



Student Clerkship Manual

2018-2020
Procedures for Clinical Rotations

Updated 6/7/2017
Ratified June 21, 2017

Message from the Assistant Dean of Clinical Education

The student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.

William Osler, 1903

Congratulations on completing the first two years of medical school! Now you are embarking on the next, and most exciting portion of your medical education, where you will incorporate the information you have learned in the classroom and laboratory into the care of patients. The clinical phase of the curriculum is the culmination of your medical school education.

Remember that patients are unique individuals and when given the opportunity, will tell you about who they are, where they come from, and how they have arrived at your service. Patients do not read our books and do not always know how to present themselves. What they do know is that they have health concerns and look to you, part of their health care team, to assist them.

You have been well trained while at BCOM, and there is no doubt that you possess the knowledge, skills and abilities to make an excellent future Osteopathic Physician. Starting now, you will determine and refine your ability to be a compassionate, understanding Osteopathic Physician, benefitting both the individual patient and society.

The Office of Clinical Education is here to provide support and assistance throughout your clinical training. We look forward to working with you.

Best wishes to you!

Suresh Antony, MD
Assistant Dean of Clinical Education

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Overview

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

BCOM does not discriminate on the basis of gender, sexual orientation, race, age, religion, color, national origin, handicap, military service or immigration status in its clinical education programs or activities.

Office of Clinical Education

Mission and Basic Procedures

The Office of Clinical Education is dedicated to providing students with the highest quality clinical education services. Each student is assigned to a regional rotation coordinator who serves as the student's primary contact during 3rd and 4th year clinical rotations. The coordinator assists the student in scheduling clinical rotations and monitors student progress. Clinical assignments are based on multiple factors including availability of preceptors and the interests and preferences of individual students. Students are encouraged to share information with their coordinator regarding their clinical interests and preferences for locations and types of facilities for each area of clinical education.

Only clinical rotations scheduled through and confirmed by the Office of Clinical Education will fulfill the requirements of the clinical curriculum. **No clinical rotation will be accepted for credit unless approved and confirmed in advance.** Please provide at least **45 days** advance notice to arrange a rotation. Requests will not be granted less than **45 days** before the beginning of the rotation.

A syllabus for each required and some elective rotations, including didactics, reading assignments and grading criteria will be provided by the discipline Chair and posted on New Innovations, the BCOM clinical rotations management software. Discipline Chairs will assign final grades. The syllabi are available to the preceptors on New Innovations. **It is the responsibility of the student to review the Student Clerkship Manual and the syllabus for each rotation.**

Office Hours

Hours for the Office of Clinical Education are 8:00 AM to 5:00 PM Mountain Time, Monday through Friday, excluding days when the BCOM campus is closed. Communication between students and the Office of Clinical Education is made primarily via email and CANVAS. **Students must check their BCOM email daily during rotations.** No messages will be sent to students' personal email addresses. Students should expect an email response within one to two business from the Office of Clinical Education for non-emergent matters. Do not expect email responses outside of usual business hours or on weekends.

The clinical education staff will attempt to contact students by email **three times** for any specific matter. If the student does not respond after three attempts, the matter will be considered closed.

Clinical Faculty & Staff

You will find a directory to 3rd and 4th Clerkships of Faculty & Staff on the BCOM preceptor webpage.

General Guidelines

New Innovations Clinical Rotations Management Software

BCOM uses New Innovations to schedule clinical rotations, record student evaluations and manage the clinical experiences of students. Students are given instructions from their rotations coordinator with a log in, user name and password in order to access their clinical schedule, review evaluations and to complete evaluations of their preceptors and rotation sites. **It is imperative that students review their schedule on New Innovations regularly.**

Contact Information

It is important that the Office of Clinical Education be kept up to date on each student's current contact information. Failure to promptly report a change in mailing address, telephone number or other contact information can result in failure to receive information important to the successful completion of clinical rotations. **It is the responsibility of the student** to review his/her contact information on New Innovations and notify his/her rotations coordinator of any corrections.

Title and Professional Demeanor

Students are referred to as a "Medical Student" in a clinical setting. Students will refer to other professionals in the clinical setting by their appropriate title, such as "Dr. Smith," "Ms. Jones," etc. Students are **never** to represent themselves as physicians. If a student has a doctoral degree in any field, they **cannot** use this title while in any clinical setting

related to their education, whether in a student environment or not. Students may expect to be treated as professionals by all clinical personnel at all times, and, in turn conduct themselves professionally, ethically and respectfully in all interactions. **Courtesy and a professional demeanor at all times are essential traits for a physician.**

Dress Code

Students should wear clean, wrinkle-free white clinic jackets and ID badges. The ID badge should be attached to the right lapel and visible **at all times**. In addition to the ID badge issued by BCOM, students may also be issued an ID badge by the clinical training site to give them access to secure areas. Students must wear one or both badges, as directed, to identify themselves as BCOM osteopathic medical student. Clothing worn by students should reflect their professional status. Shirts, dresses, tailored pants, slacks (ankle length), blouses, skirts and sweaters should be clean, neat and non-wrinkled. Dresses and skirts must be of sufficient length. White coats are expected to be kept clean, pressed and in good repair. Footwear should include casual dress or dress shoes with closed toes. Good personal hygiene is expected. Students should not wear perfume or aftershave. Jewelry should be kept to a minimum. Long hair should be tied back during patient care activities.

If an affiliated hospital or a clinical site has a dress code that differs from BCOM, the student must follow the dress code of that training facility. On rotations where scrubs are permitted or indicated, these scrubs must be provided by the training facility. Scrubs are to be worn **ONLY** when street clothes are not permitted according to hospital and preceptor judgement. Scrubs that are loaned by the hospital or facility **MUST BE RETURNED TO THE FACILITY** before leaving the rotation.

Liability Insurance

BCOM provides professional liability (malpractice) insurance for students during clinical rotations in the amount of \$1 million per occurrence and \$3 million annual aggregate, except for Virginia, where state requirements are met. **Professional liability insurance is in effect only for BCOM clinical activities approved clinical rotation scheduled by the Office of Clinical Education.**

Needle Stick and Blood Borne Pathogen Exposure

If a student experiences a needle stick, sharps injury or is otherwise exposed to bodily fluids of a patient while on a clinical rotation, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water.
2. **Immediately** report the incident to the physician preceptor and employee health if the incident occurred in the hospital. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible. If there is potential exposure to HIV, it is imperative to initiate prophylactic treatment within two hours of the incident. Without prompt reporting, the source patient may be discharged or lost to follow up before testing for infectious disease can be conducted.

3. **Seek post-exposure services.** Clinical sites will have a policy in place for blood borne pathogens, with a point of contact. The student should **follow the policy of the training site**. If on a core rotation, contact the Site Coordinator for instructions. If on a non-core rotation, contact the nursing supervisor or employee health service. If it is after hours or if the student cannot locate a person to guide them, the student should go immediately to the emergency department and identify themselves as a student who has just sustained an exposure.

4. **Complete and submit the BCOM Incident Report.** The student must report the incident to his or her BCOM Clinical Rotations Coordinator **and** complete **and** submit the BCOM Incident Report **within 24 hours of the exposure**. The training site may require the student to complete a separate incident report for their facility. The BCOM Incident Report can be obtained from the Office of Clinical Education.

It is extremely important that students report incidents promptly to BCOM to avoid problems occurring later with payment for post-exposure treatment.

