Idaho College of Osteopathic Medicine

CLINICAL CLERKSHIP GUIDE AND ROTATION MANUAL

This manual provides third- (OMS-3) and fourth-year (OMS-4) students at the Idaho College of Osteopathic Medicine with essential guidance on the application of clinical rotation policies. It delineates the official roles, responsibilities, and expectations for osteopathic medical students throughout their clinical education.

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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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 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 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.

1.2. 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 further development of essential clinical knowledge and procedural skills necessary for competent medical practice.
- Promote an 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 commitment to lifelong learning and continuous professional development, essential for adapting to an evolving medical landscape.

1.3. Clinical Competencies Upon Completion

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

- Deliver high-quality, evidence-based medical care 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 to the evolving demands of medical practice through ongoing knowledge acquisition and continuous skill refinement.
- Collaborate 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 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, balancing considerations of benefit, cost, and resource availability.
- Initiate appropriate specialist consultations while maintaining continuity of patient care.

1.4. Entrustable Professional Activities (EPAs)

The clinical clerkship is structured to develop the thirteen core entrustable professional activities 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 history and perform a physical examination.
- **EPA 2:** Prioritize a differential diagnosis following a clinical encounter.
- **EPA 3:** Recommend and interpret common diagnostic and screening tests.
- **EPA 4:** Enter and discuss orders and prescriptions.
- **EPA 5:** Document a clinical encounter in the patient record.
- **EPA 6:** Provide an oral presentation of a clinical encounter.
- **EPA 7:** Form clinical questions and retrieve evidence to advance patient care.
- **EPA 8:** Give or receive a patient handover to transition care responsibility.
- **EPA 9:** Collaborate as a member of an interprofessional team.
- **EPA 10:** Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
- **EPA 11:** Obtain informed consent for tests and/or procedures.
- **EPA 12:** Perform general procedures of a physician.

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

2. Osteopathic History

The foundation of ICOM is 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 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.

2.1. 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.

2.2. 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 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 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 an understanding of:
- 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 embedded throughout the entire clinical education program. Consequently, the following objectives are applicable across all clinical services, adapted as appropriate to each specific context.

2.3. 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 firm 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 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.
- **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 across diverse age groups.

2.4. Philosophy and Patient Management

Students will gain an understanding of:

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

2.5. Application of Osteopathic Principles and Techniques

Students will demonstrate the following competencies:

- Application of core osteopathic concepts to healthcare, including 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).
- 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 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.

2.6. 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- year students), 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 practice and repetition to solidify their knowledge and refine their psychomotor skills. Fourth year students will have additional OMM opportunities, including dedicated teaching modules and elective rotations.

Students will initially receive close supervision and mentoring, with increasing autonomy granted as they demonstrate progress and proficiency. Preceptors are expected to have an 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 improved.

To further support preceptors in this crucial role, ICOM will provide digital media of selected OMT 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

This code of ethics provides guidance on ICOM's expectations regarding students' medical ethics and professional responsibilities.

- **Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when 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 her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or disability. In emergencies, a physician should make her/his 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 she/he withdraws from the case so that another physician may be engaged.
- **Section 5.** A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.
- **Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical 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 matters or activities which 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 she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials in all professional uses of her/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 should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.
- **Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.
- **Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable 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 the law by all proper means in order to improve patient care and public health.
- **Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.
- **Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.
- **Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.
- **Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.
- **SECTION 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.
- **SECTION 19.** When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

5. 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.

5.1. 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.

5.2. 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.

5.3. 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.

5.4. 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.

5.5. 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(s) 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 unapproved absences

- Lack of engagement in clinical learning activities
- 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 a Dean of Clinical Affairs 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.

5.6. 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. Applying these principles allows flexibility across various individual styles and clinical situations.

5.7. 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.

6. Introduction To Clinical Medicine

6.1. Clinical Site Placement

ICOM students in the OMS-III and OMS-IV curriculum are assigned to core affiliated hospital systems. Additionally, ICOM has secured affiliations with additional healthcare systems which will provide additional learning opportunities for students. The core site selection process will take place during the OMS-II academic year and will be finalized during the spring semester.

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:

6.1.1. 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 at a core site 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.

6.1.2. Rank-List Lottery Placement

Students who do not apply 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.

6.1.3. Site-Swap Opportunity

Following the Rank-List Lottery placement, students will have a one-time opportunity to request a site swap with a fellow classmate. This involves submitting a request from both parties to exchange their assigned lottery sites with each other. If approved by the Clinical Affairs department, this swap will constitute the final clinical site assignment for both students involved.

Students who are placed at a clinical site via the Residency Status Placement are ineligible to swap their clinical site with another student.

6.2. Overview of Clinical Experiences

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.

Core clinical rotations are defined by ICOM as those clerkship rotations designed to provide the student with a core foundation of clinical medical knowledge and patient evaluation, to help them develop plausible differential diagnoses and treatment plans. These rotations will have an end-of-rotation COMAT examination which will assess a foundational clinical medical knowledge. These rotations are primarily completed during a student's OMS-III academic year. Core clinical rotations at ICOM include the following: Family Medicine, General Surgery, Internal Medicine, Ob/Gyn, Pediatrics, and Psychiatry.

Required clinical rotations supplement the core foundation of clinical medical knowledge and provide students with a broader exposure to medical specialties and their nuances of patient care. These rotations are primarily completed during a student's OMS-III and OMS-IV academic years.

ICOM has affiliations with 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 further develop 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. For 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 (residency) training, to provide additional experience preparing for residency and assurance of adequate teaching material and faculty.

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

6.3. Didactic Sessions

6.3.1. Clinical Site-Specific Didactic Sessions

Clinical sites and specific medical services may host local scheduled didactic sessions. Information regarding these schedules is typically provided on the first day of the rotation service. Attendance at all site-specific didactic sessions is mandatory. Students are also required to attend and actively participate in all didactic sessions held by the ICOM faculty clinical clerkship course directors.

6.3.2. ICOM Centralized Didactic Sessions

In addition to site-specific didactics, ICOM hosts centralized didactic sessions led by ICOM faculty clinical clerkship course directors. Attendance at these sessions is mandatory for all third- and fourth-year students while actively engaged in these rotations. Rotations which have ICOM didactic sessions are as follows:

- Emergency Medicine (completed in either the third or fourth year)
- Family Medicine
- Internal Medicine
- Internal Medicine - Subspecialty
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Surgery - Subspecialty

If a conflict arises due to essential, active clinical duties (e.g., surgeries or deliveries), the student must notify the ICOM clinical clerkship course director in advance with an explanation

for the absence. Students will be required to complete a designated make-up assignment to receive credit.

These didactic sessions are designed to augment the patient-facing clinical experiences. Successful completion of these sessions and all associated assignments is a requirement to receive rotation credit. Students are expected to learn, comprehend, and apply the terms, concepts, and assigned readings presented during clinical clerkships utilizing advanced critical thinking and reasoning skills.

- Course goals and learning objectives for these sessions are explicitly mapped to institutional competencies.
- Learning modalities may utilize video lectures, computer-generated imaging, medical simulations, or virtual reality environments.
- Certain assignments may require independent internet research or the utilization of specialized software programs accessible through ICOM.
- Selected academic activities may require formal collaboration within an assigned peer student group.
- All required reading assignments and specific module requirements will be outlined on the schedule or published via the LMS for the third- and fourth- year curriculum.

Late assignment submissions will not be accepted and will receive a grade of zero.

