COMAT examinations, serving as an indicator of comprehension, but also contribute significantly to preparation for the COMLEX licensing examination.

Grading

Rotations With An End-of-Rotation COMAT Examination

Grades students can earn will range from highest to lowest:

- Honors
- High Pass
- Pass
- Pass *
- Fail

- Incomplete

Grading will be based on accumulation of points by the student from the following:

- ICOM student evaluation form
 - Competency Characteristics Section (4 total points available)
 - “Consistently” will earn 1 point
 - “Sometimes” will earn 0.5 points
 - “Rarely” will earn 0 points
 - Entrustable Professional Activities Section (16 total points available)
 - “Nearing Independence” will earn 2 points
 - “Intervening at Times” will earn 1 point
 - “Direct Supervision” will earn 0.5 points
 - “Dependent on Preceptor” will earn 0 points
- COMAT examination score, if applicable (32 total points available)
 - < 86 (see note below)
 - 86-90 = 15 points (15 - 69.6)
 - 91-94 = 18 points (18 - 75)
 - 95-99 = 21 points (21 - 80.3)
 - 100-104 = 24 (24 - 85.7)
 - 104-106 = 27 Points. (27 - 91)
 - 107-109 = 29 Points. (29 - 94.6)
 - 110+ = 32 Points

NOTE: Students who fail to earn a minimum passing score on their first attempt at an end-of-rotation COMAT examination will earn an “I” (Incomplete) for the clinical rotation and may be offered a second attempt at the COMAT examination.

- Clinical course director discretionary points (5 total points available, 1 point for each)
 - Attendance
 - Participation
 - Professional behavior
 - Assignment completion/grading
 - Timeliness of assignment submission

There are a total of 57 total points available for students to earn on a clinical rotation based upon the above. Students will earn a final grade based on the total number of points earned on a clinical rotation as follows:

- Honors: ≥ 51 total points earned
- High Pass: 42.6 - 50 total points earned
- Pass: 35 - 42.5 total points earned

- Fail: (1 or more of the following)
 - < 35 total points earned
 - Student receives 3 or more “Dependent on Preceptor” in the EPAs
 - Student receives a “Fail” for overall clinical performance
 - Student receives a “Fails to Meet Expectations” grade for Professionalism
 - Student fails to earn a minimum passing score on a subject COMAT examination on their second attempt
- Pass*: Students who pass a COMAT examination on the second attempt and meet minimum number points for a passing score on the rotation

Rotations Without An End-of-Rotation COMAT Examination

Grades students can earn will range from highest to lowest:

- Pass
- Fail

Grading will be based on accumulation of points by the student from the following:

- ICOM student evaluation form
 - Competency Characteristics Section (4 total points available)
 - “Consistently” will earn 1 point
 - “Sometimes” will earn 0.5 points
 - “Rarely” will earn 0 points
 - Entrustable Professional Activities Section (16 total points available)
 - “Nearing Independence” will earn 2 points
 - “Intervening at Times” will earn 1 point
 - “Directive Supervision” will earn 0.5 points
 - “Dependent on Preceptor” will earn 0 points
- Clinical course director discretionary points (5 total points available)
 - Attendance
 - Participation
 - Professional behavior
 - Assignment completion/grading
 - Timeliness of assignment submission

There are a total of 25 total points available for students to earn on a clinical rotation based upon the above. Students will earn a final grade based on the total number of points earned on a clinical rotation as follows:

- Pass: ≥ 16 total points earned
- Fail: (1 or more of the following)
 - < 16 total points earned
 - Student receives 3 or more “Dependent on Preceptor” in the EPAs

- Student receives a “Fail” for overall clinical performance
- Student receives a “Fails to Meet Expectations” grade for Professionalism

Upon receipt and review of all required information, the Dean for the Clinical Affairs Department, in consultation with the course director, will evaluate the preceptor feedback and assign a grade. Grades are submitted to the Registrar's Office in accordance with the established grading rubric.

To ensure a grade is issued for each rotation, students are responsible for confirming that the following documents are submitted to the ICOM Clinical Affairs Department:

- Student evaluation form
- Rotation site evaluation form
- Preceptor evaluation
- End-of-rotation COMAT examination

Students are **strictly prohibited** from contacting clinical preceptors after the submission of evaluation forms with the intent to dispute scores or to influence a change in their evaluation for the purpose of obtaining a higher grade.

The Clinical Affairs Department considers such actions a serious breach of professionalism. Any student found to be in violation of this policy will be referred to the PAR Committee for disciplinary review due to unprofessional conduct.

10.1 Grading Policies

All student disputes concerning grades or evaluations must be formally submitted to the course director within one week of the grade's issuance. The course director will render an initial decision regarding the rotation grade. Should a student wish to appeal this decision, a formal appeal may be submitted to the Dean of Clinical Affairs, whose decision will be considered final.

10.2 Rotation Failures

A failing grade on a clinical rotation will be recorded as an "F", or its equivalent, on the student's official transcript.

All

Students who fail a clinical rotation will be referred to the PAR Committee. They will be required to repeat the clinical rotation, if recommended by the PAR Committee, which may delay graduation. Additional consequences for failing a rotation may also apply, as outlined in the College Catalog. Students who receive a failing grade in two or more clinical rotations may face dismissal from ICOM (refer to the ICOM College Catalog for further details).

10.3 Nonattendance Evaluations

Failure to report for a scheduled clinical rotation without the prior consent of the Dean for

Clinical Affairs will cause an automatic "Failure" for that clinical rotation. Such instances will lead to a referral to the PAR Committee.

If the committee recommends, the student will be required to repeat the clinical rotation. This may impact the student's graduation timeline, potentially affecting financial aid and eligibility for the residency match process. In addition to the "Failure" for the rotation, the student will also be referred to the PAR Committee for a breach of professionalism.

10.4 Unauthorized Rotations

Students must complete the proper registration process with the Clinical Affairs Department prior to commencing any elective rotation. Failure to do so will result in no academic credit being awarded for that rotation. All such violations will be referred to the PAR Committee due to the resulting failed rotation grade and breach of professionalism.

To ensure all necessary documentation and affiliation agreements are in place, students are required to obtain pre-approval for all elective rotations. For any questions regarding the approval process, please contact the 3rd and 4th-year coordinators.

10.5 Final Grade Disagreement/Appeals Process

Students who disagree with a rotation evaluation (preceptor grade) must submit their concerns in eValue within the "Preceptor of Student" evaluation before the end of the semester in which the rotation occurred. In addition, the student must email the Clinical Affairs Deans and Director to initiate a formal review. The Clerkship Director will review the disagreement, which may include consultation with both the evaluator and the student. A written decision will be issued within 30 days, and the decision of the Clerkship Director is final.

In the case of disputing a final grade determined by a Course Director please follow the appeal process as outlined in the ICOM *College Catalog*.

All grades are finalized by the end of each semester.