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MESSAGE FROM THE DEAN

Dear TUNCOM Third and Fourth Year Medical Students:

It is a pleasure to welcome you to the Clinical Clerkship training portion of your osteopathic medical education, perhaps the most exciting, challenging and rewarding of your medical school experience. This Student Manual provides the framework of policies, procedures and curriculum in the OMS-III (osteopathic medical student – 3rd year) and OMS-IV years at TUNCOM. Text for this manual was revised in August, 2013. The information herein is effective with the start of the 2013-2014 Academic Year and is subject to change at the discretion of the University.

Over the past two years, you have worked very hard to develop a knowledge base characterized both by its breadth and depth. In the clinical years, our faculty delivers to you specific curriculum appropriate to each clerkship. Remember that the clerkship curriculum is a “living” body of knowledge that is constantly updated and renewed. The curriculum and requirements contained herein is very comprehensive and is based on a continuum of requirements ranging from OMS-III through residency.

The training that you embark upon today marks a cornerstone of your medical education. In many ways, this will be the beginning of your service to mankind as a physician. Remember that this service is a sacred trust and requires compassion, understanding, and the deportment expected in your role as a physician. You are expected as part of this trust to maintain a strict honor code.

Enjoy your next two years as you begin integration into clinical medicine.

Sincerely,

Mitchell Forman, DO
Dean, TUNCOM
MESSAGE FROM THE ASSOCIATE DEAN FOR CLINICAL EDUCATION

Dear TUNCOM Clinical Faculty,

First of all, thank you for your participation in our clinical education program and for your contribution to our students’ training. You are an important link in a chain that began thousands of years ago, and will extend far into the future. Among the most important roles medical professionals can serve is as teacher and mentor. The Oath of Hippocrates emphasizes this in its second paragraph, “To hold him who has taught me this art as equal to my parents.”

While there is much to be learned from classroom studies and written resources, nothing can substitute for the opportunity to train under the supervision of a preceptor in a clinical setting. Sir William Osler, the renowned Canadian physician once said, “To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.” Truer words were never spoken.

We hope the material in this manual will serve as a supplement to your own knowledge, skills, and experience in helping us produce the best medical school graduates anywhere. We also hope you will find the experience both enjoyable and fulfilling.

Should you have any questions or concerns regarding the clinical training program at Touro University Nevada College of Osteopathic Medicine, please contact the Department of Clinical Education at (702) 777-4777 or via e-mail at andrew.eisen@tun.touro.edu.

Thank you again,

Andrew M. Eisen, MD, FAAP
Associate Dean for Clinical Education
OSTEOPATHIC FACTS AND STATISTICS

- There are more than 80,000 osteopathic physicians (DO’s) in the United States, more than triple the number 25 years ago.

- More than 60% of DO’s practice in Primary Care.

- More than half of actively-practicing DO’s are under age 45.

- The 30 schools of osteopathic medicine graduate nearly 5000 osteopathic physicians each year. Touro University Nevada College of Osteopathic Medicine (TUNCOM), the first branch campus osteopathic medical school, graduated 76 physicians in 2008; and graduates approximately 134 each year since 2010.

- There were 20,663 Osteopathic Medical Students nationwide in the 2011-2012 academic year, compared with 12,525 in 2004-2005; a 65% increase in only 7 years.

- There are approximately five applicants for each student who matriculates into the 30 colleges. TUNCOM received approximately 2600 applications for 134 available positions in the class of 2014.

sources: American Osteopathic Association and Touro University Nevada
MISSION STATEMENT

The mission of Touro University Nevada is to provide quality educational programs in the fields of health care and education in concert with the Judaic commitment to social justice, intellectual pursuit, and service to humanity.

INSTITUTIONAL GOALS

1. To provide relevant educational programs in the areas of health and education that will enhance the social well-being of humanity.

2. To provide high quality and comprehensive education in the disciplines offered by the institution.

3. To promote the concept of equality in all aspects of education and medical practices.

4. To provide faculty and students with opportunities to engage in appropriate research and scholarly activity.

5. To create an environment that encourages and supports lifetime learning strategies.

6. To foster community service.

In order to meet these goals, Touro University shall:

- Enlist methodologies to maintain a skilled academic and clinical faculty and staff devoted to the mission statement who work in concert using contemporary educational and clinical facilities and innovative methodologies of education and research;
- Maintain adequate faculty and administrative leadership committed to creating an optimum educational environment for the students, faculty and medical profession;
- Engage faculty development programs to ensure academic growth, teaching proficiency, evaluation strategies, and scholarly performance;
- Provide variety of quality postgraduate programs at the Osteopathic College and their affiliated institutions; and
- Be a resource for the provision of health and health education needs of the community.
PHILOSOPHY AND PRACTICE OF OSTEOPATHIC MEDICINE

1. Osteopathic medicine is limited to the practice of rational medicine based on the medical sciences.
   As a system of prevention, diagnosis, and treatment, osteopathic medicine is founded upon traditional medical values such as a rational observation and deduction, the scientific method, established therapeutic modalities, and the fundamental medical sciences, such as anatomy, biochemistry, pathology, physiology, and pharmacology. The scientific basis for medicine (either osteopathic or allopathic) represents the fundamental principle on which all medical services are based.

2. Osteopathic medicine treats the individual as a whole.
   Osteopathic medicine recognizes that all factors that concern health, including physiological, mental and emotional factors, must be weighed in the prevention, diagnosis, and treatment of illnesses. Every ill person presents a unique problem that will require therapies that are specifically directed to the whole person. In spite of recent increased interest in holistic approaches to patient care, there is still a common tendency among physicians to isolate illness within a certain organ or system in the body. The osteopathic physician, however, is trained to recognize that when the body is ill, the effects are diffuse. A specific organ or system may become the prime focus of illness, but the effects of that illness can be felt to some degree throughout the entire body. In a similar fashion, when responding to an illness, the specific organ or system does not operate in isolation. The entire body, by way of the circulatory, nervous, endocrine and immune systems, is brought into action in a concerted effort to overcome the body-wide effects of the illness. Only when the whole body has returned to its normal balance has the alleviation of illness truly been achieved.
   Still’s concept of holism, however, went beyond the idea of the human body as a unit, and included a holism of body, mind and spirit. Osteopathy involved what he referred to as “the law of mind, matter, and motion.” Today these terms are commonly referred to as body, mind and spirit. Doctor Still strongly believed that all pertinent influences on the human being had to be taken into consideration when the physician was faced with a patient needing treatment. He stated, “... after all our explorations, we have to decide that man is triune when complete.” Thus, for A. T. Still, holism was more than an open-mindedness to other forms of diagnosis and treatment. Rather, it was an approach to the patient that required the physician to consider the totality of the human being when diagnosing illness or planning treatment. Osteopathic medicine emphasizes that a patient be considered as a whole person - a member of a family living in a specific environment. It is the person, not the pathological condition, who must be treated. Early on, osteopathic medicine rejected the traditional view, which has prevailed for the past 50 years, in favor of the holistic approach. This holistic model of health care has been favored for over a century by the osteopathic profession, not only because of its superiority, but because the disease model has several limitations:
a. By focusing only on treatment, the disease model does not differentiate very well between patients who remain healthy after receiving treatment, and those who must continue to return for treatment.
b. Many of the causes for which people need medical care fall outside the disease treatment perspective. Many health care costs are for treating diseases that are related to behavioral factors not addressed by a disease model - violence, smoking, legal and illicit drug use, and lack of fitness.
c. The disease model fails to recognize the self-healing process.

3. **Osteopathic medicine recognizes the body’s ability to be self-regulating and self-healing.**

   Osteopathic medicine has traditionally emphasized that the human body has an inherent capacity for maintaining health and recovering from illness. The role of the osteopathic practitioner is to understand, promote, and enhance this capacity to overcome disease and maintain health. Because the osteopathic profession recognized that self-healing occurred, it was the first health care profession to endorse serious scientific study and the understanding of forms of treatment that work with the body’s own healing mechanisms. As evidence of self-healing grew, the osteopathic profession came to espouse a philosophy of personal responsibility for health maintenance, as well as promoting osteopathic physicians to act as health educators, not just treatment specialists.

   Doctor Still believed that the human body should be studied as a whole; that all elements of a person’s body, mind and spirit had to be incorporated into the total care of the person. He believed that the body had self-regulatory and self-healing powers, that the body contained within it all the substances necessary for maintaining health. When the body was properly stimulated, Still believed that these substances would also assist in recovering from illness. He viewed the body as a machine that would function at its optimum level only when all its parts were in proper relationship to one another. Doctor Still did not see disease as an outside agent somehow inflicting itself on the body. Rather, disease was the result of alterations in the structural relationships of the body parts that led to an inability of the body to resist illness or to recover from it.

4. **Osteopathic medicine acknowledges the structure-function interrelationship.**

   Since the 19th century, allopathic as well as osteopathic medicine has recognized the interrelationship of structure and function. This initial principle of Dr. Still holds true today in the importance accorded the musculoskeletal system in both health and illness. Through careful study, osteopathic physicians have been able to associate abnormalities in the structural system of the body with signs and symptoms of various diseases. Dr. Still noted that “disease is the result of anatomical abnormalities followed by physiologic discord.” Osteopathic physicians later referred to these abnormal areas in the musculoskeletal system as “osteopathic lesions.” These are palpable areas, particularly in segmentally related paraspinal tissues, associated with visceral diseases as well as common musculoskeletal problems. Today, the term “somatic dysfunction” is used to describe these anatomic and physiological abnormalities. Somatic dysfunction is defined as “impaired or altered function of
related components of the somatic (body framework) system: skeletal, arthrodial, and myofascial structures, and related vascular, lymphatic, and neural elements.”

Osteopathic theory and practice holds that somatic dysfunction is dysfunction with visceral pathology is referred to as the “somatic component of disease.” The treatment of somatic dysfunction must be included in the overall care of the patient in order to ensure the most nearly complete and least invasive approach to managing the patient’s illness. Osteopathic manipulative treatment (OMT) is used to deal with the somatic component or components present with any give disease process.

Based on the principle of the interrelationship between structure and function, and the use of manipulative treatment, the osteopathic physician has knowledge of a unique system of diagnosis and treatment. This approach alone can often assist patients in recovering from illness. At other times, it allows for recovery with little or no medication, and in some cases may help the patient to avoid surgery.

5. Osteopathic medicine endorses the use of manipulative treatment.
Osteopathic manipulative treatment (OMT), which focuses on the musculoskeletal system, has been and is a distinguishing hallmark of the osteopathic profession. The distinctiveness of the osteopathic approach is manifested in the use of palpatory diagnosis and manipulative treatment, either singly or in combination with other diagnostic and therapeutic modalities for the treatment of illness. Structural diagnosis and manipulative methods are used primarily to increase mobility in restricted musculoskeletal function and to reduce pain. Additionally, when appropriately used, osteopathic manipulative procedures can assist the patient in overcoming illness and maintaining health. A.T. Still’s recognition that the musculoskeletal system has an important role in health and disease was a revolutionary concept. His discovery that the use of manipulative methods could assist the patient in recovering from illness, often with little or no use of drugs or surgery, is one of his most important contributions to the practice of medicine.

6. Osteopathic medicine emphasizes a close and personal relationship between physician and patient.
Because of the complex nature of a human being, and the intricate relationships among the body, the mind, and the parts of the whole, long-term familiarity with a patient’s personality and habits is essential to providing high quality health care. As medical care has become more compartmentalized, the interaction between patient and physician has become compromised. Because osteopathic medicine emphasizes a close and personal relationship between patient and physician, the osteopathic physician is well-qualified to supervise the health of members of the family, to treat their illnesses, and to diagnose illnesses, as well as to treat or direct patients for specific therapies. Osteopathic medicine believes that knowledge of a patient’s medical history, family situation, and general and physical idiosyncrasies, are necessary to enhance the effectiveness of a
physician’s technical skill and the worth of mechanical/laboratory devices for the diagnosis and treatment of illness.

7. **Osteopathic medicine recognizes that health care requires intelligent collaboration between the lay public and practitioners.**
   
   Effective, high quality health care does not depend upon the medical professions alone. Often, the best physicians can do little for a patient who chooses not to comply with therapy. Osteopathic medicine recognizes that the therapeutic relationship between physician and patient must incorporate the concept of collaboration between two parties as vitally important to the efficiency of the physician.

8. **Osteopathic medicine relies upon a variety of medical services.**
   
   Osteopathic medicine endorses a wide variety of health care services, ranging from osteopathic manipulative treatment and medication to various surgical therapies. The services that are provided by various health care specialties must be coordinated for effective health care.
   
   High quality health care requires that practitioners be knowledgeable, and that proper coordination be maintained among all practitioners providing services. The osteopathic physician with a holistic perspective (with an emphasis on patient education as a part of comprehensive treatment) is highly qualified to effectively coordinate health care.

9. **Osteopathic medicine emphasizes prevention.**
   
   The ideas of prevention and promotion of health are fundamental and have pervaded all areas of osteopathic medicine. The purpose of treatment is to assist the body and mind to accomplish restoration of good health, to interfere with the progress of disease, and to prevent complications and postpone death. Prevention, diagnosis, and treatment are inseparable aspects of the science and art of osteopathic medicine. They have a common purpose - the promotion and maintenance of health, and they are based on a common body of knowledge.

10. **Osteopathic medicine endorses the application of all services of modern scientific medicine that are needed to meet the needs of all people.**
    
    Judging from the viewpoint of society, the qualitative aspects of health care cannot be dissociated from the quantitative aspects. No matter how effective a practitioner is in treating an individual patient, osteopathic medicine does not fulfill its functions adequately until effective health care is within reach of all individuals. Our implicit view of the health care system is that all must have access; that the number of healthy people should be increased, and that those who are ill should be returned to good health as quickly as possible, with minimum cost.
PHILOSOPHY AND GENERAL GOALS OF CLINICAL TRAINING

The philosophic framework of clinical education and training at TUNCOM is that of preparing students to pursue careers in a primary care specialty. The program will educate students to become competent physicians who clearly recognize their roles as providers of comprehensive health care to the individual, to the family as a unit, and to communities. Primary care physicians must be able to function in the role of leader of the health care team to bring about needed change from the level of the individual to the level of the community. The intent of the program is to prepare primary care physicians who will impact positively on the quality of healthcare through competency-based clinical education.

In today’s health care world, primary care physicians are an integral factor to the efficient functioning of the health care system. Students’ attitudes and learning will be directed toward understanding the role of the primary care physician, while recognizing the need for consultation with other medical specialists when appropriate.

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

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

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

After two years of clinical training, students should see the primary care physician as being able to:

- Demonstrate clinical excellence, using current biomedical knowledge in identifying and managing the medical problems presented by his/her patients.
- Provide continuing and comprehensive care to individuals and families.
- Demonstrate the ability to integrate the behavioral, emotional, social and environmental factors of families in promoting health and managing disease.
- Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for the best in modern medical practice in a rapidly changing world.
- Undertake a regular and systematic program of lifelong learning.
- Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
- Share tasks and responsibilities with other health professionals.
- Understand and critically evaluate current and relevant research; and apply the results of the research to medical practice.
- Manage his/her practice in a business-like, cost-efficient manner that will provide professional satisfaction and a rewarding personal life.
- Serve as an advocate for the patient within the health care system.
- Assess the quality of care that he/she provides and actively pursue measures to correct any identified deficiencies.
- Recognize community resources as an integral part of the health care system; participate in improving the health of the community.
- Recognize and value the differences in patient and physician backgrounds, ethnicity, beliefs and expectations.
- Develop mutually satisfying physician-patient relationships to promote effective and comprehensive problem-identification and problem solving.
- Use current medical evidence-based knowledge to identify, evaluate and minimize the risks for patient and family.
- Balance potential benefits, costs and resources in determining appropriate interventions.
- Provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- Obtain medical knowledge about established and evolving biomedical, clinical, and cognate sciences and apply this knowledge to patient care.
- Begin practice-based learning involving investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Learn interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
• Display professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
• Learn systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
• Demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment and develop commitment and dedication to lifelong learning and to practice habits in osteopathic philosophy and manipulative medicine.
OVERVIEW OF THE TUNCOM CLINICAL CLERKSHIP PROGRAM

The Clinical Clerkship Program is designed to provide students with education and training in the general areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, and surgery; as well as exposure to additional specialty areas including anesthesiology, emergency medicine, geriatrics, pathology, and radiology.

The Clinical Clerkship Program is under the direct supervision of Touro University Nevada College of Osteopathic Medicine.

TUNCOM has affiliations with several hospitals and many practicing physicians offering diverse training opportunities. The program has been organized to permit the greatest degree of educational exposure in a practical, clinical environment in order for students to develop expertise in medical diagnosis and management.

The clerkships provided at each site and the numbers of students assigned to each site by TUNCOM are determined by mutual agreement of the Hospital Administrators, Directors of Medical Education (DME’s), Clinical Faculty and the TUNCOM Department of Clinical Education.

During years three and four, flexibility is provided by allowing students to have a total of 6 months of elective/selective time and a subinternship in the fourth year that may be undertaken in virtually any discipline. This is to give students ample opportunity to pursue their individual interests.
GENERAL CLERKSHIP GUIDELINES

A. Structure

Students will participate in a well-structured, systematic training experience in each particular service. Students will be assigned to a patient care team with one or more attending physicians and, in some circumstances, residents, interns, and/or other students. This structure will provide all participants with clearly delineated responsibilities for meeting educational objectives.

B. Teaching Techniques and Evaluation Methodology

The specific objectives for each course are clearly defined in the curriculum sections of this Manual.

1. The student will attend appropriate didactic sessions (including, but not limited to Morning Report, Grand Rounds and other educational seminars) at the clinical site when offered.
2. The student may be required by his or her Preceptor to keep a log of all patient care activities. Copies of logs may be requested by the Department of Clinical Education for documentation.
3. The student will be evaluated by each of the responsible individuals on the teaching service through periodic oral evaluation and by observations of clinical performance.
4. Supervisors on the teaching service will complete the Clinical Performance Assessment forms provided for evaluation of student performance.
5. The student will complete and return an evaluation form on the physician, site and clerkship.
6. Evaluations will generally be completed through a web-based secure electronic evaluation system.

C. Educational Activities

The clinical site should provide a regular schedule of all educational programs and resources, e.g. lectures, conferences, videotapes, etc., available at the site in order to provide opportunities for students to take advantage of these resources and opportunities.

D. Patient Care

Students will comply with all requirements related to patient care as established by the clinical site.
F. Administrative Functions

1. The clinical site, in coordination with TUNCOM, will specifically define the degree of student involvement in its own institution.
2. Standards for medical students should be consistent regardless of their school of origin. Clerkship sites should clearly define whether or not meals, laundry facilities, uniforms and living quarters will be provided.

ORIENTATION GUIDELINES

Students will be provided appropriate orientation to the clinical facilities. This may include sessions at the TUNCOM campus, materials to be reviewed independently, on-site orientation, and other methods to ensure that students are adequately prepared to begin providing care and learning at the institution. At the start of clerkships, they will be introduced to the clinical service by the DME and/or Chief of that service. For clerkships in private office sites, orientation will be provided by the Preceptor or Preceptor’s designee. There will be an introduction to both the physical plant and relevant facility procedures.

A. Physical plant
   1. Patient rooms
   2. Nurses’ stations
   3. Emergency Departments
   4. Ancillary services facilities (x-ray, laboratory, medical records, etc.)
   5. Rest rooms and locker areas
   6. Conference areas
   7. Lounges, cafeteria or coffee shop
   8. Library

B. Procedures

1. Students will be provided detailed information regarding what is expected of them and the anticipated time commitment involved (i.e., students shall be provided with a written schedule of each clinical clerk’s on-duty hours and days and a written list of each clinical clerk’s duties and responsibilities).
2. Students shall be introduced to the supervising physicians involved in the clinical clerk’s specific program. Students should arrange a meeting with their preceptors at the beginning of the clerkship to develop a learning contract and individual study plan. They shall arrange meetings with their preceptor mid- and end-of-clerkship to review progress, goals, evaluations and expectations.
3. Students will be told what criteria will be utilized to evaluate their performance.
4. Students should be informed as to whom they are responsible and how that person or persons may be reached when needed.

5. It will be clearly defined initially whether students may document in the patient’s medical record and, if so, what students are permitted to write (e.g. Progress notes only vs. orders which need to be counter-signed before execution) and where they should do their chart work.

NOTE: If the above-mentioned information is not provided at the beginning of the clerkship, students are to contact the Preceptor, hospital DME, or chief of service for clarification.
GENERAL STUDENT PROTOCOLS

Students are to notify the Department of Clinical Education of any change in contact information (e.g. mailing address, phone numbers, etc.) during the clinical years. Students can contact the office at:

Andrew M. Eisen, MD, FAAP  
Associate Dean for Clinical Education  
Touro University Nevada College of Osteopathic Medicine  
874 American Pacific Drive  
Henderson, Nevada 89014  
Email: andrew.eisen@tun.touro.edu  
Telephone: (702) 777-4777  
Facsimile: (702) 777-4834

A. Dress Code

1. Clinical clerks will wear clean, white clinic jackets with a nametag. The clerk shall dress in a manner appropriate for a physician in clinical care settings. Some affiliated hospitals will have dress codes that are more stringent. The TUNCOM clinical clerk will be informed by the facility of these dress codes and will follow them.

2. Students should have, at all times, a clean, functioning stethoscope, appropriate writing implements (pens with black ink), and other hand-held equipment as appropriate for the clerkship (e.g. otoscope/ophthalmoscope, penlight, etc.)

3. On services where scrub suits are indicated, these suits will be provided by the facility.

4. Approved identification will be worn as required by the facility.

B. Student Health Services – Immunization Requirements

Third- and Fourth-year students on clinical service are required to update their immunizations as follows:

1. TB clearance must be updated each year. Students whose PPD has been negative PPD previously must get another one done annually. Reactors must complete a symptom check list annually which will then be reviewed by Student Health Services. Such students will be notified if anything further is required.

2. Td or Tdap (diphtheria tetanus booster) must be renewed every 10 years.

3. Influenza vaccine annually.
4. Certain clinical sites will have added immunization requirements. Please check with the Department of Clinical Education if you have any questions.

5. Students must undergo a urine drug screening at TUNCOM’s expense prior to starting clinical coursework, and may be subject to further screening at random or for cause at any time during enrollment at TUN.

Send all new medical information, questions and requests to:

Ronald Hedger, DO  
Medical Director of Student Health Services  
874 American Pacific Drive  
Henderson, NV 89014  
Email: ronald.hedger@tun.touro.edu  
Telephone: (702) 777-1818  
Facsimile: (702) 777-1819

Medical Requirements for Outside Clerkships

All medical forms for outside clerkships are to be sent to the Department of Clinical Education (do not send them to the Medical Director of Student Health Services). Each Hospital or school has different requirements, some of which are more stringent than TUNCOM requirements. If anything is missing, the student will be informed and it is his or her responsibility to update. To expedite the process we strongly recommend that students keep their immunizations complete and up-to-date.

Incomplete Immunizations

If immunizations are not up-to-date at any time, students may be withdrawn from clinical coursework. Immunizations must be up-to-date at least two months prior to the start of the third and fourth years. If a student’s immunizations are not up-to-date, he or she will be notified and may be unable to start the academic year on time. This start may be delayed one month or more, until these immunizations are brought up-to-date. This could potentially delay graduation for those students who have not maintained current immunizations.

C. Needlestick Policy

Student Responsibilities

1. Receive office/department orientation regarding infection control policy and post exposure management procedures.
2. Utilize appropriate barrier precautions during the administration of care to all individuals.
3. Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
4. Immediately report accidental needle sticks and exposure to blood or body fluids.
5. Initiate immediate intervention for the management of accidental exposure to blood or body fluids. (*See following section)
6. Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

*Accidental/Occupational Exposure Procedure*

In the event of an accidental/occupational exposure to blood or body fluids, which includes accidental needle sticks, the student should:

1. Immediately wash the area of exposure with soap and water.
2. Immediately report the incident to instructor, preceptor or supervisory personnel and to Touro University Nevada Department of Institutional Student Health. (702) 777-1818.
3. Initiate referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
4. Decisions regarding post exposure management, prophylaxis and follow-up will be at the discretion of the individual and his/her care provider. Touro University Nevada Department of Institutional Student Health recommends a minimum of:
   a. Baseline screening for: HIV, Hepatitis panel (to include antibodies);
   b. Update any needed immunizations.
5. Students are financially responsible for the emergency treatment, prophylaxis and all follow-up care resulting from the incident. Touro University Nevada Department of Institutional Student Health will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.
6. Appropriate documentation of the incident will be completed at the time the incident occurs. This is to include information on the patient’s medical history, past and current. Any possibility of infectious disease process is to be noted. This would include: All types of hepatitis, HIV/AIDS, TB and any other communicable disease process. In addition, the student will advise Touro University Nevada Department of Institutional Health of the incident within 1 hour of the incident occurring.

D. Reporting for Service

Prior to the start of the clerkship, students should contact their DME’s or preceptors to determine the location and time to start the first day. Unless otherwise arranged, on the first day of each clerkship, students should report to the DME, preceptor, or a designee by 8:00 a.m.
E. Attendance Policy

1. Attendance and Scheduling:
   a. 100% attendance is expected. Under typical circumstances, students are expected to be present at their clinical clerkship sites for the entirety of all scheduled shifts.
   b. Students may be excused from clinical assignments for the purposes of attending didactic sessions, clinical skills examinations, or other official activities scheduled by TUNCOM (see Additional Curricular Requirements, page 34). Students and Preceptors will be notified in advance of these events, and attendance at such activities is considered part of the students’ obligations.
   c. Students may be scheduled to work on weekends, but must be free of all clinical responsibilities for at least two (2) calendar days out of each consecutive fourteen (14) days. These days off may not necessarily be consecutive or on weekends.
   d. Students are limited to sixty (60) work hours per week on site at their clinical assignment averaged over any consecutive four-week period. Didactic or independent study time is not included in this maximum.
   e. Students should not work more than twenty-four (24) consecutive hours. Additional time may be necessary for continuity and transfer of care or for extenuating circumstances (e.g. emergent patient care matters), but students should not be assigned new patient responsibilities beyond this point. Even on the rare occasions that necessitate exceeding this limit, responsibilities must not exceed thirty (30) consecutive hours.
   f. Students should have a minimum of ten (10) hours off between work shifts.

2. School Holidays:
   a. Students are not required to work on official school holidays, but are expected, at the discretion of their preceptor and the Associate Dean, to make up missed work days. Holiday call shifts may be covered by switching with other students on service, as would be the case in practice. Switching must be between students who are on or have completed the service. (For example, a student who has not yet had Internal Medicine could not cover Internal Medicine call for another student).
   b. Students are responsible for notifying the TUNCOM Department of Clinical Education about planned absences for official school holidays no less than thirty (30) days in
advance of the first day planned off. Students must confirm this and make arrangements for any make-up time with their preceptor at least five (5) working days prior to the anticipated absence, and no later than the close of the second work day of the clerkship.

3. Other Time Off:
   a. Students may request time off for other reasons (e.g. COMLEX examinations, residency interviewing, religious observance, etc.), but will be expected, at the discretion of their preceptor and the Associate Dean, to make up missed work days.
   b. An official “Time Off Request” form must be submitted to the TUNCOM Department of Clinical Education at least thirty (30) days prior to the anticipated absence.
   c. Documentation supporting the Time Off Request should be submitted along with the form. Students should, for example, submit a copy of the confirmation e-mail from NBOME when requesting time off for a scheduled COMLEX examination. The Department of Clinical Education may require additional documentation before approving time off.
   d. Students are responsible for notifying the TUNCOM Department of Clinical Education about planned absences no less than thirty (30) days in advance of the first day planned off. Students must confirm this and make arrangements for any make-up time with their preceptor at least five (5) working days prior to the anticipated absence, and no later than the close of the second work day of the clerkship.
   e. Note that although it is recognized that time off may be needed in the fourth year for residency interviews, students should schedule their time wisely, and utilize their vacation month strategically to avoid taking excessive time away from any one clerkship (see #5 below)

4. Unanticipated Absences:
   a. Students needing to miss work time for unanticipated reasons (e.g. illness, family emergency) are expected to notify both their preceptor and the TUNCOM Department of Clinical Education at the earliest reasonable opportunity. If the absence exceeds a single day, students should be in contact with both their preceptor and the TUNCOM Department of Clinical Education at least daily.
   b. Students absent for illness for three (3) or more days must provide a medical clearance for a return to school/work signed by a licensed physician, physician assistant, or
advanced practitioner of nursing to the Department of Clinical Education before returning to their clinical site. A copy of this note must be made available to the Preceptor as well.

c. The Department of Clinical Education may require additional documentation before excusing a student for time missed.

d. Students may be expected, at the discretion of their preceptor and the Associate Dean, to make up missed work days.

5. Excessive Absences:
   a. There is not a specific number of absences (or conversely, days or hours worked) that entirely defines the adequacy of experience. Consequently, each case will be considered individually taking into account the amount of time missed, any make-up time worked, the cause for absences, the quality of clinical performance, and the knowledge and experience gained by a student on clerkship. As a general rule, however, more than 3 missed days will prompt consideration for repeating the course.
   
b. If it is determined by the Associate Dean, in consultation with the preceptor, that a student’s absences have significantly impaired his or her ability reasonably to meet the educational objectives of the course, remedial work (which may include a partial or complete repeat of the course) will be assigned.
   
c. Students should bear in mind that absences that may not rise to the level of necessitating a repeat of the course may still negatively affect their clinical evaluation and consequently, their grade.

6. Extended Absences:
   a. Any student off clinical coursework for three (3) consecutive months or more will be required to demonstrate maintenance of appropriate knowledge and clinical skills for his level of training prior to returning to clinical courses. The specific procedure required for each student will be determined by the Assistant Dean for Clinical Skills Training, and approved by the Associate Dean for Clinical Education.
   
b. Factors taken into account when determining requirements may include, but are not limited to:
      1) The point in training at which absence began,
      2) The student’s preclinical academic performance,
      3) The student’s prior clinical performance,
      4) The duration of the absence, and
5) The reason for the absence.

c. Requirements that may be applied may include, but are not limited to:
   1) Written examination,
   2) Oral examination,
   3) Clinical skills performance observed by faculty,
   4) Simulated (standardized) patient interview and/or examination, and
   5) Mock history and physical and/or progress note completion.

d. Assessment of knowledge and clinical skills will be performed by the Assistant Dean for Clinical Skills Training or his appropriate designee, and should be completed at least two weeks prior to the student’s planned return.

e. Should a student fail to meet reasonable standards for performance for his level of training, additional assignments may be given and further assessment performed by the Assistant Dean for Clinical Skills Training. If a student remains unable to meet reasonable standards of performance after remediation, he will remain off clinical coursework and will be referred to the Student Promotions Committee for recommendations as to additional training and potential ability to resume clinical work.

F. Responsibilities and Duties

1. While on clinical service, the student will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which they are being trained.

2. All problems or difficulties should be communicated to the Department of Clinical Education as soon as they occur.

3. Students should attend all hospital conferences related to their clinical service. In addition, students should attempt to attend any other hospital conferences or educational programs of interest. A schedule of the hospital educational programs should be obtained each week or month from the DME or Preceptor. The DME or Preceptor, at his or her discretion may, make all or any part of such educational programs mandatory. If Morning Report sessions are scheduled, attendance is mandatory.

4. Any time spent away from the hospital during regular duty hours for lectures, conferences, and other program conducted at outside hospitals or universities must be pre-approved by the supervising physician of the clinical service. If attendance at these programs will affect assigned
hospital duties such as histories and physicals, this will also need to be cleared with the DME or Preceptor.

5. Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures. Absences from clinical duty must be cleared in advance by the director of the individual clinical service. If attendance of mandatory lectures and conferences is preempted by patient care assignments, this absence must be cleared by the DME or Preceptor.

6. TUNCOM places great the importance in the students performing histories and physicals (H&P’s) in the affiliated clerkship sites. However, the sovereignty of our affiliated sites is acknowledged and TUNCOM policy will be integrated with each individual site’s policy. The student should complete an average of at least two (2) H&P’s per day on the assigned service. The H&P’s should be critiqued by appropriate personnel with feedback to the student. The student should have time and opportunity for patient follow-up. The office of the DME or Preceptor is responsible for the H&P policy for each clerkship site. If a student has a problem or question concerning them, he or she should contact the Preceptor. SOAP notes are not considered H&P’s.

7. The DME for each specific hospital will make clear to the clinical clerk the policy of that hospital for medical order writing. All activities (orders written or given, any patient care, progress notes, etc.) in a clinical setting are under the direction and supervision of an attending physician who assumes responsibility for the student.

8. Students will be encouraged to do structural examinations and to render Osteopathic Manipulative Therapy (OMT) as indicated. OMT procedures are to be documented in the chart and in students’ logs. All H&P’s shall include a structural exam.

9. Students are responsible to keep their immunizations current. If immunizations are not kept current, the ability to participate in clinical training will be denied. TUNCOM is required to ensure to the clinical sites that all student immunizations are current.

10. Students are required to provide proof of personal health insurance and HIPAA, BLS, ACLS, and OSHA training completion if requested by TUNCOM or a specific training site.
G. Specific Regulations and Procedures

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

1. Students shall be supervised by a licensed physician (DO or MD).
2. Students shall assume responsibility for and perform their assigned duties in accordance with the training institution regulations.
3. Students shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care. Their training institution, when possible, may assign suitable housing accommodations and board.
4. Students shall be assigned to specific patients. Histories and physical examinations should be completed on those patients whom students will be following on the service to which they are assigned, where applicable. Emphasis will be placed on the teaching and application of osteopathic principles and practices. Palpation and structural diagnosis in the narrative form shall be an integral part of the history and physical examination.
5. Students should perform “pre-rounds” on patients or chart review, and accompany the preceptor on rounds, conferences and consultations when appropriate.
6. Histories and physicals may be signed by the student according to the rules and regulations of the training institution. The histories and physicals done by the students should be reviewed by the supervising physician. Student histories and physicals should be countersigned by the supervising physician.
7. Progress notes, using VINDICATE and SOAP models, may be written by the students only under the direct supervision of the supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the training institution.
8. Students shall not order any examinations, tests, medications or procedures without consulting and obtaining the prior approval of the supervising physician. Students shall not write prescriptions for medicine, devices or anything requiring the authority of a licensed physician. Students shall never represent themselves as licensed physicians.
9. Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students at the clinical site. Each conference should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the clinical clerk’s own program.
10. Students shall be required to participate in the utilization of osteopathic manipulative therapy when ordered and supervised by the attending physician.
11. Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.

12. Every effort should be made to counsel and assist those students having difficulty in a particular service. Students who are particularly adept in a specific service should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the DME in accordance with hospital or clinical regulations.

13. Students are to conduct themselves in a courteous and professional manner and shall follow the dress code of the training institution and TUNCOM at all times.

14. Students must provide health insurance for themselves while on assignment at the training institution.

15. Student physicians should be familiar with the Patient’s rights, OSHA safety precautions and HIPAA. This will be in accordance with the training institution rules and regulations, state and federal regulations as they apply.

16. Students must undergo a urine drug screening at TUNCOM’s expense prior to starting clinical coursework, and may be subject to further screening at random or for cause at any time during enrollment at TUN.

17. Students must submit to an online criminal background check (via PreCheck, http://www.precheck.com) at TUNCOM’s expense prior to beginning clinical coursework. Adverse findings on background checks will be reviewed by academic administration at TUN, who will determine the student’s ability to engage in clinical training. Students may be subject to further background inquiries at any time.

H. Malpractice Insurance

All students on approved clinical clerkships in the United States are covered by the professional liability insurance of TUNCOM during their OMS 3 and OMS 4 years. Copies of the insurance binder can be obtained from the Department of Clinical Education if needed.
I. Board Examinations

Passage of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) Level 1, Level 2-CE and Level 2-PE is required for graduation. This requirement has been established by the Commission on Osteopathic College Accreditation. For details, see The Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures, standard 6.7.1, page 23, which can be found online at: http://www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Documents/COM-accreditation-standards-effective-7-1-2013.pdf.

Students are responsible for maintaining an awareness of registration requirements and deadlines. Test registration, as well as any fees, travel costs, or accommodations are also the students’ responsibility. Information on COMLEX is available at: http://www.nbome.org.

Attempts and passage of the United States Medical Licensing Examination (USMLE) series is optional. Students again maintain responsibility for registration, deadlines, and costs. Information on USMLE is available at: http://www.usmle.org.

TUNCOM policies regarding COMLEX are as follows:

1. Students are required to take COMLEX Level 1 prior to the start of their third clinical course (this includes vacation months). Under typical circumstances, this will be September 1 of the third year. Students not scheduled 30 days in advance of their exam deadline risk being removed from clinical coursework.
   - A student can apply for an extension beyond the deadline by submitting a written request to the Student Promotions Committee. The Student Promotions Committee may accept or decline the request. A student who schedules COMLEX Level 1 after the beginning of the third clinical course without prior permission from the Student Promotions Committee will be removed from all academic and clinical activity and will not earn academic credit. The student will be referred to the Student Promotions Committee and could be subject to dismissal.