Students are responsible for their own academic progress and are expected to proactively seek help when needed. Faculty members are available to provide assistance during scheduled office hours or by appointment.

Students will receive a formal grade for each ICOM didactic session associated with their core rotations. These components are factored into the student's final clinical rotation grade.

Refer to the "Evaluation: Clinical Clerkship Course Director Evaluation" section of this handbook for further information regarding how students will be evaluated during the ICOM didactic sessions.

Refer to the "Grading: Clinical Clerkship Course Director Evaluation" section of this handbook for further information regarding grading of the ICOM didactic sessions.

6.4. COMAT (End-of-Rotation) Examinations

To successfully complete the third-year clinical curriculum, all students must sit for and achieve the established minimum passing score on the COMAT (Comprehensive Osteopathic Medical Achievement Test), developed by the NBOME.

A mandatory COMAT assessment is required following the completion of core clerkships in the following disciplines:

- Emergency Medicine (completed in either the third or fourth year)
- Family Medicine
- Internal Medicine (administered upon completion of the core inpatient block)
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Surgery (administered upon completion of the General Surgery block)

The Clinical Affairs Department oversees all examination scheduling. COMAT sessions are typically administered on the last Friday of each four-week block. Timelines may be adjusted by the department to accommodate institutional holidays, campus closures, or NBOME availability constraints, etc. The Clinical Affairs Department reserves the right to integrate additional post-rotation examinations into the curriculum as new academic assessments are adopted.

The Clinical Affairs Department advises students to approach each clinical clerkship as an intensive, discipline-specific period of board preparation. End-of-rotation COMAT examinations serve as objective benchmarks to assess a student's comprehensive understanding of medical knowledge within each specialty.

To ensure optimal performance, students should mirror the academic rigor established during their COMLEX-USA Level 1 preparation. While maintaining a baseline of 70% correct on practice questions is used during preparation, students are expected to hold themselves to an equivalent high threshold on these assessments. Nationally, this translates to a *target minimum score of 107 on each COMAT examination*. Adhering to this standard helps ensure strong clerkship performance and systematically builds the cumulative foundation required for success.

Punctuality is mandatory for all examinations, whether administered in person or via a virtual platform. Students must be seated and fully prepared to test prior to the designated start time. Arrival more than 15 minutes after the scheduled start time may disqualify a student from taking the scheduled exam, resulting in a score of zero for that attempt.

Because examination attendance is compulsory, unapproved absences are strictly prohibited. Make-up assessments may not be granted unless pre-authorized by the Deans of Clinical Affairs under verified, extenuating circumstances.

Upholding the highest ethical standards is foundational to professional medical identity and ensures an equitable testing environment. Any irregular, suspicious, or compromised behavior observed during an examination will result in possible examination failure and referral to the PAR Committee. Adherence

to these guidelines reflects a student's baseline commitment to academic honesty and professional decorum.

Successful completion of each clinical rotation is strictly contingent upon achieving the minimum passing threshold on its respective COMAT examination.

Students who do not attain the minimum passing score on their initial attempt may be granted a single opportunity to retake the examination.

- If the student passes the retake examination, the maximum obtainable grade for that rotation will be capped at “Pass*".
- The student forfeits all eligibility for "High Pass" or "Honors" distinctions for that rotation.

The Clinical Affairs Department retains sole discretion over the timing and scheduling of all COMAT retakes.

- Students are expected to sit for the retake examination at the conclusion of their next scheduled rotation block that does not have an associated COMAT requirement (e.g., electives, vacation, scholarly activity, or internal medicine/surgery subspecialties).
- If a retake must be scheduled during the Residency Preparation block, it will adhere to the following timeline:
    - First Retake: Scheduled for Friday of the second week of the block.
    - Second Retake (if applicable): Scheduled for Friday of the third week of the block.

Students must complete all COMAT retake attempts within the standard timeline prior to the conclusion of the third academic year. Students will not be permitted to sit for a third-year COMAT examination after the final block of Year 3. Failure to complete testing within this timeframe will result in a referral to the PAR Committee.

Failure to achieve the minimum passing score after two examination attempts will result in an official failing grade (F) for the rotation and referral to the PAR Committee.

If granted permission by the PAR Committee to remediate the course failure, the student must repeat the clinical rotation in its entirety before commencing any fourth-year clinical rotations. This remediation includes fulfilling all clinical requirements and successfully passing the corresponding COMAT examination.

Refer to the “Grading: Rotations With An End-of-Rotation COMAT Examination...” section of this handbook for further information regarding grading scales and COMAT examination scores.

6.5. Rotation Structure

Minimum time requirements for clinical rotations is 128 cumulative hours per 4-week rotation. However, to support ICOM’s mission to produce the most competent Osteopathic physicians, students

are *not* expected to meet only the minimum standards. It is the expectation of the ICOM Clinical Affairs Department that every student obtains as much clinical patient exposure on every clinical rotation, including working nights, weekends, and holidays where applicable. Student schedule, clinical hours, and preceptor availability (including preceptor vacations) should be taken into account. Students should avoid scheduling personal travel during all clinical rotations including Clinical Preparation, Scholarly Activity, Residency Preparation and Licensing Examination preparation. 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 preferentially be completed at ICOM's core clinical training sites where ICOM has established rotations, affiliation agreements, and faculty. Vacation time is not to be scheduled at the beginning or end of a Semester.

6.6. Third-Year Clinical Rotations

6.6.1. Matriculation Requirements

Successful completion of all first- and second-year courses is a prerequisite for advancing to the third-year curriculum. Students may participate in the following third-year curriculum blocks while they await their score for the COMLEX-USA Level 1 examination: Clinical Preparation course and Vacation (Independent Study/Licensing Exam Review).

Students who earn a passing grade on the COMLEX-USA Level 1 examination on their first attempt will be permitted to commence through the remaining third-year curriculum.

Students who do not earn a passing grade on the COMLEX-USA Level 1 examination on their first attempt will not be permitted to continue with the remaining third-year curriculum upon receipt of this score. These students may be permitted a second attempt at this examination as outlined in the ICOM College Catalog.

- Students may begin participating in clinical rotations after they have taken their second attempt at the COMLEX-USA Level 1 examination while they await their score, if permitted by their core clinical rotation site. They will be permitted to begin these clinical rotations at the start of the *next block* of clinical rotations and will not be permitted to begin after a block has already begun.
    - Students who earn a passing grade on the COMLEX-USA Level 1 examination on their second attempt will be permitted to commence through the remaining third-year curriculum.
        - Any third-year rotation blocks that were missed while preparing for and taking this exam must be made up prior to advancing to the fourth-year curriculum and commencing any fourth-year rotations, electives, or audition clerkships.
    - Students who do not earn a passing grade on the COMLEX-USA Level 1 examination on their second attempt will be pulled off their current clinical

rotation and will not be permitted to continue with clinical rotations. These students will be referred to the PAR Committee as outlined in the ICOM College Catalog.

6.6.2. Third-Year Curriculum

ICOM's third-year osteopathic medical students will be required to complete 12 rotations. Each clinical rotation will consist of a minimum of 128 cumulative hours per 4-week rotation. All rotations must be taken and completed at ICOM core sites or sites designated by ICOM Clinical Affairs Department. Students are not permitted to schedule or arrange any third year clinical rotation; all third year clinical rotations will be scheduled and arranged by the designated ICOM Clinical Coordinator.

The third-year clinical rotations are listed in the table below.

