

LMU

DeBusk College of Osteopathic Medicine
LINCOLN MEMORIAL UNIVERSITY

CLINICAL ROTATIONS MANUAL

Policies & Procedures for Clinical Rotations
OMS-III & OMS-IV



2025 - 2026

A Message from the Office of Clinical Education

Student Doctors of the Class of 2027,

Congratulations on reaching this exciting milestone in your medical education! As you prepare to embark on your clinical rotations, I want to extend our heartfelt support and encouragement during this pivotal time in your journey to becoming a physician.

The transition from classroom learning to real-world patient care is both thrilling and challenging. You will soon find yourself in clinics, hospitals, and operating rooms, where the knowledge you've acquired will be put into practice. This hands-on experience is where you will truly begin to understand the art and science of medicine.

We recognize that this new phase can feel overwhelming. Remember, you are not alone. Your attending physicians, residents, and peers are all here to support and guide you. Don't hesitate to ask questions and seek advice—this is an invaluable part of your learning process.

As you meet patients, you will encounter diverse medical conditions and personal stories. Every patient interaction is a unique learning opportunity. Listen to your patients with empathy and compassion and learn from their experiences. Remember, you are treating individuals, not just symptoms. Your ability to connect with and understand your patients will be one of your greatest assets as a future physician.

During your clinical rotations, you will face long hours, demanding schedules, and the pressure of new responsibilities. It's important to take care of yourself amidst the challenges. Make time for rest, maintain a healthy balance, and seek support when needed. Your well-being is crucial to your success and ability to provide the best care for your patients.

We believe in your potential and are confident that you will excel in this next stage of your medical training. Trust in the education and skills you have developed so far and embrace the learning that lies ahead. Each day will bring new experiences and opportunities for growth.

Remember, the Office of Clinical Education and your LMU-DCOM family are here to support you. If you have any questions, concerns, or need guidance, please don't hesitate to reach out. We are committed to helping you succeed and thrive in your clinical years. We are incredibly proud of your achievements and excited to see you grow into the compassionate and skilled physicians we know you will become.

Carefully review this manual in its entirety. Refer to it often throughout your OMS-III and OMS-IV years. If you have any questions, reach out to the Office of Clinical Education.

Best wishes for a safe and healthy year,

The Office of Clinical Education

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LMU

DeBusk College of Osteopathic Medicine

LINCOLN MEMORIAL UNIVERSITY

Mission Statement¹

Mission: To prepare outstanding osteopathic physicians who are committed to the premise that the cornerstone of meaningful existence is service to humanity.

The mission of the Doctor of Osteopathic Medicine (DO) program at LMU-DCOM is achieved by:

- Graduating Doctors of Osteopathic Medicine;
- Providing a values-based learning community as the context for teaching, research, and service;
- Serving the health and wellness needs of people within the Appalachian region and beyond;
- Focusing on enhanced access to comprehensive health care for underserved communities;
- Investing in quality academic programs supported by superior faculty and technology;
- Embracing compassionate, patient-centered care that values public service, and leadership as an enduring commitment to professionalism and the highest ethical standards;
- Facilitating the growth, development, and maintenance of graduate medical education.

LMU-DCOM Dean's Council Approved – 05/07/25

AOA Code of Ethics²

The American Osteopathic Association (AOA) Code of Ethics is a document that applies to all physicians who practice osteopathically throughout the continuum of their careers, from enrollment in osteopathic medical college/school through post graduate training and the practice of osteopathic medicine. It embodies principles that serve as a guide to the prudent physician. It seeks to transcend the economic, political and religious biases, when dealing with patients, fellow physicians and society. It is flexible in nature in order to permit the AOA to consider all circumstances, both anticipated and unanticipated. The physician/patient relationship and the professionalism of the physician are the basis for this document.

The AOA has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic and allopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

¹ Standard 1 Element 1.1: Program Mission (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023, Revised October 1, 2024.

² Standard 1 Element 1.4: Governance & Program Policies (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023, Revised October 1, 2024.

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

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

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or disability. In emergencies, a physician should make her/his services available.

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

Section 5. A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

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

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

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

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

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

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

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

SECTION 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

SECTION 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

Updated – 07/24/16

Accreditation

Lincoln Memorial University-College of Osteopathic Medicine (LMU-DCOM) is accredited by the Commission on Osteopathic College Accreditation (COCA) to offer an academic program leading to the Doctor of Osteopathic Medicine (D.O.) degree. The degree is conferred by the Board of Trustees of LMU on those candidates recommended by the faculty of LMU-DCOM. COCA is the only accrediting agency for predoctoral osteopathic medical education and is recognized by the United States Department of Education (USDE).

Accreditation Standard Compliance and Procedures³

³ Standard 2 Element 2.4: Accreditation Standard Complaint Policies and Procedures (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023, Revised October 1, 2024.

LMU-DCOM complies with and exceeds all standards to achieve and maintain accreditation from the AOA COCA. We value students' voices and concerns. If a student has a concern or grievance about another student, staff member or faculty member they may fill out the "Concern Form" found at: https://cm.maxient.com/reportingform.php?LincolnMemorialUniv&layout_id=101

This form can be filled out anonymously and is routed directly to the Office of the Dean of Students. The form is then referred to the appropriate department for further follow-up as necessary.

If a student has a concern during the regular course of the curriculum, they can submit their concern to the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine. Any specific concern should also be noted on evaluations, as preceptors and Core Rotation Sites do not receive direct knowledge of individual evaluations.

Students wishing to file a complaint related to the accreditation standards and procedures have two options:

1. The student may file a complaint in writing to the Dean of LMU-DCOM.

Forms are available on the LMU-DCOM website:

<https://www.lmunet.edu/debusk-college-of-osteopathic-medicine/do/about/accreditation>

2. The student may file a complaint directly to the Commission on Osteopathic College Accreditation (COCA).

The contact information for COCA in the AOA Office of Predoctoral Education is as follows:

American Osteopathic Association

Commission on Osteopathic College Accreditation

142 E. Ontario Street Chicago, IL 60611-2864

Email: predoc@osteopathic.org

Phone: (312) 202-8124

Fax: (312) 202-8424

For grievances regarding accommodations, please refer to LMU Accessible Education Services:

<https://www.lmunet.edu/student-life/accessible-education-services>

Students may file a complaint or grievance without fear of retaliation. Retaliation (in any form) towards students filing complaints or grievances is strictly prohibited.

Overview

This manual provides an overview of the current policies and procedures of Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) that pertain to OMS-III and OMS-IV clinical rotations. LMU-DCOM reserves the right to make changes at any time regarding educational policies, schedules, training sites, evaluation procedures or any other aspects of the clinical training program. Changes will occur, as needed, to maintain educational requirements, standards, or the quality of the program. Every effort is made to notify students in a timely manner when changes are implemented, and new or revised policies are instituted. Changes will be effective on the date of notification. The Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical

Medicine, whose decision is final, will resolve any conflicts regarding the application or interpretation of the policies contained in this manual. This manual is a supplement to the Lincoln Memorial University

General Graduate Catalog, the Railsplitter Community Standards Guide, and the LMU-DCOM Doctor of Osteopathic Medicine Program Student Handbook, which students should consult for information on matters not covered in this document. All LMU-DCOM students are subject to standards of conduct of LMU-DCOM and to those in the Railsplitter Community Standards Guide.

Students are expected to comply with the rules, regulations, and policies of affiliate clinical rotation sites. Any conflicts that may arise between statements in this document and policies at affiliate sites should be brought to the attention of the Office of Clinical Education for resolution.

Lincoln Memorial University is an Equal Opportunity education institution. In support of its Mission Statement, LMU is committed to equal opportunity in recruitment, admission, and retention of all students and in recruitment, hiring, training, promotion, and retention for all employees. In furtherance of this commitment, Lincoln Memorial University prohibits discrimination⁴ on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, military status, sexual orientation, marital status, parental status, gender, gender identity, gender expression, and genetic information in all University programs and activities. Instructions for reporting potential violations can be found at: <https://www.lmunet.edu/office-of-institutional-compliance/index>

Office of Clinical Education

Mission and Basic Procedures

1. The Office of Clinical Education oversees all aspects of the medical student's clinical education throughout OMS-III and OMS-IV years.
2. Each student is assigned an LMU-DCOM Rotation Coordinator who serves as the student's primary on-campus contact.
3. LMU-DCOM Rotations Coordinators assist students with scheduling clinical rotations and monitor students' progress toward meeting curricular requirements.
4. Clinical rotation assignments are based on multiple factors, including availability of preceptors and the interests and preferences of the individual student. Rotation assignments may change secondary to multiple factors at the rotation site.
5. Students are encouraged to share information such as clinical interests, preferences for locations, and types of facilities (rural community vs. urban academic) with their LMU-DCOM Rotations Coordinator, as this information can be helpful when scheduling rotations.

Office Hours and Communications

1. Hours for the Office of Clinical Education are 8:00 am to 4:30 pm, Eastern Time, Monday through Friday. Please note that the LMU campus is closed for specific holidays and occasionally for weather emergencies.
2. The preferred method of communication with the Office of Clinical Education is via LMU email. It is the student's responsibility to check their LMU email account **daily** for notifications and instructions from LMU. Please initiate communication through your LMU email account only. Messages will not be read from or sent to students' personal email accounts. Telephone communication is always acceptable and is preferred for emergencies.
3. Students are expected to respond to emails within 48 hours. Additionally, all phone calls should be returned within 24 hours.

Office of Clinical Education Contact Information

Clinical Education Administration & Staff

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Clinical Education (OMS-III and OMS-IV) Faculty

Name	Title	Phone	Email
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Eligibility for Rotations⁴

1. To be eligible to begin OMS-III clinical rotations, students must successfully complete all components of the OMS-II curriculum and be approved to take COMLEX-USA Level 1.
2. To be eligible to begin OMS-IV clinical rotations, students must successfully complete all components of the OMS-III curriculum, including passing all COMAT exams.
3. Students must have current training in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), OSHA Safety, HIPAA Compliance, Universal Precautions, and sterile technique. Much of this training is provided on campus at the end of the OMS-II year. The remainder is provided virtually through a learning platform.
4. Students are responsible for keeping a copy of BLS and ACLS certification cards to present to training sites upon request. The certification is valid for two years. It is the student's responsibility to recertify in both BLS and ACLS to ensure continuous certification throughout their OMS-III and OMS-IV years. Many rotation sites routinely offer certification/recertification classes, often free of charge to students. Certification/Recertification classes are also available at LMU-DCOM.
5. The following documentation must be uploaded by the student to **both the CastleBranch Clinical Compliance Platform and to E*Value** by April 15th of OMS-II year. Detailed instructions on how to upload these documents are provided by email from the Office of Clinical Education. Both platforms provide a secure account to monitor the requirements of LMU-DCOM as well as the requirements of individual clinical rotation sites. CastleBranch tracks student compliance with LMU-DCOM standards. E*Value tracks compliance with the requirements of clinical rotation sites and is accessible to Core Rotation Site Coordinators.
 - a. Health Insurance: Students must have health insurance coverage and provide a copy of their insurance card.
 - b. Immunizations and Titrers: (must include date received)
 - Hepatitis B Series AND Hep B surface antibody titers
 - MMR (2 doses)
 - Tdap (within last 10 years)
 - Varicella
 - If a student does not have proof of vaccination, then there must be proof of immunity with positive titers for that vaccine (i.e., Varicella IgG, Measles IgG, Mumps IgG, and/or Rubella IgG).
 - c. Health Insurance: Students must have health insurance coverage and provide a copy of the insurance card.⁵
 - d. Influenza Vaccine: To meet CDC guidelines, influenza vaccines must be obtained between October 1st and October 31st each year. An annual influenza vaccination must be on file with the Office of Clinical Education by November 1st of each year. Students should keep proof of vaccination to provide to rotation sites upon request.
 - e. TB Test: An annual TB test must be current and on file with LMU-DCOM each year. Students are responsible for completing the test before the annual expiration date. Students who fail to do so will not be allowed to continue rotations until testing is completed. Many clinical training sites will provide this at reduced cost to the student. Students must ensure test results are on file with LMU-DCOM.

⁴ Standard 6 Element 6.9: Clinical Education (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

⁵ Standard 9 Element 9.11: Health Insurance. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- **If TB testing is positive**, a TB questionnaire must be completed annually. The questionnaire can be found on CastleBranch. In addition, a chest radiograph (Chest X-Ray) is required every three years. Clinical sites may require a chest radiograph and QuantiFERON Gold testing. It is imperative that students pay close attention to the requirements at each training site.
 - f. **Criminal Background Check**: A current criminal background report must be completed before matriculation and prior to beginning clinical rotations. You may also be required to obtain a criminal background report for audition/sub-internship rotations. If there is a break in your education for any reason during the clinical years lasting longer than 6 months, you will be required to complete a new criminal background check before resuming rotations.
 - g. **Drug Screen**: A drug screen must be completed annually using the codes provided by the Office of Clinical Education. If there is a break in your education for any reason during the clinical years lasting longer than 6 months, you will be required to complete a new drug screen before resuming rotations.
6. Many rotation sites will require proof of COVID vaccination. Students will upload COVID vaccination documentation to E*Value. Students are also informed of the vaccination exemption policy of each site if requested. Students who are unable to comply with a training site's COVID vaccination requirement, due to declining the vaccine or inability to obtain a valid exemption accepted by the training site, must request a leave of absence through LMU-DCOM's Office of Clinical Education.
 7. Clinical training sites may require additional testing/documentation requirements not included in the above list. Additional requirements may include, but are not limited to, a recent physical examination, **site-specific drug screens**, and background checks in addition to those provided by LMU-DCOM. Students must pay close attention to rotation requirements when applying for rotations at non-LMU-DCOM sites, as these additional requirements are at an added expense to be covered by the student.
 8. Students must adhere to and comply with facility-specific orientation, training, and documentation requirements for each rotation site. Please keep in mind that these requirements and training may seem to be redundant. For example, students may be required to attend HIPAA training at each training site. Despite redundancy, training must still be completed, as required, by each rotation site.
 9. Specific questions regarding any of the above requirements should be directed to the Office of Clinical Education.

Core Rotation Sites

1. LMU-DCOM has developed clinical teaching agreements with community-based clinical Core Rotation Sites. Students will work closely with practicing physicians and experience direct interactions with the patients, families and communities served by the Core Rotation Site. Unless otherwise notified, students are expected to complete Core Rotations at the Core Rotation Site. A current list of LMU-DCOM Core Rotation Sites with contact information is included in **Appendix A** of this manual.
2. **Clinical Site Coordinators**: At each Core Rotation Site, there is a Clinical Site Coordinator who manages day-to-day activities of students. These activities include preceptor assignments, evaluations, lectures and other didactic activities, and end-of-rotation COMAT exams. The Site Coordinator will communicate with students before Core Rotations begin regarding hospital orientation, housing options, student expectations, etc.

3. Director of Student Medical Education: At each Core Rotation Site, there is a Director of Student Medical Education (DSME) who serves as a physician liaison between students and the Office of Clinical Education at LMU-DCOM. Students can contact the DSME with any questions, concerns, or problems regarding rotations, preceptors, or the site.
4. Students are given patient care responsibilities that progress in complexity as their level of clinical skills and knowledge increases. Learning objectives and assessment methods are the same for each course/rotation across all clinical sites.

Core Rotation Site Assignment

1. Before the completion of OMS-II year, students rank their top choices for Core Rotation Site placement. Using the E*Value “optimization scheduling” tool, Core Rotation Sites will be assigned based on, to the extent possible, the student’s top choices and site availability.
2. To participate in the “optimization scheduling” process, students must be current with all CastleBranch documentation requirements. Those students who have not completed all required documentation in CastleBranch will be placed at Core Rotation Sites with remaining openings after the optimization process is complete.
3. Students who believe they have a hardship which precludes them from being at certain Core Rotation Sites may ask for special consideration from the Associate Dean of Clinical Affairs and the Associate/Assistant Dean(s) of Clinical Medicine by listing the request in the notes section of the E*Value Core Rotation Site ranking. Hardship situations will be considered on a case-by-case basis and are typically limited to specific medical conditions of the student.
4. There will be a one-week trading period after the Core Rotation Site assignment is received when students will be allowed to trade their Core Site with another student. After this trading period, the Core Rotation Site assignment will be final. Financial compensation between students is not allowed for Core Site trades. Trading in this manner is a violation of school policy and will result in disciplinary action, up to and including dismissal from LMU-DCOM.
5. After Core Site assignment, a draft rotation schedule will be posted on E*Value.
6. The first schedule posted on E*Value is not the final schedule and may be revised by the Core Site, based on preceptor availability. The Core Site will provide a final schedule.