2. Students may register for COMLEX Level 1 up to six months in advance of the desired test date. However, TUNCOM can rescind permission to take COMLEX Level 1 if the student has not completed all necessary requirements. The TUNCOM requirements that must be met in order to sit for COMLEX Level 1 include the following:
   - A student must pass all year 1 and year 2 courses with no incompletes or remediation exams pending;
   - A student must successfully complete all other academic requirements for year 1 and year 2;
   - A student must take the Comprehensive Osteopathic Self-Assessment Examination (COMSAE) form provided by
TUNCOM, and TUNCOM must receive the official score from the NBOME:

- A student must achieve a score of 400 or greater on the COMSAE form provided by TUNCOM the first time the student takes the exam;
- A student must re-take the COMSAE form provided by TUNCOM two weeks or more after the first attempt if the first score is below 400. TUNCOM must receive the official score for the second attempt before the student will be permitted to schedule the COMLEX Level 1.

3. Students are required to take COMLEX Level 2-CE and Level 2-PE prior to the start of the sixth clinical course of their fourth year (this includes vacation months). Under typical circumstances, this will be December 1 of the fourth year. Students not scheduled 30 days in advance of their exam deadline risk being removed from clinical coursework.

- A student can apply for an extension beyond the deadline by submitting a written request to the Student Promotions Committee. The Student Promotions Committee may accept or decline the request. A student who schedules COMLEX Level 2-CE or Level 2-PE after the beginning of the sixth clinical course without prior permission from the Student Promotions Committee will be removed from all academic and clinical activity and will not earn academic credit. The student will be referred to the Student Promotions Committee and could be subject to dismissal.

4. Students must bear in mind that exam results may take as long as 12 weeks to report, and if evidence of a passing score on these exams is not available well in advance, graduation may be delayed.

5. Any student failing COMLEX Level 1 or Level 2-CE must take a minimum of one month off from clinical clerkships.

6. Following official notification to TUNCOM of a student’s examination failure, the student will be contacted by the Office of the Dean. The student will be referred to the Office of Academic Services and Institutional Support (OASIS) and the Student Promotions Committee for assistance and guidance in preparing for a retake.

7. If the contact from the Office of the Dean occurs on or before the 15th calendar day of the month, the student will complete the current month’s assignment and be withdrawn from clinical assignment for the following month and placed on leave. Vacation time, if available, will be used.

8. If the contact from the Office of the Dean occurs after the 15th calendar day of the month, the student will complete the current month’s assignment, and maintain the following month’s assignment. If that following month’s assignment is a clinical course, the student will be placed on leave for the subsequent month. Vacation time, if available, will be used. (Example: contact from the Office of the Dean on September 20, clinical course maintained for October, on leave in November)
9. If a first failure on COMLEX Level 1 or Level 2-CE, the student may return to clinical coursework after retaking the exam. If a subsequent failure, the student may return only after receipt by the College of documentation of a passing score.

10. Following a COMLEX Level 1 or Level 2-CE retake, a student may undertake a core clerkship if eligible (see #9) to return to clinical activity by the fifth workday of the clerkship.

11. Following a COMLEX Level 1 or Level 2-CE retake, a student may undertake an elective clerkship if eligible (see #9) to return to clinical activity by the tenth workday of the clerkship.

12. If a re-exam is scheduled more than ten days after the beginning of a clerkship, vacation time may be used. Fourth-year vacation may be moved into the third year to accommodate such needs. Time off in excess of allotted vacation may delay graduation.

13. A student is permitted a maximum of three attempts to pass COMLEX Level 1. A student who fails COMLEX Level 1 three times will be referred to the Student Promotions Committee and may be dismissed.

14. A student is permitted a maximum of three attempts to pass COMLEX Level 2-CE. A student who fails COMLEX Level 2-CE three times will be referred to the Student Promotions Committee and may be dismissed.

15. Under typical circumstances, a failed exam must be retaken within three months of the student’s notification of failure by the Office of the Dean. Exceptions may be made in extraordinary circumstances, with the permission of the Dean. Taking more than two months off of clinical coursework to prepare for a COMLEX Level 1 or Level 2-CE re-exam may risk delaying graduation.

16. Any student failing the COMLEX Level 2-PE will be referred to the Office of Academic Services and Institutional Support (OASIS) and the Student Promotions Committee for assistance and guidance in preparing for a re-exam. The student may continue clinical coursework while preparing for the re-exam.

17. A student is permitted a maximum of two attempts to pass COMLEX Level 2-PE. A student who fails COMLEX Level 2-PE two times will be referred to the Student Promotions Committee and may be dismissed.
J. Court Appearances

If a student receives a court summons or subpoena, including a jury service summons, he or she should notify the Department of Clinical Education immediately. A copy of the summons or subpoena should be submitted to the Department along with a Time Off Request form for all known dates (e.g., the date to appear for a jury summons). The Department of Clinical Education should be notified immediately of any changes in the date or time of the appearance.

The student is expected to follow all instructions of the court, including physical appearance for jury selection, if necessary. It is important to note that students are not excused from jury duty in the State of Nevada, but may request deferment of jury duty from the judge after being assigned to a specific jury pool. This must be managed directly between the student and the court; the University cannot intervene.

If the summons or subpoena is related to the student’s official activities, patient care-related or otherwise, the Academic Dean is to be notified immediately as well.

Students will be excused from clinical assignments for such appearances, but may need to make up time missed. If these absences constitute a substantial period of time such that, in the opinion of the preceptor and the Associate Dean for Clinical Education, the student’s ability to meet the educational objectives for the course are impaired, additional assignments may be given to compensate. All such circumstances will be evaluated on a case-by-case basis.
EVALUATION AND GRADING

A. General Philosophy

While evaluation is an important part of the clinical education process and can provide substantial information regarding performance, it is essential that students and preceptors alike recognize that the generation of a grade is not the purpose of clinical experiences. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

B. Clinical Evaluations

1. Expectations

At the start of all clinical clerkships, each student should meet with his or her preceptor to discuss expectations for clinical performance. This conversation should include details of the student’s schedule, specific duties to be assigned, limitations of the student’s activity, and an explanation of the basis on which the student will be evaluated. Both the student and the preceptor should refer to the both the general and specific Goals and Objectives for the course as described in this manual and the Clinical Performance Assessment form itself to guide this discussion. The student is responsible for ensuring he or she understands the preceptor’s expectations and should take this opportunity to clarify any issues regarding roles and responsibilities. It is strongly recommended that an additional conversation occur at the approximate midpoint of the clerkship to provide the student some brief feedback on performance to date and suggestions for improvement in the latter half of the experience.

2. Clinical Performance Assessment

Near the completion of each clinical clerkship, students should meet face-to-face with their preceptors to discuss their overall performance and the completion of the Clinical Performance Assessment form. In general, this evaluation will be completed online. Preceptors will receive, via electronic mail, a link to the evaluation form for all students whom they have supervised. These messages should be delivered seven (7) days prior to the end of the clerkship. Reminders of pending evaluations will be sent every two weeks thereafter. Paper copies of these forms are available anytime in the department of Clinical Education. A sample is included as Appendix A of this manual. It is important to recognize that the primary intent of the evaluation is to provide feedback to the student as to his or her
specific areas of strength and weakness and to offer guidance for improvement in the future. Preceptors should take the opportunity not only to assess what the student has done, but to offer advice for how the student can do better.

Each of the seven AOA clinical competencies is evaluated on the form. While it is expected that only qualified osteopathic physicians will complete section 1b, Osteopathic Manipulative Medicine, all other sections should be completed by all preceptors. A general rating should be marked for each competency section, and then a final clinical grade (Honors, Pass, or Fail) for the course should be indicated. Preceptors should add as much narrative comment as they can to give the most specific guidance possible to the student.

It is important to remember that students should be evaluated against the standard of what would be reasonably expected from a medical student at the point in training at which the student has taken the course. For example, under Competency 4: Interpersonal and Communication Skills, is an assessment for “Interviewing skills are well developed.” It is expected that this will improve as students progress through clinical training; and therefore the standard against which this is judged by preceptors should take this timing into account.

Students cannot view evaluations of them by Preceptors until completing and submitting evaluations of the Preceptor, Site, and Clerkship (see below).

In circumstances where a Preceptor does not submit an evaluation via the electronic evaluation system, written evaluations may be accepted and such arrangements should be made in advance of the clerkship with the Department of Clinical Education. Evaluations received on paper form by mail or other delivery should be submitted in a sealed envelope with the Preceptor’s signature across the seal.

The Department of Clinical Education may delay acceptance of an evaluation until it can be authenticated directly with the Preceptor or the Preceptor’s designee.

3. Evaluation of Clinical Assignment

Following the each clinical clerkship, students are expected to complete an evaluation of the preceptor, site, and clerkship. This will be completed online. Students will receive reminders via electronic mail of evaluations they need to complete. A sample – to demonstrate content – is provided as Appendix B to this manual. Students should take care to distinguish the assessment of these three
portions of their experiences in order to provide the most useful feedback to TUNCOM. It is only through honest, fair, and frank evaluations that problems can be identified and corrected, and appropriate praise can be offered to those deserving. This is a serious responsibility for students, and appropriate thought and time should be dedicated to this part of the clinical education program.

Preceptors can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of evaluations has been reached in order to maintain student anonymity.

C. End of Service Examinations

At the end of each third-year core clerkship experience, students will take a multiple-choice examination on the subject matter of the course. There will be only one examination for each discipline. For Family Medicine, Internal Medicine, and Surgery, the examination will be administered following the second month of clinical training. These examinations are generally scheduled on the last workday of the month, but may occur earlier to accommodate holidays, etc. Please contact the Department of Clinical Education for a list of these dates. Students are responsible for maintaining awareness of these dates and ensuring that they are on time for the examination. Any student arriving after the exam has begun will not be admitted. Students who are unable to be on campus for the examination are expected to make alternative arrangements with the Department of Clinical Education no less than 10 working days in advance of the scheduled test date. These arrangements are subject to the approval of the Associate Dean for Clinical Education. If a student is unexpectedly unable to attend the examination (e.g. illness, etc.), he or she is expected to notify the Department of Clinical Education as soon as possible. Make-up exams for these students will be scheduled on an individual basis. Failure to notify the Department of Clinical Education or to make appropriate arrangements for absence will result in a failing score on the examination.

The examinations administered will be the COMAT subject examinations developed by the National Board of Osteopathic Medical Examiners. Further information about the exam structure, content, and scoring, as well as links to practice examinations, can be found at http://www.nbome.org/COMATMAIN.asp.

D. Additional Curricular Requirements

Various additional requirements for satisfactory completion of clinical courses may also be applied. These requirements will be outlined in syllabi or through other communications prior to the start of the course and may include, but are not limited to:

- Attendance at didactic sessions (e.g., lectures, clinical case conferences)
- Completion of online educational modules
- Demonstration of competence in selected procedures
- Observed performance of clinical skills
- Written assignments (e.g., academic paper, sample History and Physical note)
E. Grade Calculation

Grades on clinical courses will be issued as Honors (H), Pass (P), or Unsatisfactory/Fail (U). Students must pass both the clinical portion of the course and the written examination (if applicable), and complete any additional curricular requirements (see section D above) to pass the course. See “Failures” below.

For courses without an End of Service examination (Third-year electives and all Fourth-year courses), the grade assigned by the Preceptor on the Clinical Performance Assessment will be the grade posted to the student’s transcript. On Third-year Core courses (Family Medicine 1 & 2, Internal Medicine 1 & 2, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery 1 & 2), the Preceptor’s evaluation will be combined with the student’s End of Service examination standardized score as follows:

<table>
<thead>
<tr>
<th>Clinical Assessment</th>
<th>End of Service Exam Standardized Score (mean 100, SD 10)</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>≥100</td>
<td>Honors (H)</td>
</tr>
<tr>
<td></td>
<td>80-99</td>
<td>Pass (P)</td>
</tr>
<tr>
<td></td>
<td>&lt;80</td>
<td>Unsatisfactory/Fail (U)</td>
</tr>
<tr>
<td>Pass</td>
<td>≥110</td>
<td>Honors (H)</td>
</tr>
<tr>
<td></td>
<td>80-109</td>
<td>Pass (P)</td>
</tr>
<tr>
<td></td>
<td>&lt;80</td>
<td>Unsatisfactory/Fail (U)</td>
</tr>
<tr>
<td>Fail</td>
<td>N/A</td>
<td>Unsatisfactory/Fail (U)</td>
</tr>
</tbody>
</table>

F. Incomplete Grades

If, for any reason, a student is unable to complete all the requirements for a course as scheduled, individual arrangements must be made with the Associate Dean for Clinical Education to develop a plan to address the deficit. After meeting all components of the plan for completion, the student may be awarded credit and a grade for the course.

G. Failures

Any student receiving a clinical evaluation of Fail will not be eligible to sit for the examination (if applicable), will have a failing grade (U) permanently recorded, and will have to remediate the course. If the examination has been taken prior to receipt of a clinical grade of Fail, that exam score will be held until the clinical portion of the course is remediated.

Any student who passes the clinical portion of a course and fails the examination will receive a grade of Unsatisfactory/Fail (U). The student will have the opportunity to remediate the examination. If the student successfully completes the remediation requirements, the grade posted will be revised to Unsatisfactory Remediated to Pass (U/P). If the student fails this exam or fails to complete other remediation requirements,
the grade will remain Unsatisfactory/Fail (U), and the course will be remediated in its entirety.

A student who fails the clinical portion of any clinical course, or who fails remediation of and End of Service examination, will be referred to the Student Promotions Committee for assessment and recommendations. Unless contrary to these recommendations, any failed course must be remediated at the earliest opportunity. Previously scheduled courses may be rescheduled to allow time in a student’s schedule for this. Vacation time, if available, may be used to accommodate scheduling of the repeat course. If vacation time is not available, completion of the curriculum, and consequently, the student’s graduation, may be delayed. If a student successfully remediates a course, he or she will receive a grade of Pass (P) on the course. The initial grade of U will not be removed from the transcript.

A student who fails any two clinical courses, including remediation, may face more substantial academic consequences, including possible dismissal from Touro University Nevada College of Osteopathic Medicine. Upon receipt by the College of a failing evaluation on a clinical course for a student who has already failed a clinical course, the student will be removed from clinical coursework pending meeting with the Student Promotions Committee and a decision by the Dean regarding these consequences. Refer to the Student Handbook for details on dismissal.

H. Disputes

If a student disagrees with the clinical evaluation offered by a preceptor, he or she should first set up a meeting with the preceptor to discuss the matter. Following this discussion, a revised Clinical Performance Assessment may be submitted. In this circumstance, it should be clearly indicated in the comments section following the Overall Clinical Evaluation for Clerkship that it represents a revision and supersedes the prior evaluation. The final grade for the course will then be recalculated based on the new clinical score.

If the disagreement persists, the student should provide to the Associate Dean for Clinical Education a letter describing the area(s) of dispute along with a copy of the evaluation. The Associate Dean will respond to the student within five (5) working days with a decision regarding the dispute. If the student remains dissatisfied with the determination, it may be appealed to the Dean of the College of Osteopathic Medicine.
CLERKSHIP SCHEDULING

Touro University Nevada College of Osteopathic Medicine maintains central scheduling of all student clerkships. This is necessary to ensure compliance with all accreditation requirements, including that TUNCOM “must academically credential or approve the faculty at all COM and COM-affiliated and educational teaching sites.” (Commission on Osteopathic College Accreditation, Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures, Standard 4.1.2) and that “All instruction at the affiliated or educational sites must be conducted under the supervision of COM academically credentialied or approved faculty.” (ibid, Standard 6.10)

To this end, all scheduling is performed by the Department of Clinical Education, and any requests for particular assignments or changes must be submitted to the Department (see specific procedures below). Conversely, students are not to contact local Preceptors directly to arrange or request clerkships. Note exceptions regarding the University of Nevada School of Medicine below. Students will receive specific instruction for each clerkship assigned with regard to the location, date, and time for initial reporting.

Clinical courses generally begin on the first day of the month. If the first of the month falls on a weekend or holiday, the clerkship begins on the next weekday (Clerkships should not start on a holiday or weekend day). “Carryover” weekend days or holidays are part of the preceding clerkship, and students may be expected to work those days. Specific course start dates for the year can be obtained from the Department of Clinical Education.

A. Third Year

In the spring of the second year, students will have the opportunity to submit schedule requests for the third year. The request forms include two sections, Schedule Priority and Elective Preferences. Clear indication of the due date for return will be indicated. Completion of the request form is optional. Students not submitting a request form on time will simply be scheduled based on curricular requirements and clerkship availability. Students may request a specific month for vacation. Students may indicate their single highest priority for their schedules (e.g. “Psychiatry first,” “Pediatrics at Sunrise Hospital,”) and may also offer a rationale for the request (e.g. “Considering Psychiatry,” “Want to work with specific preceptor,” “Getting married in January”). All reasonable efforts will be made to satisfy this request; though not all requests may be possible due to clerkship availability limitations or conflicting requests from multiple students. Consideration will be given to the rationale provided. Students may provide preferences for elective clerkships, listed in order of preference. Again, all reasonable efforts will be made to schedule students in the electives at the top of their lists, but the additional choices will be used as alternates. The Department of Clinical Education will then produce and publish the clerkship schedule. Students are responsible for reviewing their own schedules and bringing any errors to the attention of the Clinical Education staff.
Only students in good academic standing who have successfully completed all preclinical coursework may begin clinical courses. Therefore, any student requiring remediation of any course at the end of the second year will not be scheduled for a clinical course prior to successful remediation, and the student’s first clinical course will begin no earlier than August 1.

B. Fourth Year

In the spring of the third year, students will again offer their preferences for their next year’s schedules. Again, there will be an opportunity to identify their single highest priority for scheduling. Beyond that, students will have the option of indicating their preferences for elective clerkships in the various categories. All reasonable efforts will be made to satisfy students’ requests. Any student not submitting a request form on time will be scheduled based on curricular requirements and clerkship availability.

C. Clerkship Schedule Requests

Any student desiring a specific clerkship assignment or a change in their published schedule must complete a Clerkship Schedule Request form and submit it to the Department of Clinical Education no less than thirty (30) days prior to the start of the clerkship affected. The form will require both a description of and the reason for the request. Careful thought should be given to the description of the rationale as requests which appear to be frivolous will not be granted. Clerkship Schedule Request forms submitted without all required information will be returned and no action will be taken on the request. If the request is granted, students will receive written notice, and may not request any further changes to the same clerkship block. Under no circumstances should a student assume a request will be granted prior to receipt of this confirmation. If the request is denied, the student will be provided the reason(s) for denial, and will have three (3) business days to submit a new request. Students are limited to six (6) approved Clerkship Schedule Requests per academic year.