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

THIRD YEAR CURRICULUM (In no particular order)	
Psychiatry	4 weeks
Scholarly Activity	4 weeks
Surgery	4 weeks
Surgery - Subspecialty	4 weeks
Vacation	4 weeks
OB/Gyn	4 weeks
Residency Preparation	4 weeks
Osteopathic Principles & Practice	Fall Semester
Osteopathic Principles & Practice	Spring Semester

6.6.3. Clinical Preparation

This first block rotation requires in-person attendance, on campus at ICOM in July of the OMS-III year. This four- week block focuses on preparation for success in the clinical clerkships.

6.6.4. Internal Medicine - Subspecialty

The following medical disciplines can be considered by students to fulfill the required internal medicine subspecialty clinical rotation:

- Allergy/Immunology

- Cardiology
- Critical Care Medicine (ICU)
- Endocrinology
- Gastroenterology
- Geriatric medicine
- Hematology/Oncology
- Infectious Disease
- Internal Medicine (inpatient or outpatient services)
- Physical Medicine and Rehabilitation (PMR)
- Pulmonology
- Nephrology
- Neurology
- Rheumatology

6.6.5. Surgery - Subspecialty

The following surgical disciplines can be considered by students to fulfill the required surgery subspecialty clinical rotation:

- Anesthesiology
- Cardiovascular Surgery
- Dermatology
- General Surgery
- Gynecological Surgery
- Neurosurgery
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

6.6.6. Elective Rotation

The third-year elective rotation is meant to provide students with an opportunity to explore diverse medical subspecialties, broaden their diagnostic and therapeutic skills in specific areas of interest, and align their upper-level clinical training with future residency pursuits and career trajectories. While elective experiences afford essential curricular customization, they remain rigorous, credit-bearing academic requirements.

All third-year elective rotations must be completed within the student's assigned core clinical site, and the specific opportunities available are strictly contingent upon the clinical infrastructure and specialties present at that affiliated healthcare system. Prior to the third academic year, the Clinical Affairs Department will survey students regarding their preferred elective disciplines. Although clinical and regional site coordinators make every professional effort to align scheduling with these expressed preferences, the institution cannot guarantee the availability of every medical subspecialty at every core site, as rotational capacity remains subject to localized hospital constraints.

The scheduling and finalization of all third-year elective rotations are managed exclusively by the designated ICOM clinical or regional site coordinators. Students are strictly prohibited from initiating direct contact with physicians, preceptors, or clinical sites to independently arrange or solicit rotations. Institutional coordinators maintain comprehensive oversight regarding preceptor capacity, pre-existing student assignments, and clinical bandwidth. Unauthorized student outreach circumvents this essential administrative framework and risks straining vital institutional partnerships with clinical affiliates. Consequently, any violation of this scheduling protocol will be treated as a breach of professional behavior and may result in a referral to the PAR Committee.

6.6.7. Residency Preparation

This four-week rotation is scheduled during either May (Block 12) or June (Block 13) of the third academic year (OMS-III). Designed to provide strategic preparation for post-graduate training, this course offers comprehensive instruction on navigating the contemporary residency selection and match processes. The curriculum delivers targeted guidance on utilizing major national application and matching platforms, including the Electronic Residency Application Service (ERAS), the National Resident Matching Program (NRMP), ResidencyCAS, and the Military Operational Data System (MODS). Additionally, students will cultivate critical professional competencies necessary for a successful transition to graduate medical education, focusing on advanced interviewing techniques and the development of impactful personal statements.

6.6.8. Osteopathic Principles & Practice

Third-year (OMS-III) students are required to complete semester-long coursework in Osteopathic Principles and Practice running *concurrently with their clinical rotations*. This longitudinal curriculum is structured to reinforce and advance the foundational competencies established during the pre-clinical years, offering opportunities for integration of osteopathic tenets into direct patient care.

6.7. Fourth-Year Clinical Rotations

6.7.1. Matriculation Requirements

Students may advance to the fourth-year curriculum once they have:

- Successfully completed all third-year clinical coursework
- Taken the COMLEX-USA Level 2 examination *or* is registered to take the COMLEX-USA Level 2 examination within the ICOM designated timeframe
    - Students can continue participating in clinical rotations while they await their score

Students who earn a passing grade on the COMLEX-USA Level 2 examination on their first attempt will be permitted to commence through the remaining fourth-year curriculum.

Students who do not earn a passing grade on the COMLEX-USA Level 2 examination on their first attempt will be pulled off their current clinical rotation and will not be permitted to continue with clinical rotations upon receipt of this score. These students may be permitted a second attempt at this examination as outlined in the ICOM College Catalog.

- Students may begin participating in clinical rotations after they have taken their second attempt at the COMLEX-USA Level 2 examination while they await their score, if permitted by their clinical rotation site.
    - Students who earn a passing grade on the COMLEX-USA Level 2 examination on their second attempt will be permitted to commence through the remaining fourth-year curriculum.
        - Any fourth-year rotation blocks that were missed while preparing for and taking this exam must be made up within the remaining time in academic calendar
    - Students who do not earn a passing grade on the COMLEX-USA Level 2 examination on their second attempt will be pulled off their current clinical rotation and will not be permitted to continue with clinical rotations. These students will be referred to the PAR Committee as outlined in the ICOM College Catalog.

6.7.2. Fourth-Year Curriculum

ICOM's fourth-year osteopathic medical students will be required to complete 36 weeks of clinical rotations. Each clinical rotation must consist of a minimum average of 128 hours per each four week rotation to earn academic credit.

Students may complete a maximum of 16 weeks in one specific specialty.

The required rotations for fourth year are listed below.

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
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	Fall Semester
Osteopathic Principles & Practice	Spring Semester

6.7.3. Primary Care Elective

This rotation is a 4-week (consecutive) patient-facing clinical rotation. The following medical disciplines can be considered by the students to fulfill the required primary care rotation:

- Family Medicine
- Geriatric Medicine
- Outpatient Internal Medicine
- Outpatient Pediatrics
- Sports Medicine
- Urgent Care
- Ob/Gyn

6.7.4. Emergency Medicine

All ICOM students must successfully pass one 4-week emergency medicine rotation including earning a minimum passing score on the end-of-rotation COMAT examination. The first emergency medicine rotation a student participates in will be used to fulfill this requirement. This rotation is primarily a fourth year clinical rotation, however, it may be taken in the third year.

Third year students may have an opportunity to take this rotation, depending on availability at their core clinical site, and desire to enter into an emergency medicine residency. This rotation is not guaranteed for any student in the OMS-III year. Students who do this rotation in their third year will be counted as the required emergency medicine clinical rotation. If a student participates in an emergency medicine rotation in their third year, it will take the place of the elective rotation in the OMS-III curriculum.

6.7.5. Elective Rotations

Elective rotations are meant to provide students with an opportunity to explore diverse medical subspecialties, broaden their diagnostic and therapeutic skills in specific areas of interest, and

align their upper-level clinical training with future residency pursuits and career trajectories. While elective experiences afford essential curricular customization, they remain rigorous, credit-bearing academic requirements.

Fourth-year elective rotations offer expanded flexibility and may be completed either at the student's assigned core clinical site or at independent, external healthcare facilities. However, to help ensure that the clinical education needs of all students are met equitably, fourth-year students are strictly prohibited from completing elective clinical rotations at core sites other than their assigned third-year core site. This is not limited to the "city proper." It includes all hospital systems and physician offices that provide clinical rotations for the students assigned to that regional core site. Students should assume that facilities in the immediate areas surrounding a core site are affiliated with that site.

The *only* exception to the rule above is if you have secured an official audition rotation in the medical specialty you plan to match into. A specific, secured audition rotation at another core site is permitted with proof of acceptance for this rotation. However, a standard elective rotation at another core site is not permitted.

Should students have questions about a potential location, they are to follow the following steps:

- **Ask First:** Before pursuing any potential rotation, email the ICOM clinical coordinator and ask if the site/physician's office is available.
- **Wait for Confirmation:** Do not reach out to or secure sites independently without explicit green-lighting.

Students are encouraged to contact ICOM clinical coordinators and regional site coordinators if they are having difficulty in obtaining a rotation or have any questions pertaining to available rotations.

6.7.5.1. Types of Elective Rotations

- Audition Rotations: An audition rotation is a strategic clinical experience completed at a prospective residency program. It serves as an extended, mutual evaluation where the student showcases their clinical acumen, work ethic, and institutional fit to a graduate medical education team, while simultaneously assessing the program's culture and suitability for their post-graduate training.
- Sub-Internship (Sub-I) Rotations: A sub-internship (or acting internship) is an advanced, high-acuity fourth-year experience where the student assumes an elevated tier of clinical responsibility mirroring that of a first-year resident. Under direct faculty and resident supervision, sub-interns manage an expanded patient census, formulate

definitive diagnostic and therapeutic plans, and direct daily care workflows to demonstrate readiness for independent postgraduate training.

- Simple Elective Rotation: A simple elective rotation is a standard, credit-bearing clinical or scholarly block chosen by the student for foundational exposure to a specific medical subspecialty. It emphasizes broad educational exploration, knowledge acquisition, and skill refinement in an inpatient or outpatient setting, without the recruitment pressures of an audition or the intensive operational responsibilities of a sub-internship.

6.7.6. Away Elective Rotations

Away elective rotations are defined as clinical rotations taking place at a location outside of their assigned core site. Students seeking to complete elective rotations away from their core clinical site must be in good academic standing and obtain approval from the Clinical Affairs Department. This process requires the completion and submission of an Elective Request Form (ERF), which is accessible online using LMS for the third- and fourth-year curriculum.

To help ensure adequate time for student onboarding, execution of educational affiliation agreements between ICOM and external medical institutions, etc. submission deadlines are enforced.

- For all domestic away rotations, the completed ERF must be submitted a minimum of 90 days prior to the anticipated rotation start date.
- For international elective rotations, which require more extensive regulatory and logistical review, the ERF must be submitted at least 120 days prior to the start date.

6.7.6.1. Scheduling Away Elective Rotations

Away rotations, including advanced sub-internships and competitive audition clerkships, are secured either through centralized platforms or via independent scheduling. The Clinical Affairs Department will provide students with access and introductory data for primary scheduling networks, specifically the Visiting Student Learning Opportunities (VSLO) platform and Clinician Nexus.

For away rotations arranged independently outside of these digital networks, approval requires the submission of one of the following to the Clinical Affairs Department:

- A completed Elective Request Form (ERF) signed directly by the supervising preceptor.
- A formal acceptance notification forwarded from the host site or program coordinator explicitly detailing the rotation dates, clinical location, preceptor, and medical specialty.

6.7.6.2. Documentation Needs

External clinical sites require compliance and credentialing documentation before authorizing a student to begin a rotation. This compliance packet routinely includes (but is not limited to):

- An institutional letter of academic good standing
- Verified immunization records
- A recent criminal background check
- A certified drug screen
- Proof of the college's professional liability and malpractice insurance coverage

To facilitate timely transmission of this documentation to the hosting facility, students must submit the following to the Clinical Affairs Department:

- The full name, professional title, and email address of the host site's designated coordinator.
- The official name of the receiving healthcare or medical education institution.
- A precise, comprehensive list of the exact documentation required by the hosting entity.

6.7.6.3. Strategic Planning and Preceptor Outreach

To help maximize the likelihood of securing highly sought-after clinical slots, students should reach out to prospective preceptors several months in advance of their target dates. Because many independent clinics and hospital systems operate on a rolling, first-come, first-served basis, routing communication through the clinic's office or practice manager may yield the most efficient results.

When initiating professional contact, students should present a complete application portfolio to demonstrate seriousness and qualifications, including:

- An up-to-date curriculum vitae (CV).
- A formal letter of interest.
- A readiness to provide licensing examination scores upon request, as many competitive clinical sites utilize board performance metrics to evaluate and rank student applicants.

6.7.6.4. Cancelling Clinical Rotations

To preserve the credibility of ICOM and its students, in addition to maintaining vital partnerships with healthcare affiliates, students are expected to honor all elective rotation commitments. Late cancellations forfeit valuable clinical slots that hospitals

reserve exclusively for our institution, thereby depriving peers of educational opportunities and straining professional relationships with clinical partners.

- Notification Deadline: If a cancellation is unavoidable, students must formally notify the Clinical Affairs Department a minimum of four weeks prior to the rotation's scheduled start date. Cancellations initiated after this four-week window are strictly prohibited.
- Post-Deadline Documentation: Any scheduling modifications requested after the four-week deadline require the submission of official, verifiable documentation proving that the cancellation was initiated directly by the hosting physician or hospital system rather than the student.
- Residency Match Implications: Students must be aware that last-minute cancellations of upper-level clinical experiences—particularly audition rotations and sub-internships—reflect poorly on professional character and can carry severe negative consequences during the residency Match process.

6.7.7. Virtual Rotations

To ensure the primacy of direct patient care and robust hands-on training, the Clinical Affairs Department limits fourth-year students to a maximum aggregate of four weeks of virtual rotations across their entire fourth-year of study.

These are optional and available to complete during fourth-year; and are offered in 2- or 4-week blocks. ICOM has the following courses available (subject to scheduling availability):

- Business in Medicine
- Medical Spanish
- Radiology
- Pathology
- Critical Care
- Research (prior approval required from Course Director)

6.7.8. Osteopathic Principles & Practice

OMS-IV students must complete semester-long courses in Osteopathic Principles and Practice. The OPP courses are designed to reinforce and build upon the basic foundation of the first three years of osteopathic medical education and provide further information on how to integrate osteopathic principles and practices into patient care. These courses are designed to be completed at the individual core rotation sites *and concurrently* with your clinical rotations.

6.7.9. Vacation

Students may take a total of four weeks of vacation and they do not have to be taken in one block. Individual weeks may be used to fill gaps between audition rotations and electives. It is

therefore 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.

6.7.10. Military Rotations and Training Commitments

The Clinical Affairs Department recognizes students commissioned in the military healthcare tracks have distinct operational, clerkship, and audition requirements. ICOM is committed to supporting these students in fulfilling their service obligations and navigating their unique professional milestones.

To help facilitate scheduling of these rotations, military students must do the following:

- All military clerkships and Active Duty Training (ADT) rotations require prior formal approval from the Deans of Clinical Affairs. Students must maintain proactive, continuous communication with the department regarding their official ADT orders and proposed rotation schedules.
- Health Professions Scholarship Program (HPSP) students are strongly encouraged to reserve their third-year elective rotation for the final blocks of the OMS-III academic year. Because the military residency match occurs significantly earlier than the civilian Match, the military audition cycle frequently begins during the late spring of the third year.
- HPSP students who exhaust their third-year elective early in the academic calendar will not be permitted to alter or disrupt required core clerkships if a military audition rotation is subsequently offered late in the third year.

