Clinical Education Preceptor Manual

Education Policies and Guidelines
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I. Welcome

Dear Clinical Faculty Member,

On behalf of the students and administration of Rocky Vista University, we wish to thank you for joining the clinical faculty of the College of Osteopathic Medicine. Our commitment to quality education goes beyond the traditional classroom and into the offices and practices of physicians such as you that have a wealth of knowledge and experience that is essential to the education of our students.

It is our anticipation that your experience as a clinical faculty member will be personally rewarding as you help us educate and motivate future physicians. It is your personal interaction with patients and staff that will most influence our students as they learn the scientific skills of the physician and the art of healing and caring for individuals.

In order to assist you in your role as a clinical faculty member, we have prepared the enclosed guide for your review. This manual provides an overview of the current policies, procedures and guidelines of Rocky Vista University College of Osteopathic Medicine (RVUCOM) pertaining to clinical rotations. Common goals and objectives have been designed to assist you in delivering quality education. Clinical Affairs will also provide you with the core curriculum guidelines for your specialty practice in order to help the student meet the rotation expectations.

The 2015-16 edition of the manual contains key sections of the recently released AAMC publication, “Core Entrustable Professional Activities for Entering Residency.” We are committed to ensuring our students meet and exceed these common core set of behaviors upon graduation.

If you have any questions or comments regarding the clinical training program at Rocky Vista University, please contact me at 720-875-2802 or dbrandau@rvu.edu.

Sincerely,

Duane T. Brandau, DO, PhD
Associate Dean of Clinical Affairs
Rocky Vista University, College of Osteopathic Medicine
Mission Statement

Rocky Vista University provides quality healthcare education while inspiring students to serve with compassion, integrity and excellence.

Core Values

**Integrity** - The quality of living a unified life in which one's convictions are well-considered and match one's actions, demonstrating fairness, honesty, sincerity, professionalism, and a consistent commitment to our mission, vision, and values.

**Collegiality** - Mutual respect, collaboration, and the open exchange of ideas advance mutual goals and facilitate individual growth.

**Compassion** - The willingness to be engaged with the needs of others.

**Diversity** - An awareness and dignity for all, regardless of culture, race, ethnicity, gender, religion, sexual orientation, physical ability, socioeconomic status or individual life experiences.

**Excellence** - The commitment to exceed expectations in education.
II. Introduction

Thank you for your participation in the Rocky Vista University College of Osteopathic Medicine’s third and fourth year clinical rotations. As an adjunct faculty member, you are a very valuable and essential part of our students’ medical education and we wish to do everything possible to make your preceptor experience a rewarding endeavor.

The Office of Clinical Affairs is responsible for coordinating and overseeing the third and fourth years of the medical education program, which includes scheduling student rotations, writing clinical curriculum, and evaluating each student’s progress. We are available to answer your questions, provide assistance with the student’s progress and help you in any way we can.

To accomplish this goal, the Clinical Education Manual has been created to facilitate your teaching and provide a concise list of preceptor and student responsibilities and to help guide students through their clinical rotation experiences. The educational goals and clinical competencies included in the manual are the collaboration between academic physicians, actively practicing clinicians with broad-based experience, and professional educators. These varied perspectives will assist the student in preparing to enter the ever-changing health care environment. At the time of graduation, the student will be aware of expectations to provide quality care in a cost-effective manner.

Preceptors are encouraged to formally meet with the student at least three times during the rotation:

- **Orientation:** To convey the guidelines for the rotation and discuss the student’s strengths and weaknesses; to match the student’s expectations with those of the preceptor’s.
- **Mid-Rotation:** 3-5 minute review of the student’s progress.
- **End-Rotation:** Review completed clinical evaluation form with the student.

The required references included in the core curriculum are based on the Brandon/Hill core recommended texts for libraries. As the preceptor, it is possible that you may recommend the student read another textbook or that the hospital library has a different textbook available. The reading assignments may be more extensive than the student’s experiences on rotations.

As a preceptor, you play a significant role in the cognitive and affective development of the students placed with you. In addition to facilitating their skill and knowledge acquisition, the mentoring you provide is an important component of the student’s rotation experience. As a bond develops between the student and you, he/she may turn to you for mentoring/counseling. Providing this type of assistance, either through one-on-one discussions with the student or through referral to the appropriate person within or outside the Office of Clinical Affairs, is a responsibility that you agree to uphold when you accept a position as a preceptor. As a benefit, we hope you will take advantage of the technological and research services provided by our library to all adjunct clinical faculty. Additional information about library resources is available upon request.

The Office of Clinical Affairs is continuing to grow and develop. Any suggestions you may have to enable us to improve our program are always welcome.
III. Clinical Rotation Requirements and Assignments

<table>
<thead>
<tr>
<th>Minimum Credit Hours to be completed in Years 3 and 4</th>
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</thead>
<tbody>
<tr>
<td><strong>Introduction to Clinical Medicine (Capstone)</strong></td>
</tr>
<tr>
<td><strong>Required Core Rotations</strong></td>
</tr>
<tr>
<td>Family Medicine</td>
</tr>
<tr>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Pediatrics</td>
</tr>
<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td><strong>Required Elective Rotations</strong> (3 must be audition/sub I rotations)</td>
</tr>
<tr>
<td><strong>Minimum number of hours to be completed in Years 3 and 4</strong></td>
</tr>
</tbody>
</table>

**Required Core Rotations:** These rotations are strongly recommended to be completed during the third year to best prepare for boards and to meet audition rotation suggested completed courses. The required core rotations should be completed prior to sitting for COMLEX CE and COMLEX PE before beginning the fourth year.

**Required Elective Rotations:** Students are expected to complete elective rotations up until graduation; these may either be clinical or non-clinical to best prepare him/her for residency program.

12 weeks can be non-clinical time over the course of your 3rd and 4th year.
Includes approved research scholarly activity, research projects, online courses and board preparation.
*All non-clinical requests/plans must be submitted to Clinical Affairs to get approval.
*Credit will not be given until the final report of the project is received and evaluated by Clinical Affairs.

4 weeks can be board preparation with an approved study plan.
Any additional non-clinical time must be approved by the Associate Dean of Clinical Affairs.

It is the expectation that students will be involved in academic pursuits throughout years 3 and 4 of the curriculum including PE preparation. Students not completing the required 86 credit hours may be allowed to walk at graduation but must complete the 86 hour minimum before the awarding of the degree of Doctor of Osteopathic Medicine.
Clinical Rotation Assignments

With as many as 300 students on rotations at any one time, clinical rotations involve many different sites, people, hospitals, clinics and physicians, thus requiring a complex scheduling process. The rotation sites and the number of students assigned to each site are determined by mutual agreement of Hospital Administrators, Preceptors and the Office of Clinical Affairs. Therefore, flexibility on assigned rotations is limited.

In spite of apparent rotation openings, there will be little opportunity for change once a rotation has been scheduled. Rotations may not be cancelled or changed within 30 days of the start date. The student may not attend a rotation that has not been approved by the Office of Clinical Affairs. Credit may not be earned for such a rotation and the student will not be covered by malpractice insurance.

The long-term effect of the continuing educational process on present and future students will always be taken into consideration in addition to the needs of the individual student. RVUCOM reserves the right to change its rotation sites, subjects and schedule at any time if required. Those students affected will be notified of any changes.

The core rotations take place in hospitals, private offices, and clinics where RVUCOM has formal affiliation agreements. After students have received their assignments, the Office of Clinical Affairs communicates with each clinical site identifying the students who will rotate through each service and the dates that each student will be at the site. This communication includes student and rotation specific information for the Preceptor and his/her staff. Rotations generally range between two to eight weeks of educational time.

The order in which the rotations are scheduled will vary. Elective rotations are designed for students to expand their medical education in areas that are directly related to their career path. When available, students may choose rotations in required specialties to fulfill elective requirements (e.g. Radiology, Surgery, Psychiatry, etc.). Each regional Coordinator will contact their students regarding their interests and identify opportunities based on Preceptor availability. Fulfilling a medical specialty interest may require students to leave their assigned region.
OMS3

Regional Assignments
Students will be assigned to a regional rotation area where RVUCOM has established agreements with medical practices and hospitals. The regional rotation area is where the majority of students’ clinical work will be performed. It is important to note that some rotations may need to be completed away from the assigned regional rotation area. The regional rotation area will be determined by participation in a lottery process during the spring of students’ second year.

Students may have opportunities to complete some of their rotations outside of their assigned regional rotation area. These rotation opportunities must be approved in advance by their assigned regional Coordinator. If a student is interested in scheduling a rotation that is not currently offered by the Office of Clinical Affairs, then the Coordinator must have adequate notice of at least 45 days. While the Office of Clinical Affairs supports students’ initiative, it is unacceptable to make rotation plans without consulting the assigned Coordinator who is already scheduling rotations on students’ behalf. Exceptions to this policy will not be tolerated. If a student is making such a request, he/she must submit a written request to the Office of Clinical Affairs, not to the clinical site.

Rotation Preparation
Participation in Introduction to Clinical Rotations, a pre-rotation seminar, prior to third year rotations is required to prepare students for clinical settings. Attendance is required. Non-compliance will result in delaying a student’s participation in rotations and may result in disciplinary action.

3rd Year Competency Week
During the first week of March all OMSIII students will be required to be on campus one day for academic preparation for the fourth year. This academic prep will include Standardized Patient encounters. Attendance is required and non-compliance may result in disciplinary action.
OMS4

Assignments and Advisement
At the end of the first semester of OMSIII, there will be a presentation providing guidance for preparation for the fourth year and guidance on applying for residency programs.

During OMSIV, students are highly encouraged to complete rotations at facilities with graduate medical educational opportunities. This exposure to residency training greatly enhances students’ ability to secure the residency training program of their choice.

Students will be assigned a 4th year Coordinator to assist in the scheduling process. All 4th year schedules must be approved by the Associate Dean of Clinical Affairs or designee. Advisement on career decisions and plans should be directed toward the Associate Dean of Clinical Affairs. Additionally, students are encouraged to continue using Careers in Medicine as a resource.

The 4th year schedule is primarily created by the student beginning mid-way in their 3rd year. Students can begin researching residency programs that are a match with their interests and skills at any time. Some programs begin accepting applications as early as January of students’ 3rd year. Programs will provide specific instructions on how to apply to their program for 4th year audition rotations. Audition rotation spots fill up quickly, so students should organize the application process and manage their time accordingly. It is the expectation of RVUCOM and the Office of Clinical Affairs that students will be on audition rotations during their 4th year from at least August to December.

While students are primarily responsible for creating their 4th year schedule, it is very important that the proper rotation request protocol is followed. Students must request 4th year rotations that take place in Colorado via their Coordinator. Students should not contact Colorado doctors and practices without their Coordinator’s knowledge. The only exception to this protocol is if students are applying for an audition rotation at a Colorado-based residency program. In that case, students should apply to the residency program as they would any other program.
Steps for setting up OMS4 Rotations:

- Note that some programs use AAMC’s online Visiting Student Application Service (VSAS) and others may require hard copy applications.
- Contact the hospital, clinic, or Preceptor to determine availability of training and request the rotation. The hospital, clinic, or Preceptor may have a program specific application form, which they will send.
- Complete the Sub-I Request form required by the Office of Clinical Affairs. The form is located in New Innovations>More>Resources>Forms.
- Return the Sub-I Request form in person, by mail, email, or fax at least two months in advance to allow time to complete the necessary paperwork. Applications not submitted two months prior to the start of the intended rotation may not receive approval. In this situation, the student may be placed at an alternative rotation site at the discretion of the Associate Dean of Clinical Affairs.
- Upon approval of the rotation, the Office of Clinical Affairs will send credentialing paperwork to the site. If the rotation is not approved or the site informs the Office of Clinical Affairs that the rotation is unavailable, the student will be notified.
- After the rotation has been approved by the Office of Clinical Affairs, and before the start of the rotation, the student must verify the rotation approval with the site, make any necessary housing arrangements and verify the rotation starting time.
- If any circumstances change with a rotation or the Preceptor, the student is required to contact the Office of Clinical Affairs immediately.

Non-Clinical Rotations

Students may have the opportunity to initiate and/or participate in research, scholarly activity, and/or online courses. Approval for these non-clinical rotations must be provided by the Associate Dean of Clinical Affairs. When requesting approval, students must provide the following information: name of the sponsoring faculty member/institution, title of project, scope of project, specific duties of the student, expected completion date and outcome to be delivered. A list of RVU approved online courses is found on New Innovations >More>Resources>Non-Clinical Rotations.
### IV. Preceptor Guidelines for Integrating Students into the Practice

<table>
<thead>
<tr>
<th>PREPARATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision to have students</strong></td>
</tr>
<tr>
<td>• Identify a personal commitment to teaching</td>
</tr>
<tr>
<td><strong>Communication with the Office of Clinical Affairs</strong></td>
</tr>
<tr>
<td>• Provide information on practice and availability for precepting students.</td>
</tr>
<tr>
<td>• Facilitate the planning of student rotations by providing the Office of Clinical Affairs with the name of the person in your office responsible for scheduling.</td>
</tr>
<tr>
<td><strong>Planning and communication with office staff</strong></td>
</tr>
<tr>
<td>• Inform staff of student’s name, length of stay, and your expectations.</td>
</tr>
<tr>
<td>• Plan orientation and teaching activities to be done by staff.</td>
</tr>
<tr>
<td>• Plan patient care schedule to allow for teaching time.</td>
</tr>
<tr>
<td><strong>Information for student during preliminary communication (student will contact preceptor either by email or phone call)</strong></td>
</tr>
<tr>
<td>• Provide student with directions and where to meet on first day.</td>
</tr>
<tr>
<td>• Describe any special dress code or requirements.</td>
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</tbody>
</table>
**DURING THE ROTATION - WEEK 1**

**Orientation and introductions**

**Structure the learning experience:**

- Establish a verbal learning contract, preview required objectives and reading assignments with student and identify any additional assignments.
- Plan daily and weekly schedules for office practice, hospital rounds, etc.
- Present your expectations to your student.
- Determine student’s clinical skills and ability to handle different types of patients and responsibility by:
  - Asking student
  - Directly observing student with patient
- Since the student is not a licensed physician, you have the responsibility for countersigning every medical record entry and prescription written by the student. Patients need to be informed that they are being seen by an RVUCOM medical student. This can easily be accomplished by having the student include this information in his/her introduction to the patient, i.e., “Hi. My name is __.” I’m a third/fourth year medical student with Rocky Vista University College of Osteopathic Medicine, and I’m working with Dr. __.” In addition, you should see the patient during some part of the medical visit.
- To maximize continuity of student education during your days off or in the event of illness, please provide alternate activities for the student in advance so the student will be aware of these plans.

**Provide daily feedback to the student.**

If possible, identify some patients whom the student may see in follow-up over the 2-4 week period so that the student can experience continuity of care.

It may be possible to preview the next day’s schedule in order to select patients for students to prepare for and to suggest reading assignments.

**Student Attendance**

- The student is expected to rotate with the preceptor full-time during the scheduled time period. Please contact the Office of Clinical Affairs if you have any questions about the student’s schedule. The student must request the preceptor’s and the Office of Clinical Affair’s approval for any planned absences during the rotation.
**DURING THE ROTATION - WEEK 2**

<table>
<thead>
<tr>
<th>Include student on hospital rounds, nursing home visits, committee meetings, etc.</th>
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</thead>
<tbody>
<tr>
<td>Student continues to review learning objectives and preceptor gives on-going feedback. Also ask questions such as:</td>
</tr>
<tr>
<td>• What did you learn this week or today about diagnosing and managing common problems?</td>
</tr>
<tr>
<td>• What new procedures or skills did you observe or perform?</td>
</tr>
<tr>
<td>• What did you learn about the community?</td>
</tr>
<tr>
<td>• What did you do today or this week that you would do differently in the future?</td>
</tr>
<tr>
<td>Reinforce and add to the reading requirements as needed.</td>
</tr>
<tr>
<td>Be available to provide mentoring or advising assistance to the student and/or referrals back to the Office of Clinical Affairs.</td>
</tr>
<tr>
<td>Discuss mid-rotation evaluation with your student.</td>
</tr>
</tbody>
</table>
## LAST WEEK OF THE ROTATION

### Evaluation Access
- A link to the evaluation form will be emailed to you 5 days before the end of the rotation. If you do not receive an evaluation form within the time-frame outlined above, please contact the Office of Clinical Affairs (or ask the student to contact us). Submittal of the preceptor evaluation form is available online for all preceptors using the evaluation software, New Innovations.
- The preceptor should contact the Office of Clinical Affairs with any questions regarding online submittal of evaluations.

### Providing Feedback
- Schedule time to review the evaluation form with your student. Discuss areas of increased competence. Have student discuss what he/she has learned.
- Feel free to complete the evaluation form in the company of the student or have them complete a copy of the form as a self-evaluation tool that you can review together.

### Grading
- Your prompt completion of the evaluation form is greatly appreciated.
- The evaluation form is a key component in the formulation of student grades for transcripts.

### Record-Keeping
- If faxing or mailing the evaluation form, we suggest that you keep a copy of the evaluation in the event that our office does not receive the original.
- The department must receive a completed evaluation in order for the student to receive credit for the rotation.

### Contact Information
- The Office of Clinical Affairs encourages preceptors to complete the online evaluation form using New Innovations. In cases when online evaluation submission is not possible, evaluation forms may be faxed or mailed to the attention of the Office of Clinical Affairs:
- **Fax:** 720-875-2868
- **Mail:** Office of Clinical Affairs  
  Rocky Vista University College of Osteopathic Medicine  
  8401 S. Chambers Rd.  
  Parker, CO  80134
### EVALUATION CONSIDERATIONS

**Evaluation Comments**
- Used to help prepare individual students’ MSPE (Medical Student Performance Evaluation), a letter prepared during fourth year that is sent as part of internship and residency applications.
- Example comment topics can include (but not limited to) student’s “people skills,” professional demeanor, patient rapport and ability to integrate the knowledge they have and apply it to clinical decision making.

**Communication and history taking skills:**
- Appropriate use of open-ended and closed-ended questions, rather than just asking a series of “yes or no” questions
- Uses clarifying questions to appropriately delve deeper into positive responses, rather than just listing positive responses in a review of systems
- Appropriately organizes and sequences the questioning of a patient, rather than jumping from present illness to past medical history and back to present illness
- The student recognizes a prioritization of the material they are collecting, rather than as an example of a chest pain patient spending more time exploring details of a headache history, rather than risk factors of ASHD, pain character and location, etc.
- Uses appropriate terminology with the patient that is easily understood by the patient, rather than medical terminology, yet translates this back to medical terminology in discussion with your or their note writing

**Physical exam skills:**
- Examination of appropriate regions pertinent to the symptoms
- Has appropriate examination skill and technique with sufficient precision to detect abnormality if present
- Logically sequences the physical examination, rather than requiring the patient to change positions frequently, moving
- Is able to distinguish normal from abnormal findings – knows normal liver span, for example
- Relates well to the patient during the examination, maintaining patient’s modesty, and awareness of patient discomfort

**Diagnosis:**
- Ability to prioritize a problem list and differential diagnoses for major problems
- Uses pertinent positive or negative findings of the history and physical to support the diagnosis; rather than a student that suggests high likelihood of a disease despite the absence of risk factors or major expected signs and symptoms
V. Clinical Affairs Requirements of Students: Preparing for and Participating in Clinical Rotations

Students will be not eligible for clinical rotations if they have not met the Office of Clinical Affairs deadlines for the following requirements, including but not limited to: all immunizations, influenza vaccine, drug screen and background check.

Two Weeks Prior to the Start of the Rotation
- The Office of Clinical Affairs will contact the Preceptor 10-15 (or more) working days before the rotation begins to confirm the start date, time and location. The Office of Clinical Affairs will send student information (CV, immunization records, HIPAA/OSHA certifications, etc.) to the Preceptor’s office and applicable hospitals before the student’s first day of the rotation.
- The student should preview the curriculum, including the general and specific rotation objectives, and begin the reading assignments.
- Whenever possible, the student should contact the student who is currently completing the rotation for additional information.

One Week Prior to the Start of the Rotation
- The student should review any Notices in New Innovations regarding their upcoming rotation site.
- The student should contact the rotation site’s practice manager to confirm the location, start-time, dress code and any other details. The student is expected to be respectful and professional, especially if leaving a voicemail or sending an email.

During the Rotation
- The student must be punctual when reporting to the Preceptor’s office.
- The student should bring a copy of the core curriculum, personal medical equipment (i.e., stethoscope) and any other notes/materials he/she feels would be useful.
- Smart-phones may only be used after receiving positive permission by the student’s Preceptor. Use of a smart-phone is strictly limited to work directly associated with the rotation.
- The student must be aware of and follow all office protocol, including how the Preceptor would like the student to be introduced to the patients (i.e., the student introduces self or the Preceptor introduces the student). Some offices may have limited or no space available for storing belongings.
- The student must be prepared for the rotation every day. Students are encouraged to read information relevant to the subject of the rotation at least two hours each day. Whenever possible, he/she should read about patient cases that will be seen in the office or hospital the next day and preview literature regarding their
illnesses/complaints beforehand. The student should ask the Preceptor for supplemental material or assignments in order to be better prepared and informed.

- Exclusive use of board review books is inadequate for success on clinical rotations. Refer to and use the required and suggested textbooks listed in the appropriate curriculum.
- The student is expected to follow the Preceptor’s schedule, including office hours, hospital rounds, clinic or nursing home visits and call-schedule. At the Preceptor’s discretion, the student may be expected to work with the Preceptor’s partner(s).
- Didactic program attendance is required.
- All medical record entries, prescriptions, and orders must be counter-signed by the physician. Nursing staff will not carry out any medical student orders until they are co-signed by the physician. Again, the student must confirm with the Preceptor the protocol to be followed.
- The student should request feedback from the Preceptor throughout the rotation. If there are procedures or patient diagnoses with which the student needs more experience, this should be discussed with the Preceptor.

End of the Rotation

- The Preceptor must complete an evaluation on the student and student must complete his/her evaluation forms at the end of each rotation in order for the student to receive credit for the rotation. Detailed information about evaluation forms can be found in the section, “Rotation Conclusion and Student Performance.”
- Students who completed a rotation specialty that requires a subject exam will be scheduled to take the exam on the last day of their rotation and should refer to the special exam instructions that will be emailed from the Office of Clinical Affairs.
- All rotations with scheduled subject exams end at 5:00 pm on the day prior to the exam. Students taking the subject exam are required to turn in all borrowed site materials at that time. Students will be off duty following the subject exam to prepare for their next rotation. Students completing rotations without subject exams shall remain on-service until the end of the workday as determined by the Preceptor.
VI. Clinical Rotation Objectives: Core Competencies

Overview
The rotation objectives, listed in each course syllabus, reflect a minimal knowledge base and the competency level that students are expected to develop during the course of his/her clinical training years. Course curriculum is found online in New Innovations > More > Resources > Curriculum. Students should not anticipate being exposed to all of the listed objective topics through the patients that are encountered in various rotations, since each student’s case management exposure will obviously vary. It is anticipated that those objectives that are not specifically accomplished through interactive patient experiences can be achieved through scholarly research, readings or through the seminars, conferences and lectures that are provided throughout the clinical training years. In this manner, it is anticipated that students should be able to self-direct their educational progress so that they do not rely only on patient exposures to accomplish the listed objectives. These syllabi represent the knowledge content that will be evaluated by the NBME Subject examinations covering the six core rotations.

Osteopathic Core Competencies
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
Physicians are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty; and remain dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. Medical Knowledge
Physicians are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

3. Patient Care
Physicians must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine, and health promotion.

4. Interpersonal and Communication Skills
Physicians are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism**
Physicians are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Physicians should be cognizant of their own physical and mental health in order to effectively care for patients.

6. **Practice-Based Learning and Improvement**
Physicians must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7. **Systems-Based Practice**
Physicians are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

**Core Entrustable Professional Activities**
The following Entrustable Professional Activities (EPAs) are excerpts from 2014 AAMC publication, “*Core Entrustable Professional Activities for Entering Residency.*”

**EPA 1: Gather a history and perform a physical examination**

**Description of the activity**
Day 1 residents should be able to perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.

**Functions**

*History*
- Obtain a complete and accurate history in an organized fashion.
- Demonstrate patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
- Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
- Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
• Consider cultural and other factors that may influence the patient's description of symptoms.
• Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
• Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.
• Demonstrate cultural awareness and humility (for example, by recognizing that one's own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.

**Physical Exam**
• Perform a complete and accurate physical exam in logical and fluid sequence.
• Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
• Identify, describe, and document abnormal physical exam findings.
• Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).

### EPA 2: Prioritize a differential diagnosis following a clinical encounter

**Description of the activity**
To be prepared for the first day of residency, all physicians need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis. Developing a differential diagnosis is a dynamic and reflective process that requires continuous adaptation to avoid common errors of clinical reasoning such as premature closure.

**Functions**
• Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
• Integrate information as it emerges to continuously update differential diagnosis.
• Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
• Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.
• Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
• Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.
EPA 3: Recommend and interpret common diagnostic and screening tests

Description of the activity
This EPA describes the essential ability of the day 1 resident to select and interpret common diagnostic and screening tests* using evidence-based and cost-effective principles as one approaches a patient in any setting.

Functions
- Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
- Provide a rationale for the decision to order the test.
- Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
- Interpret the results of basic diagnostic studies (both lab and imaging); know common lab values (e.g., electrolytes).
- Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.
- Elicit and take into account patient preferences in making recommendations.

*Common diagnostic and screening tests include the following:

Plasma/serum/blood studies:
- Arterial blood gases
- HIV antibodies
- Electrolytes
- Cardiac enzymes
- Lipoproteins
- Hepatic proteins
- CBC
- RPR

Urine studies:
- Chlamydia
- Culture and sensitivity
- Gonorrhea
- Microscopic analysis
- U/A dipstick

Body fluids (CSF, pleural, peritoneal):
- Cell counts
- Culture and sensitivity

EPA 4: Enter and discuss orders and prescriptions

Description of the activity
Writing safe and indicated orders is fundamental to the physician's ability to prescribe therapies or interventions beneficial to patients. It is expected that physicians will be able to do this without direct supervision when they matriculate to residency. Entering residents will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognize their limitations and
seek review for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of settings (e.g., inpatient, ambulatory, urgent, or emergent care).

**Functions**

- Demonstrate an understanding of the patient's current condition and preferences that will underpin the orders being provided.
- Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders.
- Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
- Compose prescriptions in verbal, written, and electronic formats.
- Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
- Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders.
- Discuss the planned orders and prescriptions (e.g., indications, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient's comfort with orders and prescriptions.

**EPA 5: Document a clinical encounter in the patient record**

**Description of the activity**

Entering residents should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call and email). Documentation is a critical form of communication that supports the ability to provide continuity of care to patients and allows all health care team members and consultants to:

1. Understand the evolution of the patient's problems, diagnostic work-up, and impact of therapeutic interventions.
2. Identify the social and cultural determinants that affect the health of the patient.
3. View the illness through the lens of the patients and family.
4. Incorporate the patient's preferences into clinical decision making.

The patient record is a *legal document* that provides a record of the transactions in the patient-physician contract.

**Functions**

- Filter, organize, and prioritize information.
- Synthesize information into a cogent narrative.
- Record a problem list, working and differential diagnosis and plan.
• Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).
• