

2021-2022 CLINICAL ROTATIONS MANUAL

*Policies And Procedures For Clinical Rotations
OMS-III and OMS-IV*



A Message from the Assistant Dean of Clinical Affairs

Student Doctors of the Class of 2023,

Congratulations on the completion of the classroom portion of your medical education. You are about to begin a new clinically based chapter. The COVID-19 pandemic forced many of the educational opportunities of your on-campus education into the virtual environment. Your next few years will be filled with patient encounters, educational lectures that occur while walking quickly down hospital hallways, and evenings spent reading about patient diagnoses.

You will find that there are endless opportunities to learn while on clinical rotations. Your preceptors/attendings are not your only educators. Your most important lessons will come from your patients. Learn something from each patient that you treat. You should also take the opportunity to learn from your patients' families, the hospital/clinic staff, and your colleagues.

You will be successful in your clinical training if you can remember that your patients are people. They are not simply diagnoses or room numbers. Make your clinical decisions while remembering that each patient is someone's mother, brother, daughter, or friend. Consider how each decision impacts not only the patient but the ones they value in their lives.

Know that LMU-DCOM and the Office of Clinical Education is proud of your accomplishments thus far. We believe that you will be outstanding Osteopathic Physicians. We are here to support you in the remainder of that journey.

Carefully review this manual. If you should have any questions, reach out to the Office of Clinical Education.

Best wishes for a safe and healthy year,

A handwritten signature in black ink that reads "Anya K. Cope DO". The signature is written in a cursive, flowing style.

Anya K. Cope, DO, FACOI
Assistant Dean of Clinical Affairs
Assistant Professor of Internal Medicine



DeBusk College of Osteopathic Medicine
LINCOLN MEMORIAL UNIVERSITY

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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 diversity, public service and leadership as an enduring commitment to professionalism and the highest ethical standards;
- Facilitating in the growth, development, and maintenance of graduate medical education.

¹ Standard 1: Mission and Governance. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

Accreditation

LMU-DCOM is accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (COCA). COCA is the only accrediting agency for predoctoral Osteopathic Medical Education and is recognized by the United States Department of Education (USDE).

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 Assistant Dean of Clinical Affairs, whose decision is final, will resolve any conflicts regarding the application or interpretation of the policies contained in this manual. The **LMU-DCOM Student Handbook** is the primary student guide and the **Clinical Rotations Manual** is a supplement for use by OMS III and OMS IV students while on rotations.

Students are also 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 and Affirmative Action education institution. In support of its Mission Statement, LMU is committed to equal opportunity in recruitment, admission and retention of all student and in recruitment, hiring, training, promotion and retention for all employees. In furtherance of this commitment, Lincoln Memorial University prohibits discrimination² on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, sexual orientation, marital status, parental status, gender, gender identity, gender expression, and genetic information in all University programs and activities.

Office of Clinical Education

Mission and Basic Procedures

1. The Office of Clinical Education oversees all aspects of each medical student's clinical education throughout OMS III and OMS IV years.
2. Each student is assigned an LMU-DCOM Rotations Coordinator who serves as the student's primary on-campus contact.
3. The LMU-DCOM Rotations Coordinators assist the students with scheduling clinical rotations and monitor student progress in meeting curricular requirements.

² Standard 1 Element 1.5a: Non-Discrimination (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

- Clinical rotation assignments are based on multiple factors including availability of preceptors and the interests and preferences of the individual student.
- Students are encouraged to share information with their LMU-DCOM Rotations Coordinator. Information such as clinical interests and preferences for locations/types of facilities for each area of clinical education can be helpful when scheduling rotations

Office Hours and Communications

- Hours for the Office of Clinical Education are 8:00 am to 4:30 pm, Eastern Time, Monday through Friday. The LMU campus does close for specific holidays and some weather emergencies.
- The preferred method of communication with the Office of Clinical Education is LMU email. It is the student's responsibility to check his/her LMU email account daily for notifications and instructions from LMU. Messages will not be sent to students' personal email addresses. Telephone communication is also encouraged.

Contact Information

Clinical Education Faculty

Name	Primary Function	Phone	Email
Anya Cope, DO	Assistant Dean of Clinical Affairs	423-869-6605	anya.cope@LMU.net
Behavioral Health			
Leah Snodgrass, MD	Associate Professor and Chair of Behavioral Health; Rotation Director, Behavioral Health	423-869-6468	leah.snodgrass@LMU.net
Internal Medicine			
Maurice Nida, DO	Assistant Professor and Chair of Internal Medicine; Rotation Director, Internal Medicine	423-869-7413	maurica.nida@LMU.net
Obstetrics-Gynecology			
John Williamson, MD	Associate Professor and Chair of OB/GYN	423-869-7130	john.williamson@LMU.net
Susan Frommeyer, MD	Assistant Professor and Rotation Director, OB/GYN	865-414-3912	susan.frommeyer@LMU.net
Surgery			
Robert Wilmoth, MD	Associate Professor and Chair of Surgery; Rotation Director, Surgery & Surgical Selective	423-869-7130	robert.wilmoth@LMU.net
Pediatrics			
Richard McGill, DO	Assistant Professor and Chair of Pediatrics; Rotation Director, Pediatrics	423-869-6046	richard.mcgill@LMU.net
Ava Stanczak, DO	Professor of Pediatrics		

Family Medicine			
Gina DeFranco, DO	Associate Professor and Chair of Family Medicine	865-338-5700	gina.defranco@LMU.net
Elizabeth Douglas, MD	Assistant Professor of Family Medicine; Rotation Director, Family Medicine	423-869-6702	elizabeth.douglas@LMU.net
Chris Yonts, DO	Associate Professor, Family Medicine; Director, Clinical Distance Learning	423-869-7216	roy.yonts@LMU.net
Emergency Medicine			
Kenneth Trzil, MD	Assistant Professor, Internal Medicine; Rotation Director, Emergency Medicine	423-869-6690	kenneth.trzil@LMU.net
Rural/Underserved Primary Care			
Jan Zieren, DO	Professor, Family Medicine Rotation Director, Rural/Underserved Primary Care	423-869-7097	jan.zieren@LMU.net
International Medicine			
TBD	TBD	TBD	TBD
Research			
J. Michael Wieting, DO	Senior Associate Dean; Professor, Physical Medicine and Rehabilitation; Professor, OMT; Rotation Director, Research Elective	423-869-7148	michael.wieting@LMU.net

Clinical Education Staff

Name	Primary Function	Phone	Email
Nancy Myers, M.Ed	Director, Clinical Education	423-869-6695	nancy.myers@LMU.net
Anita Sutton	Clinical Rotations Manager	423-869-6497	anita.sutton@LMU.net
Tina Thompson	OMS IV Rotations Coordinator	423-869-6750	tina.thompson@LMU.net
Wendy Moyers	Rotations Coordinator	423-869-6424	wendy.moyers@LMU.net
Melissa Hensley	Rotations Coordinator	423-869-7133	melissa.hensley@LMU.net
Wendy Fultz	Rotations Coordinator	423-869-7005	wendy.fultz@LMU.net
Jennifer Schaeffer	Rotations Coordinator	423-869-6609	jennifer.schaeffer@LMU.net
Bethany Chumley	Rotations Coordinator	423-869-6098	bethany.chumley@LMU.net
Kari Hoskins	Clinical Relations Coordinator (Affiliation Agreements, Preceptor Payment)	423-869-7406	kari.hoskins@LMU.net
Kaitlin Bray	Administrative Assistant for Clinical Affairs	423-869-6237	kaitlin.bray02@LMU.net

Other Helpful Contacts

Name	Primary Function	Phone	Email
Lisa Shelburne, MBA	Director, Career Services (GME Match, Career Counseling)	423-869-6832	lisa.shelburne@LMU.net
Kendall Stagg, M.Ed.	Associate Director, Career Services (Knoxville Campus)	865-338-5701	kendall.staff@LMU.net

Rick Slaven, MPS, NRP	Director of Students & Academic Advancement (COMAT remediation, academic support)	423-869-6453	ricky.slaven@LMU.net
Amy Drittler, MS	Director, Alumni Services & CME (MATCHMaker Program; Faculty Development and CME)	423-869-6252	amy.drittler@LMU.net

General Guidelines

COVID-19 policy

1. The COVID-19 pandemic has created a number of challenges for the clinical learner. Policies and recommendations with respect to exposure, treatment, quarantine periods and personal protective equipment are constantly changing and evolving as our understanding of this disease process continues to grow.
2. It is the intention of LMU-DCOM to provide a safe and healthy learning environment for our students. To that end, LMU-DCOM is committed to the personal safety of students, patients, and the healthcare team.
3. LMU-DCOM is cognizant of the geographic variation of COVID-19. This variation will potentially result in a disparity of institutional policies with respect to medical student requirements for participation in clinical activities at a given site.
4. Students participating in clinical activities at individual rotation sites will follow the institutional policies specific to those sites, in accordance with federal, state and CDC guidelines. Students that have any questions or concerns regarding the policies or personal protective equipment provided at any given educational site should contact the Clinical Education Department at LMU-DCOM with their concerns.