6.7.11. International Rotations

International rotations are an option to schedule for fourth-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 the 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 permit students to participate in an international rotation in any country currently under a travel warning by the US State Department.

6.7.12. Unauthorized Rotations

Students must fully complete the official registration process with the Clinical Affairs department before commencing any elective rotation. Retroactive registration is not permitted.

Participating in a clinical rotation without finalized registration and approval will result in a denial of academic credit for that rotation.

Because practicing at an unauthorized clinical site presents profound institutional liability, safety, and professional risks, any such violation will result in an automatic failing grade for the rotation, which will forfeit academic credit for the rotation, and a referral to the PAR Committee.

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 clinical coordinators

6.7.13. 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 Elective Request Form and submit all required documentation.

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

1. Complete and submit the Elective 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****

6.8. Comparability in Clinical Experience and Assessment

Students at 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.

6.9. 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.

7. General Student Protocols and Procedures

7.1. 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.

All correspondence with the Clinical Affairs Department regarding academic coursework must be conducted professionally and exclusively through your official ICOM email account. To safeguard student privacy and adhere to institutional standards, the department will not review or respond to inquiries sent from personal or external email addresses.

- 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.
- All correspondence with the Clinical Affairs Department regarding academic coursework must be conducted professionally and exclusively through your official ICOM email account. To safeguard student privacy and adhere to institutional standards, the department will not review or respond to inquiries sent from personal or external email addresses

7.2. Student Contact Information

Students are required to keep their contact information—including permanent address, current mailing address at their core rotation site, cell phone number, emergency contact name and cell phone number—up to date in the LMS for the third- and fourth- year curriculum and SONIS throughout all four years of medical school.

Students must maintain accurate and up-to-date contact and emergency information throughout all four years of medical school. Updates must be reflected in both SONIS and the LMS for the third- and fourth- year curriculum

The following information must be kept current at all times:

- Permanent address
- Current mailing address (at the assigned core rotation site)
- Personal cell phone number

- Emergency contact name and mobile number

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 where applicable.

7.3. 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 disciplinary action by the hospital system, dismissal from the clinical rotation, and referral to the PAR committee for further review.

7.4. Preceptor-Student Relationship

The student is expected to maintain a professional relationship with the preceptor and supervising healthcare providers, 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 (refer to the "Social Media" section of this handbook for further information) should be avoided until after the student has fully graduated from ICOM.

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 and the student may not be permitted to complete the rotation with this preceptor due to potential conflict of interest. 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.

7.5. Use of Electronic Devices

The 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. To ensure undivided attention is dedicated to patient care and collaboration with the

healthcare team, students are expected to minimize the use of personal electronic devices while on clinical rotations. During periods of downtime while on service, students should prioritize the use of physical textbooks and print references for studying or researching clinical questions, thereby maintaining an exemplary professional demeanor in the clinical environment.

7.6. Social Media

At no time are students permitted post any patient information, commentary, or rotation-specific information on any 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-oriented networking through professional platforms like LinkedIn is permitted but not encouraged. 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.

7.7. Student Health and Counseling

7.7.1. 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.

7.7.2. 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 unapproved 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 to build their foundation of meeting health requirements:

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 quantitative 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 must be submitted.

*This list is at the discretion of ICOM to update as needs arise.

7.7.3. 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.

7.7.4. Mental Health & Counseling Services

ICOM students have access to the Student Assistance Program (SAP), TimelyCare, which provides confidential and professional support, guidance, and resources 24 hours a day, seven days a week. Access is available by calling 833-484-6359 or by visiting TimelyCare Login and entering your school-issued email address.

7.7.5. 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.

7.7.6. Bloodborne Pathogen Exposure (i.e. 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 personnel (at a minimum)
    - Clinical preceptor
    - Regional Dean
    - Site supervisor
- Completing any required documentation

Additionally, students must notify the ICOM Clinical Affairs Department as soon as reasonably possible and submit the Bloodborne Pathogen Exposure Form (available on the LMS for the third- and fourth- year curriculum) within 72 hours of the incident. A copy of the completed form will be retained on file in the Clinical Affairs Department.

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 Affairs Department.

7.8. 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.

7.9. 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 following may be altered to meet individual dress requirements at the assigned core site and affiliated healthcare systems. Please seek guidance from your preceptor, site coordinator, or Regional Dean for dress code/attire requirements for all clinical rotations.

7.9.1. General Attire Expectations

- Attire should be neat, clean, and professional. Recommended apparel can be classified as business or business casual (i.e. dress pants, dress shirts or blouses, appropriate socks, and professional shoes).
- Casual apparel (i.e. jeans, T-shirts, hats or head coverings (except for religious or medical reasons), sunglasses. etc) 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.

7.9.2. 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.

7.9.3. Student White Coat

- Students are required to wear a clean, wrinkle-free, short white consultation jacket with the ICOM patch at all times.
    - If the ICOM-issued student white coat is soiled, a clean, non-ICOM short white lab coat may be worn temporarily.

7.9.4. Student Identification

- Students are required to display their official ICOM identification (ID) badge at all times while on clinical rotations or participating in academic activities.
    - If an ID badge is lost, misplaced, or damaged, the student must contact ICOM immediately to arrange for a prompt replacement.
- In addition to the ICOM ID, students must wear all additional hospital- or clinic-issued identification badges exactly as mandated by the respective clinical site.

If a student arrives without their white coat, in inappropriate attire, or without proper identification, they may be asked to leave and return only when they meet the dress code requirements. This may cause the recording of an unapproved absence and require further action and review by the ICOM Clinical Affairs Deans. Inappropriate dress may also be considered a professionalism issue and may be referred to the PAR Committee.

7.10. Orientation

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.

At the beginning of clinical education, students may be required to:

- Participate in hospital specific orientation, where applicable.
- Complete onboarding requirements necessary for hospital credentialing for their core site.
    - Additionally, students may need to complete onboarding activities on a month-by-month basis if their rotations are at different hospital systems within their core site or if their rotation will be outside of their core site.

Students must 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 are strongly encouraged to 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 should include, but is not limited to, the following areas:

- Anticipated daily/weekly schedule
- Rotation-specific attire
- Interactions with office and professional staff
- 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

7.11. 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.

A copy of this can be found on the LMS for the 3rd and 4th year curriculum.

7.12. Training Hours

Students must strictly adhere to the clinical schedule established by their assigned preceptor throughout the duration of the rotation. To fulfill academic requirements, students must log a minimum of 128 clinical hours per four-week block (averaging at least 32 hours per week).

The assigned preceptor's clinical schedule takes precedence over the ICOM holiday schedule. If a clinical site remains operational during an institutional holiday or campus closure, students are required to report for duty as scheduled by their preceptor or site coordinator.

Medical education and comprehensive patient care require continuous, 24-hour coverage. Consequently, clinical schedules designated by the training site may encompass day, evening, overnight, weekend, or holiday shifts.

- Preceptors may require students to rotate through various shifts to maximize clinical exposure to peak patient volumes and diverse acuity levels.
- Students are expected to accommodate all scheduled shifts seamlessly, maintaining a cooperative attitude and actively engaging in all clinical duties.
- Reliability and punctual attendance are fundamental components of professional medical identity. Attempting to avoid "off-hours" shifts, requesting early dismissal, or demonstrating resistance to scheduled clinical hours constitutes a breach of the professional code of conduct.