5. **Costs Incurred.** Most training sites provide post-exposure treatment to students free of charge. If there are charges for services, the student must file all medical claims to his or her personal medical insurance first, then to the BCOM intercollegiate policy. The student must:

- a. File a claim with his or her personal insurance policy
- b. Complete the BCOM intercollegiate claim form obtained from the Office of Clinical Education.
- c. Make a copy of the front and back of your insurance card
- d. Collect all bills associated with the incident not paid by the insurance company. Keep a copy of the Explanation of Benefits (EOB) provided by your insurance company.
- e. Collect a billing statement from the billing office of the facility where treatment was received.
- f. Submit all items listed to:

**Director of Student Affairs
Burrell College of Osteopathic Medicine
3501 Arrowhead Drive
Las Cruces, NM 88001
Phone: 575-674-2225
FAX: 575-674-2229
bnewcomer@bcomnm.org**

Safety and Personal Security on Rotations

The security and safety of BCOM medical students and faculty is of utmost importance. The following guidelines and processes are in place to effectively communicate security and safety measures to students and faculty.

1. Safety and security process for students and faculty on rotations at clinical teaching sites outside of the main campus:

During the clinical rotation orientation for students, prior to the beginning of clinical rotations, students are provided information about what to expect on rotations and information on safety and security while on rotations. Although the items of discussion are included in the Student Clinical Manual and are covered during clinical courses, the clinical orientation session emphasizes the following topics:

- a. Occupational Safety and Health Administration (OSHA) safety laws, standards and regulations
- b. Universal Precautions
- c. Exposure protocol – Needle Stick & Blood Borne Pathogen Exposure (page 5)
- d. Student immunizations
- e. HIPAA Training
- f. Emphasis on the review of health and safety policies within each rotation site (hospital, ambulatory clinic, etc.)
- g. Personal safety and security precautions
- h. Incident reporting

2. Personal Safety and Security

Safety and Security Training Received by Students

- a. The BCOM students have received training to prepare for clinical rotations. The following are topic areas covered during clinical courses or during the clinical rotation orientation scheduled prior to the first rotation block. These topics and training include: 1) Universal precautions, 2) OSHA safety standards, and 3) HIPPA training and verification. Students should become familiar with the safety and security policies of each institution or clinical training site where rotations are scheduled and must follow all policies and procedures as outlined by each institution or clinical training site.
- b. Needle stick/ Blood Borne Pathogens and Incident Reporting Protocol.
- c. Sexual Harassment: Sexual harassment, sexual advances and all other physical or verbal conduct of a sexual nature during or relating to any activities during rotations have been and continue to be strictly forbidden. Students finding themselves subject to such harassment should notify their site coordinators and the Office of Clinical Education.
- d. Behavior: All students are expected to behave in a careful manner in order to prevent injury to themselves or others.

3. General Safety

- a. To ensure student and faculty safety at clinical rotation sites, the program conducts routine site visits to evaluate the safety of the clinical site. Any clinical site deemed unsafe, is immediately discontinued. If you feel unsafe due to a patient or employee at your rotation site, immediately report this to your preceptor, the office manager or security. If this is not handled immediately by on-site personnel, then report it to the Regional Assistant Dean & Assistant Dean of Clinical Education.

- b. If at any time during your clinical education you feel that your housing is unsafe please contact the housing manager. If this is not taken care of immediately, then report it to the Regional Assistant Dean & Assistant Dean of Clinical Education and alternate housing arrangements will be made to ensure safety.
 - c. If at any time while on clinical rotations you feel that your rotation site is unsafe, you are to immediately contact the Regional Assistant Dean & Coordinator.
 - d. If you feel your safety is in immediate jeopardy you are to call 911 and report this to the police.
4. Personal Safety
- a. Your safety and security is of utmost importance, therefore certain common-sense measures should be kept in mind as you travel to various rotation sites:
 - i. Don't leave valuables such as your wallet, checkbook, jewelry, or keys in open view.
 - ii. Mark easily stolen items like cell phones, radios and computers, keep a list of serial numbers, model numbers and descriptions.
 - ii. Lock doors and windows when going out, and never prop doors open when entering/exiting the apartment/dormitory building - it is too easy for someone paying attention to sneak in.
 - iii. Don't store large amounts of money or credit cards in your apartment.
 - iv. Take care of your keys; do not lend them to anyone.
 - v. Use the "buddy system" - go out with a friend, especially if you're headed for a late night snack or study break.
 - vi. Walk purposefully. Look confident. Watch where you are going. Avoid shortcuts through isolated areas. Be alert to your surroundings. If you still have concerns, call the health care facility security for an escort.
 - vii. If entrance/hallway lights are burned out after working hours, report them to maintenance.
 - viii. If you see unusual activity or someone loitering, call Security immediately.
5. Driving/Parking Safety
- a. Lock all doors and close all windows when leaving your car.
 - b. Park in well-lit areas and try not to walk alone to/from parking areas at night. Call security for an escort if available.
 - c. Have keys ready as you approach your car. Check car for intruders before entering and lock door immediately after getting into your car.
 - d. If you must store valuables in your car, store them out of sight (preferably locked in trunk).

Health Insurance Portability and Accountability Act (HIPAA)

Students will abide by the rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI). This includes prohibition of discussing patient information in an inappropriate manner or setting. Posting to social media regarding any clinical experience is strictly forbidden. Students should become familiar with the HIPAA policies and protocol at each clinical training site.

Students must review, sign and date the *Confidentiality and Security Agreement*, APPENDIX A of this document, before beginning rotations. For more information on HIPPA visit:

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Clinical Rotation Sites

BCOM provides clinical training experiences in the El Paso, Las Cruces, Albuquerque, Tucson, and Four Corners region. Core and rural hospital sites to which students are assigned typically offer one-on-one teaching experiences and opportunities for hands-on learning. A current list of BCOM core and rural hospital sites to which students will be assigned can be found on the BCOM website at:

<https://bcomm.org/future-preceptors/>

Formal clinical affiliation agreements are in place with training sites where they are required. Students are expected to comply with the policies, procedures and general rules of the training facility where any rotation is completed. Please check with the Clinical Education Office before contacting sites or preceptors about elective rotations.

Length of Rotation

Rotations are four (4) or eight (8) consecutive weeks. Rotations typically begin at 7:00 a.m. on the first Monday of the rotation and end at 7:00 p.m. on the last Friday of the rotation. **It is the student's responsibility to identify and adhere to rotation hours for each clinical rotation.**

Hours of Duty

The BCOM academic calendar does not apply to students on clinical rotations. Each clinical training site sets its own schedule. Night call, weekend coverage and holiday assignments are at the discretion of the training site.

1. A typical day will begin at 7:00 a.m. and end at 7:00 p.m. **Work hours are at the discretion of the supervising physician.**
2. A typical workweek is 60-72 hours per week. **The workweek shall be limited to a minimum of 40 hours and a maximum of 80 hours, averaged over the four-week period of the rotation. Rotations may not be shortened by working extra hours some weeks in order to complete the rotation in less than four weeks.**
3. The maximum duration of any work period will be 24 hours and must be followed by a minimum of 12 hours off duty. No student shall be required to be on call or perform night duty after a day shift more than once every three days.
4. Students shall be given a minimum of two days off every 14 days. This requirement may be met by giving a student every other weekend off but is **at the discretion of the supervising physician/preceptor.**

Attendance

1. **One hundred percent attendance** is expected at all clinical rotations. Any absence during scheduled rotation work hours, including illness, must be excused by the Preceptor **and** the Office of Clinical Education **in advance, except for illness**. Illness must be reported immediately to the preceptor and site coordinator.
2. **Any** absence during rotation work hours must be made up by the student according to a plan pre-approved by the Office of Clinical Education.
3. Absences will not be excused for travel to elective rotations or medical mission work.
4. The student may be excused, with **prior approval** from the Regional Assistant Dean, for COMLEX USA examinations. Two days of excused absence is allowed for COMLEX Level 2 CE. Three days (one test day and two travel days) excused absence will be allowed for the COMLEX Level 2 PE exam. These absences **must** be requested and approved **in advance** consistent with the policies contained in the *Student Handbook*. Students wishing to take additional time for licensure exam study or review, may be approved to do so, but will be required to take a leave of absence and make the time up prior to graduation. This will affect the student's graduation date and ability to participate in the residency match. Residency interviews during rotations will need prior approval or be done during scheduled vacation.
5. Time missed for residency interviews must be approved by the Regional Assistant Dean and made up by the end of the rotation. Students are encouraged to schedule interviews to the extent possible during their vacation month.
6. Any absence from a rotation will be excused only under extreme circumstances. This includes but is not limited to; death in the immediate family, birth of student's child, illness or accident of a student requiring hospitalization or similar circumstances. Absence from a rotation in excess of two days **or any** unexcused absence will be reviewed by the Assistant Dean of Clinical Education and may result in failure of the rotation
7. Fulfillment of the academic program at BCOM is the top priority and it is the student's responsibility to fulfill all course/rotation requirements.
8. Failure to adhere to the BCOM attendance policy is considered unprofessional behavior and will be subject to disciplinary action, including meeting with the Student Progress Committee and dismissal.

COMLEX -USA Requirements

Students must take and pass COMLEX USA Level 1, COMLEX USA Level 2-CE and COMLEX USA Level 2-PE to meet graduation requirements. Students who fail COMLEX Level 1 or 2 may be placed on administrative leave of absence and required to participate in exam preparation courses or programs. Refer to the *Student Handbook* for COMLEX requirements and schedules; **pay close attention to examination deadlines**.

It is strongly recommended that COMLEX USA Level 2-CE and COMLEX USA Level 2-PE be taken by undergraduate Medical Education planning and mile stone timelines. Early

completion of licensing examinations will allow students to receive scores before residency audition rotations and interviews begin and will allow time to retake examinations if not passed initially. Having scores in place early strengthens applications for competitive residency programs. Programs will not grant an interview until exam scores are received. Detailed information regarding COMLEX examinations can be found on the AOA website at <http://www.osteopathic.org/inside-aoa/Education/students/Pages/COMLEX-USA-level-2.aspx> and on the NBOME website at <http://www.nbome.org/exams-faq.asp>

Non-Clinical Experiences

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

Professionalism

1. BCOM students are expected to demonstrate academic, clinical and personal professionalism and honesty and to maintain the highest standards of professional integrity at all times.
2. BCOM realizes that standards of professional behavior may not be objective. Some degree of subjectivity is inherent in behavioral expectations. Students are expected to hold themselves, individually, and their collective peers to the highest standards of behavior. This includes honesty, integrity, respect and fairness in dealing with others including personal and professional accountability.
3. The safety of patients, a high degree of skill in all communication, excellent professional knowledge and confidentiality, with appropriate ethics are of primary importance. Students demonstrating knowledge and skill proficiency, personal demeanor, appearance, attitude, mannerisms, overall competence and moral conduct are representatives to peers and other members of the health care team. BCOM students are expected to conduct themselves at all times in such a way that brings credit to them, to BCOM and to the osteopathic profession.
4. Alcohol and substance abuse during clinical rotations will not be tolerated. Please refer back to Student Handbook.

Guidelines for Clinical Rotations

Eligibility for Rotations

1. To be eligible to begin 3rd year clinical rotations, students must successfully complete the **entire** course of study for year two and take COMLEX-USA Level I. To be eligible to begin 4th year rotations, except in special

circumstances approved by the Assistant Dean of Clinical Education, students must successfully complete **all** components of 3rd year rotations. Failure will result in being withdrawn from the rotation schedule. Student must prepare and retake COMLEX-USA level I before returning to rotations. See Student Handbook.

2. Students who pass COMLEX-USA Level I **after** rotations have started must begin rotations in time to complete **at least one full rotation in the current semester in order to receive financial aid for that semester**. Financial aid will be prorated based on the number of rotations and months left in the semester. Otherwise, the start date will be delayed until the following semester.
3. Students must have current training in Basic Life Support (BLS), Advanced Cardiac Life support, (ACLS), OSHA, HIPAA, Universal Precautions and sterile technique. Training in these areas will be provided on campus before the end of year two. Attendance is **mandatory** at the Introduction to Clinical Education Course held immediately before rotations begin. Students may be asked to repeat some of the training at their hospital site.
4. Students are responsible to keep a copy of BLS, and ACLS certification cards and present to training sites upon request. It is the student's responsibility to recertify in these areas **before** the certification expiration date. Students are encouraged to locate and register for recertification courses three months in advance of the expiration date to ensure that certification is not interrupted. Many core hospitals and other clinical rotation sites routinely offer recertification classes, often free of charge to students. Recertification classes are also available at BCOM.
5. Students **must** have personal health insurance and provide proof of insurance to clinical sites when requested.
6. The following documentation is required by most clinical training sites. Students **must provide to the Office of Clinical Education with these documents by April 15, before beginning rotations**
 - a. Required immunizations and titers (including dates received)
 - Immunizations:
 - Hepatitis B series
 - MMR booster
 - Tdap booster
 - Varicella Booster
 - Meningococcal vaccine
 - Hepatitis A series
 - Vaccine Titers to prove immunity:
 - Varicella IgG titer
 - Measles IgG titer
 - Mumps IgG titer
 - Rubella IgG titer
 - Hepatitis B Surface Antibody titers

If documentation of the above immunizations and titers are not current **and** on file with the Office of Clinical Education, before rotations begin, **the student will not be allowed to begin clinical rotations.**

- b. To meet CDC guidelines, flu vaccines must be received between October 1st and October 31st. An annual influenza vaccination must be on file with the Office of Clinical Education **by November 1** of each year. Students should keep proof of vaccination on hand to provide to rotation sites upon request.
 - c. An **annual** TB skin test must be current and on file with BCOM **each year**. Students are responsible to have the TB skin test completed before the annual expiration date. Students who fail to do so will not be allowed to continue rotations until testing has been completed. Most clinical training sites will provide a TB test free of charge. Students must ensure test results are on file with BCOM.
 - d. Chest radiography is required by BCOM every three years if TB testing is positive. Clinical sites may require chest radiography more frequently. Pay close attention to requirements at each training site.
 - e. The criminal background report submitted for admission to BCOM **will not** meet the requirement for clinical rotations. An updated report **must** be completed and filed with the Office of Clinical Education by April 15, before rotations begin.
 - f. An updated drug screen must be completed and filed with the Office of Clinical Education by April 15, before rotations begin.
 - g. Students will receive instructions by email from the Office of Clinical Education regarding procedures to obtain an updated criminal background check and drug screen.
 - h. Clinical training sites may require documentation in addition to that listed above, including but not limited to a recent physical examination, site-specific drug screens and background checks. Students should pay **very** close attention to rotation requirements when applying for placement at non-BCOM sites.
7. Students must adhere to and complete facility-specific orientation, training requirements and additional documentation at each rotation site, even if repetitive of requirements met at BCOM or at previous rotation sites. For example, students may be required to attend HIPAA training at each of their training sites.

Clinical Curriculum

Clinical Rotation Schedule

Year 3

ICE Intro to Clinical Experience (OM7102, 2.0 cr hr)	Family Medicine I Core Clerkship (OM7114, 4.0 cr hr)	Family Medicine II Core Clerkship (OM7124, 4.0 cr hr)	Internal Medicine I Core Clerkship (OM7154, 4.0 cr hr)	Internal Medicine II Core Clerkship (OM7164, 4.0 cr hr)	Pediatrics Core Clerkship (OM7184, 4.0 cr hr)	Obstetrics/Gynecology Core Clerkship (OM7174, 4.0 cr hr)	Surgery I Core Clerkship (OM7134, 4.0 cr hr)	Surgery II Core Clerkship (OM7144, 4.0 cr hr)	Psychiatry Core Clerkship (OM7194, 4.0 cr hr)	Study (no credit)	Elective Clerkship (OM7200, 4.0 cr hr)	Vacation (no credit) variable scheduling
	OMM V Osteopathic Manipulative Medicine V (OM7112, 2.0 cr hr)											

Year 4

Primary Care Required Elective Clerkship (OM8104, 4.0 cr hr)	Emergency Medicine Required Elective Clerkship (OM8114, 4.0 cr hr)	Surgery Required Elective Clerkship (OM8124, 4.0 cr hr)	Vacation (no credit) variable scheduling	Elective Clerkship (OM8100, 4.0 cr hr)	Elective Clerkship (OM8200, 4.0 cr hr)	GRADUATION WEEK						
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Number of Rotations

Students will complete 17 clinical rotations, each of which is represented as a course on the student's transcript. Ten four-week rotations are completed during the third year and 7 rotations are completed during the fourth year. In addition, students will have one four-week vacation block during the fourth year free from clinical duties. Students must use vacation time to offset time required to repeat a failed rotation, to make up missed time in the event of illness or leave of absence, or if a grade of incomplete is received for any rotation.

If a student is required to make up missed time or repeat a failed rotation, it is strongly suggested that rotations be completed by May 31st of the graduating year in order to be competitive in residency applications.

Classification of Clinical Rotations

A minimum of seventeen (17) clerkship blocks, plus the ICE (Introduction to Clinical Experience) course, must be successfully completed to qualify for graduation. Order of Clerkships shown is exemplary of required Core Clerkships. Actual order is variable for each student. The Study block is mandatory study time for the COMLEX II PE & CE Exams, which must be taken no earlier than May of the 3rd curricular year, and no later than December of the 4th curricular year. One Elective Clerkship block in Curricular Year 3, and one Elective Clerkship block in Year 4, must be used as a mandatory vacation block. In Curricular Year 4, required clerkships in Emergency Medicine, in a Primary Care discipline, and in a surgical specialty are required, but may be scheduled in any block. Elective Clerkship options are variable, and may be completed at any location (must be approved by BCOM). Required Elective Clerkships are clerkships in required disciplines, but may be taken at any location, either core sites or non-core sites approved by BCOM. Elective Clerkship blocks (maximum of 3 in both Clinical Years) may be used for non-clinical electives, such as advanced anatomy, research, or individual directed study. (All non-clinical electives must be approved by the Office of Clinical Affairs at least 42 days [6 weeks] prior to commencing that non-clinical elective.) For purposes of Financial Aid, vacation must be scheduled to maintain a student's full-time status during each semester of Years 3 and 4.

3rd year Core Rotations

a. Clinical rotations are completed at 6 core sites in 3 states. Students are selected to be at one of these core sites by a lottery system. Students are allowed to trade sites if they prefer another site. No remuneration can ever be exchanged for this trade. Required rotations are completed at the core site.

Basic rotations in the third year include:

Family Medicine, General Surgery, Pediatrics, Psychiatry, Internal Medicine and OB/GYN, OMM. An OMM course is required, and entails a return to Campus 3 times during the year.

b. Clinical Site Coordinators: At each core site, there will be a clinical site coordinator who manages day-to-day activities of students, such as preceptor assignment, evaluations, lectures and post-rotation exams. The site coordinator will be in touch with the student

before core rotations begin, regarding hospital tours, housing, date of hospital orientation, student expectations, etc.

4th year Rotations

- a. Emergency Medicine: Students will complete a four-week emergency medicine rotation at their core hospital or an affiliated site.
- b. Rural Hospital Rotations: Students will be assigned to a community-based, rural hospital for a 4-week period where they will be involved in all areas of in-patient care, from admission to discharge.
- c. Rural/Underserved Primary Care: Students will complete a four-week rotation in family medicine, internal medicine or pediatrics at an **approved rural and/or underserved, office-based practice**. Students may accompany the preceptor to the hospital, but the rotation will be mainly based in an office setting. Students also have the option to complete the rural/underserved primary care rotation outside of the BCOM core region as long as it is approved **45 days in advance** by the Office of Clinical Education. The rotation is not required to be completed with a member of the BCOM clinical adjunct faculty.
- d. Electives: Students will complete seven elective rotations.

Osteopathic Health Care Delivery

This is a second online course to be completed during the fourth year. Please refer to the syllabus for complete details. This course will discuss the business aspect of medicine and help prepare students for COMLEX-USA III.

Assignment of Required Rotations

Required rotations are assigned by the Office of Clinical Education. Before the completion of the second year, students rank their top choices for sites. Using a “schedule optimization” (lottery) process, the Office of Clinical Education will assign rotation schedules based, to the extent possible, on the student’s top choices. When it is not possible to offer the student’s top choices, rotations are assigned to best meet the student’s educational goals and geographic preferences. There will be a one week trading period after the schedule is received when students will be allowed to switch their core site and/or rotation schedule with other students, after which schedules will be set. Changes may be made to the schedule by core hospital sites, according to preceptor availability at that site.

Rotation Schedule Changes

When the schedule is finalized, students **will not** be permitted to change any required clinical rotation unless it is changed by the Regional Hub and Office of Clinical Education. Students may request changing an elective or selective rotation with **45 days’ notice** to the Office of Clinical Education. The student should send the request, with a reason for the change, by email to his/her rotations coordinator. Each request will be considered on a case by case basis. **Changes with less than 45 day notice will not be granted.**

For reasons beyond the control of BCOM, an unexpected change may be made to a student's schedule. In this case, the rotations coordinator will contact the student to include him/her in the rescheduling process.

All schedule changes for rotations must be requested from the student's rotations coordinator. Rotation chairs are involved in decisions regarding schedule changes, but all requests must be processed by the Office of Clinical Education before they will be considered by rotation chairs.

Required Electives:

See course catalog for examples.

Scheduling Elective Rotations

Electives can be completed in **any discipline**. Elective rotations may be completed outside of the BCOM core area with any licensed practicing physician **approved by the Office of Clinical Education** and are not required to be completed with a member of the BCOM clinical faculty. Requests for elective rotations must be submitted to the student's rotations coordinator **at least** 45 days in advance of the rotation start date. Requests submitted later will not be considered.

Locating Selective or Elective Rotations

a. Search on New Innovations

If the student finds a selective/elective rotation on New Innovations in which he or she is interested, he/she should contact his/her 3rd & 4th year coordinator by email to request the rotation. The student **should not** directly contact preceptors listed on New Innovations unless instructed to do so by his/her Rotations Coordinator.

b. Personal or Professional Contacts

If a student is interested in completing a rotation with a physician that is not an approved BCOM preceptor, but who is interested in accepting students for clinical rotations, that student may request approval from the Office of Clinical Education.

- For elective and selective rotations with a new preceptor, the student should forward the physician's name, practice name, address, telephone number and email, along with contact information for the designated contact person at that site to his/her Rotations Coordinator.

- New preceptors who desire to become a member of the BCOM Clinical Adjunct Faculty may submit a clinical adjunct faculty application and must be available to precept at least three students per academic year.

- Affiliation agreements: A student who requests a rotation with a new preceptor must determine if the clinic or hospital where the preceptor practices will require an affiliation agreement and what supporting documents (immunizations, certificate of insurance, etc.) should be provided. This information, along with contact information (name, address, telephone number and email address) for the clinic or hospital must be provided to the student's Rotations Coordinator in ample time to provide these documents before the rotation begins, **at least 60 days in advance of the rotation start date.**

c. Apply for rotations with 3rd & 4th year Coordinator

A physician who holds a faculty appointment with another school of medicine is not required to become a member of the BCOM Clinical Adjunct Faculty.

Applying for rotations at Medical Schools or GME Programs

Students may apply for rotations at accredited medical schools and Graduate Medical Education programs. These rotations are often used to “audition” for GME programs. Each training site will have its own application guidelines and processes, which typically can be found on the institution’s or program’s website. Please note that the application process will vary with different programs and can be time consuming. Some programs allow students to apply on-line; others will require the signature of the Associate Dean of Clinical Affairs. The student must complete their portion of the application and forward it to his or her Rotations Coordinator, along with a checklist of all items that the host program requires for a completed student packet. If the application is completed online, the application checklist must be forwarded to the coordinator. If there is an application fee, a check should be included with the application. The Coordinator will forward the completed application packet, along with supporting documents, such as immunization records, certificate of liability insurance, etc., to the host program. The student will receive an email from the Coordinator when the application is mailed. It is the responsibility of the student to ensure that the application packet is received by the host program. Students are responsible for securing housing and for all costs associated with these rotations. Rotations at medical education programs should be requested at least 60 days in advance to allow time to complete the necessary processes. **Applications received less than 60 days prior to the start date of the rotation may not be approved.** In that situation, the student may be placed at an alternative rotation site at the discretion of the Office of Clinical Education.

Locating Rotations at Medical Education Programs:

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

DO-online Opportunities has information about osteopathic residency programs.

Most programs accept visiting students for rotations:

<http://opportunities.osteopathic.org/index.htm>

FREIDA online is an online database maintained by the ACGME of accredited GME programs:

<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>

AAMC-member program <http://www.aamc.org/students/medstudents/electives/>

Visiting Student Application Service (VSAS)

VSAS is an AAMC application designed to streamline the application process for fourth-year elective rotations at U.S. LCME schools and independent academic medical centers. This service allows students to submit just one application for all participating institutions. Students may sign into VSAS after being granted authorization from his or her rotations

coordinator. Once granted, students will receive the “VSAS: New User Instructions” email containing a user name and sign in details and instructions for using the software.

Options for Elective Rotations

Students may consider the following options when planning elective rotations:

a. International Studies: **Students who have completed core rotations and who are in good standing** may complete up to two international rotations involving the clinical care of patients. The primary site supervisor for the international rotation must be a licensed physician qualified to practice within the host country. Students will be responsible for obtaining the appropriate passport, visa, immunizations or other prophylaxis requirements. **International rotations must be approved at least 90 days in advance by the Director of International Medicine.** The guidelines/application for international rotations can found on the BCOM website at: <http://www.BCOMnet.edu/academics/schools/debusk-college-of-osteopathic-medicine/do/academics/international-studies>

Students who request clinical rotations in Canada are not required to apply for an international rotation, but must obtain the appropriate passport, etc.

b. Research Elective: **Students who have completed core rotations and are in good standing** may complete up to two research electives with prior approval by the Office of Clinical Education and with sponsorship by BCOM on-campus faculty member or an BCOM clinical adjunct faculty member. A research elective may include, but is not limited to: clinical investigation, policy studies, laboratory based research or health services research. Research electives must be approved at least 45 days in advance by the Office of Clinical Education. Guidelines/Applications for the research elective can be obtained from the Office of Clinical Education.

c. Split-Rotation: **4th year students** may complete up to three “split rotations”, when a four-week rotation is split into two separate two-week blocks. A split rotation may be completed at the same clinical training site or at two separate training sites and may be in the same specialty or two separate specialties. Students will receive one combined, averaged grade for a split rotation.

d. Off-Cycle Rotations: If an **4th year student** is accepted for an elective/selective rotation at a training site that has a rotation schedule different from BCOM, the student must first ask if that site will accept the BCOM rotation schedule. Sites will often accommodate varying student schedules in order to recruit applicants for their residency programs. If the training site will not accommodate the BCOM rotation schedule, the student may split their

4-week vacation to complete the off-cycle rotation, then resume the BCOM rotation schedule.

e. Elective during Vacation: With special, advanced permission from the Office of Clinical Education, students may complete an extra elective rotation during the fourth year, using their 4-week vacation block. Students may consider this option when applying for a GME position in a highly competitive field. Students must send a written request at least 45 days in advance to the Dean of Clinical Medicine for approval to complete an elective during his/her scheduled vacation.

- f. On- Campus non-clinical rotations: advanced study in a specific medical/ biomedical area such as advanced anatomy.

Limits on Rotations

- a. Throughout years 3 and 4, the student will not be permitted to complete more than six elective/selective rotations in the same specialty. For example, a student who is interested in cardiology may use a five elective rotations in cardiology.
- b. Students may not complete more than two elective rotations with the same preceptor.
- c. Students may complete only one rotation with a preceptor who is a member of the student's family. A rotation completed with a family member must be an elective rotation.

Confirmation of Rotation Assignments

It is the responsibility of the student to contact each site at least one week **prior to arrival** to confirm the rotation, obtain instructions regarding start time, dress code, housing arrangements and to receive any special instructions or assignments for the rotation. The student may consider sending a letter of introduction and/or a CV before starting the rotation as a way of introducing themselves (some sites will require these items). For any rotation occurring at a core rotation site, it is very important to work with the Site Coordinator to confirm rotations and coordinate rotation details. **Some core sites ask that students do not contact preceptors directly**, but to arrange rotations through the Coordinator's office. The student should ask the Coordinator at their core site to determine the best method to confirm rotations at that site.

Osteopathic Principles and Practices on Rotations

BCOM expects every student on every rotation to consider appropriate incorporation of Osteopathic Principles and Practice (OMM/OPP). The student is expected to perform structural examination on all patients where it is clinically appropriate and permitted and discuss findings with the supervising physician. In addition, the student is expected to suggest Osteopathic Manipulative Treatment (OMT), where appropriate or feasible, to the supervising physician, whether the physician is a D.O. or M.D. The student is expected to describe the relevant physiology and biomechanics of an appropriate osteopathic manipulative intervention for both musculoskeletal and systemic disorder. **As with all procedures, OMT may only be performed with the expressed permission and supervision of the supervising physician and patient.** Each required rotation syllabus includes integration of OMT. When under the supervision of an MD, OMT treatment may not always be appropriate, due to the lack of adequate supervision. However, osteopathic philosophy, principles and practice, including a health-oriented, patient-centered approach should be practiced by the osteopathic medical student, regardless of the setting. The student should be prepared to practice and promote the philosophy of osteopathic medicine in a professional manner.

Students are encouraged to spend time in the BCOM Multi-Specialty Clinic working with OMM faculty and OMM/NMM residents from Mountain View Regional Medical Center.

As clinic hours are on Monday, Wednesday, and Friday, students who wish to participate will receive excused absences from any non-mandatory curricular activities. Students will be required to complete an evaluation on New Innovations after their experience. This evaluation allows assessment of the value of this experience as well as documentation of your participation. Your participation will be noted on your academic record and may be used as positive reflection of increased student effort in your Dean's Letter.

Procedure/Clinical Skills Log

Students are required to utilize the Procedure and Diagnosis Log (PxDx) on New Innovations to record procedures as they are performed. Student grades will not be influenced by the number of procedures recorded, but the log will serve as a method for students to track their performance of common procedures typically encountered during clinical rotations. Many residency programs will request a list of procedures performed by students.

In addition, the log will serve as a tool to assist BCOM to evaluate the clinical experiences received by students at various training sites. A list of common procedures are listed on New Innovations under the PxDx menu.

Grading Guidelines for Clinical Rotations

Assignment of Grades

A grade for each rotation will be assigned by the Rotation Chair. Details can be found in the clinical syllabus for each rotation. A letter grade is assigned for each rotation, with the exception of elective rotations, which are pass/fail. **Students must score 70% or higher on each grading element to pass the rotation.**

Elements of Rotation Grading

See each discipline syllabi.

Student Evaluations

This will be issued to students through New Innovations.

Competency Based Evaluation

A student evaluation will be completed by the supervising physician at the completion of each rotation. The evaluation will be based on the student's behaviors, knowledge and skills observed by the preceptor and other members of the health care team in each of the following core competencies:

- Medical Knowledge
- Patient Care
- Professionalism
- Interpersonal and Communications Skills

- Practice-Based Learning and Improvement
- Systems-Based Practice
- Osteopathic Philosophy and Osteopathic Manipulative Medicine.

Grading weights assigned to each competency differs between OM 3rd year and OM 4th year students. A copy of the student evaluation form, with specific, observable behaviors and the weighting scale is posted on New Innovations, where it is also available to preceptors.

Student Responsibility for Evaluations

It is the responsibility of the student to ensure that evaluations are submitted to the Office of Clinical Education within seven (7) days of the completion of each rotation.

If a student has difficulty in getting an evaluation submitted, he or she should inform the site coordinator immediately. The more time that passes after a rotation is completed, the more difficult it becomes to receive an accurate evaluation.

The student's transcript will not be complete until all evaluations and required materials have been posted. Applications to GME programs cannot be submitted nor diplomas issued without a complete transcript.

The preceptor will receive an automated email from New Innovations with a link to the evaluation. This is the preferred method since the information is received immediately and there are no lost faxes, missing pages, illegible hand writing, etc. In instances when a paper evaluation is requested **by the preceptor**, one will be sent to the training site. Students may also give a copy of the evaluation to the preceptor. The evaluation can be faxed, mailed or sent by email to the Office of Clinical Education. Please note that **evaluations received directly from students will not be accepted** by the Office of Clinical Education. The evaluation **must be received from the preceptor or training site.**

Preceptor Information on New Innovations

It is the student's responsibility to make certain that the rotation and preceptor information listed on New Innovations is accurate. New Innovations will automatically generate an email to the preceptor listed with a notice that an evaluation is due. Students must check New Innovations when each rotation begins and inform the Site Coordinator of any changes.

Preceptors for Core rotations: The preceptor listed on New Innovations for a core rotation may not be the primary preceptor, but the supervising physician who oversees the core rotation. The student should address any concerns regarding the preceptor listed for core rotations with his/her Site Coordinator **by the end of the first week of the rotation.**

Individual Preceptors: When working with an individual preceptor, the student should determine the preferred method to complete the student evaluation and make certain a correct email address is listed on New Innovations for the preceptor, or the person who should receive the email notice that an evaluation is due (such as a practice manager). ***This information should be received by the student's rotation coordinator at BCOM by the end of the first week of the rotation.***

Preceptors at Medical Education Programs: When on a rotation at another medical school or GME program, the student should consult with the medical education coordinator at that program regarding their procedures for student evaluations. Evaluation procedures vary at each site. Students may work with multiple preceptors who contribute to the evaluation. The coordinator or supervising physician at the host site will combine the input received from all evaluators and submit one overall evaluation to the Office of Clinical Education.

It is the responsibility of the student to determine the evaluation process at the host site and provide that information along with the name and contact information of the preceptor of record to the Office of Clinical Education. This information should be received by the student's rotation coordinator at BCOM by the end of the first week of the rotation.

Evaluation Process

- a. The evaluation process should begin the first week of the rotation. Students should meet their preceptor at the beginning of the rotation to discuss expectations for clinical and academic performance. The student should:
 - i. Determine if the preceptor has a copy of the rotation syllabus and provide a copy if not
 - ii. Provide the preceptor with a copy of the *Evaluation Form*.
 - iii. Rotation syllabi, case logs and the final evaluation form can be found on in New Innovations, and may be requested from the site coordinator.
- b. The student should set up a time for a final evaluation during the last week of the rotation. **The student should not leave the rotation without the evaluation being discussed with and submitted by the preceptor.** The student's evaluation must be turned in to the Office of Clinical Education **no later than seven business** days past the rotation end date. No grade can be assigned until the preceptor evaluation is received.
- c. The comments section of the evaluation form is designed to identify the student's strengths and areas for improvement. Comments will also be used as content for the Medical Student Performance Evaluation (MSPE, or Dean's letter) for the residency match program. **If your evaluation is missing, it will be recorded as "No comments available" in your MSPE.** Students are encouraged to inform the preceptor about the importance of making specific comments about their clinical performance.

Student Evaluation of the Preceptor/Site/Rotation

Students are required to complete evaluations on New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the development of faculty development programs. An annual summary of student comments will be reported anonymously to preceptors and training sites to assist them in making improvements to the rotations that they provide. The evaluations are to be completed within seven business days following the completion of the rotation. Students will receive a notice

from New Innovations with a link to the evaluations.

For required rotations:

- 1) Do not complete Evaluation of Preceptor if your preceptor is not listed correctly, but notify your BCOM Site Coordinator.
- 2) Evaluation of Preceptor: Provides feedback that can be used to assess and improve the teaching of up to three preceptors for each rotation.
- 3) Evaluation of Site: Provides feedback that can be used to assess and improve learning opportunities and the learning environment of specific rotation sites.

(1) Evaluation of Rotation: Provides feedback that can be used to assess and improve selective and elective rotations.

Post-Rotation Exams and Grading

COMAT Exams

Students completing required rotations in behavioral health, internal medicine, ob/gyn, general surgery, pediatrics, family medicine and emergency medicine will take the COMAT (Comprehensive Osteopathic Medical Achievement Tests) subject examination provided by the National Board of Osteopathic Examiners (NBOME). There are no post-rotation exams for, rural hospital, rural/underserved primary care, or elective rotations. Before beginning rotations, students will receive instructions from the Office of Clinical Education on how to download the NBOME browser and run a systems check on their computers in order to access COMAT exams.

COMAT exams for required rotations are administered on-line on the last day of the rotation in accordance with NBOME guidelines. The exams are proctored by the clinical site coordinator or their designee at each core hospital site. Students will receive instructions from the site coordinator regarding the time and place to report for the exam. COMAT exams must be taken on the day that they are scheduled.

The OPP COMAT exam must be taken and passed by the end of the third year. The OPP exam may be taken at any BCOM core site, at BCOM or an approved testing site. Students should contact the Office of Clinical Education to schedule the exam.

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

COMAT exam scoring

A standard score for each student will be received by BCOM from the NBOME. Standard scores are derived by NBOME based on a national sample of candidates from colleges of osteopathic medicine that use COMAT as a part of their student evaluation process. COMAT standard scores have a mean of 100 and a standard deviation of 10. For grading purposes, COMAT scores are adjusted to conform to BCOM grading standards with a mean of 80:

COMAT Standard Score (mean of 100) – BCOM Standard Score (mean of 80) = 20

COMAT Standard Score - 20 = Adjusted Score

Accordingly, any standard score falling more than one standard deviation below the national mean, or an adjusted score below 70, is failing.

An exception will be the Emergency Medicine COMAT exam. Since this is the pilot year for the EM COMAT, the pass line will be drawn 1.5 standard deviations below the national mean:

EM COMAT Standard Score - 15 = Adjusted Score

Failure of a COMAT Exam

Students who do not pass the COMAT exam in any subject on the first attempt must retake the exam within 60 days from the date they receive notification of their score from the Office of Clinical Education. Failure to schedule a COMAT retake within the 60 day timeframe will result in placement on a student “at risk” list. If more than one COMAT must be retaken, it still must occur 60 days after the failed exam. Students are allowed a maximum of three (3) attempts to pass the exam. Students who are not successful in passing the COMAT exam by the third attempt will receive a failing grade and must repeat the rotation. Students who pass a COMAT exam on a second or third attempt will receive a score of 70 for that exam. The cost of the initial COMAT subject exam will be covered by BCOM. If a student must retake the examination, the student will be responsible for the cost of the exam. A score report for each COMAT exam is available on-line at the NBOME Client Registration System (CRS) account > My Account > COMAT. The report contains performance information on each content area of the exam and will be useful for students to assess their strengths and weaknesses.

COMAT Preparation and Remediation

General Advice for preparation for the COMAT Exam

1. Four week clinical rotations pass very quickly. Plan on devoting time every day for reading and studying both your rotation responsibilities and for the COMAT exam;
2. Read the course syllabus and review view the learning objectives for the rotation;
3. Read the relevant textbook for your rotation;
4. Review your performance from the CANVAS systems course;
5. Check your syllabus or the introductory email from the rotation director for specific reading suggestions or specific topics to focus on for the exam;
6. Review the lecture slides and videotaped lectures from the appropriate course;
7. When you are taking the test be aware of time constraints and be sure to leave enough time to answer all of the questions. Do not spend too much time on any one question. Several research studies have shown that your first answer is more likely to be correct;
8. Question banks can be very helpful but they are not a good substitute for a solid understanding of the underlying material;

9. Demonstrate knowledge of the business aspect of medical practice, including but not limited to: basic issues of billing, scheduling, patient flow management, effective use of referrals, and cost effective medication strategies.

General advice for remediating a failed COMAT exam

1. Review your thoughts about the first exam and the general advice given above
2. Review your sub scores for the exam and identify areas in which you need improvement. Put additional study time on these areas but do not spend all of your study time on only the weaker areas.
3. Contact the rotation chair of the discipline and provide them with your cell phone number to discuss the exam and suggestions for improvement. **IT IS THE STUDENT'S RESPONSIBILITY TO CONTACT THE DISCIPLINE CHAIR.**
4. Review your score and your schedule and decide when to retake the COMAT. You have 60 days after notification of your results to schedule and retake the exam. Realize that in most cases you will be on another rotation while preparing to remediate a failed exam.
5. Consider using additional question bank sources or review books in preparation for the exam retake.

Other Grading Elements

Other elements that are factored into the clinical grade, such as journal club and case presentations (refer to grading elements chart), will be determined by the rotation chair with input from the preceptor. Instructions for completing required assignments can be found in the course description on Blackboard and in the course syllabus.

Incomplete Rotations

Students who do not meet all rotation requirements may be given a grade of incomplete (I) for that rotation. If requirements are not met by a time specified to the student by the Office of Clinical Education or the rotation chair, the grade may be converted to a failing grade. This will cause the student to go before the Student Progress Committee.

Assignment of the Final Grade

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

At-Risk Students

Students who fail more than one COMAT exam, receive negative comments from a preceptor on the student evaluation or are otherwise deemed at risk of not being able to complete rotations as scheduled, will be referred to the Office of Clinical Education for a remediation program. If remediation is not completed by the last month of clinical rotations, the student will not be allowed to progress. This will also potentially delay graduation and participation in the residency match. Students may be required to go before the Student Progress Committee.

Failure of a Rotation

A student who fails a rotation will be required to repeat and pass that rotation prior to graduation. This may result in the student not being able to graduate as scheduled, and will again delay participation in the residency match.

Grade Appeals

Questions regarding a grade are to be directed to **the Department Chair only**. Students **are never** to contact the Preceptor who evaluated them regarding the grade received. See the *Student Handbook* for procedures on how to appeal a clinical grade.

Patient Care Activities and Supervision

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

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

Medical Records/Charting

Student notes are never to serve as the attending physician's notes. Centers for Medicare & Medicaid Services (CMS) *Guidelines for Teaching Physicians* states: "You, the student may document services in the medical record; however, the teaching physician may only refer to your documentation of an E/M (Evaluation and Management) service that is related to the ROS (Review of Systems) and/or PFSH (Past Family and/or Social History). The teaching physician may not refer to your documentation of physical examination findings or medical decision making in his or her personal note. If you document E/M services the teaching physician must verify and document the history of present illness and perform and document the physical examination and medial decision making activities of the service."

Some sites have separate pages in the chart, often brightly colored, set aside for student documentation. This allows the student to practice their documentation skills, but will not become a part of the permanent medical record. These notes should also be reviewed and signed by the supervising physician. If dictation or computerized entry by students is allowed, those notes must also be reviewed and signed by the attending physician.

Students are responsible for obtaining charting/documentation instructions from the preceptor or clinical site coordinator at each rotation site. The student must always sign and date all entries into the medical record by name and educational status, such as John Smith, OMS 3.

Applying for Graduate Medical Education/Residency Positions

Students should refer to the *BCOM Residency Application Guide and Resources* Webpages at: BCOMNM.ORG for step-by-step instructions, timelines, important forms, and Frequently Asked Questions (FAQs). Students may begin collecting Letters of Recommendation (LoRs) during year three. Students should request a **strong** LoR and use the Electronic Residency Application Service (ERAS) process described on the *BCOM Residency Application Guide and Resources* Webpage or on the ERAS website. For further information, contact Director of GME

Letters **MUST NOT BE SENT TO BCOM**. They must be uploaded to the ERAS portal **BY THE AUTHOR**. Letters sent directly to BCOM cannot be used. Please follow completely the information on the following link to have letters sent in the correct manner. <https://www.aamc.org/download/430276/data/faq-authors-staff.pdf>

Additional Guidelines

- Contact appropriate rotation site or BCOM Clinical Education staff when you have questions;
- Read all policies and procedures in the Rotation Manual and course/rotation syllabi at the beginning of rotations. Make sure you understand all rotation requirements **before** beginning a rotation;
- Be proactive – you are responsible for your schedule, knowing what is expected of you, getting all forms, evaluations, etc. completed on time and to promptly respond to phone/ email/snail mail correspondence;
- Adhere to time frames, especially for schedule changes, absences etc;
- Seek permission in advance to be absent from your rotation for any reason;
- Clinical rotations in medical school are a full time commitment. Non-rotation activities must not supersede or conflict with your clinical duties and academic assignments;

- Failure of the student to follow all specified policies may result in delayed graduation and the delay of post graduate training;
- For issues arising in a core hospital regarding in-house matters, work with local staff using appropriate procedure to resolve the issue locally;
- If advice is needed regarding rotation or other requirements, seek that from the rotation chair or Clinical Education staff;
- During clinical rotations, students are considered part of the patient care team at the applicable training site. The student is a professional-in-training, has duties, responsibilities and a level of expectation regarding performance significantly different than during the first two years of medical school. Student behavior is to be professional at all times;
- Sexual harassment of any kind will not be tolerated. If a student feels that he or she is being subjected to sexual harassment by a preceptor, hospital staff member or other person associated with the rotation, he/she should immediately contact the Office of Clinical Education. All reports and allegations of sexual harassment will be taken very seriously. Students must never engage in activity that could be considered by others to constitute sexual harassment. Students should refrain from developing relationships with preceptors or other training site personnel that go beyond what would be considered a typical professional relationship;
- Students are immediately accountable to their assigned clinical preceptor(s) for carrying out all patient care and academic assignments in a timely, professional and high quality manner. The student is also accountable to the Regional Assistant Dean or Site Coordinator for being aware of and complying with all policies of the site and BCOM;
- 100% attendance and participation in rotation activities is expected; excessive or unexcused absences (due to professionalism issues) may be grounds for failure of a rotation and/or appearance before the Student Progress Committee.
- Students who are ill or experience an emergency situation that renders them unable to fulfill rotation requirements and necessitates absence must personally contact the clinical supervisors/preceptor and site personnel **and** their BCOM rotations coordinator by telephone, not email;
- Students must be responsible for returning all hospital or preceptor property, such as scrubs, pagers, hospital ID badges, borrowed test books or journal articles, before the last day of the rotation;

Tips on Making the Most of Each Clinical Rotation

(Taken in part from American Academy of Family Physicians Division of Medical Education)

Be familiar with and able to apply the core content of the rotation specialty. Before your rotation begins, take time to review one or two relevant textbooks and other primary

resources and go over any notes you may have from first and second year courses. Be sure to draw on this knowledge as you demonstrate your diagnostic skills

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

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

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

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

Keep a journal for each rotation. Record such things as the number of patients you see every day, the types of illnesses your patients have, any of your medical “firsts” (i.e., the first physical you perform, the first baby you deliver, etc.) and any expectations you have for the rotation before you begin. This will help you remember your experiences and process your feelings. When it is time to choose a specialty, your journal will help you reconcile your experiences with your expectations and goals. You are encouraged to track procedures and diagnoses on New Innovations.

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

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

During down time, resist the urge to engage in excessive non-rotation tasks, such as texting, web surfing or personal phone calls. Your preceptor may interpret this as boredom, distraction or disinterest. Instead, check out online resources, complete rotation assignments, read about your patients or prepare for other didactics or the COMAT exam.

APPENDIX

APPENDIX A

Confidentiality and Security Agreement

I understand that the health care facility for which I rotate manages health information as part of its mission to treat patients. Further, I understand that the health care facility has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the health care facility must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information").

In the course of my assignment at the health care facility, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my assigned duties in accordance with the health care facility's Privacy and Security Policies.

General Rules

- I will act in the best interest of the Health care facility and in accordance with its Code of Conduct at all times during my relationship with the Health care facility.
- I understand that I should have no expectation of privacy when using Health care facility information systems. The Health care facility may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
- I understand that violation of this Agreement may result in disciplinary action, meeting with the Student Progress Committee and loss of privileges, and/or termination of authorization to work within the Health care facility, in accordance with the Health care facility's policies.

Protecting Confidential Information

- I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job.
- I will not publish or disclose any Confidential Information to others using personal e-mail, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Health care facility business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
- I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Health care facility Information Security Standards and Health care facility record retention policy.
- In the course of treating patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is treating patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas where available.
- I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.

- I will not transmit Confidential Information outside the Health care facility network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit Confidential Information outside of the Health care facility using e-mail or other electronic communication methods, I will ensure that the Information is encrypted according to Health care facility Information Security Standards.

Following Appropriate Access

- I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
- I will only access software systems to review patient records or Health care facility information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Health care facility information, I am affirmatively representing to the Health care facility at the time of each access that I have the requisite business need to know and appropriate consent, and the Health care facility may rely on that representation in granting such access to me.

Using Portable Devices and Removable Media

- I will not copy or store Confidential Information on removable media or portable devices such as laptops, cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so by my job. If I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Health care facility Information Security Standards
- I understand that any mobile device (Smart phone, etc.) that synchronizes health care facility data (e.g., Health care facility e-mail) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that the Health care facility has the right to:
 - Require the use of only encryption capable devices.
 - Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes health care facility data regardless of it being a Health care facility or personally owned device.
 - Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - Restrict access to any mobile application that poses a security risk to the health care facility network.

Doing My Part – Personal Security at the Health Care Facility

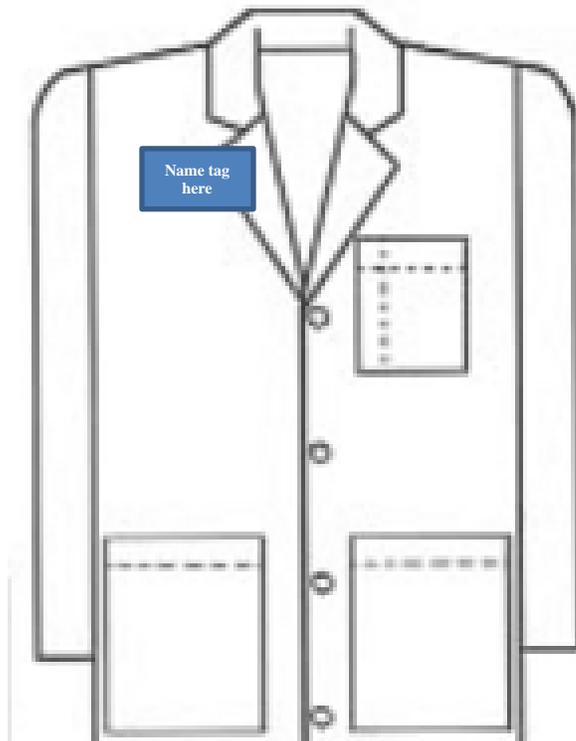
- I will:
 - Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card), etc.).
 - Use only approved licensed software.
 - Use a device with virus protection software.
- I will never:
 - Disclose passwords, PINs, or access codes.
 - Use tools or techniques to break/exploit security measures.
 - Connect unauthorized systems or devices to the Health care facility network.
- I will practice good workstation security measures such as locking up thumb drives or other external devices when not in use, using screen savers with activated passwords, positioning screens away from public view.

- I will immediately notify my manager, Facility Information Security Official (FISO), Director of Information Security Operations (DISO), or Facility or Corporate Client Support Services (CSS) help desk if:
 - my password has been seen, disclosed, or otherwise compromised;
 - media with Confidential Information stored on it has been lost or stolen;
 - I suspect a virus infection on any system;
 - I am aware of any activity that violates this agreement, privacy and security policies; or
 - I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Health care facility systems.

Print Name: _____

Signature: _____ **Date:** _____

FIGURE 2



Wear your badge with white coat