A sample of the Clerkship Schedule Request form is provided as Appendix C of this manual.

Depending on the specifics of the schedule request, a Registrar’s Add/Drop Form may need to be completed. The Clinical Education staff will inform students when this is required.

D. Military Clerkships

Any student planning or required to undertake a clinical clerkship with the United States military must inform the Department of Clinical Education immediately upon receiving notice. Copies of military orders must be provided to the Department. All reasonable efforts will be made to integrate these experiences into the curriculum with as little disruption as possible. Similarly, TUNCOM must be kept apprised of any required documentation and of any changes.
E. Away Clerkships

Away clerkships are potentially excellent learning opportunities, and are considered a privilege of those students in good standing. Students whose academic progress has been in question, who are on academic probation, or who have not properly completed all necessary paperwork (including registration forms, etc.) for the institution will not be permitted to schedule clinical clerkships outside Touro University Nevada.

Third year students in good standing may take up to three (3) one-month clerkships away from TUNCOM. Only one of these clerkships may be a core clerkship.

Fourth year students in good standing may take up to five (5) one-month clerkships away from TUNCOM. These are limited to electives and the subinternship. Refer to the Fourth Year Curriculum section of this manual (page 46) for more detail.

Students wishing to undertake a clerkship away must submit an Away Clerkship Request form. A sample of this form is provided as Appendix E of this manual. Incomplete forms submitted will be returned and no action will be taken on the request. Away Clerkship Requests are due no less than sixty (60) days prior to the anticipated clerkship start date. Students requesting clerkships away may be enlisted to help expedite the processing of the necessary paperwork for their clerkships (e.g. obtaining preceptors’ CV’s, identifying appropriate contact persons, etc.) All individuals who are to precept students on away clerkships must be properly credentialed with Touro University Nevada. This process, while not onerous or particularly time-consuming, must be completed no less than thirty (30) days prior to the anticipated start of the clerkship. Clerkships for which this process is not complete on time may be cancelled.

Away Clerkships to be taken at sites with educational programs accredited by the American Osteopathic Association (AOA), Liaison Committee on Medical Education (LCME), and/or the Accreditation Council on Graduate Medical Education may be approved through a more expedited process. Consult the Department of Clinical Education for guidance.

Students who have extenuating personal circumstances that may merit permission for additional time away for clerkships must seek permission from the Dean of Students. The Dean of Students will consult with the Associate Dean for Clinical Education and, when necessary, the Academic Dean in determining if such circumstances warrant exception to the standard policies. Touro University Nevada College of Osteopathic Medicine takes seriously its commitment to improving both the quantity and quality of healthcare in Nevada, as well as its responsibility for reliable oversight of clinical clerkships. For these reasons, requests for additional time away should not be submitted capriciously, nor will they be taken lightly. A reasonable balance between TUNCOM’s responsibilities and mission and students’ individual needs must, and will, be sought in all situations.
F. Combined Clerkships/Two-Week Clerkships

In general, clinical clerkships of less than one month duration are discouraged as the portion of time dedicated to learning (as opposed to orientation, feedback, etc.) is significantly reduced. However, it is recognized that many Graduate Medical Education training sites in some disciplines offer only two-week clerkships for audition experiences. With that in mind, students may apply for combined clerkships within the following guidelines:

1. Combined clerkships are available for fourth-year students only.
2. Combined clerkships may only be used for Electives.
3. The student is responsible for identifying two complementary two-week experiences that will combine in a single calendar month.
4. All standard paperwork (request forms, credentialing materials, etc.) is necessary for both sites. Usual deadlines apply.
5. The two experiences must be in the same discipline, or in related disciplines (e.g. Orthopedic Surgery and Sports Medicine).
6. “Split” clerkships (two-weeks each in unrelated areas) are not permitted.
7. Each student is permitted to combine clerkships in only one discipline (e.g., if combining Dermatology clerkships, cannot later combine Ophthalmology clerkships).
8. Consult the Department of Clinical Education with questions on eligibility before making irrevocable plans.

G. Research Courses

Research experiences during medical school can be quite valuable, and participation in research projects is encouraged. In practical terms, most research projects do not lend themselves to full-time work confined to the span of one month as is needed to replace a clinical course. However, if such a project or opportunity presents itself to a student, he or she may request to obtain academic credit for this experience in place of a clinical course. The following conditions apply:

1. This opportunity is restricted to Fourth Year students.
2. A maximum of one month of academic credit (6 credits) may be earned in research.
3. An Open elective must be used; no other courses may be substituted.
4. An Away Clerkship Request Form should be completed and submitted at least sixty (60) days prior to the anticipated start of the course, even if the site is local.
5. The supervisor for the project must be credentialed or approved to the Adjunct Faculty. The student may bear some responsibility for ensuring that all credentialing paperwork is completed and submitted.
6. Along with the completed Away Clerkship Request Form the following information must be submitted:
   a. The purpose of the project,
   b. A explanation of the day-to-day responsibilities of the student, and
   c. A description of the expected product of the experience (e.g., published paper, abstract, poster presentation, etc.).
Approval of the course is dependent on presentation of a reasonable plan by the student. Credit may not be given unless and until the described product is presented.

H. University of Nevada School of Medicine Clerkships

A number of clerkships in the Las Vegas area, particularly at University Medical Center (UMC), and many in the Reno area, are controlled by the University of Nevada School of Medicine (UNSOM). These include, but are not limited to, Emergency Medicine at UMC, Family Medicine at UNSOM/UMC, Inpatient Pediatrics at UMC, Inpatient Pediatrics at Sunrise Children’s Hospital, Internal Medicine at UMC, Obstetrics and Gynecology at UNSOM/UMC, Psychiatry at UNSOM/UMC, Surgery at UNSOM/UMC, and Trauma at UMC.

These clerkships are treated by TUNCOM as Away Clerkships (see above). An application and the required application fee must be submitted to UNSOM as per their protocols. Contact the UNSOM Office of Medical Education for further information. An overview of the visiting medical student program at UNSOM can be found here: http://www.medicine.nevada.edu/dept/ome/electives/InstructionsVisitingStudents.htm

If a student is unsure as to whether a clerkship is at an UNSOM-controlled site, the student should contact the Department of Clinical Education to verify and ensure that proper procedures are followed.
GOALS AND OBJECTIVES OF CLINICAL COURSES

The following general objectives are expectations of competencies for each and all of the clinical courses. They are designed to help students develop the basic skills of medical problem solving, basic science integration, case management, procedural expertise, and professional demeanor. Some focus on data acquisition (medical history, physical examination, laboratory data, or literature review), while others deal purely with procedural skills or attitudes and feelings. Students are encouraged to review these objectives carefully as progress and evaluation on each clerkship to a large measure will be based on the criteria within these objectives.

Students are not expected to be experts in diagnosis and treatment. With progress through the clinical training program, more will be expected of students. When asked for diagnostic and treatment options, responses should flow from the history and physical findings. There should be a clear rationale behind diagnosis and treatment options.

It is strongly recommended that all students review the Clinical Performance Assessment form in order to be familiar with the specific measures that will be applied in evaluations of performance on clinical clerkships.

Refer to the Expanded Curricular Objectives that follow this section for a detailed list of the topic areas included for each of the specific clerkships.

As a result of each clinical course, students should become better able to:

1. Obtain an accurate, logical, and sequential medical history.
   Students will include in the history of present illness (HPI) those pertinent positive and negative features, which clearly demonstrate a thorough understanding of the patient problem. All drugs, treatments, and important previous milestones concerning that illness will be clearly noted.
   a. Past history will contain:
      (1) A list of all medications, including dosages, duration, and side effects, when applicable.
      (2) All previous surgeries, including approximate dates and sequelae.
      (3) All previous injuries and any sequelae.
      (4) Immunizations.
      (5) Quantitative estimate of alcohol, tobacco, or illicit drug use.
      (6) All adverse drug reactions (allergic or toxic) and the specific reaction. If none, it should be clearly noted.
   b. Family history will include all diseases (positive and negative) with a familial tendency, or which may have a bearing on the HPI. List ages and health status of all first-degree relatives.
c. Review of systems will contain some notation of each body system. Detailed and complete system histories are mandatory for symptoms uncovered during the review of systems.

2. Perform and record a comprehensive physical examination
   a. Accurate and complete vital signs.
   b. A thoughtful description of the patient’s general appearance and behavior.
   c. A thorough and complete description of physical findings pertinent to the HPI recording.
   d. Careful attention to findings suggested by the past medical history or review of systems.
   e. Documentation of incidental abnormal findings.
   f. The osteopathic structural examination, including somatic dysfunctions.

3. Complete a history and physical examination in a timely manner
   a. Write a complete record of the history and physical exam legibly in the patient’s chart, with an assessment based upon the collective information and findings.
   b. Orally present the patient’s data to the supervising physician. The case presentation should be synthesized in a concise, logical, sequential fashion.

4. Apply basic medical knowledge in formulating a differential diagnosis and a management plan.
   a. Generate a problem list.
   b. Develop a plan of action, which may include laboratory test and/or other diagnostic procedures.
   c. Review the pertinent literature to expand knowledge of the problem.
   d. Suggest an appropriate management plan.
   e. Define patient education objectives and assess the patient’s understanding of his/her problems.

5. Function as an effective member of the healthcare team.
   a. Gather and interpret patient information and data.
   b. Record these in the progress notes and be prepared to present the information to the other members of the healthcare delivery team. Progress notes are to be dated and timed.
   c. Work cooperatively with all personnel and staff involved with the patient’s hospital stay or office visit.

6. Demonstrate professional behaviors including:
   a. Reliability and dependability
b. Self-awareness of strengths and limitations
c. Emotional stability and professional demeanor
d. Enthusiasm
e. Punctuality
f. Initiative and Self-education

7. Demonstrate Humanistic Qualities
   a. Integrity: the personal commitment to be honest and
      trustworthy
   b. Respect: the acknowledgement of patients’ choices and rights
      regarding themselves and their medical care.
   c. Compassion: an appreciation that suffering and illness
      engender special needs for comfort and help without evoking
      excessive emotional involvement.

8. Demonstrate Basic Osteopathic Skills.
   Osteopathic education plays a key role in the entire curriculum. It
   should not be a segmented part of the program but rather integrated
   with all clinical services. Osteopathic care does not imply specific
   manipulative techniques for specific problems, but rather the capacity
   to look at presenting complaints and to see persons in their entirety.
   The student should understand and be able to demonstrate:
   a. Concepts basic to osteopathic medicine:
      (1) The self-healing tendency/process
      (2) The unity of the organism in its environment
      (3) Diagnostic and therapeutic manipulative processes
          when and how to apply them
   b. The philosophy and principles of osteopathic medicine.
   c. The history, growth, and development of the profession.
   d. The effects of growth, development, and aging on the
      musculoskeletal system with normal and variations of normal.
   e. Topical anatomy and neuroanatomy correlated with structural
      anatomy.
   f. Anatomy and physiology of component parts and their basic
      interrelationships within the musculoskeletal system.
   g. Most frequently encountered structural anomalies and
      functional abnormalities in the musculoskeletal system at each
      age level.
   h. Somatic changes which occur as a result of distant disease
      processes and the relationship of these changes in delaying the
      resolution of the disease process.
   i. Musculoskeletal evaluation procedures suitable for each age
      group/situation.
   j. Primary somatic changes resulting from anatomical
      syndromes and their relationship to other syndromes.
THIRD YEAR CLINICAL CURRICULUM

Clinical Course Overview:

Students will begin their Third Year Clinical Curriculum in July after having successfully completed the second year didactic curriculum. Each student will be required to complete the required set of Third Year Clinical Courses which are listed below (see course numbers, page 139):

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine I</td>
<td>1 Month</td>
</tr>
<tr>
<td>Family Medicine II</td>
<td>1 Month</td>
</tr>
<tr>
<td>Internal Medicine I</td>
<td>1 Month</td>
</tr>
<tr>
<td>Internal Medicine II</td>
<td>1 Month</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>1 Month</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1 Month</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1 Month</td>
</tr>
<tr>
<td>Surgery I</td>
<td>1 Month</td>
</tr>
<tr>
<td>Surgery II</td>
<td>1 Month</td>
</tr>
<tr>
<td>Elective I</td>
<td>1 Month</td>
</tr>
<tr>
<td>Elective II</td>
<td>1 Month</td>
</tr>
<tr>
<td>Vacation</td>
<td>1 Month</td>
</tr>
</tbody>
</table>
FOURTH YEAR CLINICAL CURRICULUM

Clinical Course Overview:

Students will begin their Fourth Year Clinical Curriculum in July after having successfully completed the third year clinical curriculum. Each student will be required to complete the required set of Fourth Year Clinical Courses which are listed below (see course numbers, page 140):

In-State Required Courses
- Emergency Medicine 1 Month
- Internal Medicine 1 Month
- Obstetrics & Gynecology 1 Month
- Pediatrics 1 Month

In-State or Out-of-State Courses
- Medical Subspecialty Elective 1 Month
- Surgical Subspecialty Elective 1 Month
- Open Elective 2 Months
- Subinternship (see following page) 1 Month

Other
- Vacation 1 Month

DISCIPLINE CATEGORY DESCRIPTIONS

Medical Subspecialties include:
- Allergy/Immunology, Cardiology, Critical Care, Dermatology, Diagnostic Radiology, Endocrinology, Gastroenterology, Geriatric Medicine, Hematology/Oncology, Infectious Diseases, Nephrology, Neurology, Palliative Care, Pathology, Psychiatry, Pulmonology, Rheumatology

Surgical Subspecialties include:
- Anesthesia, Cardiothoracic surgery, Colon and Rectal surgery, General surgery, Hand surgery, Interventional Radiology, Neurosurgery, Ophthalmology, Orthopedic surgery, Otolaryngology (ENT), Plastic and Reconstructive surgery, Trauma surgery, Urology, Vascular surgery

The intent of offering elective options is to ensure a broad experience, and these lists should not be viewed as comprehensive. Disciplines not listed here will be assigned to categories as needed on a case-by-case basis.
THE SUBINTERNSHIP

The subinternship is intended to provide an opportunity for students to explore further a particular area of clinical medicine. In most cases, students will be entering residency training in this or a related field, although undertaking a Subinternship in a discipline is not a binding commitment to that specialty.

The distinction of the Subinternship is threefold:
   1) The Subinternship is an expression of interest in a field of medicine.
   2) The expectations for knowledge and skill demonstrated by the student should be higher than those for a student at the same point in training on a core or elective experience.
   3) The student should demonstrate a particular commitment to independent learning during the course, and should be able to function more independently, although always under the supervision of the attending physician.

It is recommended, as with all courses, that the student and preceptor meet at the start of the clerkship to discuss standards for evaluation. At that time, the preceptor can delineate exactly what the expectations are, and what in particular may be expected of the subintern compared to students on other clerkships. The evaluation process is the same as for all courses, with the same assessment form, and it is suggested that the student and preceptor meet to discuss performance and suggestions for improvement at least mid-month, and again at the end of the clerkship.
THE EXPANDED CURRICULAR OBJECTIVES

This section is potentially the most important and useful in the Manual. Within it are contained the lists of subject matter for which students are responsible on Core courses. Each of the Third-Year Core Disciplines is represented, followed by the COMLEX Part 2 Content Outline (see page 78), and then listings of objectives for Electives, Emergency Medicine and Orthopedic Surgery.

Each of the Third-Year Core Discipline sections is divided into three parts.

- The first part is a brief list of major topics, and some more detailed description of the material of which students completing courses in those disciplines should have knowledge.
- The second part provides the content of the End of Service examination as defined by the NBOME for the COMAT exam for the subject.
- The third part is the section of the COMLEX Part 2 Content Outline for which that discipline has been determined to be the course during which students should learn the fundamentals.

Recommended textbooks, available online through the Jay Sexter Library, are indicated as well, though more recent editions may become available.

It is strongly recommended that students review these objectives at the start of their courses in order to develop self-study plans. Students should take into account the specific type of practice in which they do their clerkships, recognizing that they will not see everything on any list at any one site, and that what they may not see in the clinical setting may require more attention in self-directed study. For example, a student on a clerkship in General Surgery may not see patients with ear discharge in the clinical setting, and may therefore need to devote more self-directed study time to that topic than a student whose clinical experience is in Otolaryngology who may be more likely to see patients with ear discharge while on clinical service. Students should understand that it is their responsibility to develop these study plans. Assistance may be sought from preceptors or other faculty.

In general, for each item or disease process listed, students should be familiar with the following:

- **Definition** (What is it?);
- **Epidemiology** (In broad terms: e.g. common or rare, more prevalent in one gender or age group, notable risk factors, etc.);
- **Clinical Presentation** (How do patients with this condition appear on presentation?);
- **Method/Mechanism of Diagnosis** (History, exam, lab, imaging, etc. What are the diagnostic findings/results?)
- **Treatment** (again, in broad terms; medication doses need not be memorized); and
- **Expected Outcome/Course** (e.g. complete recovery vs. morbidity vs. mortality).
Recommended Text available online at TUNCOM Jay Sexter Library:

Chronic Pain
Depression
Diabetes
Headache
Hypertension
Well Adult

At the conclusion of the course the student should be able to:

- Discuss the assessment and treatment of depression in the primary care setting. Include signs and symptoms of depression and atypical features of depression that may present as other biomedical and somatic complaints. Discuss the use of brief supportive and family systems-oriented psychotherapy, referral for counseling, use of antidepressant medication, assessment of suicidality and indications for psychiatric referral.

- Discuss diagnosis and treatment of type 2 diabetes including diagnostic and monitoring modalities, therapeutic alternatives including different classes of hypoglycemic medications, insulin and blood sugar testing strategies, priorities in diet and lifestyle counseling for the diabetic patient. Discuss interactions of diabetes, hyperlipidemias and hypertension as synergistic factors for vascular and other complications of diabetes. Discuss cardiovascular, neurological, renal, infectious and other complications of diabetes mellitus.

- Discuss the differential diagnosis, diagnostic and treatment strategies for hypertension. This should include primary and secondary hypertension, indications for workup of possible secondary causes, non-drug and drug treatment options with indications and common adverse effects, appropriate clinical follow-up and associated preventative strategies for the hypertensive patient.