In the event that an assigned preceptor is unavailable due to illness, professional travel, or alternative obligations, students must maintain clinical continuity rather than suspending their rotations. Students are expected to fully integrate into the preceptor's extended medical team to ensure an uninterrupted learning experience in their absence. To reinforce the principles of collaborative, team-based healthcare, students will actively participate in clinical duties alongside any of the following colleagues of their preceptor:

- Attending physician colleagues
- Residents and fellows
- Advanced Practice Providers (Nurse Practitioners and Physician Assistants)
- Nursing and allied health staff

7.13. 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.

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.

7.14. Reporting For Service

Students must reach out to their assigned preceptor of 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) unless instructed otherwise. When in doubt of time, show up early - for example: if the office opens at 8:00am, 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 ICOM clinical coordinator. 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 if noted on the preceptor-student evaluation 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.

7.15. 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.

7.16. History & Physical Examinations

ICOM believes in the importance of an educationally sound, realistic policy pertaining to student performance of acquiring histories and performing physical examinations (H&P's) in affiliated training sites. We realize the sovereignty of our affiliated hospitals and acknowledge that our policy must be integrated with individual hospital policy.

Students should expect to receive constructive feedback regarding the quality of their history taking ability, physical examination skills, and documentation of both in the medical record. 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.

Students are not licensed physicians, therefore 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 encouraged to complete osteopathic-specific structural examinations on all patients and perform osteopathic manipulative treatment as indicated.

7.17. 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. Students are not permitted to use others' usernames and passwords to access any electronic health record. 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.

Medical students are allowed to document all components of the evaluation and management (E/M) in the medical record, including the history and physical examination, in accordance with the health

system's policy. 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 compliance with regulations.

7.18. 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.

7.19. Rounds

Your supervisor(s) 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. Engaging in active dialogue and asking clarifying questions about management plans is highly encouraged as part of the learning process. To maintain standard-of-care professionalism and preserve the patient-physician relationship, these discussions must occur away from the bedside. Presenting clinical doubts or complex clarifications in front of patients can compromise their perception of the attending physician's authority and the quality of care being provided.

7.20. 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. Please be on time and be prepared (for clarity, on time is arriving at least five minutes early).

7.21. Procedure Workshops, Simulation or Skills Labs

Occasionally during your rotation or at your clinical training site, workshops or "skills labs" may be given to enhance your procedural or OMT training. Attendance at these events is mandatory. If assigned, you are expected to attend, be prepared, and participate with full engagement.

7.22. ICOM Didactic Sessions

Each service and clinical site may have its own didactic schedule, details regarding these may be provided the first day on service. Attendance at all clinical site didactic sessions is mandatory. 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, in advance, 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 ICOM clinical clerkship course director the explanation for your absence and be prepared to complete a make-up assignment.

Each third-year core rotation (in addition to the Emergency Medicine clinical rotation) incorporates mandatory online didactic sessions to augment your clinical, patient-facing learning experiences, which are led by ICOM faculty. Successful completion of these sessions, including mandatory assignments, is essential to receive rotation credit. Students are expected to learn, comprehend, and apply terms and concepts presented in the clinical clerkship and assigned readings, utilizing critical thinking and reasoning skills.

Course goals and learning objectives for these sessions have been mapped. Instructional materials may include videos, computer-generated images, simulations, or virtual reality environments. Some assignments may require internet research or the use of specific software programs available at ICOM. Some activities may 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 the LMS for the third- and fourth- year curriculum. 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.

Students will receive a grade for each ICOM didactic session associated with the core rotations which will be factored into their final grade for the clinical rotation.

Refer to the "Evaluation: Clinical Clerkship Course Director Evaluation" section of this handbook for further information regarding how students will be evaluated during the ICOM didactic sessions.

Refer to the "Grading: Clinical Clerkship Course Director Evaluation" section of this handbook for further information regarding grading of the ICOM didactic sessions.

7.23. Preceptor 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 (a copy of this can be found on the LMS for the third- and fourth- year curriculum) 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 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, Regional Dean and clinical coordinators.

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 attending physician (DO or MD). Evaluations completed by a resident, must be co-signed by an attending physician; resident evaluations without an attending physician cosignature will not be accepted. Students are strictly prohibited 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 a breach of professional behavior. Students are 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 COMAT examinations, if required, for the rotation.

Refer to the "Evaluation: Preceptor Evaluation of the Student" section of this handbook for further

information regarding how students will be evaluated on clinical rotations.

Refer to the "Grading: Preceptor Evaluation of the Student" section of this handbook for further information regarding preceptor grading for clinical rotations.

7.24. 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 through a token assigned to them by the student. A copy of the letter of recommendation may be sent to the Clinical Affairs Department for the sole purpose of audition rotation applications.

HPSP students preparing for the Military Match may have their letter writers send their letters of recommendation to the Office of Learner Outcomes and Assessment for later transfer to their Military branch for their MODS (Medical Operational Data System) Application.

7.25. Dismissal from a 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 Regional Dean of the rotation site, Deans of Clinical Affairs, clinical clerkship course director, and ICOM clinical coordinator) either by phone or email.

This initial notification must be followed by a written report detailing the incident, submitted to the Deans of Clinical Affairs and the ICOM clinical coordinator 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.

7.26. Attendance

Attendance at all scheduled clinical shifts is strictly mandatory. Professionalism in patient care requires reliable, punctual attendance and active engagement.

Students are expected to arrive at their clinical sites at least 15 minutes prior to the designated start time of their shift. In the event of any absence, regardless of its duration, the student must immediately report the absence to the following parties:

- The attending preceptor or site coordinator
- The assigned ICOM Clinical Coordinator
- The Clinical Affairs Department

Students are expected to maintain an ongoing professional obligation to remain communicative with the clinical clerkship course director, their ICOM clinical coordinator, preceptor, site coordinator, and the Clinical Affairs Department.

Failure to adhere to the established attendance guidelines, unapproved absences, or failure to notify the Clinical Affairs Department regarding missed clinical time may result in a rotation failure and a referral to the PAR Committee.

7.26.1. Absence Request Form

All absences must be formally documented and approved to maintain academic compliance and satisfy clinical hour requirements.

Students must utilize the official Absence Request Form, available on the LMS for the third- and fourth- year curriculum, for all absences.

- A fully completed form, bearing the signatures of both the student and the rotation preceptor, must be submitted to the Clinical Affairs Department within one week of missed time.
- Failure to submit the form within the one-week window may result in the absence being classified as unapproved.
- Approved absences do not exempt a student from core clinical experiences; all missed clinical time must be made up through designated assignments or additional shifts to meet rotation hour requirements.

7.26.2. Absence Categories

7.26.2.1. Discretionary Days

Students are allotted a maximum of three (3) discretionary days per academic year, subject to the following restrictions:

- No more than one (1) discretionary day may be utilized during any single rotation block.
- Discretionary days cannot be taken on the day of a scheduled COMAT examination.
- Students are strictly prohibited from altering their regular clinical shift schedule to accommodate or offset discretionary time off.
- Discretionary days cannot be combined or used consecutively to extend time away from a clinical rotation.

Written authorization must be secured from both the preceptor and the Clinical Affairs Department at least one week prior to the requested date. Extenuating circumstances may be reviewed by the Clinical Affairs Department at its sole discretion.