NOTE: Students with academic and/or professionalism concerns, including students who have not been approved to begin core clinical rotations, may be reassigned to a Core Rotation Site based upon their eligibility to begin clinical rotations and availability of Core Rotation Sites. This also applies to students whose academic calendar is interrupted for any reason (i.e., Leave of Absence for medical, academic, personal, etc.).

General Student Guidelines for Rotations

E*Value Rotations Management Software

1. E*Value Healthcare Solutions is the online program used by LMU-DCOM to schedule clinical rotations, record evaluations, and manage the clinical experiences of students.
2. Students receive instructions regarding E*Value from the Office of Clinical Education during their OMS-II year prior to the Core Rotation Site optimization process.
3. A username and password are issued to allow students access to their clinical schedule, review evaluations received from preceptors and to complete evaluations of preceptors and rotation sites.
4. It is important that students regularly review their schedule on E*Value and report any inaccuracies to their LMU-DCOM Rotations Coordinator.

5. E*Value serves as a record of clinical rotations completed and evaluations received. Accuracy is imperative to ensure graduation requirements are met.

Change of Address

1. It is important that the Office of Clinical Education be updated on each student's current contact information.
2. Each student's current contact information can be found on E*Value. Students should report any corrections to their LMU-DCOM Rotations Coordinator immediately.
3. Failure to promptly report a change in mailing address, telephone number or other contact information can result in failure to receive information important to the successful completion of clinical rotations.

Title and Professional Demeanor⁶

1. LMU-DCOM ensures that the learning environment of its osteopathic education program is conducive to the ongoing development of professional behaviors in its osteopathic medical students, faculty and staff at all locations and is one in which all individuals are treated with respect.
2. Students are referred to as "Student Doctor" in the clinical setting. Students will refer to other professionals in the clinical setting by their appropriate title, such as "Doctor Smith," "Ms. Jones," etc.
3. Students are never to represent themselves as licensed physicians. If a student has a doctoral degree in any field, they cannot use this title in any clinical setting related to their current education, whether in a student environment or not.
4. Students should expect to be treated as professionals by all clinical personnel and conduct themselves professionally, ethically, and respectfully.
5. The relationship between the medical student and patient should always remain at a professional level. The student is not to contact any patients outside of their professional duties as a medical student. This includes any direct communication, through social media, or any other means. The student is not to engage in relationships with patients that are construed as unethical or illegal. Dating and intimate relationships with patients is never a consideration. Unprofessional conduct will be considered improper behavior and will be grounds for disciplinary action, including dismissal from LMU-DCOM.
6. Courtesy and a professional demeanor at all times are essential traits for student doctors and physicians.

Rotation Dress Code

1. Students should wear clean, wrinkle-free, short white coats and identification (ID) badges in all clinical environments (unless told otherwise by the attending physician).
2. The ID badge must always be worn above the waist and always be visible.
3. In addition to the ID badge issued by LMU-DCOM, students may also be issued an ID badge by the clinical training site to give them access to secure areas.
 - Students must wear one or both badges, as instructed by their rotation site.
4. Clothing worn by students should reflect professional status. Shirts, dresses, tailored pants, slacks (ankle length), blouses, skirts and sweaters should be clean, neat, and non-wrinkled.

⁶ Standard 5 Element 5.1: Professionalism (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- Dresses and skirts must be of sufficient/professional length (knee length).
5. White coats are expected to be kept clean, pressed and in good repair.
 6. Footwear should include casual dress or dress shoes with closed toes.
 7. Good personal hygiene is expected. Students should not wear perfume or aftershave. Jewelry should be kept to a minimum.
 8. If an affiliated hospital or a clinical site has a dress code that differs from LMU-DCOM, the student will follow the dress code of that training facility.
 9. If scrubs are made available by the hospital or facility, these scrubs must be returned to the facility before leaving the rotation.

Liability Insurance

1. LMU-DCOM provides professional liability (malpractice) insurance for students during clinical rotations in the amount of \$2 million per occurrence and \$5 million annual aggregate, except in certain states requiring higher limits, where these limits are met.
2. Professional liability insurance is in effect only for LMU-DCOM clinical activities that are scheduled and approved by the Office of Clinical Education.
3. A copy of the Certificate of Insurance for liability coverage is on file with the Office of Clinical Education and can also be found on the E*Value home page.

Clinical Affiliation Agreements⁷

1. A clinical affiliation agreement must be in place with each rotation site before the beginning of the rotation.
2. The agreement ensures that the clinical experience received by the student meets LMU-DCOM educational standards and curricular requirements.
3. A fully executed affiliation agreement must be in place for the student to have professional liability insurance coverage.
4. A request for a new clinical affiliation agreement must be made at least 3-months in advance, but the process can take up to 6-months to complete. Students requesting new sites that require a new clinical affiliation agreement must have an alternate rotation in place in the event that the affiliation agreement is not able to be obtained.

Health Insurance Portability and Accountability Act (HIPAA)

1. All medical students must complete the Health Information Portability and Accountability Act (HIPAA) training provided by LMU-DCOM. The training notification is provided to all affiliated clinical training facilities.
2. Students will abide by the rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI).
3. Students are prohibited from discussing patient information in an inappropriate manner or in an inappropriate setting.
4. Students are strictly prohibited from posting anything on any social media platform regarding a clinical experience. Some students may not realize that posting information about nameless patients is still a violation of the confidentiality obligation and potentially a HIPAA violation. Therefore, when using social networking sites, do not post any information regarding a patient; do not post photos of surgical cases; do not discuss personal characteristics; do not discuss hospital/clinic procedures.

⁷ Standard 6 Element 6.9: Clinical Education. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

5. Any violation of the confidentiality obligation or HIPAA violation will result in a referral to the Student Progress Committee.
6. Students should become familiar with the HIPAA policies and protocol at each clinical training site. These policies may vary between sites.

Student Mistreatment⁸

1. LMU-DCOM has **zero-tolerance** for student mistreatment. See **Appendix B** for examples of student mistreatment.
2. If you feel that you have been mistreated, please notify the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine.
3. Grades and evaluations are **NOT** impacted by reporting student mistreatment.

Sexual Harassment/Title IX Policy and Grievance Process

The LMU Office of Institutional Compliance oversees the University's compliance with federal and state law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, the Vietnam Era Veterans Readjustment Act of 1974 as amended by the Jobs for Veterans Act, the Uniformed Services Employment and Reemployment Rights Act, as amended, the Genetic Information Nondiscrimination Act of 2008, and the Tennessee Human Rights Act. Complaints of discrimination under federal and state law are handled by the Office of Institutional Compliance.

1. Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in federally funded education programs or activities.
2. The LMU *Sexual Harassment Policy and Grievance Process* is the University's policy implementing Title IX and its related federal regulations. The policy can be found at <https://www.lmunet.edu/office-of-institutional-compliance/>
3. All LMU Employees, except counselors in the LMU Office of Mental Health Counseling in the course of treatment, are mandatory reporters. This means that they are required to report actual or suspected knowledge of sexual harassment to the Title IX Coordinator.
4. For more information, or to submit a complaint, please contact:

Ms. Rebekah Webb, M.Ed
 Title IX Coordinator/Institutional Compliance Officer
 423-869-6315
Rebekah.Webb@LMU.net or titleix@lmunet.edu

Student Health⁹

Needle Stick and Blood Borne Pathogen Exposure

If a student experiences a needle stick, sharps injury, or has exposure to bodily fluids while on a clinical rotation, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water or go to an eyewash station if eyes are affected.

⁸ Standard 5 Element 5.1: Professionalism (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

⁹ Standard 5 Element 5.3: Safety, Health, and Wellness. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

2. **Immediately** report the incident to the physician preceptor and/or your immediate supervisor. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible. If there is potential exposure to HIV, it is imperative to initiate prophylactic treatment within two hours of the incident. Without prompt reporting, the source patient may be discharged or lost to follow up before testing for infectious disease can be conducted.
3. **Seek post-exposure services.** Clinical sites will have a policy in place for exposure to blood borne pathogens, with a point of contact. The student should follow the policy of the training site. If at a Core Site, contact the Site Coordinator and Nursing Supervisor for instructions. If on a non-Core Rotation, contact the nursing supervisor. **If it is after hours or if the student cannot locate a person to guide them, the student should go immediately to the emergency department and identify themselves as a student who has just sustained an exposure.** Be sure to present your personal insurance card (primary insurance) and the First Agency insurance card (secondary insurance) for claims processing. Please note that this is NOT a workers' compensation claim, as students are not employees of the hospital.
4. **Complete and submit the LMU Incident Report.** The student must report the incident to their LMU-DCOM Clinical Rotations Coordinator and complete and submit the LMU Incident Report **within 24 hours of the incident/exposure.** The training site may require the student to complete a separate incident report for their facility. The LMU Incident Report can be obtained from the Office of Clinical Education by contacting the Administrative Assistant for Clinical Affairs. **It is extremely important that students report incidents within 24 hours to LMU-DCOM to avoid problems occurring later with reimbursement for post-exposure treatment.**
5. **Costs Incurred.** Many training sites provide post-exposure treatment to students free of charge. If there are charges for services, the student must file all medical claims to their personal medical insurance first, then to the LMU intercollegiate policy.

The student must:

- a. File a claim with their personal insurance policy. (DO NOT file as workers compensation)
- b. Provide the First Agency insurance card as a secondary insurer.
- c. Complete the LMU intercollegiate claim form obtained from the Office of Clinical Education.
- d. Make a copy of the front and back of your primary insurance card.
- e. Collect all bills associated with the incident not paid by the insurance company.
- f. Keep a copy of the Explanation of Benefits (EOB) provided by your insurance company.
- g. Collect a billing statement from the billing office of the facility where treatment was received.
- h. Submit all items listed to:

Administrative Assistant for Clinical Affairs LMU-DCOM
6965 Cumberland Gap Parkway Harrogate, TN 37752
Phone: 423.869.6098
FAX: 423.869.6098
Email: DCOM.Clinical@LMU.net

Personal Medical Care while on Rotation¹⁰

1. If a student should need *emergency care* while on rotations, it is recommended that the student

¹⁰ Standard 9 Element 9.9: Physical Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

report to the nearest emergency room or call 911 at the time of the emergency. The students' safety is of the utmost importance to LMU-DCOM.

2. Helpful links for finding care:
 - [Urgent Care Finder - Find an Urgent Care Center Near Me](#)
 - [Healthline FindCare | Find Doctors Near Me | Schedule Online](#)
 - If you have insurance through LMU-DCOM, you may use the link to find an in-network facility and/or provider: <https://www.uhc.com/find-a-doctor>
 - Note: These links do not take into consideration your personal insurance provider. To find an in-network facility and/or provider, you should contact (via phone or website) your personal insurance provider when medically stable to do so.
3. If a student becomes ill or has an emergency health issue while on-site during their rotation, the training facility can render care, but is not responsible for the cost of such care.
4. Students are financially responsible for any medical care they receive at a training site.
5. A health professional providing health services, via a therapeutic relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services. The student must contact the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine for completion of evaluation if their preceptor has provided personal medical care while on rotation.

Mental Health Services¹¹

1. **Empathia** is a professional, confidential service provided by LMU-DCOM to give immediate access to a comprehensive network of experts and information that can help students handle life's challenges while on rotations.
2. The service provides students with a team of professional staff and specialists who can be reached by telephone 24/7, including holidays and weekends, at no cost to the student.
3. All students are eligible to receive face-to-face or virtual counseling, up to five free sessions per issue per year. Empathia staff will connect you to available providers in and around your location. Empathia can be reached at 1-866-332-9595.
4. A full description of **Empathia** Student Support Programs can be found in **Appendix C** of this manual.
5. All 3rd and 4th year students who would like to use LMU counseling center services, must live in the states of Florida or Tennessee at the time of the scheduled counseling appointment.

For additional information, please visit the LMU Counseling Department website:

<https://www.lmunet.edu/counseling/>

Disaster Preparedness, Hazardous Weather, and Emergency Situations¹²

The health and safety of our students, faculty and staff are the primary concern of LMU-DCOM and are the guiding principles behind our management of catastrophic events.

1. In the event of an emergency, natural disaster, or severe weather, students are expected to follow the policies and procedures outlined at the specific Core Site or facility where they are

¹¹ Standard 9 Element 9.8: Mental Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

¹² Standard 4 Element 4.2: Security and Public Safety. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- located.
2. Hazardous weather advisories/direction from local services and the National Weather Service should be followed.
 3. In the event of such an emergency, the student should notify the Office of Clinical Education at LMU-DCOM as soon as is feasible as to their location, updated contact information, and status.
 4. If LMU-DCOM does not receive notification from a student involved in an emergency/disaster situation within 12 hours, every effort will be made to contact the student to confirm their whereabouts and safety.
 5. If a student's rotation schedule is interrupted due to hazardous weather conditions or other emergency, students should contact their LMU-DCOM Rotations Coordinator as soon as possible.
 6. LMU-DCOM will make every effort to assist in the arrangement for alternative housing, training, and other supportive needs for students involved in unforeseen events/natural disasters.

Personal Safety and Security on Rotation

1. Students who experience an incident regarding their personal safety should report the incident to the appropriate authorities immediately. The student should then report any incident(s) regarding their personal safety to the Office of Clinical Education at LMU-DCOM as soon as possible.
2. To ensure student safety at clinical rotation sites, the Office of Clinical Education conducts routine site visits to evaluate the safety of students at those clinical sites. Any clinical site deemed unsafe is immediately discontinued. If you feel unsafe due to a patient or employee at your rotation site, immediately report this to your preceptor, the office manager, or security. If this is not addressed immediately by on-site personnel, report it to the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine.
3. If there is ever a safety concern with a preceptor or Core Rotation Site, the student should report it immediately to their LMU-DCOM Rotations Coordinator and the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine.
4. Safety Tips:
 - a. Do not leave valuables such as your wallet, cellular phone, checkbook, jewelry, lab coat or keys in plain sight.
 - b. Be sure to mark easily stolen items like cell phones and computers. Keep a list of serial numbers, model numbers and descriptions so that these items can be easily identified.
 - c. Lock doors and windows when going out. Never prop doors open when entering/exiting an apartment/dormitory building.
 - d. Do not store a large amount of cash in your wallet.
 - e. Use the "buddy system" – go out with a friend, especially if you are going out late at night.
 - f. Walk purposefully. Look confident. Watch where you are going. Avoid shortcuts through isolated areas. Be alert to your surroundings. If you have concerns at your rotation location, call Security for an escort.
 - g. If you see unusual activity or someone loitering, call Security immediately.

Driving/Parking Safety

1. Lock all doors and close all windows when leaving your car.
2. Park in well-lit areas and try not to walk alone to/from parking areas at night. If available, call Security for an escort to/from your vehicle.
3. Have your keys ready as you approach your vehicle. Check for intruders before entering and

- lock the door immediately after getting into your vehicle.
4. If you must store valuables in your vehicle, store them out of sight (preferably locked in trunk).

Patient Care Activities and Supervision¹³

1. Each Core Site will define the degree of student involvement in patient care activities at that facility.
2. Students must comply with all of the general and specific rules and medical ethics established by the hospital, clinic or facility at which they are being trained.
3. Students are always under the direct supervision of a licensed healthcare provider. Students are not legally or ethically permitted to practice medicine or independently assume responsibility for patient care.
4. The attending physician is responsible for the medical care of the patient. A student may be involved in assisting in the care of a patient, but only under the direct supervision of a licensed physician or other licensed healthcare provider while on the assigned clinical rotation.

Medical Records/Charting

1. Students may document services in the medical record; however, the supervising physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The supervising physician may verify specific information that the student documented in the medical record rather than re-documenting this work.
2. Rotation sites may have designated pages in the paper chart, often brightly colored, set aside for student documentation. This allows the student to practice their documentation skills but will not become a part of the permanent medical record. These notes should also be reviewed and signed by the supervising physician. If dictation or computerized entry by students is allowed, those notes must also be reviewed and signed by the attending physician.
3. Students are responsible for obtaining charting/documentation instructions from the preceptor or clinical site coordinator at each rotation site. The student must always sign and date all entries into the medical record by name and educational status, such as John Smith, OMS-III.
4. Student notes are never to serve as the attending physician's notes.

Students as Scribes

1. Scribes are authorized by a licensed practitioner to transcribe spoken word during a clinical encounter. Scribes do not interact directly with patients but document the activities of the provider.
2. LMU-DCOM recognizes that there may be occasions when students may act to document information for a preceptor.
3. Use of LMU-DCOM students as scribes should be extremely limited and have an educational purpose, such as observing and documenting a complex clinical encounter or demonstrating documentation skills at the beginning of a rotation.
4. Students should not function in the role of a scribe during a clinical rotation and are expected to interact with patients.

¹³ Standard 5 Element 5.4: Patient Care Supervision (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

Curriculum Design

- ## Rural and Underserved Clinical Training

- ## Clinical Rotations Outline

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Rotation Schedule Changes – The “Sixty-Day Rule”

1. When a rotation on the schedule is confirmed, students cannot change that rotation schedule.
2. Students may request changes to *selective or elective rotations* as long as those requests are made **60 days in advance** of the rotation start date. Changes with less than 60 days’ notice will only be considered in extreme circumstances.
3. The student should send the request, with the reason for the change, by email to their LMU-DCOM Rotations Coordinator. Each request will be considered on a case-by-case basis. A request does not guarantee a change to the schedule.
4. Please keep in mind that unexpected changes may occur to a student’s schedule, beyond the control of LMU-DCOM (preceptor illness, preceptor schedule change, etc.). Under these circumstances, every effort will be made to accommodate the student.
5. The LMU-DCOM Rotations Coordinator will contact the student to include them in the rescheduling process as soon as possible.

Rotation Syllabi

1. A syllabus for each rotation, including rotation requirements, didactics, and grading criteria is posted on **Canvas**.
2. Most course assignments are completed/submitted on the **Canvas** platform by the students.
3. Rotation syllabi are also posted on **E*Value**, where they are available for preceptors to view.

General Rotation Requirements

Attendance

1. One hundred percent (100%) attendance is expected at all clinical rotations.
2. ANY absence from clinical rotations, including, but not limited to, illness, conference attendance, and residency interview, must be excused by the preceptor and the Office of Clinical Education in advance. To initiate an excused absence, you must fill out the Clinical Rotations Absence Request Form, located on the E*Value home page. Illness must be reported to the preceptor and Site Coordinator as soon as possible. Absence from a rotation in excess of two days or any unexcused absence will be reviewed by the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine and could result in failure of the rotation and appearance before the Student Progress Committee.
3. Any absence during rotation work hours must be made up by the student according to a plan that is pre-approved by the Office of Clinical Education.
4. Absences will not be excused for travel to elective rotations or medical mission work.
5. The student may be excused, with prior approval from the Office of Clinical Education, for COMLEX USA examinations. Two days (one travel day and one test day) of excused absence is allowed for COMLEX-USA Level 2-CE. The Clinical Skills Workshop will be addressed separately. These absences must be requested and approved in advance consistent with the policies contained in the **Student Handbook**.
6. Time missed for residency interviews must be made up by the end of the rotation. Students are encouraged to schedule interviews during their Independent Study time. With virtual interviews, it is easier for students to schedule interviews for one-half of the day and return to rotation for the remaining half of the day.
7. Fulfillment of the academic program at LMU-DCOM is the top priority, and it is the student’s responsibility to fulfill all course/rotation requirements.
8. Failure to adhere to the LMU-DCOM attendance policy is considered unprofessional behavior

and will be subject to disciplinary action, including meeting with the Student Progress Committee with possible dismissal.

Duty Hours and Fatigue Mitigation¹⁴

1. The LMU-DCOM academic calendar does not apply to students on clinical rotations. Each clinical training site sets its own schedule.
2. Overnight call, weekend coverage, and holiday assignments are at the discretion of the training site.
3. A typical day will begin at 7:00 a.m. and end at 7:00 p.m. Work hours are at the discretion of the supervising physician.
4. A typical workweek is 60-72 hours per week. The workweek shall be limited to a minimum of 40 hours and a maximum of 84 hours.
5. Students are expected to complete a minimum of 160 hours over the course of the 4-week period.
6. Rotations may not be shortened by working extra hours some weeks in an effort to complete the rotation in less than four weeks.
7. The maximum duration of any work period will be 24 hours and must be followed by a minimum of 12 hours off duty.
8. No student shall be required to be on call or perform night duty after a day shift more than once every three days.
9. Students shall be given a minimum of two days off every 14 days. This requirement may be met by giving a student every other weekend off, but it is at the discretion of the supervising physician/preceptor.
10. If a student experiences fatigue while on shift and feels unsafe in treating patients or to commute from the hospital, the student should notify their preceptor, the Site Coordinator and/or the Office of Clinical Education to facilitate alternate arrangements. The student should not fear retaliation for notification of fatigue.

Rotation Limits

1. Throughout OMS-III and OMS-IV years (in total), students may not complete more than six (6) elective/selective rotations in the same specialty. For example, a student who is interested in vascular surgery may complete a surgical selective in vascular surgery and then up to five (5) elective rotations in vascular surgery.
2. Students may not complete more than two (2) elective/selective rotations with the same preceptor.
3. Students may complete only one (1) rotation with a preceptor who is a member of the student's family. A rotation completed with a family member must be an elective rotation with P/F grade.
4. A total of eight (8) weeks of research can be done in the clinical curriculum, with a maximum of four (4) weeks of research in the OMS-III year.

Only one (1) four (4) week rotation during the entire OMS III-IV clinical training period may be completed in the virtual environment. The syllabus and course requirements must be submitted to the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine for review and subsequent approval.

¹⁴ Standard 5 Element 5.3: Safety, Health, and Wellness (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

Professionalism¹⁵

1. **Patient Safety:** The student's primary concern should be the health and safety of the patient. Students are expected to exercise good judgement and immediately notify the preceptor of any circumstances which they perceive may lead to patient harm. Before beginning rotations, students receive training in BLS, ACLS, universal precautions, bloodborne pathogens and potential health risks. Students will perform only procedures authorized by the preceptor, and all procedures shall be performed under the supervision of the preceptor or other licensed provider.
2. **Cultural Competence:** Patient safety depends on culturally competent provision of care. Students must demonstrate respect and empathy for all persons of diverse cultures, values, and beliefs. Students will develop an understanding of the role that culture plays in how the patient perceives health and illness and responds to various symptoms, diseases, and treatments. While first considering the health of the patient, the student will learn to meet the social, cultural, and linguistic needs of a diverse patient population.
3. **Interprofessional Collaborative Practice¹⁶:** While on rotations, students will interact with interprofessional healthcare teams, including other students. Understanding other professions and their students' role in the healthcare team is critical. Students will develop a team-based collaborative approach to patient care and understand that team interaction and communication improves patient outcomes and quality of care.
4. **Alcohol and substance abuse** during clinical rotations will not be tolerated. Students receiving a DUI or found to be using illegal or non-prescribed substances will be removed from their rotation immediately and will go before the Student Progress Committee. Please refer to the LMU-DCOM Student Handbook for specific details.
5. **Student/Patient Relationship:** The relationship between the medical student and patient should always remain at a professional level. The student is not to engage in relationships with patients that are construed as unethical or illegal. The student is not to contact any patients outside of their professional duties as a medical student. This includes any direct communication, through social media, or any other means. Dating and intimate relationships with patients is never a consideration. Unprofessional conduct will be considered improper behavior and will be grounds for disciplinary action, including dismissal from LMU-DCOM.
6. **Student Conduct:** LMU-DCOM students are expected to conduct themselves at all times in such a way that brings credit to themselves, to LMU-DCOM, and to the Osteopathic Profession.

Non-Clinical Experiences

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

Procedure/Clinical Skills Log

1. Students are encouraged to utilize the Case Logs on **E*Value** to record procedures as they are performed.

¹⁵ Standard 5 Element 5.1: Professionalism (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

¹⁶ Standard 6 Element 6.8: Interprofessional Education for Collaborative Practice (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

2. Student grades will not be influenced by the number of procedures recorded, but the log will serve as a method for students to track their performance of common procedures typically encountered during clinical rotations.
3. Many residency programs will request a list of procedures performed by students.
4. The log can serve as a tool to assist LMU-DCOM to evaluate the clinical experiences received by students at various training sites. A list of common procedures is found on **E*Value** under the Case Logs menu.

OMS-III Clinical Rotations and Requirements

Core Clinical Rotations, OMS-III

Students are expected to complete all Core Clinical Rotations at their Core Rotation Site. Exceptions may be granted based upon preceptor and rotation availability, but these exceptions are very limited and on a case-by-case basis.

1. **Internal Medicine/Hospital Medicine I and II:** This competency-based rotation is designed to introduce the student to Internal Medicine and instill within them the basic abilities of the Internist. The student will learn about the treatment of acute and chronic diseases of Internal Medicine. This 4-week rotation concentrates on the care of the adult patient in the inpatient and outpatient setting. The student will learn to apply clinical knowledge while learning how to function as part of a healthcare team. IM/Hospital Medicine I has a corresponding rotation of IM/Hospital Medicine II, but these are **separate rotations** that have their own requirements. It is recommended that, when possible, IM/Hospital Medicine I and II be completed in the inpatient setting but at least one of the rotations must be completed in the inpatient setting.¹⁷
2. **General Surgery:** The Third Year Core Rotation in General Surgery consists of a four-week period during which students will actively participate in the evaluation and management of patients with common surgical disorders. Students will actively participate in both the inpatient and outpatient settings. Students are expected to participate in the operating room.
3. **Pediatrics:** The Pediatrics Core Rotation should expose the student to general pediatric medicine in multiple settings and all age groups including infants, children, and adolescents. Most of the rotation will be in an outpatient setting. Some students will also be exposed to the nursery, NICU, and Pediatric floor depending on their preceptor and rotation site.
4. **Family Medicine/Primary Care I and II:** During the Family Medicine/Primary Care rotations, students will work with a primary care physician where the full range of preventative and acute care of male and female patients of ages is experienced. The role of preventative healthcare, triage and specialty referral process are included as an essential part of the experience. At least one of the four-week rotations (Family Medicine/Primary Care I and Family Medicine/Primary Care II) must be completed with a family medicine preceptor. The other rotation may be completed in family medicine, outpatient internal medicine or internal medicine/pediatrics, or geriatrics.
 - Students will observe and participate in ambulatory patient care which includes performing and documenting histories & physicals, routine office visits, urgent care visits, and other ambulatory care activities. It is anticipated that students will interact with all clinic personnel and learn from each about their specific responsibilities.
 - It would also benefit students to observe and participate in hospital-based patient

¹⁷ Standard 6 Element 6.10: Clinical Experience . The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

care, which includes performing and documenting care under the supervision of their preceptor.

5. **CORE GME Experience:** OMS-III students must participate in at least one rotation prior to the fourth-year clinical clerkship experience that is conducted in a health care setting in which the student works with a resident physician currently enrolled in an accredited program of graduate medical education.¹⁸ This Core experience can be fulfilled with an Elective, Selective or any of the Core or Required Rotations.

Required Rotations, OMS-III

1. **Psychiatry:** The rotation is a four-week clinical training experience designed to prepare medical students to promote positive behavior changes necessary for the most effective patient care regardless of the students' ultimate specialty choice. The rotation will invite and encourage self-reflection and challenge basic assumptions about the nature of human behavior. Under the supervision of clinical faculty/preceptor, students will have the opportunity to observe, interview, examine, and manage where appropriate a variety of patients with common neuropsychiatric disorders. Emphasis is placed on the medical student learning the triage and community integration of treatment models treating the patient in the setting closest to home rather than in the inpatient psychiatric hospital. This month will offer the integration of the inpatient psychiatric model with the goal of community treatment and placement for the mentally ill.
2. **Obstetrics & Gynecology:** This rotation will provide students with comprehensive knowledge and practical skills in the field of Women's Health. This rotation focuses on developing an understanding of the unique aspects of women's health care including preventative care, reproductive health, gynecological disorders, and common obstetric conditions. Students will have the opportunity to work alongside experienced healthcare professionals in a variety of clinical settings to gain hands-on experience and develop critical thinking skills. Students may also gain experience assisting and/or performing common obstetrical or gynecologic procedures if deemed appropriate based upon the professional judgement of the preceptor.

Surgical Selective Rotation, OMS-III

1. OMS-III students will choose one subspecialty for the surgical selective rotation. The surgical selective may be general surgery or a surgical subspecialty, adult or pediatric, and can be completed in either the inpatient or outpatient setting. Students are expected to participate in the operating room. Rotations must be chosen from the approved list below:
 - Cardiothoracic Surgery
 - General Surgery
 - Neurological Surgery
 - Ophthalmology
 - Orthopedic Surgery
 - Otorhinolaryngology
 - Plastic Surgery
 - Surgical Critical Care
 - Trauma Surgery
 - Urology
 - Vascular Surgery

¹⁸ Standard 6 Element 6.9: Clinical Education (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

Elective Rotations, OMS-III

1. Students will complete two elective rotations during their OMS-III year. The electives may be completed in any discipline at any clinical site approved by the Office of Clinical Education.
2. Students that are not at a Core Site with a Graduate Medical Education (GME) program/residency program will use one elective to complete a rotation during the OMS-III year with a resident/residency program.
3. Military/HPSP program: Students may apply for a military leadership elective if they must complete Officer Training. Four (4) weeks can be used to fulfill this training. If the training is longer than four (4) weeks, time will be used from Independent Study to meet the additional requirement. Students should send a request by email to their LMU-DCOM Rotations Coordinator. Permission will be granted on a case-by-case basis by the Rotations Director.
4. Research Elective: Students may complete one research elective during OMS-III, with prior approval by the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine. A research elective may include, but is not limited to, clinical investigation, policy studies, laboratory-based research, or health services research. Research electives must be approved at least 60-days in advance by the Office of Clinical Education. Guidelines/Applications for the research elective can be obtained from the Research Department.¹⁹ A total of eight (8) weeks of research can be done in the clinical curriculum, with a maximum of four (4) weeks of research in the OMS-III year. Research policies, procedures and forms may be located at the link below:
[LMU-DCOM Forms/Applications Webpage](#)

Independent Study, OMS-III

1. Students have one four (4) week rotation block of independent study during the OMS-III year. This time is inclusive of study time for the COMLEX-USA Level 2-CE exam.
2. Students are strongly encouraged to schedule this time wisely. Time may be needed to repeat a failed rotation, remediate a COMAT, time off for illness or other personal reasons.

Other Rotation Requirements, OMS-III

1. A minimum of one (1) OMS-III rotation must be completed under the supervision of an Osteopathic Physician.²⁰
2. More than one OMS-III rotation must be completed in an inpatient facility.²³
3. CORE GME Experience: OMS-III students must participate in at least one rotation prior to the fourth year clinical clerkship experience that is conducted in a health care setting in which the student works with a resident physician currently enrolled in an accredited program of graduate medical education.²³ This Core GME experience can be fulfilled with an Elective, Selective or any of the Core Rotations.
4. All OMS-III students are required to return to the Harrogate, TN or Knoxville, TN campuses during their OMS-III year to complete the Clinical Skills Workshop (CSW). See section on Clinical Skills Workshop for more details.
5. Students are required to attend 60% of the Fourth Friday Didactics Sessions during the OMS-III year. This is a graduation requirement. See section on Fourth Friday Didactics for more details.
6. Students are required to have two (2) Interprofessional Education (IPE) experiences during their

¹⁹ Standard 8 Element 8.4: Student Participation in Research and Scholarly Activity (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

²⁰ Standard 6 Element 6.10: Clinical Experience. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023

OMS-III year. See section on IPE for more details.

Clinical Skills Workshop (CSW)

1. All OMS-III students are required to return to an LMU-DCOM campus during their OMS-III year to complete the Clinical Skills Workshop (CSW).
2. This course is designed to review and assess clinical and OMT skills to ensure competence.
3. Specific details regarding this event will be sent to OMS-III students via email. Additional information about the CSW can also be found on Canvas.
4. Successful completion of the CSW is a GRADUATION REQUIREMENT.
5. CSW is P/F and is not a part of a specific rotation grade.

Osteopathic Didactics on Rotations/Fourth Friday Didactics²¹

1. Virtual didactic activities will take place on the afternoon of the last day (fourth Friday) of each rotation block. Activities include:
 - a. Career Services/Counseling to assist with residency selection, ERAS application, and the MATCH process.
 - b. OPP/OMT-based lecture focusing on how to incorporate Osteopathic tenets and treatments into everyday clinical practice.
2. Attendance at a specific percentage of these sessions is a GRADUATION REQUIREMENT:
 - a. **OMS-III students must attend at least 60% of the Career Services/Counseling and OPP/OMT sessions.**
 - b. **Students need to log into the session using their LMU email address, have name listed as it is found on LMU gradebook, AND be present for the duration of both sessions (Career Services and OMM sessions) in order to get credit for attendance.**
3. Preceptors and Site Coordinators are aware that attendance is required. If a student experiences difficulty leaving a rotation in order to attend, the student should contact the Office of Clinical Education.
4. Students who fail to complete this requirement will be referred to the student progress committee (SPC) with a recommendation for professionalism probation. If allowed by SPC, the student will have to complete a remedial assignment. Additional information about the remedial assignment can be found on Canvas.

Interprofessional Education (IPE) Requirements, OMS-III²²

1. Students are required to have two (2) IPE experiences during their OMS-III year.
2. One experience must be in person. Students may select to complete the second experience in person, or they may opt to complete a virtual experience on Canvas.
3. These experiences are intended to introduce the student to various members of an institution's team with which they would not normally interact.
4. This collaborative opportunity will give the student knowledge, insight and a deeper understanding of the multiple and varied components that comprise the healthcare team.
5. It is the responsibility of the student to arrange with their preceptor the required time during their rotation. Preceptors are aware of this requirement. Students experiencing any difficulties completing this requirement should notify the Office of Clinical Education immediately.

²¹ Standard 6 Element 6.6: Principles of Osteopathic Medicine (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

²² Standard 6 Element 6.8: Interprofessional Education for Collaborative Practice (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

6. This experience will take place only once during a rotation block and last ½ workday/four (4) hours.
7. Students will select an IPE experience from the list below. Each category may only be used only one time.
 - Billing/Coding
 - Central Supply
 - Chaplain
 - Dietary Food Supply
 - Housekeeping
 - Maintenance
 - Patient Advocate
 - Registration
 - Rehabilitation Services (PT, OT, ST, SLP, RT)
 - Scheduling
 - Security
 - Surgery Technician
 - X-Ray Technician
8. Students must submit an electronic template for each IPE experience via Canvas **within two (2) weeks of your experience**. Students will choose between the following templates:
 - IPE In-Person Experience electronic template directly related to your activity, which will include specifics of your experience and a journal reflection.
 - IPE Virtual Experience electronic template directly related to your activity.
9. This component is a P/F GRADUATION REQUIREMENT and will not be calculated into the rotation grade.
Students must complete two (2) IPE experiences by the end of OMS-III year and submit two (2) electronic templates within 2-weeks of each experience.
10. Students who fail to complete two (2) IPE experiences and/or fail to submit two (2) coinciding IPE experience templates will be referred to the student progress committee (SPC) with a recommendation for professionalism probation. If allowed by SPC and Director of IPE, students may be allowed to complete a remedial assignment to fulfill their OMS-III IPE graduation requirement.

Scheduling Selective and Elective Rotations

Students may complete selective and elective rotations during their OMS-III and OMS-IV year at their Core Rotation Site or at an approved off-site location, with a preceptor approved by the Office of Clinical Education. A “Sixty-Day Rule” applies to elective and selective rotations, requiring the student to request the rotation sixty (60) days in advance of the rotation start date.

1. Students should consult with the Clinical Site Coordinator to determine which Selective/Elective rotations are available at the Core Rotation Site.
2. **E*Value:** If a student finds a Selective/Elective rotation in which they are interested, they should contact their LMU-DCOM Rotations Coordinator by email to request the rotation. The LMU-DCOM Rotations Coordinator will contact the preceptor to see when they may be available. Instructions for completing a search on **E*Value** can be found on the **E*Value** home page. The home page also has a list of active preceptors. The preceptor list is updated regularly, so check back often. **Students should not directly contact preceptors listed on E*Value unless instructed to do so by their LMU-DCOM Rotations Coordinator.**

3. Some sites have unique scheduling requirements. Students are responsible for the submission of documents in a timely manner to allow scheduling with those sites. Students are responsible for the accuracy and validity of all submitted documents.
4. Establish a new rotation through personal or professional contacts: If a student is interested in completing a rotation with a physician who is not yet an approved LMU-DCOM preceptor (not listed on **E*Value**), but is interested in accepting students for clinical rotations, the student may request approval from the Office of Clinical Education as follows:
 - a. If the supervising physician is at the Core Rotation Site, the student should contact the Core Site Coordinator to request the rotation.
 - b. If the supervising physician is outside of the Core Rotation Site, the student should send a request by email to their LMU-DCOM Rotation Coordinator with the name and contact information of the physician with the hospital(s) and clinic(s) to which they will accompany the physician.
 - c. The LMU-DCOM Rotations Coordinator will provide the supervising physician with a link to the LMU-DCOM Clinical Adjunct Faculty Application.
 - d. Requests must be received **at least 60 days in advance** of the rotation start date.
 - e. **Follow up:** After providing the preceptor application link to the supervising physician(s), students are responsible to follow up with the LMU-DCOM Rotations Coordinator to ensure that the application is received by the Office of Clinical Education and that the preceptor has been approved.

OMS-IV Clinical Rotations and Requirements

1. The OMS-IV curriculum is intended to build on the foundational experience provided in the OMS-III year.
2. OMS-IV experiences are in settings where more demands for independence can be expected of the senior medical student.
3. The dates and locations of OMS-IV rotations are not specifically assigned to the student, allowing for more flexibility in scheduling fourth year rotations.
4. Fourth year rotations must be requested by the student and approved by the Office of Clinical Education.

Required Clinical Rotations, OMS-IV

1. **Emergency Medicine:** The four-week emergency medicine (EM) rotation is intended to familiarize the fourth-year student with the broad spectrum of emergency medicine, ranging from pre-hospital care to the stabilization, diagnosis, and treatment of patients in the emergency department and the subsequent patient disposition. The rotation should allow the student to gain an understanding of a systems approach to the practice of medicine, as emergency medicine utilizes all aspects of the health care system to deliver care to patients. In addition, the students should obtain a broad range of clinical and procedural experiences from the various patient encounters. Further, the students should be able to apply their osteopathic skills to participate in the diagnosis and treatment of emergency department patients.
2. **Rural/Underserved Outpatient Care:** During the DOCLIN 904 Rotation, students will work with a primary care physician in a Rural or Underserved Outpatient Primary Care clinic across the U.S., enhancing their clinical and medical management skills for acute and chronic conditions. Students will expand upon and apply their knowledge of Social Determinants of Health in clinical practice and assignments, finding resources to tackle healthcare barriers. Students are encouraged to use online resources, interact with office staff and professionals, and focus on delivering care grounded in Osteopathic Medicine principles. Additionally, through an online

discussion board, students will share assignment insights, offer peer feedback, and discuss strategies to overcome care barriers in these settings.

Elective Rotations, OMS-IV

1. Elective rotations are completed in any specialty with any preceptor approved by the Office of Clinical Education. OMS-IV electives are primarily used for “away” rotations at residency programs selected by the student. These rotations are also referred to as “audition” rotations or “sub-internships.” Away rotations allow students to try out specialties they are considering for residency training at programs where they would like to interview.
2. One OMS-IV elective must be completed in a rural or underserved area. This rotation can be completed in any specialty. The following website(s) will verify if a site is approved for rural or underserved eligibility (federal designations):
 - <https://data.hrsa.gov/tools/shortage-area/by-address>
3. One OMS-IV elective must be completed in a medical subspecialty. This rotation can be completed at any site approved by the Office of Clinical Education. Students must choose from the list of adult or pediatric specialties below:
 - Allergy/Immunology
 - Anesthesiology
 - Cardiology
 - Dermatology
 - Emergency Medicine
 - Endocrinology
 - Gastroenterology
 - Hematology/Oncology (separate or combined)
 - ICU or NICU
 - Infectious Disease
 - Nephrology
 - Neurology
 - Ophthalmology
 - Pulmonology
 - Rheumatology
 - Sports Medicine (non-operative, outpatient clinic)
4. International Elective: Up to two (2) OMS-IV electives can be completed as an international rotation. **All approvals of international rotations are on a case-by-case basis and can rapidly change depending upon the global medical and political environment.** The primary site supervisor for the international rotation must be a licensed physician qualified to practice within the host country. Students are responsible for obtaining the appropriate passport, visa, required immunizations, and other prophylaxis requirements. International rotations must be approved **at least 90 days in advance** by the Director of International Medicine.
5. Research Elective:²³ Students may complete a total of two (2) research electives during their clinical training (OMS-III through OMS-IV years) with a maximum of one (1) research rotation

²³ Standard 8 Element 8.4: Student Participation in Research and Scholarly Activity (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

during the OMS-III year. Prior approval by the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine is required. A research elective may include, but is not limited to, clinical investigation, policy studies, laboratory-based research, or health services research. Research electives must be approved **at least 60 days in advance** by the Research Department and Office of Clinical Education. Guidelines/Applications for the research elective can be obtained from the Research Department. Research policies, procedures and forms may be located at the link below:

[LMU-DCOM Forms/Applications Webpage](#)

6. Split Rotations: OMS-IV students may complete up to three (3) “split rotations,” where a four-week rotation is split into two (2) separate blocks. A split rotation may be completed at the same clinical training site or at two separate training sites and may be in the same specialty or two separate specialties. Students will receive one combined, averaged grade for a split rotation.
7. Off-Cycle Rotations: If an OMS-IV student is accepted for an Elective/Selective rotation at a training site that has a rotation schedule different from LMU-DCOM, the student must first ask if that site will accept the LMU-DCOM rotation schedule. Sites will often accommodate varying student schedules to recruit applicants for their residency programs. If the training site will not accommodate the LMU-DCOM rotation schedule, the student may split their 4-week vacation to complete the off-cycle rotation, then resume the LMU-DCOM rotation schedule.
8. Elective During Independent Study: OMS-IV students may complete an extra elective rotation using their independent study time, with permission from the Office of Clinical Education. Students may consider this option when applying for a GME position in a highly competitive field. Students must send a written request at least sixty (60) days in advance to the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine for approval to complete an elective during their scheduled vacation.

Other Rotation Requirement, OMS-IV

1. Students must complete at least 50% of the Fourth Friday Didactic OPP/OMT sessions during the OMS-IV year. This is a Graduation Requirement. See the Fourth Friday Didactic section for more details.
2. Students are required to have two (2) Interprofessional Education (IPE) experiences during their OMS-IV year. See the IPE section for more details.

Independent Study, OMS-IV

1. OMS-IV students have one four-week rotation block of independent study during the fourth year.
2. This time (during the OMS-IV year) may be split to accommodate rotations that are out of sequence with LMU-DCOM dates or to schedule residency interviews.
3. OMS-IV students are strongly encouraged to schedule this time wisely. Using this time as “vacation” early in the year may result in no time available for interviews, off-cycle rotations, study time, remediation, etc.

Osteopathic Didactics on Rotations/Fourth Friday Didactics

1. Virtual didactic activities will take place on the afternoon of the last day (fourth Friday) of each rotation block. Activities include:
 - a. Career Services/Counseling to assist with residency selection, ERAS application, and MATCH process.

- b. OPP/OMT-based lecture focusing on how to incorporate Osteopathic tenets and treatments into everyday clinical practice.
2. Attendance at a specific percentage of these sessions is a GRADUATION REQUIREMENT:
 - a. **OMS-IV students must attend at least 50% of delivered OPP/OMT sessions.**
 - b. **Students need to log into the session using their LMU email address, have their name listed as it is found on LMU gradebook, AND be present for the duration of the OMM session in order to get credit for attendance.**
3. Preceptors and Site Coordinators are aware that attendance is required. If a student experiences difficulty leaving a rotation in order to attend, the student should contact the Office of Clinical Education.

Students who fail to complete this requirement will be referred to the student progress committee (SPC) with a recommendation for professionalism probation. If allowed by SPC, the student will have to complete a remedial assignment. Additional information about the remedial assignment can be found on Canvas.

Interprofessional Education (IPE) Requirements, OMS-IV²⁴

1. Students are required to have two (2) IPE experiences during their OMS-IV year which are to be completed as part of the 903 Emergency Medicine and 904 Rural/Underserved courses.”
2. One experience must be in person. Students may select to complete the second experience in person, or they may opt to complete a virtual experience on Canvas.
3. These experiences are intended to introduce the student to various members of an institution’s team with which they would not normally interact.
4. This collaborative opportunity will give the student knowledge, insight, and a deeper understanding of the multiple and varied components that comprise the healthcare team.
5. It is the responsibility of the student to arrange with their preceptor the required time during their rotation. Preceptors are aware of this requirement. Students experiencing any difficulties completing this requirement should notify the Office of Clinical Education immediately.
6. This experience will take place only once during a rotation block and last ½ workday or four (4) hours.
7. Students will select an IPE experience from the list below. Each category may only be used only one time.
 - Compliance Officer
 - Hospital Administrator (Pick one: CNO, COO, CFO, CMO, CEO, CIO, CAO, CQO)
 - Informatics
 - Lab Technician/Medical Technologist
 - Patient Access Manager
 - Pharmacist
 - Quality Assurance Professional
 - Registered Dietician
 - Risk Management
 - Social Services (LCSW/LPN/LMFT/Case Manager/Referral Services)
 - Training and Development Manager
 - Volunteer Services Coordinator
8. Students must submit an electronic template for each IPE experience via Canvas **within two (2) weeks of your experience**. Students will choose between the following templates:

²⁴ Standard 6 Element 6.8: Interprofessional Education for Collaborative Practice (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- IPE In-Person Experience electronic template directly related to your activity, which will include specifics of your experience and a journal reflection.
 - IPE Virtual Experience electronic template directly related to your activity
9. This component is a P/F GRADUATION REQUIREMENT and will not be calculated into the rotation grade.
 10. Students must complete two (2) IPE experiences by the end of OMS-IV year, with at least one (1) experience occurring in the first semester of the OMS-IV year and submit two (2) electronic templates within 2-weeks of each IPE experience.
 11. Students who fail to complete two (2) IPE experiences and/or fail to submit two (2) coinciding IPE experience templates will be referred to the Student Progress Committee (SPC) with a recommendation for professionalism probation. If given approval by the SPC and Director of IPE, students may be allowed to complete a remedial assignment to fulfill their OMS-IV IPE graduation requirement.

Applying for Rotations at Graduate Medical Education (GME) Programs

1. Students may apply for rotations at accredited Graduate Medical Education (GME) programs.
2. Rotations at GME programs are typically reserved for OMS-IV students to “audition” for a GME position. There is limited availability for OMS-III students.
3. Students should review each program’s website to learn their specific requirements, deadlines, and application processes. Requirements will vary for each program.
4. The majority of applications are completed online. Occasionally, a program will require a paper application, with the signature of the Dean. In this case, the student must complete the student portion of the application and forward it to the LMU-DCOM OMS-IV Rotations Coordinators, along with a checklist of all items that the host program requires for a completed student packet.
5. Students are responsible for ensuring a complete application is submitted, whether online or on paper.
6. Students are responsible for securing housing and for **all costs** associated with these rotations, including application fees.
7. **Rotations at GME programs should be requested at least sixty (60) days in advance** to allow time to complete the application process. Failure to apply 60 days in advance may result in the student being placed at an alternative rotation site at the discretion of the Office of Clinical Education.
8. **Rotation cancellations should be requested at least 60 days in advance of the rotation start date.** Exceptions must be approved by the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine.

Identifying GME Rotation Opportunities

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

1. Careers in Medicine website: <https://www.aamc.org/cim/>
 - Students receive a token from AAMC in December of OMS-II to access Careers in Medicine.
 - For assistance with forgotten passwords, expired accounts or for additional information, contact Careers in Medicine at: <https://www.aamc.org/cim/contact-cim>
2. Review AMA’s Fellowship and Residency Electronic Interactive Database Access (FREIDA). This is a searchable electronic database of residency and fellowship programs in the United States:

<https://www.ama-assn.org/life-career/search-ama-residency-fellowship-database>

3. Visit the AAMC Student and Resident Guide at: <https://students-residents.aamc.org/>
4. Military students should contact their specific branch advisor to arrange for active-duty hours early in the summer.

Visiting Student Learning Opportunities (VSLO)

1. VSLO is an AAMC application service designed to streamline the application process for OMS-IV elective rotations at many academic medical centers.
2. VSLO allows students to build just one application for submission to all participating institutions to which they wish to apply.
3. Students will receive an email from the LMU-DCOM OMS-IV Rotations Coordinators in January of OMS-III year with information on how to access the VSLO Application Service. Students who are off cycle may receive their VSLO access later in the year.
4. Students will complete a profile, including personal and academic information, which will become part of each application submitted. Ensuring that the profile is complete and accurate will help ensure a successful application process.
 - Students should contact the LMU-DCOM OMS-IV Rotation Coordinators for assistance with the AAMC Immunization form and Letter of Good Standing.
5. Students may then search for elective rotations based on areas of interest, geographic location, etc. A description of rotations available, application requirements and available dates for each rotation are available to review.
6. To learn more about the VSLO process, visit: <https://students-residents.aamc.org/visiting-student-learning-opportunities/how-use-vslo-application-service>.

Other Application Services

1. GME programs may use an application service other than VSLO to process student applications.
2. HCA Healthcare uses Clinician Nexus to schedule rotations at their facilities. Students may register for Clinician Nexus at: <https://app.cliniciannexus.com/>.
3. Each program's website will identify other required application services. Carefully review each site's requirements to ensure submission of a complete application.
4. Many programs do not use VSLO or Clinician Nexus and require you to speak directly with their Program Coordinator for more information.

Grading Guidelines for Clinical Rotations

Assignment of Grades

1. A grade for each rotation is assigned by the Rotation Director.
2. A letter grade is assigned for each rotation, except for elective rotations, which are pass/fail.
3. Rotation Directors, Associate Dean of Clinical Affairs and/or Associate/Assistant Dean(s) of Clinical Medicine reserve the right to use their discretion to modify a student's grade based upon stated criteria and/or circumstances in addition to those referenced in this document.
4. If a grade is not posted to the student's transcript within 30 days of the end of rotation, please contact the Office of Clinical Education.
5. If a student receives health services from their preceptor, via a therapeutic relationship, that preceptor must recuse themselves from the academic assessment or promotion of the student receiving those services. Students must contact the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine if their preceptor has provided personal

medical care while on rotation to discuss rotation evaluation and grade assignment.

Incomplete Rotations

1. Students who do not meet all rotation requirements (including completion of all rotation assignments) may be given a grade of incomplete (I) for that rotation.
2. If requirements are not met by a time specified to the student by the Rotation Director and the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine, the grade may be converted to a failing grade.
3. A failing grade will result in the student being referred to the Student Progress Committee.

Failure of a Rotation

1. Any student who fails a rotation will be referred to the Student Progress Committee and will be subject to dismissal from LMU-DCOM.
2. A student who fails a rotation will be placed on Academic Probation and will be required to repeat and pass that rotation prior to graduation.
3. A failed rotation may result in the student not being able to graduate as scheduled and can delay participation in the residency match.
4. The highest grade a student may earn for a successfully repeated rotation is a "C" (70%). A final grade for the rotation will be reported on the student's transcript as "F/C."
5. A student who fails two or more rotations will be referred to the Student Progress Committee with requirements up to and including repeating of the entire year or dismissal.

Grade Appeals

1. Refer to the ***LMU-DCOM Student Handbook*** for procedures on how to appeal a rotation grade.
2. Questions regarding a grade are to be directed to the Office of Clinical Education.
3. Students **are never** to contact the supervising physicians who evaluated them regarding the grade received.

Grading Components 2025-2026

OMS-III Rotations

<u>801 Psychiatry</u>	<u>802 Internal Medicine/Hospital Medicine I</u>	<u>803 Internal Medicine/Hospital Medicine II</u>
50% Preceptor Evaluation	50 % Preceptor Evaluation	50 % Preceptor Evaluation
25% COMAT Score	50% Didactics	25% COMAT Score
25% Didactics		25% Didactics

<u>804 Obstetrics & Gynecology</u>	<u>805 General Surgery</u>	<u>806 Pediatrics</u>
50% Preceptor Evaluation	50% Preceptor Evaluation	50% Preceptor Evaluation
25% COMAT Score	25% COMAT Score	25% COMAT Score
25% Didactics	25% Didactics	25% Didactics

<u>807 Family Medicine/Primary Care I</u>	<u>808 Family Medicine/Primary Care II</u>	<u>816 Surgical Selective</u>
60% Preceptor Evaluation	50% Preceptor Evaluation	80% Preceptor Evaluation
40% Didactics	25% COMAT Score	20% Didactics
	25% Didactics	

<u>825 Elective</u>	<u>826 Elective</u>
100% Preceptor Evaluation	100% Preceptor Evaluation

OMS-IV Rotations

<u>903 Emergency Medicine</u>	<u>904 Rural/Underserved Outpatient Care</u>
60% Preceptor Evaluation	60% Preceptor Evaluation
40% Didactics	40% Didactics

<u>924 Elective</u>	<u>925 Elective</u>	<u>926 Elective</u>
100% Preceptor Evaluation	100% Preceptor Evaluation	100% Preceptor Evaluation

<u>927 Elective</u>	<u>928 Elective</u>	<u>929 Elective</u>
100% Preceptor Evaluation	100% Preceptor Evaluation	100% Preceptor Evaluation

<u>930 Rural/Underserved Elective</u>	<u>931 Medical Subspecialty Elective</u>
100% Preceptor Evaluation	100% Preceptor Evaluation

Student Evaluation by Preceptor

1. A student evaluation will be completed by the preceptor at the completion of each rotation and are due in the Office of Clinical Education within seven (7) days of completion of that rotation.

Please note that only one student evaluation per rotation will be accepted unless the student was on two different services during that rotation. If the student was with several physicians, the student should have the principal evaluator submit a composite evaluation. If multiple evaluations are necessary, they must be submitted at the same time.

 - Student evaluations must be completed and signed by the ATTENDING PHYSICIAN. Resident physicians cannot complete the final student evaluation.
2. Students are solely responsible for obtaining the preceptor's evaluation. Any incomplete evaluations may jeopardize Financial Aid, transitioning from OMS-III to OMS-IV, and Graduation.
3. The student is to make sure the preceptor received their evaluation electronically by the last Monday of the rotation. Simultaneously, the student is to request a face-to-face

exit interview with their preceptor to complete their evaluation. This face-to-face exit interview will occur during the last week of the rotation. The evaluation should be completed and returned to Clinical Education via E*Value during the last week of the rotation.

4. The student evaluation is based on progress towards the Entrustable Professional Activities (EPAs) that graduating students should meet prior to entering residency. The preceptor will evaluate the skill level of OMS-III and OMS-IV students in these EPAs, as compared to other students at the same level of training:
 - EPA 1: Gather a history and physical examination
 - EPA 2: Prioritize a differential diagnosis following a clinical encounter
 - EPA 3: Recommend and interpret common diagnostic screening tests
 - EPA 4: Enter and discuss orders and prescriptions
 - EPA 5: Document a clinical encounter in the patient record
 - EPA 6: Provide an oral presentation of a clinical encounter
 - EPA 7: Form clinical questions and retrieve evidence to advance patient care
 - EPA 8: Give or receive a patient handover to transition care responsibility
 - EPA 9: Collaborate as a member of an interprofessional team
 - EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
 - EPA 11: Obtain informed consent for tests and/or procedures
 - EPA 12: perform general procedures of a physician
 - EPA 13: Identify system failures and contribute to a culture of safety and improvement
5. In addition to the EPAs above, the student will be evaluated on the following observable behaviors:
 - Osteopathic Principles and Practice
 - Lifelong Learning
 - Communication Skills
 - Professionalism Skills
 - Failure in any one of these categories may result in failure of the rotation and/or requirement of the student to successfully complete remediation activities in that discipline.
6. Students who have significant concerns in professionalism on their evaluation will not pass the rotation.

Rotations Didactics²⁵

Online Learning Platform

1. An online clinical education platform is provided and designed to supplement the clinical learning experiences of OMS-III and OMS-IV students and assist with preparation for COMAT and COMLEX-USA exams.
2. LMU-DCOM provides premium access to OMS-III students at no cost to the student. The

²⁵ Standard 6 Element 6.11: Comparability Across Clinical Education Sites. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- student will receive a username and password to access the online learning modules.
3. Students completing OMS-III Core and Selective Rotations will complete online learning modules as assigned by the Rotation Director.
 4. Specific requirements are found in each course syllabus and in the Canvas organization for each course.

COMAT Exam Preparation

1. Students are provided access to online question banks to support their preparation for the COMAT subject exams. These resources reflect NBOME-style questions and can be accessed through the corresponding course pages on Canvas.
2. Students are assigned questions by the Rotation Director to complete as a portion of the rotation grade. Specific assignments can be found in the individual course syllabi.
3. In alignment with the principles of self-directed learning, students are encouraged to take initiative in utilizing these question banks and additional study materials to reinforce their clinical knowledge and improve exam performance. Students are also encouraged to explore additional evidence-based resources available through the Reed Health Sciences Library, including textbooks, online references, and clinical decision tools, to further enhance their understanding of rotation-specific content.
4. These question banks and library resources not only prepare students for the COMAT subject exams but also serve as foundational tools in preparing for the COMLEX-USA Level 2-CE. Students who consistently engage with these materials tend to demonstrate stronger performance on board examinations.

Other Didactic Assignments

1. Other elements, such as journal club and case presentations, may be assigned by the Rotation Director.
2. Instructions for completing required assignments can be found in the course description on Canvas and in each Course Syllabus.

Comprehensive Osteopathic Medical Achievement Test (COMAT)

1. A series of nationally standardized clinical subject exams, COMAT exams, are designed to assess osteopathic medical students' knowledge and ability in core osteopathic medical and foundational biomedical sciences principles.
2. Each COMAT exam consists of 120 items to be completed within 2 hours and 30 minutes.
3. The NBOME Blueprint for each COMAT exam can be found at:
<https://www.nbome.org/assessments/comat/clinical-subject-exams/>
4. COMAT exams are administered on the last day of the rotation in accordance with NBOME guidelines utilizing a lock-down web browser. Please see **Appendix D** for details of in-person proctored COMAT exams.
5. In some circumstances, it may be necessary for a COMAT exam to be remotely proctored. These instances are determined by the Office of Clinical Education on a case-by-case basis. Remotely proctored COMAT exams can be taken at any location with reliable internet connection, where there are no disturbances. Please see **Appendix E** for details of remotely proctored COMAT exams.
6. Students will receive instructions from the Office of Clinical Education regarding the time the exam will be administered, and the access codes needed to begin the exam.
7. COMAT exams must be taken on the day that they are scheduled. Exceptions are granted only in extreme circumstances and must be approved **in advance** by the Rotation Director, Associate Dean of Clinical Affairs and/or the Associate/Assistant

Dean(s) of Clinical Medicine.

8. COMAT exams are administered at the completion of Core Rotations in Psychiatry, Internal Medicine/Hospital Medicine II, Obstetrics & Gynecology, General Surgery, Pediatrics, and Family Medicine/Primary Care II.
9. The Surgery COMAT exam is administered after completion of both the General Surgery and Surgical Selective rotation to allow for more surgical experience and study time, but the COMAT exam score will be assigned to the grade of the General Surgery Core Rotation.
10. The Internal Medicine COMAT exam is administered after completion of both Internal Medicine/Hospital Medicine I and Internal Medicine/Hospital Medicine II rotations. The COMAT exam score will be factored into the IM/HM II rotation grade.
11. The Family Medicine COMAT is administered after completion of both Family Medicine/Primary Care I and Family Medicine/Primary Care II rotations. The COMAT exam score will be factored into the Family Medicine/Primary Care II rotation grade.
12. There are no end-of-rotation exams for elective rotations or OMS-IV rotations.
13. Though not tied to a specific Core Rotation, Osteopathic Principles and Practices (OPP) are a key component of all rotations.²⁶ The OPP COMAT exam will be administered during the OMS_III year on the Friday following the Clinical Skills Workshop. If the OPP COMAT exam is not passed on the first attempt, the student must retake and pass the exam before the end of their OMS-III year.
14. COMAT examination structure, content outlines, and practice exams for each subject can be found at <https://www.nbome.org/exams-assessments/comat/>. Advice for preparing for the COMAT exam is included in **Appendix F** of this manual.

Exam Scoring

1. Standard scores are derived by the NBOME based on a national sample of candidates from Colleges of Osteopathic Medicine that use COMAT as a part of their student evaluation process.
2. The NBOME sets the COMAT standard scores to have a mean of 100 and a standard deviation of 10.
3. For LMU-DCOM grading purposes, COMAT scores are adjusted to conform to LMU-DCOM grading standards, with a mean of 80.
 - a. To calculate your adjusted score for any COMAT exam, **subtract 20 points** from your received (raw) score.
 - Example: If the received (raw) score is 100 then the adjusted score is 80, which would be recorded in the gradebook on Canvas.
 - b. ***An adjusted score below 70 for any COMAT exam is a failing grade.***

Exam Score Reports

1. A score report for each COMAT exam is available to students online at the NBOME Client Registration System (CRS) (Account > My Account > COMAT) seven days after the exam is taken.
2. The report reflects the standard score received by the student and contains performance information on each content area of the exam, assisting students to assess their strengths and weaknesses.
3. The adjusted score is posted in each rotation grade book on Canvas.

²⁶ Standard 6 Element 6.6: Principles of Osteopathic Medicine (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

Failure of a COMAT Exam

1. Students have **two attempts** to pass each COMAT examination.
2. Students who do not pass the COMAT exam in any subject on the first attempt will be required to complete remediation activities prior to retaking the COMAT. This remediation activity will be assigned during the next available rotation without a scheduled COMAT. If there is no available rotation without a COMAT, then the student will be required to take a month off to remediate the COMAT failure(s) or take multiple COMAT exams within the same rotation.
3. A score of 70 will be recorded for a COMAT exam passed on the second attempt.
4. Students who pass a COMAT exam on their second attempt will receive no higher than a **“B” for the rotation**.
5. Students who are not successful in passing the COMAT exam by the second attempt will receive a failing grade and will be referred to the Student Progress Committee (SPC). The SPC will make a recommendation regarding eligibility of the student to repeat the rotation.
6. **Students with 2 or more COMAT discipline failures will be placed on Academic Warning and referred to a learning specialist. Any further COMAT failures will result in referral to the Student Progress Committee (SPC).**
7. The cost of the initial COMAT subject exam is paid by LMU-DCOM. If a student must retake the examination, the student is responsible for the cost of the exam.
8. **Students must pass all COMAT exams in order to advance to the OMS-IV year.**
9. Students who have not successfully passed all COMAT exams after completion of OMS-III rotations will be placed on academic leave of absence until all requirements of the OMS-III curriculum have been successfully completed.

COMAT/COMSAE/COMLEX-USA Accommodations

1. Students must request testing accommodations through the LMU Office of Accessible Education Services. <https://www.lmunet.edu/student-life/accessible-education-services/>
2. Please be advised that while Lincoln Memorial University's DeBusk College of Osteopathic Medicine may grant extended time accommodations for internal examinations, such accommodations do not constitute a guarantee of similar provisions for external examinations, including the COMAT or COMSAE exams. Students are advised to seek clarification regarding accommodations procedures directly from the relevant examination authorities.
3. Students can visit the NBOME website to review how to apply for accommodations: <https://www.nbome.org/assessments/test-accommodations/>

COMAT Questions/Concerns

For questions about COMAT administration or exam scheduling contact:

- Administrative Assistant of Clinical Affairs
(Refer to section 'Clinical Education Staff' for contact information)

Evaluation Process²⁷

Student Responsibility for Evaluations

1. It is the responsibility of the student to ensure that student evaluations completed by the preceptor are submitted to the Office of Clinical Education within seven (7) days of the completion of each rotation. This is especially important with GME Rotations.
2. The preceptor will receive an automated email from **E*Value** with a link to complete the evaluation.
3. The student is to make sure the preceptor received their evaluation electronically by the last Monday of the rotation. Simultaneously, the student is to request a face-to-face exit interview with their preceptor to complete their evaluation. This face-to-face exit interview will occur during the rotation's last week. The evaluation should be completed and returned to Clinical Education via E*Value during the last week of the rotation.
4. It is preferred that evaluations be completed on **E*Value**. The information is received immediately and there are no lost faxes, missing pages, illegible handwriting, etc. with this method.
5. In instances when a paper evaluation is requested **by the preceptor**, one will be sent to the training site by the Office of Clinical Education. Students may also give a copy of the evaluation to the preceptor.
6. Paper evaluations can be faxed, mailed, or sent by email to the Office of Clinical Education.
7. If a student has difficulty getting an evaluation submitted, they should inform their LMU-DCOM Rotations Coordinator immediately. The more time that passes after a rotation is completed, the more difficult it becomes to receive an accurate evaluation.
8. The student's transcript will not be complete until ALL evaluations have been posted. Applications to GME programs cannot be submitted nor diplomas issued without a complete transcript.
9. Evaluations received directly from students will not be accepted by the Office of Clinical Education. The evaluation must be received from the preceptor or training site ONLY.
10. Any incomplete evaluations may jeopardize Financial Aid, transitioning from OMS-III to OMS-IV, and Graduation.

Please note: Any health professional providing health services, through a physician-patient relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services. Therefore, if a preceptor provided health services to the student being evaluated, they must contact the Associate Dean of Clinical Affairs and/or the Associate/Assistant Dean(s) of Clinical Medicine to discuss rotation performance. Further information will be gathered, and the Associate Dean of Clinical Affairs can assign the final grade.²⁸

Preceptor Information on E*Value

1. It is the student's responsibility to make certain that the rotation and preceptor

²⁷ Standard 11 Element 11.2: Student Evaluation of Instruction. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

²⁸ Standard 9 Element 9.10: Non-Academic Health Professionals (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- information listed on E*Value is accurate.
2. E*Value will automatically generate an email to the preceptor listed, with a link to the evaluation.
 3. Students are expected to check E*Value when each rotation begins and inform the LMU-DCOM Rotations Coordinator of any changes in the name or contact information of the preceptor.
 4. Preceptors for Core Rotations:
 - a. The preceptor listed on E*Value for a Core Rotation may not be the primary preceptor, but the supervising physician who oversees the Core Rotation.
 - b. The student should address any concerns regarding the preceptor listed for Core Rotations with their LMU-DCOM Rotations Coordinator **by the end of the first week of the rotation.**
 5. Preceptors for Selective/Elective rotations away from the Core Rotation Site:
 - a. The student should determine the preceptor's preferred method to complete the student evaluation and make certain a correct email address is listed on E*Value for the preceptor, or the person who should receive the email notice that an evaluation is due (such as a practice manager).
 - b. If a paper evaluation is preferred, provide a copy to the preceptor **before** the last week of the rotation.
 6. Preceptors at Graduate Medical Education/Residency Programs:
 - a. When on rotation at a GME program, the student should consult with the medical education coordinator at that program regarding their procedures for student evaluations.
 - b. Evaluation procedures vary at each site.
 - c. Students may work with multiple preceptors who all contribute to the evaluation. In this instance, the coordinator or supervising physician at the host site will combine the input received from all evaluators and submit one overall evaluation to the Office of Clinical Education.
 - d. It is the responsibility of the student to determine the evaluation process at the host site and provide that information along with the name and contact information of the preceptor of record to the Office of Clinical Education. This information should be received by the student's rotation coordinator at LMU-DCOM by the end of the first week of the rotation.
 - e. Evaluations must be completed by attending physicians. Resident physicians cannot complete evaluations.

Evaluation Procedure

Beginning of Rotation

1. The evaluation process should begin the first week of the rotation.
2. Students should meet their preceptor at the beginning of the rotation to discuss expectations for clinical and academic performance.
3. The student should:
 - a. Determine if the preceptor has a copy of the rotation syllabus and if not, provide a copy to them.
 - b. Provide the preceptor with a copy of the *Mid-Rotation Evaluation Form* and let them know that the end of rotation evaluation will be based on the

competencies listed on the form. The Mid-Rotation Evaluation Form can be found on the E*Value home page.

Mid-Rotation Evaluation

1. Two weeks into the rotation, the student should ask for an informal Mid-Rotation Evaluation, review the Mid-Rotation Evaluation Form with the preceptor and ask for input on their performance and specific recommendations for improvement.
2. Students should not be afraid to voice concerns if there is an issue not made clear by the preceptor.
3. For certain required rotations, the Mid-Rotation Evaluation Form is required to be submitted to the Rotation Director. Consult the syllabus for each rotation to determine this requirement. Otherwise, the student is encouraged to make notes and keep the form for their records.

Final Evaluation

1. The student should set up a time for a final evaluation during the last week of the rotation.
2. The student should not leave the rotation without the evaluation being discussed with and submitted by the preceptor.
3. The student's evaluation must be completed and submitted to the Office of Clinical Education no later than **seven business days after the rotation end date**.
4. No grade can be assigned until the preceptor evaluation is received.
5. Evaluations CANNOT be completed by Resident Physicians, Physician Assistants, or Nurse Practitioners.
6. The comments section is an important element of the student evaluation. These sections are:
 - a. Designed to identify the student's strengths and areas for improvement.
 - b. Comments will be used as content for the Medical Student Performance Evaluation (MSPE, or Dean's letter) for the residency match program.
 - c. If the evaluation is missing, it will be recorded as "No comments available" in the MSPE.
7. Students are encouraged to inform the preceptor about the importance of making specific comments about their clinical performance.
8. Any incomplete evaluations may jeopardize Financial Aid, transitioning from OMS-III to OMS-IV, and Graduation.

Student Evaluation of Learning Experiences

1. Students will complete evaluations on E*Value regarding their rotation experience.
2. Academic Survey (excluding elective rotations): Provides feedback that can be used to assess and improve individual Core Rotations, including the syllabus, learning materials, didactic assignments, and the instructional and support efforts of the Rotation Director.
3. End-of-Rotation Evaluation: Upon completion of each four-week rotation, students will evaluate and provide feedback regarding the clinical experience at the rotation site and the teaching of up to three preceptors at that site. All feedback is anonymous and will not be sent to the preceptor in an identifying manner. **Please notify your LMU-DCOM Rotations Coordinator if your preceptor is listed incorrectly in E*Value.**
4. Annual Core Site Evaluation: Near the end of OMS-III year, students will complete an

evaluation of their Core Rotation Site, assessing the clinical experience they have received throughout the OMS-III year and identifying strengths and opportunities for improvement at that site.

5. Feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and ongoing faculty development.
6. An annual summary of student comments will be reported ***anonymously*** to preceptors and training sites to assist them in making improvements to the rotations that they provide. Individual student comments are not accessible to and are not shared with preceptors or sites. Students are encouraged to be candid and professional regarding the quality of their clinical experiences.
7. Core Rotation Site visits occur periodically via Zoom or in-person. Students are notified of Core Rotation Site visits via email.

Annually, a subset 40-50 OMS-III and 30-40 OMS-IV students are invited by the LMU-DCOM Office of Assessment to participate in focus groups discussing the clinical rotations experience.

COMLEX-USA Requirements²⁹

1. Students must take and pass COMLEX-USA Level 1 and the COMLEX-USA Level 2-CE to meet graduation requirements.
 - Currently, the NBOME has formally discontinued the COMLEX-USA Level 2-PE. If/when this examination resumes, it will also be a graduation requirement.
2. Students who fail COMLEX-USA Level 1, Level 2-CE, or Level 2-PE (if/when this examination resumes) will be removed from rotation no later than the end of the current rotation or assigned to the Board Prep Elective, if available. They will be required to complete an approved LMU-DCOM standard licensure exam curriculum. They will not be allowed to return to clinical rotations until they receive a passing score on the requisite COMLEX-USA examination.
 - In an effort to enhance success on COMLEX-USA Level 2-CE, LMU-DCOM has instituted a CE Prep Course. Based on cumulative COMAT performance and other indicators of performance, students will be entered into the CE Prep Course which includes a structured study schedule including learning modules and timed Board Prep questions. More information on this course will be communicated to students in the second semester of the OMS-III year.
3. All students must achieve eligibility before they are approved to sit for the COMLEX-USA Level 2-CE.
 - Eligibility is based on the students' performance on COMAT exams, COMSAE exams, COMLEX-USA Readiness Exams, and other determinants such as student performance on rotations as detailed in the above-mentioned policy.
4. LMU-DCOM strongly recommends that COMLEX-USA Level 2-CE be taken by June 30th for students who have received eligibility to sit for the exam. All students must sit for the COMLEX-USA Level 2-CE before the start of the 3rd rotation block of the OMS-IV year*.
 - Early completion of licensing exams by July 1 will allow students to receive

²⁹ Standard 11 Element 11.4a: COMLEX-USA. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

scores before residency audition rotations and interviews and will allow time to retake examinations if not passed initially. Having scores in place early strengthens an applicant's position for competitive residency programs. Some programs will not grant an interview until exam scores are received.

5. Any student who does not achieve eligibility to sit for the exam and/or any student who has not taken the exam before the start of the 3rd rotation block of the OMS-IV year will not be permitted to continue with Clinical Rotations*. In this case the student will meet with the COMLEX-USA Success Task Force/Board Review Team, and an individualized plan will be implemented. The student will be eligible to return to rotations once they receive a passing score on COMLEX-USA Level 2 CE.

Note: NBOME requires that, for classes up to and including the Class of 2027, students' clinical skills proficiency necessary for graduation, which had been previously assessed by the COMLEX-USA Level 2PE exam (which will not return) be verified by the dean of a candidate's school/college of osteopathic medicine.

Note: Required time off from rotations may result in a delay in graduation, resulting in ineligibility to participate in the current National Resident Matching Program (NRMP) Match cycle and may have financial aid implications.

6. Refer to the **LMU-DCOM Student Handbook** for COMLEX-USA requirements and schedules; pay close attention to examination deadlines
7. Detailed information regarding COMLEX-USA examinations can be found on the AOA and NBOME websites:
 - [Prepping for COMLEX - American Osteopathic Association](#)
 - <https://www.nbome.org/osteopathic-medical-students/>

USMLE

1. LMU-DCOM does not require that students take any Step of the USMLE.
2. With approval, students may take Step 1, Step 2, or both. The National Board of Medical Examiners (NBME) allows a student to take USMLE Step 2 without first having taken Step 1.
3. LMU-DCOM strongly recommends that students make decisions on taking USMLE in conjunction with the Office of Student Services, the Office of Career Services, and the COMLEX-USA Success Task Force or Board Review Team.
4. Students must be approved by the COMLEX-USA Success Task Force or Board Review Team before they are permitted to take any of the USMLE exams and must achieve readiness and approval to sit for the requisite COMLEX-USA exam before they are permitted to sit for the USMLE.
 - The Board Review Team or COMLEX-USA Success Task Force will utilize data about a given student to determine approval for USMLE Step testing.
 - Such data includes but is not limited to the student's GPA, Basic Medical Science weighted average grade Quartile, and student performance on practice assessments (e.g., NBME CBSSA, NBME CCSSA).
 - Students must share the results of all their practice assessments (e.g., NBME CBSSA, NBME CCSSA), with the Board Review Team or COMLEX-USA Success Task Force to be used as part of the process to determine approval of USMLE Step testing.
 - The Board Review Team or COMLEX-USA Success Task Force will utilize the

following thresholds for student performance on two or more NBME practice assessments (i.e., NBME CBSSA, NBME CCSSA) as follows:

- For USMLE Step 1: Approval for testing will be assessed based upon factors including the NBME Self-Assessment “Examinee Performance Report” for the respective self-assessment exam:
 - Not approved for testing: student’s “likely score range” is within the low-pass range.
 - May be considered for testing following a holistic review of the student’s situation: student’s “likely score range” is partly within and partly above the low-pass range on two or more self-assessment exams.
 - Approved for testing: the student’s “likely score range” is completely above the low-pass range.
 - For USMLE Step 2 CK: The 3-digit score threshold needed to achieve on the NBME practice assessment will be set annually by the Board Review Team or COMLEX-USA Success Task Force
 - Students not following the procedure described in this policy to obtain approval by the Board Review Team or COMLEX-USA Success Task Force prior to taking a USMLE Step exam will be considered to have a professionalism infraction and will be referred to the Student Progress Committee for review.
5. The USMLE does not, under any circumstances, substitute for COMLEX-USA to fulfill graduation requirements.
 6. Results of **ALL** licensing exam (COMLEX-USA and USMLE) attempts must be reported for residency and licensing applications.

Learning Resources

Learning resources that students may find helpful for clinical rotations, COMAT preparation, and COMLEX-USA exam preparation can be found in **Appendix F**. Many of these additional resources are available free of charge through the Reed Health Sciences Library.

TrueLearn COMBANK

1. TrueLearn COMBANK Level 2-CE question bank is currently provided at no cost to OMS-III students and offers relevant practice questions made specifically for COMLEX-USA Level 2-CE based on the NBOME Level 2-CE Blueprint.
2. Students can create individual tests in preparation for COMLEX-USA Level 2-CE or complete quizzes created by faculty in preparation for COMLEX-USA Level 2-CE.
3. TrueLearn COMBANK also offers a variety of integrated OMM questions to help the student prepare for COMLEX-USA Level 2-CE.
4. TrueLearn also offers a separate subscription option for COMAT-specific question banks.
5. Additional information about the TrueLearn COMBANK platform can be found at: <https://truelearn.com/>.

COMQUEST

1. COMQUEST offers relevant practice questions based on the NBOME Blueprint for specific COMAT exams.

2. Students can create individual tests in preparation for a COMAT exam or complete quizzes created by faculty in preparation for a particular COMAT and COMLEX-USA Level 2-CE.
3. COMQUEST also offers an OPP COMAT question bank to help the student prepare for the OPP COMAT and COMLEX-USA Level 2-CE.
4. Additional information about the COMQUEST platform can be found at:
<https://comquestmed.com/>

UWorld

1. UWorld question bank is **currently** provided at no cost to OMS-II and OMS-III students.
2. UWorld offers practice questions written to mirror board-style questions.
3. UWorld Level One is provided around September 1 of OMS-II year. UWorld Level Two is provided around August 1 of OMS-III year. This timing allows for the student to have the subscription throughout the respective COMLEX-USA testing windows.
4. More information about the UWorld platform can be found at:
<https://medical.uworld.com/>

Reed Health Sciences Library

1. Students on clinical rotations have direct access to electronic resources on a variety of topics as well as subject guides and tutorials. The library's catalog can be used to search for books, eBooks and journal articles as well as select databases, including AccessMedicine, LWW Clerkship, MEDLINE Complete, UpToDate, PubMed, VisualDx, and more.
2. Medical Librarians are available to answer reference questions and provide assistance with databases and other electronic resources. See **Appendix G** for information about Library Resources.
3. Log on to the Reed Health Sciences Library at: <https://library.lmunet.edu/medlib>.
4. For assistance in finding the right study approach for you, please contact: Director(s) of Academic Support or Learning Specialist(s) at either campus
5. See Appendix G for additional information and recommendations for selected resources for use during the clinical curriculum.

Career Counseling and Applying for Graduate Medical Education/Residency Positions³⁰

1. Career counseling is available from the Office of Career Services to assist students in evaluating career options and applying to Graduate Medical Education training programs.
2. For step-by-step instructions, timelines, important forms, and Frequently Asked Questions (FAQs) regarding residency applications, students should refer to the *LMU-DCOM Career Services Canvas Organization* page at:
[Canvas - LMU-DCOM Career Services](#)
3. Students may begin collecting Letters of Recommendation (LoR) during OMS-III year. Students should request a **strong** LoR and use the Electronic Residency Application Service (**ERAS**) process described on the LMU-DCOM Career Services Webpage listed

³⁰ Standard 9 Element 9.6: Career Counseling (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

above, or the **ERAS** website: <https://students-residents.aamc.org/applying-residency/article/myeras-application-residency-applicants/>.

4. **DO NOT SEND LETTERS TO LMU-DCOM.** Each letter must be uploaded to the ERAS portal **BY THE LETTER AUTHOR**. Letters sent directly to LMU-DCOM cannot be processed, per AAMC guidelines. Please completely follow the information on the following link to have letters sent in the correct manner:
<https://www.aamc.org/services/eras-for-institutions/lor-portal>.
 5. Students may find the LMU-DCOM MATCHMaker program helpful in making career decisions. The MATCHMaker program provides LMU-DCOM alumni mentors to students wishing to learn more about specialty choices, the residency application process and residency programs nationwide.
 - Information regarding the MATCHMaker program can be found in **Appendix H** of this manual and by the following link: [Alumni Services - MATCHMaker](#)
- For additional information, contact:
- Director of Alumni Services and CME
(Refer to section 'Other Helpful Contacts' for contact information)
6. For further information regarding the residency application process, please contact:
 - Director of Career Services at LMU-DCOM at Harrogate
(Refer to section 'Other Helpful Contacts' for contact information)
 - Associate Director of Career Services at LMU-DCOM at Knoxville (Refer to section 'Other Helpful Contacts' for contact information)

Tips for Success on Clinical Rotations

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

1. **Be familiar with and be able to apply the core content of the rotation specialty.**
Before your rotation begins, take time to review one or two relevant textbooks and other primary resources. Review notes that you may have from first- and second-year courses. Be sure to draw on this knowledge as you demonstrate your diagnostic skills.
2. **Read as much as you can about the illnesses of the patients you are seeing.**
Monitor your patients' charts daily. Research patient problems using journals, reference manuals and internet sources, such as **UpToDate**. This will help you prepare for rounds.
3. **Be a team player.**
Get to know your patient care team – Who they are? What do they do? How do you, as a medical student, interact with each member of the team? Having a good working relationship with the health care team is highly valued in the clinical setting. True standouts evenly share responsibility, are well liked, and communicate effectively with other team members.
4. **Dress professionally, be on time, and be enthusiastic.**
Attitude and appearance count. Take extra care on your rotations to look your best. Dress professionally (unless the preceptor or Site Coordinator have specifically informed you to wear scrubs). Make sure your style of dress is appropriate for the setting. Showing up early or staying late can also be beneficial to you – as long as your preceptor feels you are being productive and learning in the process (and not just “hanging out”). Finally, show enthusiasm in everything you do.
5. **Establish an informal learning agreement with your preceptor at the beginning of each clinical rotation.**
This exercise affords you and the supervising physician a touchstone for you to learn the

clinical decision-making and procedural skills you want from the rotation. Agreeing on goals and understanding how information will be taught ensures that your clinical experience is valuable.

6. Keep a journal (HIPAA complaint) for each rotation.

Record such things as the number of patients you see every day, the types of illnesses your patients have, any of your medical “firsts” (i.e., the first physical you perform, the first baby you deliver, etc.) and any expectations you have for the rotation before you begin. This will help you remember your experiences and process your feelings. When it is time to choose a specialty, your journal will help you reconcile your experiences with your expectations and goals. Remember to keep information HIPAA compliant.

7. Learn to ask enough questions to satisfy your hunger for knowledge without monopolizing precious time.

Although you do not want to stifle an important question, it is necessary to make the most of limited time with the preceptor. Pay attention to other students and learn from all of them – if other students are aggravating the preceptor because of their constant barrage of questions, do not repeat their mistakes.

8. Avoid asking questions of the preceptor during the patient encounter.

Wait until the end of the day or between patients to ask questions.

9. Maximize time spent waiting during rotations.

Since you never know when you will have extra time, do not go anywhere without something to read. Keeping journal articles or reference materials with you will afford you the opportunity to study, read up on a patient, or prepare for your next patient encounter. Reading on your phone can be interpreted as spending time on social media, etc.

10. During down time, resist the urge to engage in excessive non-rotation tasks, such as texting, web surfing or personal phone calls.

Your preceptor may interpret this as boredom, distraction, or disinterest. Instead, check out online resources, complete rotation assignments, read about your patients or prepare for other didactics or the COMAT exam.

11. In the middle of each rotation, ask your preceptor for a verbal evaluation.

Do not wait until your final evaluation to find out how you are doing. If you get feedback early in your rotation, you can use it to improve before you are formally evaluated.

12. If you are not afforded an opportunity to perform some clinical decision-making and procedural skills that you wish to perfect, ask your preceptor what you can do to gain more experience.

In a busy practice or on the wards, it may be difficult for the preceptor to know which skills you want to enhance. If your preceptor indicates that you will not have an opportunity to perform a particular procedure, ask what you can do to gain that experience.

13. When you have completed a rotation, take a moment to assess what you have learned.

Here are some key questions to ask yourself: What did you learn about the illnesses/diseases from your patients? Did you achieve a level of proficiency in any procedures during this rotation? Which ones? What procedures do you need to work on? What procedures would you like to gain a greater proficiency in? Are you more comfortable in presenting patients? What areas do you excel in? What areas need improvement? What mistakes did you make and what did you learn from this? How frequently did you seek out verbal feedback? Use your responses to these questions to help make the most of your next rotation.

14. At the beginning of your ambulatory experiences, identify opportunities to gain skills beyond doing H&Ps, documentation, and procedures.

With your preceptor, identify the clinic's most pressing need as they relate to the care of patients. Examples might include patient education opportunities, developing stronger ties to community-based ancillary health agencies and participating in the clinic's quality assurance process. Also, keep in mind that a preceptor may be hesitant to assign tasks if he or she thinks you are uncomfortable. Do not be afraid to volunteer. However, be prepared if the preceptors prefer to do a task alone.

15. Be expectant of constructive criticism.

This will make you a better student, resident, and physician. As a medical student, it is not expected of you to know everything about medicine and patient care. Constructive criticism and *actionable* feedback are essential tools to improve your knowledge base and clinical skills. Understand that you are human, and you will make mistakes. It is at these times that you should receive feedback that is constructive, actionable, and non-personal. For professional growth, you should reflect on this feedback, improve the inciting action, and move forward.

16. Do your best to get through emotionally draining experiences and, when you get a chance, take a few minutes to process your thoughts and mentally recuperate.

Students as well as interns and residents can experience some powerful emotions during rotations and on call. Because these situations are often stressful and do not allow you to get away immediately, find a quiet place or walk outside for a few minutes when you can. For difficult situations, consider discussing your emotional reactions with a mental health professional.

17. If you are on an away rotation, take steps before the rotation begins to get oriented to your new location.

Many OMS-IV students complete away rotations at a residency program of interest. If you are on an away rotation, you will need to become familiar with your new working environment quickly. Here are some tips:

- a. Study the hospital layout ahead of time. Before your rotation begins, tour the facility. Obtain a map to locate the essential areas, such as the patient floors, operating rooms, labs, cafeteria, etc. Knowing your way around will reduce some of the anxiety associated with being at a new place with new people.
- b. Find out where your ward team will meet on the first day. Before your rotation begins, phone your contact or call the department's main office at the program to confirm where you will meet the first day and at what time.
- c. If you know individuals who have done this rotation, ask them for pointers. Find out what they felt were the greatest challenges and the most rewarding experiences. Pay particular attention to their comments about people you may be working closely with.
- d. Have copies of your CV, personal statement, and other application materials. This information will come in handy if you decide to request a letter of recommendation from an attending (to give the attending as supplemental information about you) or if the program asks to interview you while you are still on the rotation.

Appendix A: 2025-2026 LMU-DCOM Core Rotation Sites

Core Rotation Site	Location	Site Coordinator	Email
Shannon Billingsley, LMU-DCOM Rotations Coordinator			
Adena Health System	Chillicothe, OH	Joei Gill	jgill2@adena.org
Beckley ARH Hospital	Beckley, WV	Tonya Woods	towoods@arh.org
Jennie Stuart Health	Hopkinsville, KY	Marie Luetkenhaus	mluetkenhaus@jsmc.org
Lexington, KY Market (Clark Regional and Georgetown Community Hospitals)	Paris, KY Georgetown, KY Winchester, KY	Tammy Fugate	tammy.fugate@lpnt.net
Sumner Regional Medical Center	Gallatin, TN	James Barnett	james.barnett@lpnt.net
University Hospitals - Portage	Ravenna, OH	Jami Englehart	jami.englehart@Uhhospitals.org
Jacqueline "Jackie" Burris, LMU-DCOM Rotations Coordinator			
AdventHealth Medical Group	Tampa, FL	James Lambert	james.lambert@adventhealth.com
Jacksonville, FL Market	Jacksonville, FL	Dr. Randy Scott	rscott226@gmail.com
Keralty Hospital	Miami, FL	Christopher Reyes	christopher.reyes@keraltyhospital.com
Wendy Fultz, LMU-DCOM Rotations Coordinator			
Greenville Community Hospital	Greenville, TN	Heather Crum	heather.crum@balladhealth.org
Indian Path Community Hospital	Kingsport, TN	Lori Shelton	lori.shelton@balladhealth.org
Lake Cumberland Regional Hospital	Somerset, KY	Lori Bradshaw	lori.bradshaw@lpnt.net
Newport Medical Center	Newport, TN	TBD	
Norton Community Hospital	Norton, VA	Heather Crum	heather.crum@balladhealth.org
Cody Hall, LMU-DCOM Rotations Coordinator			
AdventHealth Manchester	Manchester, KY	Sherri Vallance	sherri.vallance@adventhealth.com
Harlan ARH Hospital	Harlan, KY	Heather Wilson	hwilson1@arh.org
Hazard ARH Hospital	Hazard, KY	Kathy Sampsell	ksampsell0001@kctcs.edu
Highlands ARH	Prestonsburg, KY	Cheryl Blair	cblair3@arh.org
Middlesboro ARH Hospital	Middlesboro, KY	Brenna Hale	bhale@arh.org
St. Joseph-London Healthcare	London, KY	Angela Greenwood	angela.greenwood@commonspirit.org
Whitesburg ARH Hospital	Whitesburg, KY	Melody Howard	mhoward6@arh.org
Melissa Hensley, LMU-DCOM Rotations Coordinator			
AdventHealth Ocala	Ocala, FL	Peter Sandre	peter.sandre@adventhealth.com
Baptist Health Care - Pensacola	Pensacola, FL	Clayton Mixon	clayton.mixon@bhcpns.org
Florida Wellcare Alliance	Inverness, FL	Frank Di Piazza	frankd@floridawellcare.com
Riverside Regional Medical Center	Newport News, VA	Deanna Baker Jess Smith	deanna.baker@rivhs.com jess.smith@rivhs.com
Wendy Moyers, LMU-DCOM Rotations Coordinator			
Cumberland Medical Center	Crossville, TN	TBD	

Fort Sanders Regional Medical Center	Knoxville, TN	TBD	
Methodist Medical Center, Oak Ridge	Oak Ridge, TN	TBD	
Morristown Hamblen Health System	Morristown, TN	TBD	
Hannah Rivers, LMU-DCOM Rotations Coordinator			
Deaconess Hospital – Evansville	Evansville, IN	Mary Arnett-Thrasher	mary.arnett-thrasher@deaconess.com
LaFollette Medical Center	LaFollette, TN	Missy Turner	missy.turner@lmunet.edu
Mary Lanning Healthcare	Hastings, NE	Sarah Allen	sarahe.allen@marylanning.org
North Knoxville Medical Center	Powell, TN	Alicia Wilson	alicia.wilson@tennova.com
Starr Regional Medical Center-Athens	Athens, TN	Vania King	vania.king@lpnt.net
Sweetwater Hospital Association	Sweetwater, TN	Katie Widener	kaite.widener@sweetwaterhopital.org
Vitruvian Health – Bradley Medical Center	Cleveland, TN	Gigi Sims	gmsims@vhcs.org
Ashley Ramsey, LMU-DCOM Rotations Coordinator			
Central Arkansas/Little Rock Metro	Little Rock, AR	Alley Heaston	alley.heaston@commonspirit.org
CHI St. Vincent Hot Springs	Hot Springs, AR	Alley Heaston	alley.heaston@commonspirit.org
Magnolia Regional Health Center	Corinth, MS	Wendy Hurley	whurley@mrhc.org
Methodist Le Bonheur Health	Memphis, TN	TBD	
Methodist Le Bonheur Health – Olive Branch	Olive Branch, MS	TBD	
West TN Healthcare - Henry County Hospital	Paris, TN	Linda Burks	lburks@hcmc-tn.org
Vaughan Regional Medical Center	Selma, AL	Karen Bailey	ktbailey@charter.net
Anita Sutton (temporary), LMU-DCOM Rotations Coordinator			
Cookeville Regional Medical Center	Cookeville, TN	Emily Vaughn	evaughn@crmchealth.org
Livingston Regional Hospital	Livingston, TN	Shirley Myers	shirley.myers@lpnt.net
Maury Regional Medical Center	Columbia, TN	Linda Shouse	lshouse@mauryregional.com
Norton Clark Hospital	Jeffersonville, IN	TBD	
Southern TN Regional - Winchester	Winchester, TN	Cary Caldwell	cary.caldwell@lpnt.net

Appendix B: Examples of Student Mistreatment

LMU-DCOM has zero-tolerance for student mistreatment. If you feel that you have received mistreatment, please reach out to the Office of Clinical Education immediately.

Examples of mistreatment include, but are not limited to:

Sexual Orientation	<ul style="list-style-type: none">• Denial of opportunities for training based on sexual orientation• Any use of derogatory terms in reference to a students' or patients' sexual orientation or perceived sexual orientation• Hearing comments made about a students' sexual orientation to peers, patients, nurses, residents or attending physicians
Sexual Remarks or Advances	<ul style="list-style-type: none">• Subject to offensive or unwanted sexual remarks or advances by peers, patients, nurses, residents, or attending physicians
Racial or Ethnic Remarks	<ul style="list-style-type: none">• Use of derogatory terms to refer to a students' or patients' race or ethnicity• Denial of opportunities for training based on race or ethnicity
Humiliation	<ul style="list-style-type: none">• Receiving feedback in a demeaning manner (i.e., "that was a stupid answer"), especially in front of other team members or patients• A student being asked to perform a humiliating task (i.e., being asked to dance or sing during a procedure)
Requests to Perform Personal Services	<ul style="list-style-type: none">• A student is asked to buy food or gifts while on rotation• A student is asked to run errands in lieu of patient care

Appendix C: Empathia³¹

24/7 Assistance

We are pleased to inform you that LMU-DCOM has partnered with Empathia to provide your student assistance program. We know that no one leaves their problems at the door when they arrive at school. That is why Empathia is here to assist you when life issues arise. With Empathia, you and your household members have 24/7 access to free and confidential counseling, coaching, and resource information to help you manage any personal, school, or life concern.

Professionals are available to help you with matters such as:

- Stress, depression, and personal problems
- Balancing school and personal needs
- Family and relationship concerns
- Alcohol or drug dependency
- Conflicts at school or work
- Any other issue of concern in your life

No matter when, no matter what—no problem is too big or too small. Around-the-clock, a licensed professional is just a phone call away, even on holidays and weekends. Empathia is your student resource to help you succeed. **For 24/7, free and confidential professional support, call 1-855-695-2818 or visit <https://student.mylifematters.com/login>.** In the Company Login please use the password “LMU1”.

Empathia FAQ's

What does Empathia provide? Empathia helps students identify and manage any issue they may be struggling with. Services include consultation, short-term counseling, and referral. If longer-term assistance is needed, Empathia specialists will refer you to qualified professionals or organizations in your community.

What kind of concerns can Empathia help with? Professionals are available to help you manage any issue that is on your mind, including relationship matters, family concerns, or any work, school, or personal matter. Empathia specialists can also help you with psychological concerns such as depression, anxiety, anger, and grief, as well as issues surrounding alcohol and drug abuse. No matter what, no matter when—Empathia can assist you with counseling and resource information to help you focus on your priorities.

How do I reach Empathia? Just call 855-695-2818 or log on to <https://student.mylifematters.com/login> any time, any day. Use the password in the Company Login “LMU1” for the first time log on and registration.

Can family members use the service? Empathia offers the same suite of services for your family and household members as long as you remain an active student.

What does it cost? There is no cost to you or to your family or household members. LMU-DCOM school has provided this benefit to support your success.

Will LMU-DCOM know I used the service? Is it REALLY confidential? LMU-DCOM will not know if you use the service unless you want the school to know. The Empathia counselors are legally bound by their licensure not to release information without written consent from you. The only time confidentiality is broken is when Empathia is obligated by "duty to warn" laws.

What is "duty to warn?" "Duty to warn" involves cases regarding possible homicide, suicide, or child abuse. In these cases, Empathia is obligated by law to notify the proper authorities.

³¹ Standard 9 Element 9.8: Mental Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

The logo for StudentLife, featuring the word "StudentLife" in white on a dark blue background, with a stylized orange hexagon below it.

A Guide to StudentLife Services

When you need useful ideas, helpful resources or reliable professional care, StudentLife is just a phone call away. Free, confidential StudentLife services include:

Telephone and face-to-face assistance with:

- Stress, depression and personal problems
- Balancing school and personal needs
- Family and relationship concerns
- Alcohol or drug dependency
- Conflicts at school or work
- Any other issue of concern in your life

School/Life Resources:

- Financial consultation and resources to set up a budget, establish good credit, or learn more about student loan options or managing debt.
- Legal consultation with an attorney either over the phone or face-to-face for consumer law, traffic citations and fender benders, family law or landlord-tenant issues.

Online and assisted searches for:

- Child and elder care resources and guidance
- Finding new service providers after a move

- Volunteer opportunities
- Educational resources
- Personal security
- Online calculators for a variety of analytical questions and needs
- Veterinarians, pet sitting and obedience training

The program's user-friendly, confidential services are available to you 24 hours a day, every day of the year by calling: 1-855-695-2818 or visiting:

studentlifeservices.com - password **LMU1**

Services provided directly by StudentLife are free. If you are referred to outside resources, you will be advised about your costs, if any.

Call StudentLife** toll free anytime. **1-855-695-2818**

Assistance with Life, Family and Wellbeing / StudentLifeServices.com

Text* "Hello" to 61295 / Call collect to 262-574-2509 if outside of North America

TTY/TRS 711 and language translation services are available

*SMS messages will be sent for the duration of the chat. Message and data rates may apply. Text HELP for help and STOP to cancel.

SMS terms of service at <https://www.empathia.com/sms/terms.pdf>. Privacy policy: <https://www.empathia.com/privacy.pdf>

**Known as LifeMatters by Empathia Student Assistance in California



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Appendix D: Procedures for In-Person COMAT Examinations

PLEASE READ ENTIRE LIST

Checklist for COMAT:

- ID badge
- Laptop
- Laptop charging cord
- Mouse (if required by your computer; corded or Bluetooth are acceptable)
- Headphones (Bluetooth headphones are acceptable, but wired headphones are preferred)
- Pen or pencil
- Scrap paper will be provided in the room before the exam starts and will be turned into the proctor before leaving the testing location.

Things to do PRIOR to the test day:

- Test your LMU password the day BEFORE the COMAT.
- KNOW your NBOME password, as you will not have your phone on you.
- Completely shut down and then start up your computer the day before the COMAT.
- Purchase soft foam earplugs if you desire to use these for noise reduction during the COMAT (not provided).
- If you are a Mac user, ensure you have downloaded Google Chrome web browser.
- Apple's Safari web browser may have conflicts with playing the audio/video files.

Additional Requirements:

- Backpacks, big coats, laptop cases and other personal items are NOT permitted. If such items are brought, they will have to be returned to your vehicle.
- Consistent with our current policy, please wear ID badge above your waist.
- Once you enter the exam room, you are NOT permitted to leave, until after the exam begins, wherein you can utilize your break.
- Snack/food - While eating in the exam room is not permitted, snacks can be brought into room in a quart-size, clear plastic bag TO BE CONSUMED OUTSIDE THE EXAM ROOM.
- Beverages - beverages in closed, unlabeled cannisters are permitted. NO stickers on containers.
- Hoodies and thin zip up coats are permitted, as long as hoods are NOT worn.
- No non-religious headwear. Headbands and barrettes ARE permitted.
- Headphones are permitted. This includes ear buds, full headphones and Bluetooth.
 - Headphones are only to be worn during audio/video questions.
- Soft foam earplugs are permitted for noise reduction (not provided).
- Access to any outside resources (e.g., phones, textbooks, tablets) is NOT permitted.
- If you use a Mac computer:
 - Arrive 30 before exam to ensure Wi-Fi works
 - Mac users should use Chrome, not Safari, to avoid issues with videos.

Appendix E: COMAT Remote Proctoring

1. Remote proctored examinations allow students to take the web-delivered COMAT clinical subject examinations from any location. These remote proctored exams are still **governed by the LMU-DCOM Honor Code**.
2. Students must have the NBOME Secure Browser downloaded for use prior to the COMAT exam. Download the Secure Browser here:
<https://www.programworkshop.com/PW2/SecureBrowserDownload/1.1/SecureBrowserDownload/Home?SK=200&CV=3.0&RV=1.1&SCV=3.1&SBV=1.1&sc=zRLpVSkXqTfB9dRvUgNyug>
3. Students must evaluate internet connection prior to exam day at: [Check Readiness: Program Workshop](#). Wireless networks are not recommended due to reliability and performance issues, with disconnects happening more frequently.
4. Students will receive exam codes and the exam start-time in an email from the Office of Clinical Education.
5. Choose the “Remote proctored” or “In-Person” option (as applies to your testing location) to begin the exam.
6. The launch code (identifies student) is entered first and will follow the pattern, “LLNNNNNNNLL” where L = Letter and N = Number. The proctor code (identifies school) is entered after the launch code.
7. If the exam unexpectedly shuts down (lost internet connection, etc.), relaunch the browser and re-enter exam codes to resume the test.
8. If the exam “freezes,” restart the computer, relaunch the browser and re-enter exam codes.
9. When a shut-down occurs or the computer is restarted, all answers are saved, the timer is paused, and the exam can be resumed on the question being answered when the shut-down occurred.
10. The proctor code will expire after 2 hours and 20 minutes. If a message is received that the proctor code is “invalid,” call 423-869-6237 to receive a new proctor code.
11. **Students are encouraged to review “Frequently Asked Questions” regarding COMAT self-proctoring by clicking [here](#) or by entering the URL below:**
<https://www.programworkshop.com/PW2/Core/3.0/Login/Login/Faq?SK=200&CV=3.0&RV=1.1&SCV=3.1&SBV=1.1&C=0&P=114&I=0&U=0&UL=0&sc=gsC>
12. **If students receive extended time, they must notify the Office of Clinical Education prior to the first COMAT exam attempt.**

Appendix F: COMAT Preparation and Study Resources

The Comprehensive Osteopathic Medical Achievement Test (COMAT) is a series of Osteopathically distinctive subject examinations designed to assess Osteopathic Medical Students' core knowledge and elements of Osteopathic Principles and Practice essential for pre-doctoral training. The NBOME's COMAT series currently includes eight Core clinical disciplines. Each discipline is designed for standardized assessment in Core Osteopathic medical disciplines, such as end-of-course or clinical rotation student assessment. They assess an Osteopathic Student's achievement level in those disciplines, with an emphasis on clinical application.

COMAT — NBOME

Content and Structure

NBOME COMAT Clinical Subject Exams are much more clinically oriented than COMLEX-USA Level 1. The exams can be described as "mini" specialty-specific COMLEX-USA Level 2-CE exams. Tests will consist of common, high-yield topics. The vast majority of questions are comprised of a clinical vignette(s) and one of the following questions:

- ... Which of the following is the most likely diagnosis?
- ... What is the most appropriate next step in diagnosis?
- ... What is the most appropriate next step in management?
- ... What is the most likely underlying cause of this [clinical/lab/radiographic] finding?
- ... What is the most likely explanation for this patient's symptoms?
- ... Which of the following is most likely to improve the underlying condition?
- ... Which of the following is the most appropriate pharmacotherapy?
- ... Which of the following is the most appropriate course of action/response?
- ... What is the most accurate interpretation of this result?
- ... Which of the following is the most likely causal organism?
- ... Which of the following measures is most likely to have prevented this patient's

condition? (Excerpt taken from Greer, M., & Hartnett, S. (n.d.). Tips and Templates for the Student Doctor.)

General Advice for COMAT Exam Preparation

1. Four-week clinical rotations pass very quickly. From the rotation's first day, plan on devoting time every day for completing rotation assignments, reading about your patients, and studying for the COMAT exam.
2. Read the course syllabus and/or introductory email to review the learning objectives and specific reading suggestions for the rotation.
3. Complete the assigned didactics for the rotation. Didactics are there to help you perform well on the rotation and on the COMAT exam.
4. Read the relevant textbook and other learning resources for your rotation.
5. Review your performance from the relevant OMS-II systems courses. Consider reviewing the lecture slides and videotaped lectures from the corresponding OMS-II systems course.
6. Check your syllabus or the Canvas announcements from the Rotation Director for specific reading suggestions or topics to focus on for the exam.
7. When you are taking the test, be aware of time constraints and be sure to leave enough time to answer all questions. Do not spend too much time on one single question.
8. Question banks can be helpful, but they are not a good substitute for a solid understanding of the underlying material.

General Advice for Remediating a Failed COMAT Exam

1. Review the general advice given above and your thoughts about the first exam.
2. Review your NBOME Score Report and the associated sub scores for the exam and identify areas in which you need improvement. Put additional study time into these areas but do not spend all of your study time on only the weaker areas.
3. Schedule a meeting with the Assistant Dean for Clinical Medicine to discuss your COMAT and plan for remediation. Contact the discipline-specific Rotation Director (see Other Helpful Contacts) with any content-specific questions to discuss the exam and suggestions for improvement. Review your Score Report and your schedule and identify when you may be scheduled to retake the COMAT exam. Your COMAT remediation date will be assigned following your meeting with the Assistant Dean for Clinical Medicine; this might be during the rotation you are currently completing. **Two failures of any single COMAT results in a failed rotation.** Realize that in most cases you will be on another rotation while preparing to remediate a failed exam.
4. Consider using additional question bank sources or review books in preparation for the exam retake.

Study Resources³²

Good resources for the COMAT are the student's clinical rotation and didactics. It is recommended that content review and practice questions be completed in order to adequately prepare. **Students are encouraged to develop self-directed learning skills and should study a small amount every day to be on track leading up to each COMAT exam.**

The following are resources that can be used in preparation for the COMAT exam:

1. Sample COMAT Subject Exams
Review the NBOME Clinical Subject Exam website for sample test questions and specific information for each NBOME COMAT exam at:
[Clinical Subjects — NBOME](#)
2. Rotation Didactics
Video-based resources (e.g., Boards & Beyond) and practice question banks (e.g., COMQUEST, TrueLearn COMBANK) are provided to students to prepare for COMAT exams as well as for COMLEX-USA Level 2-CE. Some rotations include additional didactics designed by the Rotation Director to supplement these study resources.
3. Additional COMAT Study Resources
Listed below are additional study resources that students may find useful (possibly at an additional cost). Before you spend money on these resources, check the Reed Health Services Library website <http://library.lmunet.edu/library> to see if the resources you need are available online.
 - UWorld Qbank: [UWorld - Login](#)
 - TrueLearn|COMBANK: [TrueLearn Login](#) | [COMBANK Login](#)
 - COMQUEST COMAT question banks: <https://comquestmed.com/exams/comat.php>
 - Case Files Collection – Clinical Rotation Cases: [Case Files Collection \(mhmedical.com\)](#)
 - Blueprint series: Martin S. Lipsky
 - Step Up to Medicine series: Steven S. Agabegi
 - First Aid series: Latha Ganti and Matthew S. Kaufman
 - Master the Boards: Conrad Fischer

³² Standard 6 Element 6.7: Self-Directed Learning. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.

- Crush Step 2: Adam Brochert
- OMT Review: Robert Savarese
- MEDBULLETS: <http://step2.medbullets.com/>
- Universal Notes: <https://web.myuniversalnotes.com/index#home>
- Lecturio: <https://www.lecturio.com/>
- AMBOSS: <https://www.amboss.com/us/>
- [MedFools ScutSheets](#)
- Podcasts: The Student Services office can provide you with a list of popular podcasts.

For assistance in finding the right study approach for you, please contact: Director(s) of Academic Support or Learning Specialist(s) at either campus.

Appendix G: Library Resources for Students on Clinical Rotations

Clinical Databases



UpToDate

UpToDate is a clinical decision support tool offering evidence-based information on medical conditions, treatments, and guidelines for healthcare professionals.

<https://library.lmunet.edu/uptodate>



VisualDx

VisualDx is a clinical decision support database. It is an interactive tool for finding differential diagnoses. Includes information on conditions with visual findings.

<http://lmunet.idm.oclc.org/login?url=http://www.visualdx.com/visualdx>



AccessMedicine

AccessMedicine offers comprehensive medical resources, including textbooks, multimedia, and diagnostic tools, for medical education and clinical practice.

<http://lmunet.idm.oclc.org/login?url=http://accessmedicine.mhmedical.com/>



Health Library
Clerkship

Health Library: Clerkship

LWW Health Library: Clerkship Collection provides medical students with clinical case studies, textbooks, and multimedia resources for core rotations.

<http://lmunet.idm.oclc.org/login?url=https://clerkship.lwwhealthlibrary.com/index.aspx?rotationId=0>

Need Help? Contact a Medical Librarian

Harrogate

Daniel Ferrer, MLS, MSIS
e: daniel.ferrer@lmunet.edu
t: 423-869-6606

Knoxville

Jacquelynn Stephens, MA, MSIS
e: jacquelynn.stephens@lmunet.edu
t: 865-338-5708

Title	Comments
Case Files: Clinical Rotation Cases	<ul style="list-style-type: none"> Succinct, efficient, effective resource for ALL of your Core Clinical Rotations. You need to access Case Files by going through the LMU library then create your own Free Access Account.
AccessMedicine: Reference e-Books	<ul style="list-style-type: none"> Any of these e-Books that begin with the word “CURRENT” are great reference texts (e.g., CURRENT Medical Diagnosis & Treatment, CURRENT Diagnosis & Treatment Surgery). Available for ALL of your Core Clinical Rotations Use when you want to drill down to find specific information about topics (e.g., diagnosis of X, treatment of Y). Use as reference texts that compliment your other resources (e.g., Case Files, video topics).
The Clinician’s Pocket Reference	<ul style="list-style-type: none"> A useful resource for OMS-III students that provides tips for oral presentations, charting and notes, differential diagnoses, among other practical things.
MedOne Education by Thieme: Clinical Capsules	<ul style="list-style-type: none"> A collection of clinical learning modules carefully adapted by 4th-year medical students and residents in the U.S. to fit the standards of practice in the U.S. health care system (from the original German medical textbook). Modules are templated and include Epidemiology, Pathogenesis, Signs and Symptoms, Diagnosis, and Treatment commonly tested on Shelf and USMLE exams.
epocrates Rx	<ul style="list-style-type: none"> You will need to access epocrates Rx through the LMU library then create your own access account. You can access epocrates Rx via an app on your cell phone. Free account provides access to point-of-care information about medications (generic & brand names, dosing, indications, interactions, etc.), pill identifier, practice guidelines, clinical calculators, and useful tables. Pay version also provides information about diseases/conditions.
UpToDate	<ul style="list-style-type: none"> You will need to access UpToDate through the LMU library then create your own access account. You can access UpToDate via an app on your cell phone; need to update your log-in credentials every 90 days (you will receive an email reminder about this). Best used for patient care given that the content is so up-to-date. Note: content may be too recent for use as a study resource for COMAT and COMLEX-USA exam purposes.
Lippincott Clinical Context: Clerkship Health Library &	<ul style="list-style-type: none"> Resources for each of your Core Clinical Rotations. Numerous e-Books (e.g., STEP-UP series, BluePrints

Osteopathic Medicine	<p>series).</p> <ul style="list-style-type: none"> • Currently, the updated versions of many of these books are older than those available through AccessMedicine (see above)
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Appendix H: MATCHMaker Program³³

Mentoring Program

The mission of the LMU-DCOM MATCHMaker Program is to provide physician alumni mentors to current LMU-DCOM OMS-III and OMS-IV students wishing to learn more about specialty choices, the residency application process and residency programs nationwide. The LMU-DCOM MATCHMaker Program provides students an opportunity to correspond with alumni that have similar interests to provide support and guidance as the students navigate the process of clinical rotations, residency interviews, and residency application.

What Is Required to Participate?

The LMU-DCOM MATCHMaker Program is a volunteer program. You may enroll in the program by contacting Amy Drittler, Director of Alumni Services and CME (amy.drittler@LMU.net) or by following the link below. Mentees and mentors will be notified by email of mentorship pairings. It is expected that students requesting a MATCHMaker mentor will make the initial contact with their mentor once notified of their MATCHMaker assignment. Physician alumni mentors and student mentees may enter or exit the program at any time. The mentoring relationships that may develop between alumni and current students are voluntary and are largely governed by the extent to which a student requests guidance from their mentor.

[Click here if you are a current OMS-III or OMS-IV student who would like to be paired with a MATCHMaker mentor.](#)

³³ Standard 9 Element 9.6: Career Counseling (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, September 26, 2023.