Clinical Rotations during the COVID Pandemic

1. Students beginning clinical rotations must successfully complete the following requirements found in the Blackboard Organization "Class of 2023."
 - a. Complete the "COVID-19 Clinical Precautions" Training Module located on Blackboard with a score of 100%.
 - b. Review, initial, sign and submit the Practical Training and Assumption of Risk Form.
2. During the pandemic, on-line training modules may be available to students in place of a rotation that is **cancelled** due to COVID.
3. No medical student will be required to complete a clinical rotation if they are concerned for their health/safety or the health/safety of a close personal contact. **In the event that a medical student elects to not complete a clinical rotation due to safety concerns they may elect to take a leave of absence from medical school until such time as they are comfortable returning to the clinical training environment.**

E*Value Rotations Management Software

1. E*Value Healthcare Solutions is the online program used to schedule clinical rotations, record evaluations, and manage the clinical experiences of students.
2. Students receive instructions regarding E*Value from their LMU-DCOM Rotations Coordinator.
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. 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.
3. Each student's current contact information can be found on E*Value. Students should report any corrections to his/her DCOM Rotations Coordinator immediately.

Title and Professional Demeanor

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.⁴
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. Courtesy and a professional demeanor at all times are essential traits for student doctors and physicians.

Dress Code

1. Students should wear clean, wrinkle-free, short white coats and ID badges.

⁴ Standard 5 Element 5.1: Professionalism (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

2. The ID badge must always be worn above the waist and be visible at all times.
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.
4. Students must wear one or both badges, as instructed by their institution.
5. 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. Dresses and skirts must be of sufficient/professional length.
6. White coats are expected to be kept clean, pressed and in good repair.
7. Footwear should include casual dress or dress shoes with closed toes.
8. Good personal hygiene is expected. Students should not wear perfume or aftershave. Jewelry should be kept to a minimum. Long hair should be tied back during patient care activities.
9. 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.
10. 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 \$4 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.

Clinical Affiliation Agreements⁵

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 in order for the student to have professional liability insurance coverage.

Health Insurance Portability and Accountability Act (HIPAA)

1. Students will abide by the rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI).
2. Students are prohibited from discussing patient information in an inappropriate manner or in an inappropriate setting.
3. Students are strictly prohibited from posting anything on any social media platform regarding a clinical experience. Doing so will result in being called before the Student

⁵ Standard 1 Element 1.7: Clinical Education Affiliation Agreements (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

Progress Committee.

4. Students should become familiar with the HIPAA policies and protocol at each clinical training site. These policies may vary between sites.

Accreditation Standard Compliance and Procedures⁶

1. LMU-DCOM complies and exceeds all standards to achieve and maintain accreditation from AOA COCA.
2. If faculty, staff, students, and the public have concerns or complaints regarding a violation(s) of an accreditation standard(s) or procedure(s) against LMU-DCOM or COCA, complaint policies and procedures allows written complaint(s) to be sent directly to the Dean's office or directly to AOA COCA toward adjudication and resolution.
3. Please see: https://www.lmunet.edu/debusk-college-of-osteopathic-medicine/do/about/documents/Standard_Complaint_Form_and_Procedures.pdf

Title IX Policy and Procedure

1. 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.
2. Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex and/or gender in federally funded education programs or activities.
3. 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 www.lmunet.edu/titleix.
4. All LMU Employees (including Adjunct Faculty), 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.
5. For more information, or to submit a complaint, please contact:

Kelly Hawk, JD, MSC

Title IX Coordinator/Institutional Compliance Officer

Grant-Lee 115 (Harrogate); Duncan School of Law 249 (Knoxville)

titleix@lmunet.edu or Kelly.hawk@lmunet.edu

(312) 869-6618

⁶ 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, July 1, 2019.

Eligibility for Rotations⁷

1. To be eligible to begin OMS III clinical rotations, students must successfully complete the entire OMS II curriculum.
2. To be eligible to begin OMS IV clinical rotations, students must successfully complete all components of the OMS III curriculum.
3. Students must have current training in Basic Life Support (BLS), Advanced Cardiac Life support, (ACLS), OSHA, HIPAA, Universal Precautions, and sterile technique. Training in these areas is provided on campus before the end of OMS II.
 - a. Students are responsible to keep a copy of BLS and ACLS certification cards and be ready to present to training sites upon request. The certification is typically valid for two years before recertification is required. It is the student's responsibility to certify/recertify in both BLS and ACLS prior to starting clinical rotations to ensure continuous certification throughout their OMS III and OMS IV years. Many Core Hospitals and other clinical rotation sites routinely offer certification/recertification classes, often free of charge to students. Certification/recertification classes are also available at LMU-DCOM.
4. The following documentation must be uploaded by the student to **both the CastleBranch Clinical Compliance Platform and to E*Value** by April 15 of OMS II year. Detailed instructions on how to upload these documents is received by email from the Office of Clinical Education. Both sites 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 these sites.
 - a. Immunizations and Titers (must include date received)
 - Vaccines
 - Hepatitis B series
 - MMR booster (if needed based on titers)
 - TDaP booster (every 10 years)
 - Varicella Booster (if needed based on titers)
 - Polio series
 - Vaccine Titers to prove immunity
 - Varicella IgG titer
 - Measles IgG titer
 - Mumps IgG titer
 - Rubella IgG titer
 - Hepatitis B Surface Antibody titers

⁷ Standard 6 Element 6.9: Clinical Education (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

- b. Health Insurance: Students must have health insurance coverage and provide a copy of his/her insurance card⁸
 - c. Flu Vaccine: To meet CDC guidelines, flu 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 1 of each year. Students should keep proof of vaccination on hand to provide to rotation sites upon request.
 - d. TB Skin Test: An annual TB skin test must be current and on file with DCOM each year. Students are responsible to have the TB skin test completed before the annual expiration date. Students who fail to do so will not be allowed to continue rotations until testing is completed. Many clinical training sites will provide a TB skin test at reduced cost to the student. Students must ensure test results are on file with DCOM.
 - e. If TB testing is positive, a TB questionnaire must be completed each year. 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 more frequently. Pay close attention to the requirements at each training site.
 - f. Criminal Background Check: A current criminal background report must be completed before admissions and prior to rotations.
 - g. Drug Screen: An annual drug screen must be completed.
5. Many rotation sites will require proof of COVID vaccination. Students will upload COVID vaccination documentation to E*Value.
 6. Clinical training sites may require additional testing/documentation not included in the above list. This additional documentation may include, but not be limited to, a recent physical examination, site-specific drug screens and background checks in addition to those provided by LMU-DCOM. Students should pay very close attention to rotation requirements when applying for placement at non-LMU-DCOM sites.
 7. Specific questions regarding any of the above requirements should be directed to the Department of Clinical Education.
 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 trainings 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.

Core Site Assignment

1. Before the completion of the second year, students rank their top choices for core sites. Using the E*Value “optimization scheduling” tool, core sites will be assigned based, to the extent possible, on the student’s top choices.

⁸ Standard 9 Element 9.11: Health Insurance. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

2. In order to participate in the “optimization scheduling” process, students must be current with all CastleBranch documentation requirements. Those students missing documentation in CastleBranch will be given lowest priority for Core Site selection.
3. Students who believe they have a hardship which precludes them from being at certain sites may ask for special consideration in the notes section of the E*Value core site ranking. Hardship situations will be granted on a case-by-case basis and are typically limited to medical conditions of the student or a member of the student’s immediate family.
4. There will be a one-week trading period after the schedule is received when students will be allowed to trade their core site with another student, after which core site assignment will be final. Financial compensation between students is not allowed for core site trades. To do so is a violation of school policy and will result in disciplinary action, up to and including dismissal from LMU-DCOM.
5. Shortly after core site assignment, a draft rotation schedule will be posted on E*Value.
6. Please note that the initial 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 before the beginning of rotations.

Core Rotation Sites

1. LMU-DCOM has developed clinical teaching agreements with 34 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 site. A current list of LMU-DCOM core sites with contact information is included as **Appendix A** of this manual.
2. Clinical Site Coordinators: At each core site, there is a Clinical Site Coordinator who manages day-to-day activities of students. These activities include preceptor assignment, evaluations, lectures and other didactic activities and post-rotation exams (COMAT). The Site Coordinator will communicate with the student before core rotations begin regarding hospital tours, housing, date of hospital orientation, student expectations, etc.
3. Students are given patient care responsibilities that progress in complexity as their level of clinical skills and knowledge increase. Learning objectives and assessment methods are the same for all core rotations across all clinical sites.

Clinical Curriculum

Rotation Syllabi

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

Rotation Schedule Changes – The “Sixty Day Rule”

1. When the rotation schedule is finalized, students cannot change their OMS III Core 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.
3. The student should send the request, with the reason for the change, by email to his/her DCOM Rotations Coordinator. Each request will be considered on a case-by-case basis. Changes with less than 60-day notice will not be granted.
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. The LMU-DCOM Rotations Coordinator will contact the student to include him/her in the rescheduling process.

Curriculum Design

1. Students will complete 21 clinical rotations throughout their OMS III and OMS IV years.
2. Each clinical rotation is a four (4) week block, represented as a single (1) course on the student’s transcript.
3. The OMS III year is comprised of eleven (11) four-week rotation blocks.
4. The OMS IV year is comprised of ten (10) four-week rotation blocks.
5. Students have one (1) four-week block of independent study in third year and one (1) four-week block of independent study in fourth year.
6. Rotations are designed to provide students with “hands-on” clinical experience under the supervision of approved clinical preceptors.
7. Didactic activities provided by LMU-DCOM will be completed in addition to and concurrent with clinical experiences and are a required part of the curriculum. Didactic activities assigned by the Core Site and independent preceptors must also be completed by the student.

Rural and Underserved Clinical Training

1. The clinical curriculum provides significant exposure to the health disparities faced by rural and medically underserved populations.
2. Students are exposed to the barriers faced by these populations and gain frontline experience and skills in how to address those barriers.
3. Rural/Underserved rotations serve as an introduction to community medicine and the potential recruitment of LMU-DCOM graduates into those areas, serving to enhance access to comprehensive health care for underserved communities.

function as part of a healthcare team. At least one of the four-week rotations (IM I and IM II) must be completed at an inpatient facility.⁹

3. **Obstetrics/Gynecology:** This rotation will provide students clinical experience in the field of Woman's Health including obstetrics and gynecology. Students will participate in the evaluation and management of patients under the supervision of an attending physician preceptor. Students may also gain experience assisting and/or performing obstetrical and gynecologic procedures if deemed appropriate based upon the professional judgment of the preceptor.
4. **General Surgery:** The General Surgery rotation 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.
5. **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 site.
6. **Family Medicine/Primary Care I and II:** During the Family Medicine/Primary Care rotation, 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.
7. **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.¹⁰ This Core experience can be fulfilled with an Elective, Selective or any of the above listed Core rotations. This experience can be fulfilled using the virtual rotation option only if approved in advance by the Assistant Dean of Clinical Affairs.

Surgical Selective Rotation

OMS III students will choose one subspecialty for the surgical selective rotation. The surgical selective may be general surgery or a surgical subspecialty and can be completed in either the inpatient or outpatient setting. Rotations must be chosen from the approved list below:

⁹ Standard 6 Element 6.10: Clinical Experience (must include an inpatient component). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

Approved Surgical Selective Rotations

Surgery Selective (Adult or Pediatric)
Cardiothoracic Surgery
General Surgery
Gynecological Surgery
Neurological Surgery
Ophthalmology
Orthopedic Surgery
Otorhinolaryngology
Plastic Surgery
Surgical Critical Care
Trauma
Urology
Vascular Surgery

Elective Rotations

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 must 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 one additional elective in the OMS III year. 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 Assistant Dean of Clinical Affairs.

Independent Study in OMS III

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

Additional OMS III Rotation Requirements

1. One or more OMS III rotations must be completed in a health care setting where the student works with resident physicians that are currently enrolled in an accredited program of graduate medical education.¹⁰ Students may need to use one of their elective rotations in order to complete this requirement, as noted above.
2. A minimum of one OMS III rotation must be completed under the supervision of an

¹⁰ Standard 6 Element 6.10: Clinical Experience. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

Osteopathic Physician.¹⁰

3. More than one OMS III rotation must be completed in an inpatient facility.¹⁰
4. Completion of two Interprofessional Education activities.
5. Completion of at least 60% of the Fourth Friday Didactic Career Services/Counseling and OPP/OMT sessions.

Clinical Skills Workshop (CSW)

1. 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.
2. This multi-day course is designed to review and assess clinical and OMT skills to ensure competence. Successful completion of the CSW is a graduation requirement.
3. This training will occur, primarily, during the second half of the OMS III year. Specific details regarding this event will be sent via email to OMS III students.
4. This component is a P/F GRADUATION REQUIREMENT and will not be calculated into rotation grade(s).

OMS IV Clinical Rotations

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 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.
5. Students must complete at least 50% of the Fourth Friday Didactic OPP/OMT sessions as a Graduation Requirement.

OMS IV Core Clinical Rotations

1. **Emergency Medicine:** Four weeks of training in which students will learn the initial evaluation and stabilization of the acutely ill or traumatized patient. Education of the triage process at the entry into the Emergency Department is included in the experience.
2. **Rural/Underserved Outpatient Care:** Four weeks of assignment to a physician representing the delivery of primary care (Family Medicine, Pediatrics or Internal Medicine) where the practice is located in an ambulatory clinic in a rural/underserved designated area. The student will be assigned to one physician to learn the problems that are unique to an area where higher level of consultative care and equipment or facilities are not available. Steps to determine if a rotation site meets a rural and/or underserved designation is included in the rotation syllabus.

OMS IV Elective Rotations

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 gives the student the ability to try out specialties they are considering for residency training in programs where they would like to interview.

2. One OMS IV elective must be completed in a rural or underserved area. The 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).