- Discuss presentations, diagnosis and treatment approaches for headache, including signs and symptoms of classic and variant vascular headaches, cluster headache, muscle contraction headache, signs of space occupying lesions, aneurysms and other life threatening headache presentations.
Selected Specific Objectives for COMAT: Family Medicine

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Family Medicine, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

**Asymptomatic/General/Fever/Hypothermia**
- genetic screening
- vaccination recommendations
- ethical and legal issues in clinical practice
- population health and systems-based practice issues
- health maintenance examinations for all ages
- evidence-based cancer and other disease screening and prevention
- anticipatory guidance
- geriatric functional assessment and end-of-life issues

**Digestive/Metabolic**
- diabetes
- gastroesophageal reflux disease
- gastrointestinal tract cancer
- hyperlipidemia
- obesity
- osteoporosis
- thyroid disorders
- liver disease
- inflammatory bowel disease

**Cognitive/Consciousness/Fatigue/Sensory/Substance Abuse**
- neuropathies
- dementia
- common psychiatric disorders
- abuse
- addiction
- chronic pain
- insomnia
- headache
- transient ischemic attack/stroke
EXPANDED CURRICULAR OBJECTIVES – FAMILY MEDICINE

Musculoskeletal
- sprains/strains/fractures
- osteopathic manipulative treatment techniques
- somatic dysfunction
- viscerosomatic relationships
- arthritis
- rheumatic diseases

Genitourinary/Pregnancy/Neonatal
- incontinence
- erectile dysfunction
- pelvic pain
- menstrual abnormalities
- urinary tract infections
- hematuria
- preconception care
- antepartum/ intrapartum/postpartum care
- third trimester bleeding
- abnormal labor
- spontaneous abortion
- ectopic pregnancy
- pelvic inflammatory disease
- conditions of newborn and infant care

Bleeding/Respiratory/Circulation/HEENT
- hematuria
- common forms of anemia
- common eye and ear complaints
- respiratory infections
- common cardiac conditions
- asthma
- chronic obstructive
- pulmonary disease

Discharge/Masses/Skin/Trauma
- acne and other common skin lesions
- lymphoma
- tumors
- vaginal discharge
- sexually transmitted infections

(taken from http://www.nbome.org/docs/COMAT-Family_Medicine-OL.pdf)
EXPANDED CURRICULAR OBJECTIVES – FAMILY MEDICINE

COMLEX Part 2 Content Outline Subject Areas for Family Medicine

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

- Aging physiology
- Constipation
- Cough
- Diabetes
- Diarrhea
- Domestic abuse
- Dyspnea
- Elder abuse
- Exercise/sports work-up
- Fatigue
- Head pain
- Hearing disorders
- Hyperlipidemia
- Hypertension
- Nausea & vomiting
- Obesity
- Osteoporosis
- Sexually transmitted disease, known contact
- Visual disorders
- Weakness, muscular
- Weight gain/obesity
- Weight loss
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

Recommended Text available online at TUNCOM Jay Sexter Library:
Goldman: Cecil Textbook of Medicine, 24th ed.

Anemia
Chest Pain
Congestive Heart Failure
Dyspnea
HIV
Liver Disease
Myocardial Infarction
Renal Failure
Shock/Sepsis
Stroke

At the conclusion of the course the student should be able to:

- Discuss workup of acute chest pain syndromes, including distinguishing features and degree of overlap of presentations for chest wall pain, costochondritis, intercostal neuritis, visceral chest pain, including, angina pectoris, pericarditis, dissecting aortic aneurysm, esophagitis, peptic ulcer disease and pulmonary embolism.

- Discuss the approach to the diagnosis, treatment, and differential diagnosis of congestive heart failure including cardiomyopathies, post-infarct ventricular dysfunction, valvular heart disease, septal defects, ventricular aneurysms, cor pulmonale, and congenital heart diseases. Describe basic treatment approaches including inotropic therapies, diuresis, treatment for diastolic dysfunction, afterload reduction, and indications for anticoagulation.

- Discuss the differential diagnosis and workup of dyspnea, including hyperventilation syndrome and psychogenic dyspnea, anginal equivalent, pulmonary embolus, pulmonary edema, pneumonia, reactive airway disease, other obstructive pulmonary diseases and congestive heart failure. Discuss the causes and spectrum of chronic obstructive pulmonary disease including asthma, emphysema, and chronic bronchitis, alpha-1 antitrypsin deficiency, cor pulmonale, and pneumothorax. Treatment including indications for bronchodilators, anti-inflammatory agents, indications for smoking cessation, reduction surgery, oxygen therapy. Assess and discuss arterial blood gas and pulmonary function testing.

- Discuss diagnosis and treatment of reactive airway disease and the variations of its presentations, epidemiology, provocative factors, treatment strategies including anti-inflammatory, bronchodilating drugs, OMM applications, allergy testing and hyposensitization and allergen avoidance recommendations and signs and symptoms of severe exacerbations and indications for hospitalization or intensive treatment including intubation.

- Discuss HIV infection, including modes of transmission and preventative measures, testing for HIV infection, window period and confirmatory tests, acute HIV viral syndrome symptoms and manifestation, the natural history
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

of HIV progression and immunodeficiency states, use of testing to assess stage of HIV progression and some syndromes associated with various stages of progression, AIDS defining diagnoses, use of HAART, common opportunistic infections and HIV associated malignancies and hematological, neurological and dermatological syndromes. Approach to HIV related problem oriented diagnosis including HIV patient with fever, HIV patients with respiratory symptoms and HIV with neurological manifestations.

- Discuss the differential diagnosis and approach to liver disease including acute and chronic hepatitis, acute hepatic cirrhosis, alcoholic and other toxic liver disease, primary biliary cirrhosis, Wilson’s disease, hemochromatosis, and primary and metastatic neoplasia.
- Discuss the differential diagnosis and management of gastrointestinal tract hemorrhage including esophageal varices, gastritis, Mallory-Weiss tears, gastric and duodenal ulcers, diverticulitis, arteriovenous malformations, neoplasia, and iatrogenic and spontaneously occurring coagulation disorders.
- Discuss the varieties of clinical presentation for myocardial infarctions, including risk factors, symptoms, effect of anatomic location and co-factors on clinical presentation, electrocardiographic and lab findings in relation to timing of the syndrome, use of immediate interventions including oxygen, aspirin, nitrates and analgesics, use of anticoagulants, thrombolytics and antiplatelet therapies, decision on revascularization options and timing including immediate and delayed angiography, angioplasty and stent placement, and coronary artery bypass graft surgery. In hospital care, complications of myocardial infarction, discharge management including beta blockers, antidyslipidemic drugs, cardiac rehabilitation and patient education regarding post myocardial infarction complications, concerns and symptoms.
- Discuss the clinical presentation, signs, symptoms and risk factors for renal failure, including anticipatory management of progressive renal failure syndromes, indications for renal biopsy, use of microalbuminuria screening and ACE inhibitors in diabetes, vascular access, complications of renal failure including hyperkalemia, acidosis, secondary hyperparathyroidism and ectopic calicifications, diet and modification of pharmacologic therapy in renal failure patients.
- Discuss the clinical presentation and differential diagnosis of shock syndromes including blood loss, hypovolemia due to redistribution and thrid spacing of volume, neurogenic, cardiogenic and septic shock as well as heat shock and neuroleptic malignant syndrome. Discuss assessment, treatment and hemodynamic monitoring for victims of shock syndromes.
- Discuss the pathophysiology and recognition of sepsis, treatment and prognosis.
Selected Specific Objectives for COMAT: Internal Medicine

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Internal Medicine, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

**Infectious diseases**
- bioterrorism
- commonly encountered infectious and immunological diseases and host responses
- HIV infections
- infectious disease treatment and prevention/prophylaxis

**Gastrointestinal**
- diseases of the upper and lower gastrointestinal tract, liver, gallbladder and pancreas
- gastrointestinal disease prevention
- gastrointestinal tract cancer
- other gastroesophageal issues

**Respiratory**
- asthma
- chronic obstructive pulmonary disease
- critical care medicine
- pneumonia
- pulmonary embolism
- respiratory failure
- respiratory tract cancer

**Cardiovascular**
- acute coronary syndromes
- aortic dissection
- arrhythmias
- chronic ischemic disease of the heart
- congenital heart disease
- congestive heart failure
- endocarditis
- hyperlipidemia
- pericarditis
- peripheral vascular disease
- valvular heart disease
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

Renal/Hypertension
- acute renal injury
- arterial hypertension
- chronic kidney disease
- fluid and electrolyte disorders
- glomerular and tubulointerstitial disorders
- obstructive uropathy
- renal calculi

Endocrine
- adrenal disorders
- diabetes mellitus
- disorders of the testes
- parathyroid and thyroid disturbances
- pituitary disorders
- weight gain/loss
- women’s health

Musculoskeletal
- disorders of bone and muscle
- inflammatory and non-inflammatory rheumatic diseases
- osteoporosis
- somatic dysfunction
- vasculitis
- viscerosomatic relationships

Neurology
- brain anatomy/function
- central nervous system neoplasms
- disorders of cerebral function
- disorders of the spinal cord and peripheral nerves
- stroke

Hematology/Oncology
- anemia
- coagulation disorders
- hematologic malignancies
- screening and disease prevention
- solid tumors
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

Allergy/Skin/Miscellaneous

- anaphylaxis
- atopic diseases
- chemical exposure
- common dermatological conditions and skin lesions
- drug allergy

(taken from http://www.nbome.org/docs/COMAT-Internal_Medicine-OL.pdf)
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

COMLEX Part 2 Content Outline Subject Areas for Internal Medicine

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

AIDS/HIV
Alopecia
Anemia
Anuria
Bacteriuria
Bleeding, systemic or non-defined
Cancers (general concepts)
Cardiac/ischemic disease
Chest pain
Coma
Cyanosis/pallor/pigmentation disturbance
Delirium
Dizziness/vertigo
Dysuria
ECG abnormalities
Electrolyte abnormalities
Eye discharge
Fasciculations
Fever
Gait disturbance/falls
Heart sound abnormalities
Hematuria
Hepatitis
Hyperuricemia
Hypothermia
Immunologic disorders
Jaundice
Mouth pain
Muscle spasms
Muscular atrophy
Nail disorders
Nasal discharge
Olfactory disorders
Oliguria
Paralysis/paresis
Paresthesia
Penile discharge
EXPANDED CURRICULAR OBJECTIVES – INTERNAL MEDICINE

Polyuria
Proteinuria
Pruritus
Respiratory rate/rhythm abnormalities
Seizures
Shock
Skin lesions
Syncope
Tactile disorders
Taste disorders
Throat pain
Transfusion practices
Tuberculosis
Urethral discharge
Voluntary & involuntary abnormal movements
EXPANDED CURRICULAR OBJECTIVES – OBSTETRICS & GYNECOLOGY

Recommended Texts available online at TUNCOM Jay Sexter Library:

Contraception
Menopause
Menstrual Problems
Pregnancy, Labor and Delivery
STD/Pelvic Pain

At the conclusion of the course the student should be able to:

- Discuss contraception alternatives and management including ovulation awareness methods, condoms and the diaphragm and cervical cap, spermicidal film and gel, combine oral contraceptives and the progestin only pill, depo injection methods (progestin only and combined), progestin implant devices, the intrauterine devices and tubal ligation.
- Discuss the approach to and differential diagnosis of menstrual problems including dysmenorrhea, primary and secondary amenorrhea, menorrhagia, metrorrhagia, and menometrorrhagia, premature ovarian failure and menopause. Student should be able to explain the workup of these problems in the context of the female hormonal reproductive cycle.
- Discuss prenatal care and labor and delivery including timing of prenatal visits, elements of antenatal care including MS-AFP and other genetic screening, prenatal lab panel, common OB complications such as gestational diabetes mellitus, hypertension and pre-eclampsia, blood group sensitization and fetal hemolytic disease, intrauterine growth retardation, poly and oligohydramnios, multiple gestations, malpresentations, premature rupture of the membranes, amnionitis, preterm labor and third trimester bleeding, intrapartum complications including prolonged latent phase of labor, intrapartum fetal distress, cephalopelvic disproportion and deep transverse arrest.
- Discuss the approach to and differential diagnosis of pelvic pain syndromes including dysmenorrhea, pelvic inflammatory disease, ectopic pregnancy, ovarian and fallopian torsion, endometriosis, adenomyosis, neoplasia, as well as pelvic pain for which pathophysiological origin cannot be discovered on physical exam and imaging studies.
EXPANDED CURRICULAR OBJECTIVES – OBSTETRICS & GYNECOLOGY

Selected Specific Objectives for COMAT: Obstetrics & Gynecology

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Obstetrics & Gynecology, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

Normal Obstetrics
- history and physical examination
- maternal-fetal physiology
- preconception, antepartum, intrapartum and postpartum care
- preventive care, nutrition and lactation

Abnormal Obstetrics
- abnormal labor
- ectopic pregnancy
- spontaneous abortion
- third-trimester bleeding

General Gynecology
- adolescent issues and development
- breast diseases
- family planning
- issues of domestic violence and sexual assault
- menstrual cycle and premenstrual syndrome
- normal gynecology
- screening and preventive care
- sexually transmitted infections
- somatic dysfunction and viscerosomatic relationships
- urinary tract disorders
- vulvar/vaginal diseases

Reproductive Endocrinology
- infertility
- menopause
- normal/abnormal uterine bleeding

Gynecologic Oncology
- cervical, uterine and ovarian disease and neoplasm
- gestational trophoblastic neoplasia

EXPANDED CURRICULAR OBJECTIVES – OBSTETRICS & GYNECOLOGY

COMLEX Part 2 Content Outline Subject Areas for Obstetrics & Gynecology

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

- Bleeding in pregnancy
- Contraception
- Dyspareunia
- Gynecologic cancer
- Infertility
- Labor & delivery process
- Lactation
- Menstrual disorders
- Nipple discharge
- Normal obstetrics
- Pelvic masses
- Postpartum infections
- Pregnancy complications
- Rape
- Vaginal bleeding (abnormal)
- Vaginal discharge
At the conclusion of the course the student should be able to:

- Discuss the approach to and differential diagnosis of the acutely febrile child. Included should be differentiating characteristics between children with severe and potentially life threatening febrile conditions including sepsis, meningitis, and pneumonia and those with less dangerous self-limited conditions such as common viral syndromes. The discussion should include clinical course, historical, physical exam and behavioral findings that would contribute to increase concern and necessity for further workup. Discussion should also include appropriate health education intervention with parents and children regarding approach to fever and appropriate use of the health care system.

- Discuss acute gastroenteritis presentations in childhood, including vomiting, diarrhea and dehydration. Discuss etiologies of gastroenteritis and entities requiring specific treatment with antibiotics, as well as contraindications to antibiotic therapy, such as hemolytic \textit{E. coli}. Include strategies for fluid maintenance and rehydration, fluid and electrolyte assessment and management, indications for hospitalization and/or referral.

- Discuss the common viral and bacterial exanthems including roseola, measles, varicella, mumps, fifth disease, and streptococcal rash, including differentiating features on physical exam, presentation and etiologies.

- Discuss otitis media, diagnosis, etiologies, and controversies on treatment and effects of learning and language development, use of antibiotic therapy, myringotomy and cranial therapy in approaching this entity.

- Discuss well child and preventative care, including recommended immunization schedule, interval visits with developmental milestones, growth and development assessment with the use of growth chart and the correct responses to variations presented by patients, appropriate health education and prevention topics for age, and appropriate responses to common abnormalities and problems that present in well child care.
EXPANDED CURRICULAR OBJECTIVES – PEDIATRICS

Selected Specific Objectives for COMAT: Pediatrics

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Pediatrics, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

Normal Growth and Development
- anticipatory guidance and immunizations for newborns, infants, toddlers, school-aged, children, and adolescents
- developmental milestones (e.g., Denver Developmental examination)
- health promotion
- puberty and the sequence of physical changes in development (e.g., Tanner scale)
- screening and disease and injury prevention
- variants of normal growth in healthy children

Integument
- lesions
- neonatal skin conditions
- rashes

CNS-Behavior/Psychiatry
- attention deficit disorder, encopresis, and oppositional defiant disorder in school-aged children
- common behavioral problems including sleep and colic in infants
- eating disorders, substance use/abuse, and conduct disorders in adolescents
- headache
- mood and anxiety disorders
- pervasive developmental disorders
- tantrums, feeding issues, and potty training in toddlers

HEENT
- allergies
- congenital anomalies
- dental health
- ophthalmic and otorhinolaryngologic disorders

Cardiology/Respiratory
- congenital disorders
- infectious diseases and other inflammatory conditions affecting the respiratory and cardiovascular systems
- neonatal respiratory distress
- vascular diseases
EXPANDED CURRICULAR OBJECTIVES – PEDIATRICS

Gastrointestinal
- abdominal pain
- digestive difficulties
- failure to thrive
- infectious diseases affecting the gastrointestinal system
- nutrition
- obesity

Renal/Urinary
- congenital abnormalities
- laboratory abnormalities
- nephropathy and neoplasms affecting the renal system
- urinary tract infections

Hematology/Lymphatics
- bleeding disorders
- common anemias
- immune system disorders
- lymphadenopathy
- malignancies
- toxicity

Musculoskeletal/OPP
- infectious diseases affecting the musculoskeletal system
- rheumatology
- somatic dysfunction
- sports medicine
- structural disorders
- trauma
- viscerosomatic relationships

Endocrine/Metabolism
- abnormal growth
- diabetes
- menstrual disorders
- nutrition
- thyroid disorders

(taken from http://www.nbome.org/docs/COMAT-Pediatrics-OL.pdf)
EXPANDED CURRICULAR OBJECTIVES – PEDIATRICS

COMLEX Part 2 Content Outline Subject Areas for Pediatrics

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the **Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome** paradigm described on page 48 of this Manual.

- Child abuse
- Developmental milestones
- Dysphagia/feeding problems/odynophagia
- Ear pain
- Encopresis
- Enuresis/incontinence
- Genetic screening
- Lead poisoning
- Learning difficulties
- Mental retardation
- Neonatal assessment
- Neonatal complications
- Poisoning
- Rashes (common/infectious)
- Sexual development
- Speech disorders
- Vaccinations against specific diseases
EXPANDED CURRICULAR OBJECTIVES – PSYCHIATRY

Recommended Texts available online at TUNCOM Jay Sexter Library:
Stern: Massachusetts General Hospital Comprehensive Clinical Psychiatry, 1st ed.
American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR.