7.26.2.2. Sick Leave

Sick days are designated for unplanned, unexpected personal illnesses that prevent a student from safely or effectively participating in patient care.

Students are permitted a maximum of five (5) sick days per academic year. Exceeding this limit will trigger a formal review by the Clinical Affairs Department and the PAR Committee.

- If illness-related absences prevent a student from fulfilling the minimum required clinical hours for a rotation, the student risks failing that rotation.
- Missing 2 to 4 hours of a scheduled shift constitutes a half-day absence; missing more than 4 hours will be recorded as a full day of sick leave.
- Sick leave cannot be combined or utilized consecutively to artificially extend time away from a clinical rotation.

7.26.2.2.1. Medical Documentation and Provider Restrictions

If a student misses three (3) or more days in a single rotation due to illness, they must submit a formal note from a healthcare provider specifying the duration of the absence and the expected return-to-duty date.

- *Conflict of Interest Prohibitions:* Pursuant to ICOM policy and COCA accreditation guidelines, students are strictly prohibited from obtaining medical notes or clinical care from any healthcare provider with whom they have a past, current, or scheduled professional relationship during their clinical rotations.

7.26.2.2.2. Prolonged Illness

Absences extending beyond three days may necessitate a formal Medical Leave of Absence, which could delay graduation. Each case is evaluated individually. For infectious diseases or pandemics, students must adhere to CDC guidelines, unless site-specific institutional policies override and supersede those recommendations.

- *Note:* Requests for a Medical Leave of Absence must be submitted directly to the ICOM Registrar's Office in accordance with the College Catalog.

7.26.2.3. Family Emergencies and Bereavement

In the event of a family emergency or a death in the immediate family, students must promptly notify their Regional Dean, preceptor, ICOM clinical coordinator, and the Clinical Affairs Department via email.

Due to the unique nature of these occurrences, the Clinical Affairs Department reviews bereavement and emergency leave requests on a case-by-case basis. Any clinical time missed must be fully remediated.

7.26.2.4. Residency Interviews (Fourth-Year Students Only)

To facilitate the transition to graduate medical education, fourth-year students may utilize up to 12 total days of absence during the interview season (typically running from August through the end of January) to attend residency interviews. This 12-day allotment encompasses both travel time and the interviews themselves.

- Whenever feasible, students are strongly encouraged to schedule interviews around their clinical responsibilities. If an interview can be completed without interfering with clinical shifts, no formal time off needs to be deducted.
- If an absence is unavoidable, students may request a maximum of 4 days off during a four-week rotation and no more than 2 days off during a two-week rotation.
- Partial-day absences exceeding 4 hours count toward the 12-day interview leave cap. Interview leave is tracked independently and does not deduct from a student's discretionary day allowance.
- Students must submit a signed Absence Request Form within one week of the interview date. Failure to properly report interview-related absences to the Clinical Affairs Department constitutes a professionalism breach, and may result in a referral to the PAR Committee.

7.26.2.5. Conference Attendance

Students wishing to attend professional medical conferences must submit a written request via the Conference Request Form, available on the LMS for the third- and fourth- year curriculum, no later than 60 days prior to the event.

- All sections of the form must be completed; incomplete documentation may delay processing and may result in a denial of the request.
- Students are permitted to attend a maximum of one (1) conference per academic year, subject to final approval by the Clinical Affairs Deans (approval is not guaranteed).
- If approved, absence from clinical rotations is capped at a maximum of three (3) days, inclusive of travel time.
- Students are required to fully make up all clinical rotation hours missed due to conference attendance.

7.26.3. Unapproved Absences

An absence is classified as unapproved if it is taken for reasons other than described above or if the student fails to comply with reporting and documentation timelines.

Unapproved absences include, but are not limited to, time taken off for extracurricular activities, vacations, weddings (excluding the student's own), or a lack of childcare. Furthermore, any time missed from clinical rotations without notifying the Clinical Affairs

Department and submitting the required form within one week will automatically be logged as an unapproved absence.

7.27. Holidays

Students must adhere to the holiday policies, operational schedules, and protocols of their assigned clinical training site (e.g., hospital, clinic, private practice, or community health center).

- The observance and recognition of major calendar holidays are determined entirely at the discretion of the affiliated training site and the supervising preceptor.
- Site-specific schedules take precedence over the ICOM holiday calendar. If the clinical site remains operational on a holiday, students are expected to report for their scheduled shifts without exception.

In the event that a student is granted time off for a holiday by their clinical site or preceptor, the student must:

- Inform the ICOM clinical coordinator and the Clinical Affairs Department
- Notify the respective clinical clerkship course director

Note: Proactive, transparent communication is an essential component of professional medical behavior. Proper notification ensures accurate institutional tracking, maintains the integrity of enrollment documentation, and verifies that the student remains compliant with all rotation requirements.

7.28. Severe Weather

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 inclement weatherunsafe road conditions, the student must communicate this to their preceptor, their regional site coordinator, and the ICOM Clinical Affairs Department.

7.29. 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.

7.30. Making Up Missed Time

Students 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.

7.31. 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.

7.32. National Licensing Examinations

7.32.1. COMLEX-USA Level 2

To graduate from ICOM, all students must earn a passing score on both the COMLEX-USA Level 1 and COMLEX-USA Level 2 examinations.

The Clinical Affairs Department, in coordination with the Dean of Learner Outcomes and Assessment, establishes deadlines by which students must sit for these mandatory national licensing examinations. Students are required to schedule and sit for their examinations within these designated institutional windows. Failure to adhere to these testing deadlines may result in a referral to the PAR Committee.

Open communication regarding licensing examination scheduling is vital to maintaining institutional compliance and ensuring accurate clinical tracking. Upon securing an examination date, students must promptly notify the:

- Dean of Learner Outcomes and Assessment
- Clinical Affairs Department
- Assigned clinical preceptor
- The clinical clerkship course director
- The assigned ICOM clinical coordinator

Eligible students shall be granted an approved absence from their clinical rotation to sit for the COMLEX-USA Level 2-CE examination.

- Approved leave is capped at one (1) day for the administration of the examination. If the examination is not administered locally, one (1) additional day may be authorized for travel.
- Students must notify their clinical preceptor at least two (2) weeks prior to the scheduled examination date.

- Students must submit a fully completed Absence Request Form to the Clinical Affairs Department. While submission prior to the examination is preferred, the form must be received within one week of the completed examination date.
- Students are expected to report back to their assigned clinical rotations in the usual manner the day immediately following the examination (or the day following authorized travel).

7.32.1.1. COMLEX-USA Level 2-CE Failure

Please refer to the College Catalog for additional details regarding failure of the COMLEX-USA Level2-CE examination.

7.32.2. USMLE Step 2

Completion of the USMLE Step 2 examination is optional and is not required for graduation. Students who elect to sit for this examination must meet with the Dean of Learner Outcomes and Assessment to discuss their academic plans ***prior*** to scheduling or sitting for the USMLE Step 2 exam.

Unlike the mandatory COMLEX examinations, dedicated testing leave is not provided for optional testing. All time missed from clinical rotations—including both the examination administration and corresponding travel—must be accounted for utilizing the student's vacation or discretionary days.

- A formal Absence Request Form must be submitted and approved for the date(s) the student will be away from the clinical site.

7.33. 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.

8. Evaluations and Grading

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 clinical 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 didactic sessions, 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.
- Assigned question banks.

In addition to the aforementioned criteria, the 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 OPP assignments, and required laboratory participation for certain rotations. Objective Structured Clinical Performance Examinations (OSCEs) and interactions with Standardized Patients (SPs) may also be utilized.

8.1. Evaluations

8.1.1. Preceptor Evaluation of the Student

This is the form your attending physician(s) 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 may be discussed with the student prior to submission.

This form can be found on the LMS for the third- and fourth- year curriculum.

1. General Competencies Section
   This section of the evaluation form provides selection options for the preceptor to evaluate student performance in medical entrustable professional activities and consists of the following areas with their demonstrable skills:
   - Patient Care and Procedural Skills
     - History taking
     - Physical exam
     - Differential diagnosis

        - Recommend and interpret common diagnostic and screening tests
        - Recognition of patients needing urgent/emergent care
    - Medical Knowledge
        - Overall fund of medical knowledge and clinical reasoning
    - Interpersonal and Communication Skills
        - Written notes
        - Oral presentation of patients
        - Contributes as a member of the team
    - Practice Based Learning and Improvement
        - Actively seeks and incorporates feedback to improve performance
        - Locating and synthesizing information to support evidence-informed patient care
    - Systems-Based Practice
        - Adapts performance to various health care teams, delivery settings, and systems

Students will be graded on each of the above sections as:

- Exceeds Expectations
- Meets Expectations
- Below Expectations
- Critically Deficient
- Not Observed

2. <u>Professionalism Section</u>
   Clinical preceptor(s) will also evaluate students' professionalism during the clinical rotation and consists of one section. This includes the general areas of:
    - Reliability and accountability
    - Communication and respect
    - Integrity and ethical conduct

   Students will be graded on each of the above sections as:
    - Exceeds Expectations
    - Meets Expectations
    - Below Expectations
    - Critically Deficient

3. 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".

4. 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.

5. 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

8.1.2. Clinical Clerkship Course Director Evaluation

This is the form the clinical clerkship course director for your core clinical rotations will complete regarding your performance during the didactic sessions and can be found on the LMS for the third- and fourth- year curriculum.

This evaluation form provides selection options for the clinical clerkship course director to evaluate student performance during didactic sessions and can be found on the LMS for the third- and fourth- year curriculum. This evaluation consists of the following:

1. Attendance
2. Participation and Preparedness
3. Required Assignments
4. Professional Behavior
5. Question Bank

Students will be graded on each of the above sections (with the exception of attendance which will only have the latter three options) as:

- Exceeds Expectations
- Meets Expectations
- Below Expectations
- Critically Deficient

8.2. Grading

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

- The official ICOM preceptor's evaluation of student performance during the clinical rotation.
    - When multiple evaluations are submitted for a student on the same rotation by attending physicians, the highest rating will be used toward the final grade; all evaluations are recorded.
        - Evaluations submitted by resident physicians must be cosigned by an attending physician in order to be considered.
- The specialty-specific COMAT score, if applicable.
- Completion of all clinical clerkship course director assigned requirements in didactic sessions, where 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 may 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.

8.2.1. Preceptor Evaluation of the Student

- The preceptor's marks for each section of the student evaluation will be tallied and used to help determine the students' final grade for the rotation as described below.
- Students will earn a failing grade for a clinical rotation, independent of the overall final calculated grade for the rotation if:
    - They are graded as "Critically Deficient" in three or more areas in the General Competencies Section.
    - They are graded as "Critically Deficient" for any metric in the Professionalism Section.
        - Students who receive a "Critically Deficient" or "Below Expectations" for any professionalism metric may be referred to the PAR Committee.

8.2.2. Clinical Clerkship Course Director Evaluation

- The clinical clerkship course director's marks for each section of the student evaluation will be tallied and used to help determine the student's final grade for the rotation as described below.

- Students will earn a failing grade for a clinical rotation, independent of the overall final calculated grade for the rotation if they are graded as "Critically Deficient" for the Professional Behavior portion of this evaluation.
    - These students may also be referred to the PAR Committee.

8.2.3. Possible Final Course Grades

Grades students can earn will range from highest to lowest:

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

8.2.4. Rotations With An End-of-Rotation COMAT Examination and Clinical Clerkship Course Director Didactic Sessions

A student's overall grade for these rotations will be determined based on how they performed on both the clinical encounter portion of the rotation and how they performed on the end-of-rotation COMAT examination.

1. Students will earn a grade based on their performance on the clinical portion of the rotation (based on a combination of preceptor (70%) and clinical clerkship course director (30%) evaluations)
    - Honors: $\geq$ 92
    - High Pass: 80 - 91.9
    - Pass: 64 - 79.9
    - Fail: < 64

2. Students will earn a grade based on their performance on the COMAT examination
    - Honors: $\geq$ 113
    - High Pass: 102 - 112
    - Pass: 86 - 101
    - Fail: < 86

The student's overall grade will then be determined based on how they performed on BOTH of the above *with the COMAT score weighing more heavily as demonstrated in these following examples:*

Clerkship Evaluation	COMAT Score	Overall Final Grade
Honors	Honors	Honors
High Pass	Honors	Honors
Pass	Honors	High Pass
Honors	High Pass	High Pass
High Pass	High Pass	High Pass
Pass	High Pass	High Pass
Honors	Pass	Pass
High Pass	Pass	Pass
Pass	Pass	Pass
Fail	Honors / High Pass / Pass	Fail
Honors / High Pass / Pass	Fail	Fail

8.2.5. Rotations Without An End-of-Rotation COMAT Examination but With Clinical Clerkship Course Director Didactic Sessions

The clinical encounter portion of the rotation will be graded using the preceptor's evaluation of the student (70%) and the Clinical Clerkship Course Director (CCCD) grading of the student in the didactic sessions (30%).

- Pass: ≥ 64
- Fail: < 64

8.2.6. Elective Rotations

The clinical encounter portion of the rotation will be graded using the preceptor's evaluation of the student (100%).

- Pass: ≥ 63
- Fail: < 63

8.3. Grade Disputes

8.3.1. Expectations of Students From the Clinical Affairs Department

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.

8.3.2. Growth Mindset

Students may occasionally receive performance evaluations, final grades, or qualitative feedback that falls below their personal expectations or contains unexpected critique. The Clinical Affairs Department emphasizes that navigating rigorous, constructive evaluation is an essential component of advanced clinical training and professional identity formation.
To cultivate the resilience and adaptability required of a physician, students are expected to process clinical evaluations through the following frameworks:

- Reflective Practice and a Growth Mindset: Critical feedback should be approached as an objective tool for professional advancement. Students are urged to use these evaluations for constructive introspection, using preceptor recommendations to adjust study habits, refine clinical workflows, and proactively implement changes on subsequent rotations.
- Avoidance of Defensive Posturing: Reacting to challenging feedback with defensiveness—such as immediately deflecting responsibility, dismissing preceptor

observations, or externalizing blame—obstructs personal development and actively closes off opportunities for meaningful professional growth. Maintaining an open, receptive demeanor in the face of difficult critique is a core competency expected of all students representing the institution.

8.3.3. Grade Appeal Process

Students who disagree with a rotation evaluation (preceptor grade) must submit their concerns in the clinical LMS for the third- and fourth- year curriculum within the "Preceptor of Student" evaluation before the end of the semester in which the rotation occurred.

Any student who wishes to contest a final clinical rotation/course grade for extenuating situations, please refer to the College Catalog for ICOM's grade appeal procedure and timelines.

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 are 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**: As future osteopathic physicians, sStudents 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.