<http://hpsafind.hrsa.gov/HPSASearch.aspx>

-Or-

<http://datawarehouse.hrsa.gov/ruraladvisor/RuralHealthAdvisor.aspx>

3. One OMS IV elective must be completed in one of the following medical subspecialties. This rotation can be completed at any site approved by the Office of Clinical Education.
 1. Cardiology
 2. Endocrinology
 3. Gastroenterology
 4. Hematology/Oncology (separate or combined)
 5. Infectious Disease
 6. Neurology
 7. Pulmonology/ICU (separate or combined)
 8. Rheumatology
4. International Elective: In the past, up to two OMS IV electives may be completed with an international rotation. **The COVID pandemic has placed all international rotations on hold at this moment. The medical environment globally will continue to impact the ability to complete international rotations.** The primary site supervisor for the international rotation must be a licensed physician qualified to practice within the host country. Students will be responsible for obtaining the appropriate passport, visa, required immunizations other prophylaxis requirements. International rotations must be approved at least 90 days in advance by the Director of International Medicine.
5. Research Elective: Up to two OMS IV electives may be a research elective, with prior approval by the Office of Clinical Education and with sponsorship by an LMU-DCOM on-campus faculty member or an LMU-DCOM clinical adjunct faculty member. A research elective may include, but is not limited to clinical investigation, policy studies, laboratory-based research, or health services research. Research electives must be approved at least 60 days in advance by the Office of Clinical Education. Guidelines/Applications for the research elective can be obtained from the Office of Clinical Education.¹¹
6. Split-Rotation: OMS IV students may complete up to three “split rotations”, when a four-week rotation is split into two separate two-week blocks. A split rotation may be completed at the same clinical training site or at two separate training sites and may be in the same specialty or two separate specialties. Students will receive one combined, averaged grade for a split rotation.
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

¹¹ 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, July 1, 2019.

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 Student Time Off: 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 60 days in advance to the Assistant Dean of Clinical Affairs for approval to complete an elective during his/her scheduled vacation.

Independent Study in 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 needed for interviews, off-cycle rotations, study time, remediation, etc.

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. The “sixty-day rule” applies to elective and selective rotations, requiring the student to request the rotation sixty days in advance of the rotation start date.

1. Take advantage of Selective/Elective rotations available at the Core site. Students should consult with the Clinical Site Coordinator to determine which rotations are available.
2. Search on **E*Value**: If a student finds a Selective/Elective rotation in which he or she is interested, he/she should contact his/her DCOM Rotations Coordinator by email to request the rotation. The LMU-DCOM Rotations Coordinator will contact the preceptor to see when he/she 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. **The student should not directly contact preceptors listed on E*Value unless instructed to do so by his/her DCOM Rotations Coordinator.**
3. 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 site, the student should contact the Core Site Coordinator to request the rotation.
 - b. If the supervising physician is outside of the core site, the student should sent 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 Faculty Application. Physicians are encouraged to complete the full application for clinical adjunct faculty but will have the option to apply for preceptor only designation.
 4. Requests must be received at least 60 days in advance of the rotation start date.
 5. **Follow up:** After providing the preceptor application link to the supervising physician(s), students are responsible to follow up to ensure that the application is received by the Office of Clinical Education and that the preceptor has been approved.
 6. 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.

Applying for Rotations at Graduate Medical Education 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 look at each program’s website or contact them directly to learn their specific requirements, deadlines, and application process. Requirements will vary for each program.
4. Some programs allow students to apply on-line; others will require paper applications, with the signature of the Dean.
5. The student must complete their portion of the application and forward it to Tina Thompson, OMS IV Rotations Coordinator, along with a checklist of all items that the host program requires for a completed student packet.
6. Students are responsible for securing housing and for all costs associated with these rotations, including application fees.
7. Rotations at medical education programs should be requested at least 60 days in advance to allow time to complete the application process. Failure to apply with 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.

Identifying GME Rotation Opportunities

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

1. Revisit the Careers in Medicine website at:

<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 most 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 Tina Thompson, LMU-DCOM OMS IV Rotations Coordinator, in January of OMS III with information to access the VSLO Application Service. Students who are off-cycle may receive their 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.
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 VLSO 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.

General Rotation Requirements/Information

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.
4. One 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 Assistant Dean of Clinical Affairs for review and subsequent approval. These materials must be submitted at least 90 days in advance of the expected start date.

Confirmation of Rotation Assignments

1. For rotations occurring at a Core Site, it is important to work with the Site Coordinator to confirm rotations and coordinate details regarding when and where to report. Some Core Sites ask that students not contact preceptors directly but arrange all rotations through the Site Coordinator.
2. The student should consult with the Site Coordinator at their core site to determine the best method to confirm rotations at that site.
3. For non-core sites, it is the responsibility of the student to contact each site at least a week prior to arrival to confirm the rotation, obtain instructions regarding start time, dress code, housing arrangements and to receive any special instructions or assignments for the rotation.
4. The student may consider sending a letter of introduction and/or a CV before beginning the rotation as a way of introducing themselves (some sites will require these items).

Osteopathic Principles and Practices on Rotations¹²

1. LMU-DCOM expects every student on every rotation to consider appropriate incorporation of Osteopathic Principles and Practice (OPP).
2. Each core rotation syllabus includes integration of OPP.
3. The student should be prepared to practice and promote the philosophy of Osteopathic Medicine in a professional manner.
4. The student is expected to perform structural examination on all patients where it is clinically appropriate (and permitted) and discuss findings with the supervising physician.
5. In addition, the student is expected to **suggest** Osteopathic Manipulative Treatment (OMT), where appropriate and feasible, regardless of whether the supervising physician is a D.O. or M.D.
6. The student is expected to describe the relevant physiology and biomechanics of an appropriate Osteopathic Manipulative Treatment for both musculoskeletal and systemic disorder.
7. When under the supervision of an MD, OMT treatment may not always be appropriate due to the lack of adequate supervision. However, Osteopathic Principles and Practice, which is a holistic, patient-centered approach, should be practiced by the Osteopathic Medical Student on all patients regardless of the setting.

¹² Standard 6 Element 6.4: Osteopathic Core Competencies (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

8. As with all procedures, OMT may only be performed with the expressed permission and supervision of the supervising physician.

Procedure/Clinical Skills Log

1. Students are encouraged to utilize the Case Logs on **E*Value** to record procedures as they are performed.
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. In addition, the log will 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 listed on **E*Value** under the Case Logs menu.

Non-Clinical Experiences

1. It is important for students to observe and participate in non-clinical experiences (e.g. tumor board, journal club, hospital committees, etc.) 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 requested by the preceptor.

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 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 60 days of the end of rotation, please contact the Office of Clinical Education.

Components of Rotation Grading 2021-2022

OMS III grading elements	OMS III grading elements	OMS IV grading elements
<p>801 Behavioral Health 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p> <p>802 Internal Medicine I 50% Preceptor Evaluation 50% Didactics</p> <p>803 Internal Medicine II 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p> <p>804 OB/GYN 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p> <p>805 General Surgery 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p> <p>806 Pediatrics 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p> <p>807 & 808 Family Medicine/Primary Care I and II 50% Preceptor Evaluation 25% COMAT Score 25% Didactics</p>	<p>816 Surgical Selective 80% Preceptor Evaluation 20% Didactics</p> <p>825 – 826 Electives 100% Preceptor Evaluation</p>	<p>903 Emergency Medicine 60% Preceptor Evaluation 40% Didactics</p> <p>904 Rural/Underserved Outpatient Care 50% Preceptor Evaluation 50% Didactics</p> <p>924 – 931 Electives 100% Preceptor Evaluation</p>

Grading Scale

<p>90 – 100 = A 80 – 89 = B 70 – 79 = C <70 = F Incomplete = I</p>

Student Evaluation by Preceptor

1. A student evaluation will be completed by the preceptor at the completion of each rotation.
2. The student evaluation is based on progress towards the Entrustable Professional Activities (EPAs) that graduating students should meet to enter 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:
 - a. EPA 1: Gather a history and physical examination
 - b. EPA 2: Prioritize a differential diagnosis following a clinical encounter
 - c. EPA 3: Recommend and interpret common diagnostic screening tests
 - d. EPA 4: Enter and discuss orders and prescriptions
 - e. EPA 5: Document a clinical encounter in the patient record
 - f. EPA 6: Provide an oral presentation of a clinical encounter
 - g. EPA 7: Form clinical questions and retrieve evidence to advance patient care
 - h. EPA 8: Give or receive a patient handover to transition care responsibility
 - i. EPA 9: Collaborate as a member of an interprofessional team
 - j. EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
 - k. EPA 11: Obtain informed consent for tests and/or procedures
 - l. EPA 12: perform general procedures of a physician
 - m. EPA 13: Identify system failures and contribute to a culture of safety and improvement
3. In addition to the EPAs above, the student will be evaluated on the following observable behaviors:
 - a. Osteopathic Principles and Practice
 - b. Lifelong Learning
 - c. Communication Skills
 - d. Professionalism Skills
4. Note: Students who are evaluated with concerns in professionalism will not pass the rotation.

Comprehensive Osteopathic Medical Achievement Test (COMAT)

1. A series of nationally standardized 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 125 items that must be completed within 2 hours and 30 minutes.
3. COMAT exams are administered on-line on the last day of the rotation in accordance with NBOME guidelines.
4. COMAT exams are self-proctored and can be taken at any location with reliable internet connection, where there are no disturbances
5. Students will receive instructions from the Core Site Coordinator regarding the time the exam will be administered and the access codes needed to begin the exam.
6. COMAT exams must be taken on the day that they are scheduled.

7. COMAT exams are taken at the completion of core rotations in Behavioral Health, Internal Medicine II, OB/GYN, General Surgery, Pediatrics, and Family Medicine/Primary Care Selective II.
8. The Surgery COMAT exam will be given at the completion of both the General Surgery and Surgical Selective rotation to allow for more surgical experience and study time, but the COMAT score will be assigned to the grade of the core General Surgery rotation.
9. The Internal Medicine COMAT will be taken after completion of both Internal Medicine I and Internal Medicine II rotations. The COMAT score will be factored into the IM II rotation grade.
10. There are no post-rotation exams for Internal Medicine I, selective/electives, or OMS IV rotations.
11. Though not tied to a specific core rotation, Osteopathic Principles and Practices (OPP) are a key component of all rotations.¹³
12. The OPP COMAT exam will be administered at the end of the second year, before leaving for rotations. 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.
13. COMAT examination structure, content outlines and practice exams for each subject can be found at:
 - a. <https://www.nbome.org/exams-assessments/comat/>
 - b. Advice for preparing for the COMAT exam is included in **Attachment B** of this manual.

Exam Scoring

1. Standard scores are derived by NBOME based on a national sample of candidates from Colleges of Osteopathic Medicine that use COMAT as a part of their student evaluation process.
2. COMAT standard scores have a mean of 100 and a standard deviation of 10.
3. For grading purposes, COMAT scores are adjusted to conform to LMU-DCOM grading standards, with a mean of 80.
 - a. To calculate the adjusted score for any COMAT exam (except OPP), **subtract 20 points** from the standard score.
 - b. Example: if the received (raw) score is 100 then the adjusted score is 80
 - c. For the OPP COMAT exam, the adjusted score is obtained by **subtracting 15 points** from the standard score.
 - d. ***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 on-line 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.

¹³ Standard 6 Element 6.6: Principles of Osteopathic Medicine (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

3. The adjusted score is posted in each rotation's grade book on BlackBoard.

Failure of a COMAT Exam

1. Students have three attempts to pass the COMAT examination.
2. Students who do not pass the COMAT exam in any subject on the first attempt may be required to complete remediation activities as set by the rotation chair and the Director of Students and Academic Advancement.
3. Students who pass on their second attempt will receive no higher than a "B" for the rotation and those who pass on the third attempt will receive no higher than a "C" for the rotation.
4. Students who are not successful in passing the COMAT exam by the third attempt will receive a failing grade and must repeat the rotation.
5. **All reattempts must occur within ninety days from the time the initial failure is reported on BlackBoard.**
6. 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.

Rotations Didactics¹⁴

OnlineMedEd

1. OnlineMedEd is a clinical education platform designed to supplement the clinical learning experiences of OMS III and OMS IV students and assist with preparation for COMAT and COMLEX exams.
2. LMU-DCOM provides premium access to OMS III students at no cost to the student. The student will receive a username and password from OnlineMedEd to access the learning modules.
3. Students completing OMS III Core and Selective rotations will complete OnLineMedEd learning modules assigned by the Rotation Director.
4. Additional information about OnlineMedEd can be found at:

<https://onlinemeded.org/>

COMQUEST – COMAT Exam Preparation

1. COMQUEST offers relevant practice questions made specifically for OMS III COMAT exams
2. Students are assigned questions by the Rotation Director to complete as a portion of the rotation grade
3. COMQUEST for COMAT also serves as a study guide for COMLEX 2 CE. Students who perform well on COMAT exams are more likely to perform well on the CE exam
4. Additional information about the COMQUEST for COMAT platform can be found at:
<https://comquestmed.com/exams/comat.php>

UWorld

1. UWorld Level 2 question bank is provided at no cost to OMS III students.
2. UWorld offers practice questions written to mirror board-style questions.

3. Questions are answered in “tutor” mode, so students receive immediate feedback regarding their answers and have multiple attempts to answer questions correctly.
4. Additional information about the UWorld platform can be found at:

<https://medical.uworld.com/usmle/usmle-step-2-ck>

Other Didactic Assignments

Other elements, such as journal club and case presentations may be assigned by the Rotation Director.

Instructions for completing required assignments is found in the course description on Blackboard and in the individual course syllabus.

Osteopathic Didactics on Rotations/Fourth Friday Didactics

LMU-DCOM will begin hosting a virtual didactic activity that will include sessions of Career Services/Counseling along with hands-on OPP/OMT instruction. These sessions will be delivered virtually in the afternoon of the fourth Friday of each rotation block and will include topics that are helpful to residency selection, application and Match. The OPP/OMT sessions will assist students in incorporating Osteopathic tenets into everyday practice.

Attendance at a specific percentage of these session is a GRADUATION REQUIREMENT:

- OMS III students must attend at least 60% of delivered Career Services/Counseling and OPP/OMT sessions.
- OMS IV students must attend at least 50% of delivered OPP/OMT sessions.

Information regarding this requirement will be distributed to preceptors and Site Coordinators

Interprofessional Experience (IPE)¹⁴

1. OMS III and OMS IV students are required to participate in two (2) IPE experiences each academic year.
2. These experiences are intended to introduce the student to various members of an institutions’ team that they would not normally interact with.
3. This collaborative opportunity will give the student knowledge, insight and a deeper understanding of the multiple and varied components that comprise the healthcare team.

¹⁴ Standard 6 element 6.6: Principles of osteopathic Medicine (CORE). The AOA COCA Accreditation of Colleges of Osteopathic medicine: COM continuing Accreditation Standards, July 1, 2019.

Graduation Requirement: IPE Shadowing and Journal Entries

It is the responsibility of the student to arrange with their preceptor the required time-off during their rotation. Preceptors are aware of this requirement. Students experiencing any difficulties should notify the Clinical Education Department immediately.

OMS III IPE Requirements

1. Students are required to have two (2) IPE shadowing experiences during their OMS III year.
2. This experience will take place only once during a rotation block and last ½ workday or four (4) hours.
3. Students will select a shadowing opportunity from the list below. Each category may only be used only one time.
 - Central Supply/Security
 - Housekeeping/Maintenance
 - Rehabilitation Services/X-Ray Technician
 - Dietary Food Service
 - Registration/Chaplain
4. Students are required to submit an electronic journal reflection using Blackboard for each of the shadowing experiences.
5. Students must complete two (2) reflections by the end of OMS III rotations.
6. **The student may choose, at his or her discretion, the rotation during which they would like to schedule their experience(s).**
7. Students who fail to submit two shadowing experiences and coinciding journal entries will no longer be listed in good academic standing.
8. This component is a P/F GRADUATION REQUIREMENT and will not be calculated into the rotation grade.

OMS IV IPE Requirements

1. Students are required to have two (2) IPE shadowing experiences during their OMS IV year.
2. This experience will take place only once during a rotation block and last ½ workday or four (4) hours.
3. Students will select a shadowing opportunity from the list below. Each category may only be used only one time.
 - Hospital Administrator (Pick one: CNO, CFO, CMO, CEO, CIO, CAO)
 - Pharmacist/Registered Dietician
 - Lab Technician/Medical Technologist
 - Social Worker/Case Manager
 - Quality Assurance Professional
4. Students will be required to submit an electronic journal reflection using Blackboard for each of the shadowing experiences.
5. Students must complete two (2) reflections by the end of OMS IV year rotations.
6. The student may choose, at their discretion, when during their OMS IV year (which rotation)

they would like to schedule their experience(s).

7. Students who fail to submit two shadowing experiences and coinciding journal entries will no longer be listed in good academic standing.
8. This component is a P/F GRADUATION REQUIREMENT and will not be calculated into the rotation grade.

Incomplete Rotations

1. Students who do not meet all rotation requirements 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 or the Assistant Dean of Clinical Affairs, 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. A student who fails a rotation will be required to repeat and pass that rotation prior to graduation.
2. A failed rotation may result in the student not being able to graduate as scheduled and can delay participation in the residency match.
3. Any student who fails a rotation due to a preceptor evaluation will be referred to the Student Progress Committee and will be subject to dismissal from LMU-DCOM.

Grade Appeals

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

Evaluation Process¹⁵

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

¹⁵ Standard 11 Element 11.2: Student Evaluation of Instruction. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

3. 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.
4. The preceptor will receive an automated email from **E*Value** with a link to the evaluation.
5. Evaluations completed on **E*Value** is the preferred method since the information is received immediately and there are no lost faxes, missing pages, illegible handwriting, etc.
6. 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.
7. Paper evaluations can be faxed, mailed or sent by email to the Office of Clinical Education.
8. 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**.
9. Please note that any health professional providing health services, through a physician-patient relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services. Therefore, if a preceptor is involved in the evaluation of the student, they cannot provide health services to the student being evaluated.¹⁶

Preceptor Information on E*Value

1. It is the student's responsibility to make certain that the rotation and preceptor 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 his/her DCOM Rotations Coordinator **by the end of the first week of the rotation.**
5. Preceptors for Selective/Elective rotations away from the Core 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:

¹⁶ Standard 9 Element 9.10: Non-Academic Health Professional (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

- 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.

Evaluation Process

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. The student should:
 - a. Determine if the preceptor has a copy of the rotation syllabus and if not, provide a copy
 - b. Provide the preceptor with a copy of the *Mid-Rotation Evaluation Form* and let him/her know that the end of rotation evaluation will be based on the competencies listed on the form.

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 his or her 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 his or her 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 past 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 a very important element of the student evaluation
 - a. Designed to identify the student's strengths and areas for improvement.
 - b. Comments will also be used as content for the Medical Student Performance Evaluation (MSPE, or Dean's letter) for the residency match program.
 - c. If your evaluation is missing, it will be recorded as "No comments available" in your MSPE.
 - d. Students are encouraged to inform the preceptor about the importance of making specific comments about their clinical performance.

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. Evaluation of Preceptor: Provides feedback that can be used to assess and improve the teaching of up to three preceptors for each rotation. 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 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.

Hours of Duty

1. The LMU-DCOM academic calendar does not apply to students on clinical rotations. Each clinical training site sets its own schedule.
2. Night 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 80 hours, averaged over the four-week period of the rotation.
5. Rotations may not be shortened by working extra hours some weeks in order to complete the rotation in less than four weeks.
6. The maximum duration of any work period will be 24 hours and must be followed by a

- minimum of 12 hours off duty.
7. No student shall be required to be on call or perform night duty after a day shift more than once every three days.
 8. Students shall be given a minimum of two days off every 14 days. This requirement may be met by giving a student every other weekend off but is at the discretion of the supervising physician/preceptor.

Attendance

1. One hundred percent attendance is expected at all clinical rotations.
2. Any absence during scheduled rotation work hours, including illness, must be excused by the preceptor and the Office of Clinical Education in advance, except for illness. Illness must be reported immediately to the preceptor and site coordinator.
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 of excused absence is allowed for COMLEX Level 2 CE. Three days (one test day and two travel days) excused absence will be allowed for the COMLEX Level 2 PE exam if/when this exam resumes. 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 vacation month.
7. Any absence from a rotation will be excused only under extreme circumstances. This includes but is not limited to; death in the immediate family, birth of student's child, illness or accident of a student requiring hospitalization or similar circumstances. Absence from a rotation in excess of two days or any unexcused absence will be reviewed by the Assistant Dean of Clinical Affairs and will result in failure of the rotation and appearance before the Student Progress Committee.
8. 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.
9. 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 and possible dismissal.
10. Time missed for the Clinical Skills Workshop is discussed elsewhere in this manual.

Professionalism¹⁷

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, blood borne 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 until the preceptor feels that the student is proficient.
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 Practice:** While on rotations, students will interact with interprofessional healthcare teams, including other students. Understanding other professions and their student's 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 DUI's 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 the specific policy.

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

COMLEX -USA Requirements¹⁸

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

¹⁷ Standard 5 Element 5.1: Professionalism (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

¹⁸ Standard 6 Element 6.12: COMLEX-USA. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

4. It is strongly recommended that COMLEX 2-CE be taken by June 30th. Early completion of licensing exams by July 1 will allow students to receive scores before residency audition rotations and interviews. This 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. Detailed information regarding COMLEX examinations can be found on the AOA website at:
<http://www.osteopathic.org/insideaoa/Education/students/Pages/COMLEX-USA-level-2.aspx>
and on the NBOME website at:
<https://www.nbome.org/osteopathic-medical-students/>

USMLE

1. LMU-DCOM does not require students to take any Step of the USMLE but supports those who wish to do so.
2. The student may take Step 1, Step 2 or both.
3. The National Board of Medical Examiners (NBME) permits a student to take USMLE Step 2 without first having taken Step 1.
4. It is the student's responsibility to determine which exam(s) will suffice to further their residency plans; however, it is recommended that students take COMLEX-USA prior to USMLE, since it is a requirement for graduation, as well as securing the residency of the student's choice.
5. The USMLE, may not, under any circumstances, be substituted for COMLEX-USA to fulfill graduation requirements.
6. Results of all licensing exams (COMLEX and USMLE) attempts must be reported for residency and licensing applications.

Patient Care Activities and Supervision¹⁹

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. A medical student is not legally or ethically permitted to practice medicine or independently assume responsibility for patient care.
4. A student may be involved in assisting in the care of a patient, but **only under the supervision of a licensed physician.**
5. The attending physician is responsible for the medical care of the patient. A student may not

¹⁹ Standard 5 Element 5.4: Patient Care Supervision (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

administer therapy or perform procedures, except under the supervision of a licensed physician to whom the student has been formally assigned.

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. Some rotation sites have separate 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. LMU-DCOM recognizes that there may be occasions when students may act to document information for a preceptor.
2. Scribes are authorized by a licensed practitioner to transcribe his/her spoken word during a clinical encounter. Scribes do not interact directly with patients, but document activities of the provider.
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.

Student Health²⁰

Needle Stick and Blood Borne Pathogen Exposure

If a student experiences a needle stick, sharps injury or is otherwise exposed 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.
2. **Immediately** report the incident to the physician preceptor and employee health if the incident occurred in the hospital. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible. If there is potential exposure to HIV, it is imperative to initiate prophylactic treatment within two hours of the incident. Without prompt reporting, the source patient may be discharged or lost to follow up before testing for infectious disease can be conducted.
3. **Seek post-exposure services.** Clinical sites will have a policy in place for exposure to blood borne pathogens, with a point of contact. The student should follow the policy of the training site. If on a core rotation, contact the Site Coordinator for instructions. If on a non-core rotation, contact the nursing supervisor or employee health service. If it is after hours or if the student cannot locate a person to guide them, the student should go immediately to the emergency department and identify themselves as a student who has just sustained an exposure.
4. **Complete and submit the LMU Incident Report.** The student must report the incident to his or her LMU-DCOM Clinical Rotations Coordinator and complete and submit the LMU Incident Report within 24 hours of the exposure. The training site may require the student to complete a separate incident report for their facility. The LMU Incident Report can be obtained from the Office of Clinical Education.
5. **It is extremely important that students report incidents within 24 hours to LMU-DCOM to avoid problems occurring later with payment for post-exposure treatment.**
6. **Costs Incurred.** Most training sites provide post-exposure treatment to students free of charge. If there are charges for services, the student must file all medical claims to his or her personal medical insurance first, then to the LMU intercollegiate policy. The student must:
 - a. File a claim with his or her personal insurance policy
 - b. Complete the LMU intercollegiate claim form obtained from the Office of Clinical Education.
 - c. Make a copy of the front and back of your insurance card
 - d. Collect all bills associated with the incident not paid by the insurance company.
 - e. Keep a copy of the Explanation of Benefits (EOB) provided by your insurance company.
 - f. Collect a billing statement from the billing office of the facility where treatment was received.
 - g. Submit all items listed to:

²⁰ Standard 5 Element 5.3: Safety, Health, and Wellness (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

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Personal Medical Care while on Rotation²¹

1. If a student becomes ill or has an emergency health issue during their rotation, the training facility will render care but is not responsible for the cost of such care.
2. Students are financially responsible for any medical care they receive at a training site.
3. A health professional providing health services, via a therapeutic relationship, must recuse him/herself from the academic assessment or promotion of the student receiving those services.

Mental Health Services²³

1. **WellConnect** Student Resource Services 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. This 24-hour service is prepaid and there is no cost to the student.
3. A full description of **WellConnect** by Student Resource Services can be found as **Appendix C** of this manual.
4. For additional questions, contact Rick Slaven, ricky.slaven@lmunet.edu.

Disaster Preparedness

1. 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.
2. In the event of an emergency, natural disaster, or severe weather, the student is expected to follow the policies and procedures outlined at his/her specific Core Site or the facility where he/she is located.
3. In the event of such an emergency, the student should notify the Clinical Education Department at LMU-DCOM as soon as is feasible as to his/her location, updated contact information, and status.

²¹ Standard 9 Element 9.9: Physical Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

²³ Standard 9 Element 9.8: Mental Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

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. LMU-DCOM will make every effort to assist and arrange for alternative housing, training, and other supportive needs for students involved in unforeseen events.

Career Counseling and Applying for Graduate Medical Education/Residency Positions²⁷

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* webpage at:

<https://www.lmunet.edu/debusk-college-of-osteopathic-medicine/do/academics/residency-application-guide-and-resources/index.php>
3. Students may begin collecting Letters of Recommendation (LoRs) 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 above, or the **ERAS** website:
<https://students-residents.aamc.org/applying-residency/article/myeras-application-residency-applicants/>
4. Letters **MUST NOT BE SENT TO LMU-DCOM**. They must be uploaded to the ERAS portal **BY THE AUTHOR**. Letters sent directly to LMU-DCOM cannot be used. 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 take advantage of the MATCHMaker program which 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 as **Appendix D** of this manual. For additional information, contact Amy Drittler, Director of Alumni Services and CME at 423-869-6252, amy.drittler@lmunet.edu.
6. For further information regarding the residency application process, please contact:
Lisa Shelburne, Director of Career Services at LMU-DCOM at Harrogate, 423-869-6832, lisa.shelburne@lmunet.edu , or
Kendall Stagg, Associate Director of Career Services LMU-DCOM at Knoxville, 865-388-5701, kendall.stagg@lmunet.edu.

²⁷ Standard 9 Element 9.6: Career Counseling (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

Tips on Making the Most of Each Clinical Rotation

(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 and go over any notes you may have from first- and second-year courses. Be sure to draw on this knowledge as you demonstrate your diagnostic skills
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 they do and how you, as a medical student, interacts with each of them. 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. On the first day of the rotation, unless you have been specifically informed by the preceptor or Site Coordinator to wear scrubs, dress professionally. 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, in everything you do, no matter how dull boring or insignificant the task, show enthusiasm.
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 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 don't 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, don't 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'll have

- extra time, don't go anywhere without something to read. Keeping journal articles or reference materials with you will afford you the opportunity to study, read up on a patient, or prepare for your next 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.** Don't 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. Don't be afraid to volunteer. However, be prepared if the preceptors prefer to do a task alone.
 15. **If you find yourself on the receiving end of harsh criticism, don't take it personally.** Remember that the preceptor is not criticizing you as a person – they are criticizing your actions. No doubt you have experienced criticism many times by now, and you will experience even more during residency. Try to understand that you are human, and you will make mistakes. Distance yourself from the criticism or situation, 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 don't 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.

Safety and Personal Security on Rotations²⁸

The security and safety of LMU-DCOM medical students and faculty is of utmost importance.

General Safety

1. The security and safety of LMU-DCOM medical students and faculty is of utmost importance.
2. To ensure student and faculty safety at clinical rotation sites, the program conducts routine site visits to evaluate the safety of the clinical site. Any clinical site deemed unsafe, is immediately discontinued. If you feel unsafe due to a patient or employee at your rotation site, immediately report this to your preceptor, the office manager or security. If this is not handled immediately by on-site personnel, then report it to the Director of Clinical Education.
3. Any time during a clinical rotation, if there is a safety concern with a preceptor or Core Rotation Site, the student should report it immediately to his/her LMU-DCOM Rotations Coordinator.

²⁸ Standard 4 Element 4.2: Security and Public Safety. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

4. Students who experience an incident regarding their personal safety should report the incident to the appropriate authority 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.

Personal Safety

1. Don't leave valuables such as your wallet, cellular phone, checkbook, jewelry, lab coat or keys in open view.
2. Mark easily stolen items like cell phones, and computers, keep a list of serial numbers, model numbers and descriptions.
3. Lock doors and windows when going out, and never prop doors open when entering/exiting an apartment/dormitory building - it is too easy for someone paying attention to sneak in.
4. Do not store large amounts of money or credit cards in your apartment.
5. Use the "buddy system" - go out with a friend, especially if you're headed for a late-night snack or study break.
6. Walk purposefully. Look confident. Watch where you are going. Avoid shortcuts through isolated areas. Be alert to your surroundings. If you still have concerns, call the health care facility security for an escort.
7. If an entrance/hallway lights are burned out after working hours, report them to maintenance.
8. 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. Call security for an escort if available.
3. Have keys ready as you approach your car. Check car for intruders before entering and lock door immediately after getting into your car.
4. If you must store valuables in your car, store them out of sight (preferably locked in trunk).

Hazardous Weather and Emergency Situations

1. In the event of hazardous weather or an emergency situation, students should follow protocols and procedures at his/her specific clinical site.
2. Hazardous weather advisories/direction from local services and the National Weather Service should be followed.
3. If a student's rotation schedule is interrupted due to hazardous weather conditions or other emergency, students should contact his/her DCOM Rotations Coordinator as soon as possible.

Appendix A

2020-2021 Clinical Core Rotation Sites/Coordinator

Core Rotation Site	Location	Site Coordinator	Email
Zone One – Bethany Chumley, DCOM Rotations Coordinator			
Adena Health System	Chillicothe, OH	Joei Gill	jgill2@adena.org
Baptist Fort Smith	Fort Smith, AR	Kyndall Dyer Hilts	Kyndall.dyerhilts@baptist-health.org
LaFollette Medical Center	LaFollette, TN	Missy Turner	missy.turner@lmunet.edu
Magnolia Regional Health Center	Corinth, MS	Wendy Hurley	whurley@mrhc.org
Newport Medical Center	Newport, TN	Amber Arnold	aarnold@healthstartn.org
North Knoxville Medical Center	Powell, TN	Alicia Wilson	alicia.wilson@tennova.com
Sweetwater Hospital Association	Sweetwater, TN	Katie Widener	nursing3@sweetwaterhospital.org
Vaughan Regional Medical Center	Selma, AL	Karen Bailey	ktbailey@charter.net
Zone Two – Melissa Hensley, DCOM Rotations Coordinator			
Advent Health Medical Group	Tampa, FL	Jennifer Parker	jennifer.m.parker@adventhealth.com
AdventHealth Manchester	Manchester, KY	Sherri Valance	sherri.vallance@adventhealth.com
Florida Wellcare Alliance	Inverness, FL	Frank Di Piazza	frankd@floridawellcare.com
HCA Houston Southeast	Pasadena, TX	Sarah DeSantiago	Sarah.desantiage@hcahealthcare.com
Methodist LeBonheur Health	Memphis, TN	Marilyn McWilliams	marilyn.mcwilliams@mlh.org
St. Joseph-London Healthcare	London, KY	Angela Greenwood	asgreenwood@sj-london.org
Zone Three – Wendy Moyers, DCOM Rotations Coordinator			
Cumberland Medical Center	Crossville, TN	Vickie Schulze	vschulze@covhlth.com
Henry County Medical Center	Paris, TN	Gina Matlock	gmatlock@hcmd-tn.org
Livingston Regional Hospital	Livingston, TN	Dorothy Clark	dorothy.clark@lpnt.net
Mauzy Regional Medical Center	Columbia, TN	Linda Shouse	lshouse@mauryregional.com
Methodist Medical Center, Oak Ridge	Oak Ridge, TN	Vickie Schulze	vschulze@covhlth.com
Morristown Hamblen Health System	Morristown, TN	Vickie Schulze	vschulze@covhlth.com
Zone Four - Wendy Fultz, DCOM Rotations Coordinator			
Clark Memorial Hospital	Jeffersonville, IN	Tricia Brian	tricia.brian@clarkmemorial.org
Greenville Community Hospital	Greenville, TN	Diane Birdwell	diane.birdwell@balladhealth.org
Indian Path Community Hospital	Kingsport, TN	Lori Shelton	lori.shelton@balladhealth.org
Lonesome Pine Hospital	Norton, VA	Heather Crum	heather.crum@balladhealth.org
Norton Community Hospital	Norton, VA	Tammy Stanley	tammy.stanley@balladhealth.org
University Hospitals Portage	Ravenna, OH	Jami Englehart	Jami.engehart@UHhospitals.org
Zone Five – Jennifer Schaeffer, DCOM Rotations Coordinator			
Beckley ARH Hospital	Beckley, WV	Alisha Jarrell	ajarrell@arh.org
Harlan ARH Hospital	Harlan, KY	Melody Shupe	mshoupe@arh.org
Hazard ARH Hospital	Hazard, KY	Kathy Sampsell	ksampsell0001@kctcs.edu
Highlands ARH	Prestonsburg, KY	Cheryl Blair	cblair3@arh.org

Lake Cumberland Regional Hospital	Somerset, KY	Sandra Cordell	sandra.cordell@lpnt.net
Middlesboro ARH Hospital	Middlesboro, KY	Marina Cawood	mcawood@arh.org
Southern TN Regional Health System	Winchester, TN	Stephanie Riddle	Stephanie.Riddle@LPNT.net
Whitesburg ARH Hospital	Whitesburg, KY	Melody Shoupe	mshoupe@arh.org

Appendix B

COMAT Preparation

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 on those disciplines, with an emphasis on clinical application."

<https://www.nbome.org/exams-assessments/comat/>

Content and Structure

NBOME COMAT exams are much more clinically oriented than COMLEX Level 1. The exams can be described as "mini" specialty specific COMLEX Level 2 CE exams. Tests will consist of common, high-yield topics. The vast majority of questions are comprised of a clinical vignette(s) (sometimes VERY long) 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*.

[http://som.uthscsa.edu/StudentAffairs/documents/MS3 Survival Guide 2017 FINAL.pdf](http://som.uthscsa.edu/StudentAffairs/documents/MS3%20Survival%20Guide%202017%20FINAL.pdf)

Study Resources²⁹

The best resource for the COMAT is 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. Following are resources that can be used in preparation for the COMAT exam:

1. Sample COMAT Subject Exams

First and foremost, check out the NBOME subject exam website for sample test questions and specific information for each NBOME COMAT exam.

<https://www.nbome.org/exams-assessments/comat/clinical-subjects/>

2. Rotation Didactics

Online MedEd and **COMQUEST** Question Banks are provided to students as a means to prepare for COMAT exams as well as for COMLEX Level 2 CE. Some rotations include additional didactics designed by the Rotation Director to supplement these study resources.

3. Additional COMAT Study Resources

There are additional study resources that students may find useful (*possibly at additional cost*). Some are better than others for a particular rotation. Generally speaking.....

- If you like Question-Based:

U-World Qbank: https://www.uworld.com/sign_in.aspx

TrueLearn: <https://truelearn.com/>

- If you like Case-Based:

Case Files series: <https://casefiles.mhmedical.com/> (check the library)

- If you like Textbook/references: (check the library)

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

Crush Step 2: Adam Brochert

- Variety:

MEDBULLETS: <http://step2.medbullets.com/>

Universal Notes: <https://web.myuniversalnotes.com/index#home> (free)

Lecturio: <https://www.lecturio.com/>

²⁹ Standard 6 Element 6.7: Self-Directed Learning. The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

AMBOSS: <https://www.amboss.com/us/>

- Before you spend big dollars on these resources, check the university library website to see if the resources you need are available online. Many are!

<http://library.lmunet.edu/library>

For assistance in finding the right study approach for you, please contact Dr. Aaron Phillips, Director of Academic Support, aaron.phillips@lmunet.edu.

Other Resources

UpToDate: <https://www.uptodate.com/contents/search>

Medscape: <https://www.medscape.com/>

OMT Review: Robert Saverese ISBN-13: 9780967009018

OMT Review: <http://www.doctorsintraining.com/shop/omm/>

MedFools ScutSheets: <http://medfools.com/downloads.php>

Podcasts: The Student Services office can provide you with a list.

COMAT Questions/Concerns

For questions about COMAT preparation or remediation: Rick Slaven, Coordinator of Student Advancement: ricky.slaven@lmunet.edu.

For questions about COMAT administration or exam scheduling: Nancy Myers, Director, Clinical Education: nancy.myers@lmunet.edu.

Appendix C

WellConnect by Student Resource Services

WELLCONNECT by Student Resource Services³⁰



24/7 Assistance

We are pleased to inform you that LMU-DCOM has partnered with WellConnect by Student Resource Services to provide your student assistance program.

We know that no one leaves their problems at the door when they arrive at school. That's why WellConnect is here to assist you when life issues arise. With WellConnect, 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 from school, home, or work
- Struggles with anxiety, depression, or other concerns
- Relationship issues
- Drug or alcohol problems that affect you or a loved one
- Worries about children or family members
- Legal and financial issues
- Test anxiety and time management

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. WellConnect is your student resource to help you succeed.

For 24/7, free and confidential professional support, call 1-866-640-4777.

³⁰ Standard 9 Element 9.8: Mental Health Services (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.

WellConnect FAQ's

What does WellConnect provide? WellConnect 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, WellConnect specialists will refer you to qualified professionals or organizations in your community.

What kind of concerns can WellConnect help with? Professionals are available to help you manage any issue that's on your mind, including relationship matters, family concerns, or any work, school, or personal matter. WellConnect 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—WellConnect can assist you with counseling and resource information to help you focus on your priorities.

How do I reach WellConnect? Just call 866-640-4777 or log on to <https://wellconnect.personaladvantage.com/> any time, any day. Use the student access code **LMU-STU** for first time log on and registration.

Can family members use the service? WellConnect 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 WellConnect counselors are legally bound by their licensure not to release information without written consent from you. The only time confidentiality is broken is when WellConnect 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, WellConnect is obligated by law to notify the proper authorities.

How long does a counseling session last? A counseling session typically lasts 50 minutes.

Appendix D

MATCHMaker Program³¹

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 with similar interests to provide support and guidance as the students navigate the waters of clinical rotations and the residency application process.

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 (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 his or her mentor.

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

³¹ Standard 9 Element 9.6: Career Counseling (CORE). The AOA COCA Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards, July 1, 2019.