Additional Recommended Text (hard copy will be provided to borrow while on clerkship):

Mood Disorders
Anxiety Disorders
Psychotic Disorders
Substance Abuse Disorders
Personality Disorders
Cognitive Disorders
Other Conditions

At the conclusion of the course the student should be able to:

MOOD DISORDERS
- Discuss presenting symptoms (including mental status findings) and course of major depressive disorder, bipolar I disorder, bipolar II disorder, cyclothymic disorder and dysthymic disorder.
- Discuss the DSM-IV-TR diagnostic criteria for a major depressive episode, manic episode and hypomanic episode.
- Discuss the evaluation and management of suicidality. Discuss the criteria necessary for the involuntary psychiatric hospitalization of a patient.
- Discuss the impact of the mood disorders on the occupational functioning, social functioning, and family relationships of the patient.
- Discuss the treatment options for Major Depressive Disorder, including psychotherapeutic approaches, antidepressant medication and electroconvulsive therapy.
- Discuss the theoretical mechanisms of action for antidepressant medications, including selective serotonin reuptake inhibitors (SSRI’s), serotonin norepinephrine reuptake inhibitors (SNRI’s), tricyclic antidepressants (TCA’s), and monoamine oxidase inhibitors (MAOI’s).
- Discuss the treatment options for Bipolar I and II disorders, including lithium and other mood-stabilizing medications, as well as antipsychotic medications approved for bipolar disorder.
- Discuss the relationship of mood disorders to other health conditions.
EXPANDED CURRICULAR OBJECTIVES – PSYCHIATRY

ANXIETY DISORDERS
- Discuss the symptoms (including mental status findings) and course of panic disorder (with and without agoraphobia), generalized anxiety disorder, social anxiety disorder, and obsessive-compulsive disorder.
- Discuss the symptoms of a panic attack.
- Discuss the treatment options for these conditions, including psychotherapeutic approaches (cognitive behavioral therapy, relaxation training, etc.), antidepressant and anxiolytic medications.
- Discuss the behavioral therapy approaches to treating obsessive-compulsive disorder (thought stopping, exposure therapy).
- Discuss the effects of anxiety disorders on the occupational, social and family functioning of the patient.
- Discuss common relaxation exercises (diaphragmatic breathing, visual imagery techniques, autogenics, and progressive muscle relaxation) and the components of the effective management of stress.

PSYCHOTIC DISORDERS
- Discuss the symptoms (including mental status findings) associated with schizophrenia and schizoaffective disorder, including positive symptoms, negative symptoms, cognitive symptoms and mood symptoms.
- Discuss the symptoms of delusional disorder, and be able to differentiate this condition from schizophrenia.
- Discuss the available antipsychotic medications. Discuss the differences between first generation and second generation antipsychotic medications. Discuss the potential adverse effects of these medications (extrapyramidal effects, metabolic effects, hyperprolactinemia, weight gain, tardive dyskinesia, etc.)
- Discuss the four major dopamine pathways in the brain and their relationship to the symptoms of schizophrenia and the side effects of antipsychotic medications.
- Discuss the emergency management of an acute psychotic episode. Discuss the evaluation and management of potential violence in the psychotic patient.
- Discuss the relationship between schizophrenia and other health problems.
- Discuss the impact of the psychotic disorders on the occupational functioning, social functioning, and family relationships of the patient.

SUBSTANCE ABUSE DISORDERS
- Discuss the symptoms of intoxication with commonly abused substances (alcohol, stimulants, opiates, marijuana, hallucinogens, benzodiazepines, etc.).
- Discuss the symptoms of withdrawal from commonly abused substances (alcohol, stimulants, opiates, benzodiazepines, etc.). Discuss the management of withdrawal syndromes.
- Discuss the management of nicotine dependence.
EXPANDED CURRICULAR OBJECTIVES – PSYCHIATRY

PERSONALITY DISORDERS
• Discuss the symptoms associated with the personality disorders (schizoid, schizotypal, paranoid, borderline, narcissistic, histrionic, antisocial, avoidant, dependent, passive-aggressive, obsessive-compulsive)
• Discuss the psychotherapeutic approaches available to treat the personality disorders.
• Discuss the relationship between personality disorders and social, occupational functioning of the patient.

COGNITIVE DISORDERS
• Discuss the symptoms (including mental status findings) associated with delirium and dementia. Discuss the differentiation of these conditions.
• Discuss the common causes of dementia (Alzheimer’s disease, multi-infarct, alcohol, lewy body disease, etc.) Discuss the management of dementia, including the management of associated mood disturbance, psychosis, and behavioral disturbance.
• Discuss the common causes of delirium. Discuss the management of delirium.
• Discuss the impact of the cognitive disorders on the occupational functioning, social functioning, and family relationships of the patient.

OTHER CONDITIONS
• Discuss the common symptoms and diagnostic criteria for attention deficit/hyperactivity disorder.
• Discuss the appropriate use of stimulants in the treatment of attention deficit hyperactivity disorder. Discuss the differences between long-acting and short-acting stimulant medications. Discuss the common side effects of stimulant medications.
• Discuss the physical symptoms caused by anorexia nervosa and bulimia nervosa.
• Discuss the management of anorexia nervosa and bulimia nervosa.
• Discuss the common causes of insomnia.
• Discuss the typical components of sleep hygiene.
• Discuss the appropriate use of hypnotic medication.
Selected Specific Objectives for COMAT: Psychiatry

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Psychiatry, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

Health Promotion Disease Prevention/Health Care Delivery
- assessment of dangerousness
- cross-cultural issues
- genetic counseling
- health care financing and cost effectiveness
- medical ethics
- physician-patient relationship

History and Physical Examination
- assessment methods (laboratory, neuroimaging, neurophysiologic and psychological testing)
- assessment of physical findings and historical information
- DSM diagnosis
- interviewing
- mental status examination
- rating scales
- structural examination

Management
- clinical psychopharmacology
- evidence-based decision-making
- osteopathic manipulative treatment
- psychosocial interventions
- treatment complications
- treatment guidelines/best practices

Scientific Understanding of Mechanisms
- epigenetics
- mental health epidemiology
- neurobiological foundations
- psychosocial foundations
- viscerosomatic relationships and other osteopathic principles
EXPANDED CURRICULAR OBJECTIVES – PSYCHIATRY

Common Psychiatric Conditions
- adjustment disorders
- anxiety disorders
- delirium, dementia, amnestic and related disorders
- disorders presenting in the pediatric age group
- eating disorders
- mood disorders
- personality disorders
- psychiatric illness due to a general medical condition
- sexual disorders
- somatic dysfunction in psychiatric conditions
- somatoform disorders
- substance-related disorders

(taken from http://www.nbome.org/docs/COMAT-Psychiatry-OL.pdf)
EXPANDED CURRICULAR OBJECTIVES – PSYCHIATRY

COMLEX Part 2 Content Outline Subject Areas for Psychiatry

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

Alcohol abuse
Amnesia
Anxiety
Behavioral disturbances
Confusion/disorientation
Controlled substance abuse
Dementia
Depression
Eating disorders
Life adjustment disorders
Non-controlled drug abuse
Sleep disturbances
Substance abuse
Suicidal ideation
Tobacco abuse
EXPANDED CURRICULAR OBJECTIVES – SURGERY

Recommended Text available online at TUNCOM Jay Sexter Library:

Acute Abdominal Pain
Biliary Tract Disease
Breast Masses
Rectum and Colon Diseases, Including Neoplasia

At the conclusion of the course the student should be able to:

- Identify the characteristic features and differential diagnosis of acute abdominal pain. This includes urolithiasis with ureteral colic, biliary tract pain, intestinal distention pain syndromes, bowel obstruction, acute appendicitis, ovarian and Fallopian torsion and abscess, Meckel’s diverticulitis, pelvic inflammatory disease, ectopic pregnancy, mesenteric adenitis, bowel infarction, intra-abdominal abscess, inflammatory bowel disease,
- Outline the clinical presentation, differential diagnosis and management of bowel obstruction.
- Discuss the anatomy and common incision approaches to the abdomen.
- Discuss biliary tract disease and differentiate acute and chronic cholecystitis, biliary colic, biliary pancreatitis, common duct stones and gallstone ileus.
- Discuss the indications for open vs. laparoscopic approaches to abdominal surgery.
- Discuss some of the varieties and treatment options for hernias.
- Discuss the principles of incision and drainage of abscesses
- Discuss the principles of antibiotic prophylaxis
- Discuss peri-operative patient management including diet, fluid replacement, rest and activity orders, and respiratory therapy.
- Discuss approaches to operative and postoperative anesthesia, analgesia including local, regional and general anesthesia, and post-operative relief options.
- Discuss work-up of breast masses and nipple discharge, including mammography screening
- Discuss treatment options for breast cancer
- Discuss screening and workup of colon and rectal neoplasia, including occult blood screening, digital rectal exam, anoscopy, sigmoidoscopy and colonoscopy
- Discuss treatment approaches to colon polyps and cancer
- During the course of their surgical experience, students will participate in both in-patient and out-patient procedures
Selected Specific Objectives for COMAT: Surgery

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

For COMAT: Surgery, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

**Fluids**
- coagulation and blood
- fluid and electrolytes
- shock
- surgical nutrition

**Wounds and infections**
- immunology
- skin and subcutaneous tissues
- transplantation

**Gastrointestinal and related issues**
- appendix
- diaphragm
- duodenum
- esophagus
- hernias
- large intestine
- rectum
- small intestine
- stomach

**Hepatobiliary and related issues**
- biliary tract
- liver
- pancreas
- spleen

**Trauma**
- chest tubes
- other issues in general trauma care

**General surgical issues in urology, gynecology, and pediatrics**
EXPANDED CURRICULAR OBJECTIVES – SURGERY

Endocrine and breast and related issues
- adrenal
- pancreas
- parathyroid
- pituitary and other glands
- surgical issues of the breasts
- thyroid

Surgical oncology and surgical pathology

Osteopathic principles and practice in surgical care
- osteopathic manipulative treatment techniques
- somatic dysfunction
- viscerosomatic relationships

(taken from http://www.nbome.org/docs(COMAT-Surgery-OL.pdf)
EXPANDED CURRICULAR OBJECTIVES – SURGERY

COMLEX Part 2 Content Outline Subject Areas for Surgery

It is the student’s responsibility, with guidance from the Preceptor, to develop a study plan that will include all the following subject matter, regardless of the specific clinical assignment.

These items should be addressed using the Definition/Epidemiology/Presentation/Diagnosis/Treatment/Outcome paradigm described on page 48 of this Manual.

Abdominal masses
Abdominal/pelvic pain
Airway obstruction
Anal discharge
Anesthesia
Axial/appendicular skeletal somatic dysfunction
Axillary masses
Back pain
Brain concussion
Breast cancer
Breast masses
Burns
Chest/lung masses
Colon cancer
Crush injury/syndrome
Ear discharge
Edema
Erectile dysfunction
Extremity masses/swelling
Extremity pain
Eye pain
Face pain
Gallbladder dysfunction
Gangrene
Genital pain
Head/neck masses/swelling
Hematemesis
Hematochezia/melena
Hemoptysis
Joint masses/swelling
Joint pain
Motor vehicle collisions
Multiple trauma
Myofascial pain
Nasal bleeding
Neck pain
Pre & postoperative care
EXPANDED CURRICULAR OBJECTIVES – SURGERY

- Priapism
- Prostate cancer
- Rectal masses/swelling
- Rectal pain
- Scoliosis
- Scrotal/testicular masses/swelling
- Spinal deformities
- Urinary hesitancy
- Wounds
HOW TO USE THE COMLEX PART 2 BLUEPRINT

On the following pages you will find the COMLEX Part 2 Content Outline for Dimension I: Patient Presentation. Next to each subject line, there are headers for the columns corresponding to the six core third-year courses. A “1” indicates the course during which students should expect to learn the bulk of the subject and corresponds to the COMLEX Content Outline lists that appear as the third section of each core course’s Expanded Curricular Objectives. An “X” designates courses during which students are responsible for the particular issues relating to the subject within the discipline.

For example, “Anemia” is marked with a “1” under Internal Medicine, indicating that it is during that course that students should learn the fundamentals of anemia. There is an “X” as well under Family Medicine, Obstetrics & Gynecology, Pediatrics, and Surgery, indicating that students are responsible on these courses for understanding the specific aspects of anemia relating to these disciplines.

Ultimately, it is expected that by the end of the third year, students will have worked through the entire COMLEX Part 2 Content Outline and should be well-prepared to develop an individualized study plan in preparation for Part 2 and beyond.

It is strongly advised that students review this table in addition to the Expanded Curricular Objectives at the start of each course in order to better plan their study time during the clerkship.
## COMLEX Part 2 Content Outline

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<th>ASYMPOTOMATIC &amp; GENERAL SYMPTOMS</th>
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#### SYMPTOMS & DISORDERS OF DIGESTION AND METABOLISM

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#### SYMPTOMS & DISORDERS OF SENSORY FUNCTION

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## COMLEX Part 2 Content Outline

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### COMLEX Part 2 Content Outline

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#### SYMPTOMS & DISORDERS OF HUMAN DEVELOPMENT

**PREGNANCY/CHILDBIRTH/POSTPARTUM/NEONATAL ASSESSMENT**

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EXPANDED CURRICULAR OBJECTIVES - ELECTIVES

Course Description

PURPOSE: Two one-month Electives will be allowed in the Third Year, and a total of four in the Fourth Year (see pages 45 and 46). Students will have the opportunity to select clerkships and attain knowledge and skills in areas of special medical/surgical interest. These will allow students to begin making judgments about the quality of continuing education experiences that would enhance their professional development and performance as future osteopathic physicians.

Electives include any medical or surgical specialty or subspecialty and/or a special elective of interest to the individual student, including but not limited to OMT, rehabilitation medicine, occupational medicine, dermatology, ENT, geriatrics, public health and sub-acute care. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education and not to concentrate in one specific area of medicine.
EXPANDED CURRICULAR OBJECTIVES – EMERGENCY MEDICINE

Chest Pain
Laceration Management
Shortness of Breath
Trauma Evaluation

At the conclusion of the course the student should be able to:

- Discuss the differential diagnosis and treatment approaches for chest pain, including myocardial infarction and angina pectoris, pulmonary embolus, pleurodynia, trauma, pericarditis, costochondritis, intercostals neuralgia and neuritis, zoster prodrome, psychogenic chest pain.

- Discuss principles of wound management including timing of repair, exploration for involvement of nerve, blood vessel tendon and deep structures and foreign bodies, irrigation and debridment, principles of repair and closure techniques including suturing, staples and adhesives.

- Discuss the differential diagnosis of acute dyspnea including respiratory tract infection, reactive airway disease, exacerbations of chronic obstructive pulmonary disease, airway obstruction and foreign body, panic disorder, pulmonary edema, myocardial infarction and cardiogenic shock, pulmonary embolus, pneumothorax, pleurodynia, epiglottitis, progesterone effect.

- Discuss the evaluation of trauma patients including the use of the pre-hospital history, mechanism of injury, period of time elapsed prior to emergency room evaluation and effect on clinical condition, stages and presentation of hemorrhagic shock, head injury, spinal injuries, chest trauma, aortic dissection, fractures and dislocations, lacerations.
EXPANDED CURRICULAR OBJECTIVES – ORTHOPEDIC SURGERY

Acute Knee Injuries
Fracture Syndromes
Hip Fracture
Sprains and Strains

At the conclusion of the course the student should be able to:

- Demonstrate elements of history and physical exam in evaluation of acute knee injuries including maneuvers to elicit ligamentous and cartilaginous injury patterns. Describe strategy to rule out fracture, and management of the common types of acute knee injury. Include Medical and lateral collateral ligament strain, meniscus injury, anterior and posterior cruciate ligament injuries, distal femoral and proximal tibial fractures, patellar dislocation and fracture, quadriceps tears, knee dislocation and patello femoral syndromes.
- Describe a fracture including parameters and terms such as: closed vs. open, simple, compound, comminuted, displaced, angulated, Salter classification for epiphyseal involvement, pathological fracture, avulsion, greenstick, torus, callous formation.
- Describe exam of injured extremity including fracture assessment, distal perfusion and sensation, presence of dislocation.
- Describe in general terms fracture management, including open vs. closed reduction, internal vs. external fixation, casting and splinting, timing of cast removal and ambulation or joint use, principles of immobilization.
- Describe pathophysiology of pathologic vs. traumatic hip fractures, importance of internal fixation or arthroplasty with early ambulation, signs and symptoms of fat embolism.
- Describe epidemiology and preventive strategies for hip fracture in the elderly.
- Describe management approaches to hip fracture and frequent complications.
- Describe mechanism of injury for various sprains, demonstrate evaluation and gradation of sprains, understand basic treatment modalities related to strains and sprains re: rest, splinting, ice, etc. Learn physical therapy modalities available for treatment, and describe the role of OMT.
TEACHING GOALS FOR FACULTY CLINICIANS

Clinical teaching faculty should be able to:

A. General
   1. Clearly explain course objectives and directions to learners
   2. Help learners organize their learning activities
   3. Ask questions at various taxonomic levels to stimulate thinking
   4. Respond to learners so that their interest and involvement in the learning process and strengthened
   5. Direct learners to the literature and other resources when they lack prerequisite knowledge or have special interests Assign outside readings or tasks to reinforce learning

B. Clinical Instruction
   1. Describe differences between inpatient and outpatient teaching
   2. Orient learners to each particular patient care setting
   3. Help learners set realistic learning expectations by assigning responsibilities appropriate to the developmental stage of each learner
   4. Insert oneself into the clinical situation to model appropriate practices, attitudes, and interpersonal skills

C. Small Group Instruction
   1. Coordinate various types of small group instruction (e.g., seminars, simulations, discussions)
   2. Develop tasks and/or problems to be addressed by a group
   3. Lead a discussion and delegate tasks to group members
   4. Develop simulations to be used by a group

TYPES OF QUESTIONS TO CONSIDER USING

- “What do you think is going on with this patient?”
- “What conclusions do you draw from the data?”
- “What are the drug side effects?”
- “What evidence supports your conclusions?”
- “What is your treatment plan for this patient?”
- “What is the next step in this patient’s work-up?”
- “If your conclusions are correct, what is the patient’s prognosis?”
- “If the patient were a 17-year-old female instead of 52-year-old male, what would your differential diagnosis be?”
- ‘What are the implications of the diagnosis for the patient’s lifestyle?”
PATIENT CHART REVIEW DISCUSSION

Student documentation on patient charts can be used to assess student knowledge, organization and problem solving. The student’s written presentation of the patient’s history and physical and/or progress helps to document the student’s clinical competency. Patient charts can serve as a catalyst for teaching discussions. Medical students frequently report a lack of feedback on their written records. This gives rise to the perception that their work is not valued, and that their write-ups are more “busy work” than a learning experience. This lack of recognition can sabotage the learning value of written patient assessments.

USING THE MINI-LECTURE

A. Uses:
   1. Gives information to student
   2. Corrects misinformation
   3. Gives directions
B. Guidelines:
   1. Don’t stray from the topic
   2. Keep it short
   3. Use appropriate stimulus variation: pauses, gestures, other
   4. Use appropriate verbal and nonverbal communications
   5. Observe student’s verbal and nonverbal reactions
   6. Summarize

EDUCATIONAL ACTIVITIES AT CLINICAL SITES

A. Academic Programs
   1. Department meetings
   2. Journal clubs
   3. Morbidity and mortality conferences
B. Conducting case study analyses
   1. Conducting case study critiques of a presentation
   2. Demonstrating diagnostic techniques and procedures
   3. Delegating discharge summary responsibilities to house staff
   4. Doing medical audits with house staff members
C. Lecturing and interpreting content material
   1. Summarizing seminars
   2. Talking to the house staff immediately after a problem has obscured
   3. Taking time to plan the logistics and or medical strategy for the week.
TIPS FOR EFFICIENT INSTRUCTION

A. State clearly that your time is limited; set limits to encounters.
   - For example, say to the student, “I can meet with you now for 10 minutes. You can have five minutes to ask me questions, then I need to give you some feedback on the patient we saw together this afternoon.”

B. Make assignments that are specific and time limited.

C. “Go in, get as much history as you can in 10 minutes, and then come out and present it to me.”

D. “I have five minutes to discuss this case. Please limit your presentation to three minutes.”

E. “I’d like you to examine this gentleman’s knee for 10 minutes, then I’ll come in and we’ll discuss your findings.”

F. Have students carry a notebook to record their questions during the day.
   - Follow up with them at the end of each day for 15 to 20 minutes.

G. Honor your appointments with students and make them brief.
   - If you say you’ll discuss patients with your student during the noon hour, be sure to do so.

H. Ask students to read about the problems of specific patients they’ve seen during the day.
   - Be specific about where they may be able locate this information (textbooks, journals, article files, etc.). Set the expectation that the next morning you will check on this. You may ask them to give you a 10-minute oral presentation about one of the problems they’ve prepared. (This approach assures that they will do a wide range of reading but does not involve you in listening to a long series of oral presentations. Be sure to follow up and check on one of the problems you’ve assigned.)

I. Be realistic about how much you attempt to teach.
   - You can’t teach the whole discipline. Teach what you judge the student needs and what she or he has expressed interest in.

J. Expose students to your busy schedule.
   - Take your student with you as you attend noon conferences, hospital committees, boards, and civic activities.

K. Conduct discussions/tutorials as you commute with the student by car, by foot, etc.

L. Jot down patient care pearls that arise in conversation and on teaching rounds.
   - Collect these in a list and share with the student at the end of the clerkship and with the next student(s).

M. Use other staff in your office to teach the student.
   - Include partners, nurses, business managers, receptionists, etc.

N. And the like... (add to this list as you go)
PEARLS FOR PRECEPTORS

A. Prior to the student’s arrival, make sure the office staff has been notified.
B. Early in the clerkship, take time to get to know the student. Review the Goals and Objectives, Learning Contract, etc.
C. Take the student under your wing; make him or her feel special, welcome, and part of the team.
D. At the end of the day, have your staff photocopy the next day’s schedule. Then, take a few minutes to review it with your student, highlighting those patients you feel would be educationally beneficial for the student to see. The student can then direct reading activities in anticipation of the next day’s patient-related medical concerns.
E. Often, you don’t have time to answer the student’s questions during a busy office schedule. Have the student carry note cards at all times. When questions arise, the student can write them down. Later in the day, or as time permits, review the student’s questions.
F. Be educationally specific when you send the student in to see a patient. For example, focus on just the student’s ability to gather data, or perform a specific examination, or present an adequate differential diagnosis. This minimizes trying to cram too much into the teaching encounter and helps solve time-demand issues.
G. Save some feedback until the end of the day. Use the charts to jog your memory regarding the student-patient encounter.
H. Have other learning activities available (5-10 minutes in length) for the times when patients refuse student contact, i.e., slides, audiocassettes, an article, work with lab tech or office staff, piggy-back with another physician, etc.

I. Introduce the student to your family and other medical colleagues, attend a civic meeting or hospital staff meeting, etc.
J. If the student was particularly interested in your practice and demonstrated an aptitude for it, drop a short note to him or her one to three months following the clerkship, acknowledging the student’s performance and encouraging him or her to consider your discipline as a viable career choice.
Appendix A

Clinical Performance Assessment Form

To be used by preceptors in the evaluation of students completing clinical clerkships
Touro University Nevada

Osteopathic Medical Student Clinical Performance Assessment

Student: 
Evaluator: 
Course: 
Inclusive Dates: 

It is important to remember that students should be evaluated against the standard of what would be reasonably expected from a medical student at the point in training at which they undertook their clerkship. It is expected that performance will improve as students progress through clinical training; and therefore the standard against which this is judged by preceptors should take this timing into account.

Please mark the rating that best describes this student in each area, then mark a final assessment for each competency: Honors (H), Pass (P), or Fail (F). Finally, mark an overall evaluation for the clerkship.

<table>
<thead>
<tr>
<th>Competency 1: OSTEOPATHIC PHILOSOPHY AND OSTEOPATHIC MANIPULATIVE MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Osteopathic Philosophy</td>
</tr>
<tr>
<td>Utilizes caring, compassionate behavior with patients</td>
</tr>
<tr>
<td>Meets expectations</td>
</tr>
<tr>
<td>Fails to meet expectations</td>
</tr>
<tr>
<td>Unable to assess</td>
</tr>
<tr>
<td>b. Osteopathic Manipulative Medicine</td>
</tr>
<tr>
<td>Appropriately integrates Osteopathic Manipulative Treatment into care</td>
</tr>
<tr>
<td>Demonstrates adequate skills in OMT</td>
</tr>
</tbody>
</table>

Overall Evaluation for Competency 1 (circle one) 

Formative Comments for Competency 1 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER [MSPE]):

<table>
<thead>
<tr>
<th>Competency 2: MEDICAL KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates extensive, well-integrated core factual knowledge</td>
</tr>
<tr>
<td>Utilizes appropriate clinical problem-solving skills</td>
</tr>
<tr>
<td>Applies basic science principles as correlated with clinical practice</td>
</tr>
<tr>
<td>Uses analytical and critical thinking in accumulating knowledge base</td>
</tr>
<tr>
<td>Understands research systems, clinical literature review, statistical methods; uses information technology appropriately</td>
</tr>
</tbody>
</table>

Overall Evaluation for Competency 2 (circle one) 

Formative Comments for Competency 2 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER [MSPE]):
<table>
<thead>
<tr>
<th>Competency 3:</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Fails to Meet Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs history and physical exams that are thorough, accurate, logical, efficient, purposeful, and sequential.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses and integrates information accurately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductive reasoning is well organized and appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical management skills are well organized and appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewing skills are well developed; involves needs of patients and families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has appropriate procedural skills, manual dexterity, respect for sterile technique (and handling tissue).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishes diagnoses by interpreting facts and clinical data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitors patient progress carefully and responds to changes; develops effective treatment plans.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation for Competency 3 (circle one)</td>
<td>H</td>
<td>P</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Formative Comments for Competency 3 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER (MSPE)):

<table>
<thead>
<tr>
<th>Competency 4:</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Fails to Meet Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERPERSONAL AND COMMUNICATION SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with patients/families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal skills are well developed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates effectively with all health care professionals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral (verbal) presentations are effective.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written documentation is concise, appropriate, legible, and timely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation for Competency 4 (circle one)</td>
<td>H</td>
<td>P</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Formative Comments for Competency 4 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER (MSPE)):

<table>
<thead>
<tr>
<th>Competency 5:</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Fails to Meet Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is reliable, punctual, and dependable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is honest, trustworthy, and altruistic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to principles of confidentiality and scientific/academic integrity.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts responsibility for own actions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appreciates psychosocial concerns of patients and families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands and respects ethnic, racial, gender and cultural differences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ethical behavior in patient and peer relationships.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for all members of the health care team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation for Competency 5 (circle one)</td>
<td>H</td>
<td>P</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Formative Comments for Competency 5 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER (MSPE)):
## Competency 6: Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Falls to Meet Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
</table>

- Uses scientific evidence based experience and data as a guide to patient care.
- Applies and analyzes "best practices" to patient care; understands risks/benefits.
- Understands basics of statistical methods and study designs.
- Evaluates own performance on exponential basis; knows limitations.
- Is open-minded and willing to learn from errors; improves own practice.
- Employs medications and diagnostic studies appropriately.

**Overall Evaluation for Competency 6 (circle one):**

H P F

**Formative Comments for Competency 8 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER [MSPE]):**


## Competency 7: Systems-Based Practice

<table>
<thead>
<tr>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Falls to Meet Expectations</th>
<th>Unable to Assess</th>
</tr>
</thead>
</table>

- Understands principles of a healthcare system.
- Is knowledgeable about systems access, resources, provider responsibilities, alternate choices in a managed care setting, and appropriate referrals.
- Is aware of regulatory patient care, academic and health care financing issues.
- Understands issues related to community health, epidemiology, and population health concerns.
- Provides cost effective care.
- Is a patient advocate.

**Overall Evaluation for Competency 7 (circle one):**

H P F

**Formative Comments for Competency 7 (REQUIRED FOR FAILING GRADE - NOT FOR USE IN DEAN'S LETTER [MSPE]):**


## Overall Clinical Evaluation for Clerkship (circle one)

<table>
<thead>
<tr>
<th>Honors</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
</table>

**Summative Comments (REQUIRED - TO BE INCLUDED VERBATIM IN DEAN'S LETTER [MSPE]):**

I have reviewed the content of this evaluation with the medical student:

Signature of Evaluator: ___________________________ Date: ____________

Please return to the TUNCOM Department of Clinical Education:
874 American Pacific Drive, Henderson, NV 89014; fax 702-777-3930; phone 702-777-4777

Student Comments:

I have reviewed and understand this evaluation:

Signature of Student: ___________________________ Date: ____________

Student ___________________________ Month/Year ____________
Appendix B

Evaluation of Clinical Assignment Form

To be used by students in the evaluation of preceptors, training sites, and clinical clerkships
Evaluation of Clinical Assignment

This document is provided only as a representation of the content of the evaluation to be completed by students. Actual Evaluations of Clinical Assignments will be completed by students in electronic form only.

Preceptors will have access to this information only in de-identified summary form. All possible efforts will be made to ensure the anonymity of students completing evaluations.

Please mark the rating that best fits each statement. If unable to assess, please mark UTA.

<table>
<thead>
<tr>
<th>Evaluation of Preceptor</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serves as a good role model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes advantage of teaching opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with learners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate the three items below for DO Preceptors ONLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates application of osteopathic philosophy and principles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrates Osteopathic Manipulative Treatment (OMT) into patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaches use of OMT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation of Preceptor</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Comments for Preceptor (REQUIRED for grades of C or below):

<table>
<thead>
<tr>
<th>Evaluation of Site</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes a good scope of pathology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides adequate meal services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides sufficient work space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides sufficient storage space for personal items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides adequate parking in a place convenient to public transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presents a supportive environment for students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides sufficient learning resources to help advance clinical knowledge in the specific area of clerkship focus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodates consistent access to Internet-based resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides access to other physical media or textual resources on site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation of Site</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>

Comments for Site (REQUIRED for grades of C or below)
<table>
<thead>
<tr>
<th>Evaluation of Clinical Clerkship</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals and objectives are clear.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of student activities, including limits, is clear.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of activities is appropriate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didactic sessions are useful.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offers adequate patient contacts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of patient contacts per day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offers adequate opportunities to perform H&amp;P's.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of H&amp;P's per day.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of weekend shifts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of in-house night calls.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Evaluation of Clinical Clerkship</strong></td>
<td></td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

Comments for Clinical Clerkship (REQUIRED for grades of C or below):

Additional Comments:

Preceptors will have access to this information only in de-identified summary form. All possible efforts will be made to ensure the anonymity of students completing evaluations.
Appendix C

Clerkship Schedule Request Form

To be used by students to request specific assignments or changes in their clerkship schedules
Clerkship Schedule Request Form

This form must be submitted at least 30 DAYS prior to the start of the clerkship(s) affected. Submission of this request does not constitute approval. For more information about schedule requests, see the Student and Faculty Manual for Clinical Coursework. Separate forms should be submitted for multiple unrelated requests. COMPLETE LEGIBLY.

Student’s Name ___________________________ Class of ___________________________
Touro E-Mail ___________________________ Date Submitted ___________________________
Phone Number ___________________________ Month(s) Affected ___________________________

Briefly describe the request.

Briefly explain your reason for this request.

FOR OFFICE USE ONLY:
☐ Approved
☐ Approved with change
☐ Denied

☐ Noted in CSS
☐ Student Notified

Date: ___________________________ Authorized Signature: ___________________________

Revised 7-2-13
Appendix D

Time Off Request Form

To be used by students to request time off from clerkships for illness, board examinations, residency interviews, etc.
Time Off Request Form

This form must be submitted at least 30 DAYS prior to the start of the time off. Submission of this request does not constitute approval, and incomplete forms will be returned. Travel plans should not be made until the student receives written approval from the Department of Clinical Education. For more information about attendance and time off, see the Student and Manual for Clinical Coursework. Separate forms should be submitted for multiple unrelated change requests. COMPLETE LEGIBLY.

Student’s Name ___________________________ Class of ___________________________
Touro E-Mail ___________________________ Date Submitted ___________________________
Phone Number ___________________________ Date(s) Requested Off ___________________________
(Include travel time, weekends, holidays, if applicable)

☐ Religious Observance
   Describe ___________________________

☐ Board Examination
   Exam ___________________________
   Location (City and State) ___________________________
   Exam Date ___________________________

☐ Residency Interview
   Location (City and State) ___________________________
   Interview Date ___________________________

☐ Other
   Describe ___________________________
   Location (City and State) ___________________________
   Reason for request ___________________________

FOR OFFICE USE ONLY:
☐ Approved
☐ Approved with change
☐ Denied
☐ Noted in CSS
☐ Student Notified ___________________________
☐ Preceptor Notified ___________________________
☐ Authorized Signature ___________________________

Revised 7-2-13
Appendix E

Away Clerkship Request Form

To be used by students to request clerkships out of the immediate geographic area
Away Clerkship Request Form

This form must be submitted at least 60 DAYS prior to the anticipated start of the clerkship. Incomplete forms will be returned. Final plans for travel or housing should not be made until the student receives written approval from the Department of Clinical Education. The student may be asked to assist in obtaining paperwork to credential the preceptor as a Touro adjunct faculty member. For more information about scheduling away clerkships, see the Student and Faculty Manual for Clinical Coursework.

Student’s Name ____________________________ Cell Phone Number ____________________________

Touro E-Mail ____________________________ Date Submitted ____________________________

Clerkship Discipline ____________________________ Start and End Dates ____________________________

Third year students may take one core and two elective clerkships away. Fourth year students may take five elective clerkships away. Emergency medicine, internal medicine, pediatrics, and pediatrics must be done locally. Indicate below the category of the clerkship.

☐ Year 3 - Core  ☐ Year 3 - Elective  ☐ Year 4 - Med Sub  ☐ Year 4 - Surg Sub  ☐ Year 4 - Sub 1  ☐ Year 4 - Elective

Briefly describe your reason for requesting this away clerkship:

* 4th years only - are you using VSAS? (Check one) Yes ___ No ___ If yes, please complete the information below denoted with an asterisk.

Clerkship Site (check one)  ☐ University  ☐ Hospital  ☐ Individual or Group Practice  ☐ Military Orders

Does the university, hospital, or practice require an application?  ☐ No  ☐ Yes (If so, attach a copy to this request.)

If you will be with an individual physician, will you go to a hospital or hospitals as part of your duties?  ☐ No  ☐ Yes

Preceptor’s Name and Degree ____________________________

Preceptor’s E-Mail Address ____________________________

Contact/Coordinator’s Name ____________________________

Business Address ____________________________

City: ____________________________ State: ____________________________ Zip: ____________________________

Coordinator’s E-Mail Address ____________________________

Coordinator’s Telephone ____________________________ Fax: ____________________________

*Site/Hospital/Practice Name ____________________________

*Business Address (if different than above) ____________________________

*City: ____________________________ State: ____________________________ Zip: ____________________________

*Business Telephone ____________________________ Fax: ____________________________

FOR OFFICE USE ONLY:

☐ Approved  Reason for change or denial: ____________________________

☐ Denied

☐ Noted on Schedule

☐ Student Advised Date: ____________________________

☐ Authorized Signature ____________________________

Revised 2-14-12
Appendix F

The Learning Contract

To be used by students and preceptors together to establish individualized educational goals for clinical courses
The Learning Contract

This document is intended to serve as an aid for students and preceptors in developing an individualized educational plan for the clerkship. Students and preceptors are advised to refer to the General Clerkship Goals and Objectives, the Expanded Curricular Objectives, and the Clinical Performance Assessment form to help further guide this discussion.

A. Student Goals for the course:
This section should be completed after the first full day of the clerkship.

List the three most important goals you have for the clerkship and specific strategies for accomplishing these goals. Use additional pages as needed.

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2:</td>
<td>Strategies:</td>
</tr>
<tr>
<td>Goal 3:</td>
<td>Strategies:</td>
</tr>
</tbody>
</table>

B. Preceptor Goals for the course:
This section should be completed after the first week of the clerkship.

List the three most important areas on which the student should focus and strategies for addressing these areas. Use additional pages as needed.

<table>
<thead>
<tr>
<th>Focus 1:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus 2:</td>
<td>Strategies:</td>
</tr>
<tr>
<td>Focus 3:</td>
<td>Strategies:</td>
</tr>
</tbody>
</table>

C. Additional comments by student or preceptor:

Student Signature: __________________________ Date: ______________

Preceptor Signature: __________________________ Date: ______________

Adapted from the Preceptor Education Project Instructor’s Manual. The Society of Teachers of Family Medicine, Preceptor Education Project, 1992.
Appendix G

Outline of History and Physical Examination

To be used by students to develop their skills in obtaining H&P’s
Outline for Medical History and Physical Examination

Order of examination and type of information desired is indicated. Further details may be necessary in individual cases.

A. History
   1. Date
   2. Name
   3. Status of Examiner, e.g., John Doe, MS III or third year medical student.

B. Note concerning name and address of informants if other than patient and apparent reliability.

C. Chief Complaint
   1. This is a simple statement in answer to the question, “What symptoms brought you to the hospital?”
   2. Give verbatim (in patient’s own words).

D. History of the Present Illness (HPI)
   1. Include age, sex, race, and occupation in initial statement.
   2. Give details of all symptoms and events concerned in the illness with quantitative and qualitative appraisal. Give location, character, severity, duration, intermittency, and radiation of pain. Describe factors making pain worse or better.
   3. Description of events must be in chronological order. The appearance of each symptom or event during the course of the present illness should be related to the time of present admission.
   4. Type of onset insidious or sudden?
   5. It is essential to give all negative as well as positive information in relating the symptoms and circumstance of a patient’s disease.
   6. If a patient has had one or more previous admissions to this Medical Service, the present illness should start with a detailed summary of each admission. This is followed by an interval note, describing the subsequent events leading to admission.
   7. Never use abbreviations in writing a history (or physical examination). Put patient’s name and hospital number on each sheet.
   8. Make clear why patient seeks aid at this particular time.
   9. List all medications patient has taken for this illness and response to them.
   10. Same or similar symptoms before? Treatment and result?

E. Past History
   1. General Health
      i) General Quality. Average weight, recent loss or gain.
      ii) Operations or Injuries.
      iii) Hospitalizations.
3. Infectious Disease. State presence or absence of typhoid, acute rheumatic fever, poliomyelitis, meningitis, malaria, scarlet fever, diphtheria, hepatitis, gonorrhea or syphilis, undiagnosed fever, measles, mumps, pertussis, rubella, chicken pox. Previous immunizations, chemotherapy.
4. Allergies. Asthma, hay fever, hives, drug or food reaction

F. Personal and Social History
1. Place of birth and residence.
4. Occupation. Past and present work, conditions of work, emotional and physical reaction of work. Exposure to occupational disease and chemicals.
5. Environmental Factors. Presence of epidemics, exposure to contagious disease, or infected animals, especially rats, rabbits and parakeets. Water and milk supply. Adequacy of housing and sewerage. Residence in tropical or endemic disease areas.
6. Name and address of patient’s physician.
7. Data on service in the armed forces.

G. Family History
1. State health or cause of death of parents, brothers, sisters, with ages of death.
2. State presence or absence of rheumatic disease, gout allergy, tuberculosis (giving patient’s association therewith), renal disease, diabetes, cancer, mental and neurological disorders, epilepsy, migraine, hypertension, blood diseases, and obesity.
3. Report details and family tree if any hereditary disease is discovered such as sickle cell anemia, muscular dystrophy, etc.

H. Review of Systems
4. Ears. Hearing, earache, discharge, tinnitus, bleeding.
5. Nose. Epistaxis, colds, obstruction, discharge, bleeding, smell.
6. Mouth and Throat. Dental difficulties, how long since last visit with dentist, sore throat, hoarseness, dysphagia, bleeding.
7. Neck. Stiffness, pain, tenderness, masses in thyroid or other areas.
8. Lymph nodes. Local or general glandular enlargement or tenderness.
10. Respiratory. Pain, shortness of breath, wheezing, chronic cough, sputum (amount and description), hemoptysis, pneumonia, tuberculosis or exposure, fever or night sweats, AM cough.
11. Cardiovascular. Percordial pain or distress, palpitation, dyspnea or exertion, othopnea, nocturnal, paroxysmal dyspnea, edema, cyanosis, hypertension, heart murmurs, varicosities, phlebitis, claudication.
12. Gastrointestinal. Appetite and digestion, abdominal pain, eructation, nausea, vomiting, hematemesis, jaundice, diarrhea, abnormal stools (clay colored, tarry, bloody), steatorrhea, hemorrhoids, recent change in bowel habits, food dyscrasias.

13. Genitourinary and Menstrual. Urgency, frequency, dysuria, pain, nocturia, hematuria, polyuria, facial edema, oliguria, unusual color of urine, stones, known kidney or bladder infections, nephritis. Difficulty in starting stream, size of stream, acute retention or incontinence. Libido, genital sores, discharge, sexually transmitted diseases, sexual orientation, symptoms of sexual dysfunction (e.g. dyspareunia, impotence, vaginismus, etc.) Menses: age at onset, regularity, last post-menopausal bleeding. Number and results of pregnancies. Complications of pregnancy, including toxemia.


15. Metabolic. Polydipsia, polyuria, asthenia, hormone therapy, intolerance to heat or cold, alopecia.

16. Hematological. Anemia, bleeding tendency, previous transfusions and reactions, Rh incompatibility.


I. Physical Examination

1. Temperature, pulse, respiratory rates, blood pressure, height, weight.

2. General Appearance and Mental Status. Sex, body type, apparent period of life, apparent state of health, nutrition and development, gross deformities, gait, posture, clubbing of fingers, dyspnea, orthopnea, edema, facies, mental condition, sensorium, personality.

3. Skin. Texture, turgor, color, moisture, eruption, pigmentations, pallor, spiders and abnormalities of nails and hair.


7. Nose. Septal deviation or perforation, obstruction, sinus tenderness, appearance of mucosa.


   i) Throat – appearance of tonsils and mucosa.


10. Lymph Nodes. Enlargement, consistency and tenderness of cervical, axillary, epitrochlear, and inguinal nodes.
11. Musculoskeletal. The narration should include position in which the patient was examined, body type, gait, posture, kyphosis, lordosis, scoliosis, tenderness or pain on motion or palpation, tissue change, joint hypermobility or restriction, osteopathic lesions (somatic dysfunction), vasomotor or trophic changes of skin, muscles, etc., contracture. Figures may be used to supplement the narrative by labeling areas of importance.

12. Thorax and Breasts. Configuration, symmetry, mobility, scars, abnormal pulsation, or retraction, dilated veins, retromanubrial dullness.


15. Abdomen. Scars, contour, dilated veins, fluid waves, spasm, tenderness (direct, indirect, and rebound). Hernia, costovertebral angle tenderness. Location, size, shape, consistency, mobility, tenderness of mass including liver, spleen, kidneys, bladder. Distention, shifting dullness, areas of hepatic, splenic and bladder dullness, bowel sounds.


17. Genitalia.
   i) Male: discharge, scars, scrotal masses.
   ii) Female: perineum and external genitalia, vagina, cervix, fundus, adnexae.
       Tenderness, discharge, bleeding, ulcerations, masses.

18. Neurological.
   i) Sensory, including Romberg test.
   ii) Motor, muscle strength, atrophy, tremors, fasciculations spasticity, clonus.
   iv) Abnormal reflexes – Babinski, Hoffman.


J. **Summaries of Each Problem as Follows:**
   1. Subjective support data (History) - Briefly – details in HPI
   2. Objective supporting data (Physical and Lab) - Briefly – details in HPI and physical.
   3. Assessment (discussion of provisional diagnosis, including differential diagnosis, i.e., hypotheses)
   4. Plan
      i) Diagnostic (methods of ruling in or ruling out)
      ii) Therapeutic
      iii) Patient Education
   5. SOAP each problem and assign it a number

K. **Signature**
Documentation – The Basics

The following are the basic principles of documentation. They apply to all types of medical and surgical services in all settings.

- The medical record should be first and foremost a tool of clinical care and communication.
- The medical record should be complete and legible.
- The documentation of each patient encounter should include or provide reference to:
  - The chief complaint and/or reason for the encounter and, as appropriate, relevant history, examination findings and prior diagnostic test results:
  - Assessment, clinical impression or diagnosis,
  - Plan for care, and
  - Date and legible identity of the health care professional.
- If not specifically documented, the reason for the encounter and/or chief complaint and the rationale for ordering diagnostic and other ancillary services should be able to be easily inferred.
- To the greatest extent possible, past and present diagnoses and conditions, including those in the prenatal and intrapartum period that affect the newborn, should be accessible to the treating and/or consulting physician.
- Appropriate health risk factors should be identified.
- The patient’s progress, response to and changes in treatment, planned follow-up care and instructions, and diagnosis should be documented.
- The CPT and ICD-9-CM codes reported on the health insurance claim form or billing statement should be supported by the documentation in the medical record and be at a level sufficient for a clinical peer to determine whether services have been accurately coded.
- The confidentiality of the medical record should be fully maintained consistent with the requirements of medical ethics and of law and HIPAA regulations.
Appendix H

Student Log Form

To be used by students to track their activities on clinical clerkships
# Student Log

**Student Name:**

**Site:**

**Clerkship:**

**Clerkship Dates:**

**Preceptor:**

## Procedures Performed

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### LECTURES/CONFERENCES ATTENDED/CASE STUDIES

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Appendix I

Residency Application Process

Information and advice for students in regard to proceeding to the next stage of their medical education and training
**Note:** The perspective offered in this Appendix includes statements which are the opinion of the editor of this manual. While there is not universal agreement as to the ideal approach, this advice is provided to students in the hope that it may reduce the tremendous (and usually unnecessary) anxiety that is often a part of the Residency Application process. As is usually the case, education is the antidote for this anxiety.

It is important to note that there is a great deal of misinformation circulating among medical students, residents, and even medical school faculty. Students should make certain they act only on information gathered from reliable sources.

Students are referred to the following websites for the latest information:

- **ERAS® - The Electronic Residency Application Service:**
  
  [https://www.aamc.org/students/medstudents/eras/](https://www.aamc.org/students/medstudents/eras/)

- **DO-Online: For Doctors | Education | Postdoctoral Training**
  
  [http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/default.aspx](http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/default.aspx)

- **AOA Match**
  
  [DO-Online: For Doctors | Education | Postdoctoral Training](http://www.osteopathic.org/inside-aoa/Education/postdoctoral-training/Pages/default.aspx)

- **National Matching Program**
  
  [https://www.natmatch.com/aoairp/](https://www.natmatch.com/aoairp/)

- **NRMP - National Resident Matching Program**
  

- **San Francisco Match**
  
  [https://www.sfmatch.org/](https://www.sfmatch.org/)

1. **Deciding on a career path**

   Many students feel pressured to know for certain in which discipline they intend to train very early. Many students report anxiety resulting from not having made a decision by the start of the third year. Relax! It is not necessary – by any means – to know for certain at this early stage. In fact, one of the purposes of the clinical curriculum is to offer students an opportunity to become more familiar with at least the major disciplines in medicine. Even by the midpoint of the third year, a student may not yet have had the chance to see the specialty which will eventually be their career choice. Students should, while progressing through clinical training, spend some time considering each discipline and its potential as a career path. You may be surprised at what grabs your attention!
2. Letters of Recommendation
Nearly all residency programs will require letters of recommendation (LOR’s) as part of the application process. While some may advise students to gather LOR’s “along the way” during the third year, there are drawbacks to this approach. First, LOR’s generally carry more weight if the author can offer support for your application to a specific specialty. Since you may not be certain very early (and that’s OK, see #1), this may not be possible if you ask too soon. A letter that includes the line: “He will be a fine Internal Medicine resident,” is typically better than one that reads: “He will do well in whatever discipline he chooses.” The former example provides two valuable benefits: it expresses your clear commitment to the specialty (rather than appearing to be willing to do whatever you can get – desperation is rarely attractive in a residency applicant) and it demonstrates that the author knows you well enough that you have discussed your plans in some detail. Second, letters should be “fresh,” and letters dated a year before your application is received by a program can raise a red flag for programs; leaving them concerned that something bad may have happened recently that has impaired your ability to get a current recommendation.
That point being made, it is strongly advised that you discuss the potential for LOR’s with preceptors from whom you might want them as you go. This will provide you with a potential pool of authors from which you will choose to ask for 3-5 letters come summer of your fourth year.
Most programs require three LOR’s, but this varies (see #4 below).

3. Researching programs
After getting an idea as to what specialty to choose, students should begin (by late in the third year) to research programs. Most residencies have websites that will offer the official “party line” for the program (and should be viewed in that light) but can offer some insight into the programs’ schedules, curricula, compensation & benefits, and other information. Perhaps more importantly, they may suggest something about the programs’ personality, tone, and style.

Other resources are available as well. Official sites (including FRIEDA Online – The Fellowship and Residency Interactive Electronic Database, http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page) and unofficial ones (including Scutwork.com, http://www.scutwork.com) can be helpful. Just remember, the official sites will give you each program’s administration’s view, and unofficial sites cannot guarantee accuracy – take both with a grain (or several) of salt.

4. Choosing programs
When you have identified programs that are interesting to you (based on whatever your personal and professional priorities are; and don’t dismiss issues like geography, proximity of family and friends, and climate) contact those programs to find out details of their requirements for application and all deadlines. Programs have tremendous leeway in setting schedules for their interview and application processes, so long as they do not conflict with Match, etc., and it is your responsibility to be aware of these details. This may include specific requirements for LOR’s (the number, who the authors are, etc.). Recognize also that each program has the ability to set its own standards for applicants, and that these standards may not be rooted in anything of real value.
are allopathic residency programs that simply will not consider DO applicants. While this may seem unfair (and may be stupid as well) it is out of your control and you should simply dismiss that program. You should consider that if a program is fundamentally biased against osteopaths (or international medical graduates, or people whose names begin with “E,” or whatever) it may not be where you want to spend the next 1 to 5 years.

After this, you should be ready to create a list of programs to which you would like to apply.

5. Applying
The application process for residency is almost universally electronic. Again, the programs in which you are interested can tell you if they accept paper applications, applications through ERAS only, or any other possible pathways. Carefully read the instructions and agreements for application processes before committing to them. Be aware of time frames and particular deadlines.

Understand that it is your responsibility to know if you must participate in the AOA Match or the NRMP for each program to which you apply. Do not participate in either match program without understanding the implications and regulations. Realize, for example, that if you participate in NRMP and fail to certify your Rank Order List, your preferences will be disregarded and you will not be placed. While this may seem frightening, so long as you understand the rules, you should do just fine.

6. A few comments on Rank Order Lists
Both match processes require the submission of a Rank Order List (ROL). Students should take great care when creating their ROL as this expresses a commitment to join a program if matched. A great deal of advice is offered to students on how to do this, but the matching programs themselves offer the best advice (EMPHASIS ADDED):

From the AOA Match website (updated 2013):
http://www.natmatch.com/aoairp/

“Applicants and programs should make out their Rank Order Lists based on their true preferences. The likelihood of being able to obtain a position at a program, or being able to attract an applicant, should not be considered when listing preferences on a Rank Order List.”

From the NRMP website (updated 02/06/2012):
http://www.nrmp.org/res_match/about_res/algorithms.html

Summary of Guidelines for the Preparation of Applicant Rank Order Lists

1. Applicants are advised to include on their rank order lists only those programs that represent their true preferences.

2. Programs should be ranked in sequence, according to the applicant’s true preferences.
3. Factors to consider in determining the number of programs to rank include the competitiveness of the specialty, the competition for the specific programs being ranked, and the applicant's qualifications. In most instances, the issue is not the actual number of programs on the rank order list, but whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched.

4. Applicants are advised to rank all of the programs deemed acceptable, i.e., programs where they would be happy to undertake residency training. Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from those programs, the program(s) should not be included on the applicant's rank order list.

The bottom line: Your ROL should reflect your true preference (note that this same terminology is used by both programs). The program ranked first on your list should be that one which you would most like to join (not where you think your chances are best, or where you were told you would be ranked highly, etc.). The list should proceed in descending order of your preference (nothing else). You should not include anywhere on your list a program you are not prepared to join.

7. We'll work through this together
Informational and advisory meetings with your class will be scheduled as appropriate and written and electronic information will be distributed as needed.

Lastly, the TUNCOM Administration and Department of Clinical Education are always available to you for guidance and help with this process.
Appendix J

Registrar’s Course Numbers

A listing of official TUNCOM course numbers for clinical courses
# Touro University Nevada College of Osteopathic Medicine Third Year Courses

## CORE COURSES

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<td>CLIN-722</td>
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<tr>
<td>CLIN-723</td>
<td>SURGERY 2</td>
<td>6.00</td>
</tr>
<tr>
<td>CLIN-724</td>
<td>OBSTETRICS &amp; GYNECOLOGY</td>
<td>6.00</td>
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<tr>
<td>CLIN-725</td>
<td>PEDIATRICS</td>
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<tr>
<td>CLIN-726</td>
<td>FAMILY MEDICINE 1</td>
<td>6.00</td>
</tr>
<tr>
<td>CLIN-727</td>
<td>FAMILY MEDICINE 2</td>
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<tr>
<td>CLIN-729</td>
<td>PSYCHIATRY</td>
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## ELECTIVE COURSES

<table>
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<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>CLIN-755</td>
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<td>CLIN-761</td>
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**NOTE:**
For Electives, the discipline in which the course is taken will be noted on the student’s official transcript.
# Touro University Nevada College of Osteopathic Medicine Fourth Year Courses

## IN-STATE REQUIRED COURSES

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>CLIN-852</td>
<td>EMERGENCY MEDICINE</td>
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<tr>
<td>CLIN-854</td>
<td>INTERNAL MEDICINE</td>
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</tr>
<tr>
<td>CLIN-855</td>
<td>OBSTETRICS &amp; GYNECOLOGY</td>
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<tr>
<td>CLIN-858</td>
<td>PEDIATRICS</td>
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## IN-STATE OR OUT-OF-STATE COURSES

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<tbody>
<tr>
<td>CLIN-871</td>
<td>ELECTIVE 1</td>
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<tr>
<td>CLIN-872</td>
<td>ELECTIVE 2</td>
<td>6.00</td>
</tr>
<tr>
<td>CLIN-873</td>
<td>MEDICAL SUBSPECIALTY ELECTIVE</td>
<td>6.00</td>
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<tr>
<td>CLIN-874</td>
<td>SURGICAL SUBSPECIALTY ELECTIVE</td>
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**NOTE:**
For Electives, the discipline in which the course is taken will be noted on the student’s official transcript.

## SUBINTERNSHIP

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>CLIN-887</td>
<td>SUBINTERNSHIP – FAMILY MEDICINE</td>
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<tr>
<td>CLIN-888</td>
<td>SUBINTERNSHIP – INTERNAL MEDICINE</td>
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<tr>
<td>CLIN-889</td>
<td>SUBINTERNSHIP – OBSTETRICS &amp; GYNECOLOGY</td>
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<td>CLIN-890</td>
<td>SUBINTERNSHIP – PEDIATRICS</td>
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<td>CLIN-891</td>
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<td>CLIN-892</td>
<td>SUBINTERNSHIP – SURGERY</td>
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<tr>
<td>CLIN-893</td>
<td>SUBINTERNSHIP</td>
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</table>

**NOTE:**
Students will take only one course in the Range from CLIN-887 to CLIN-893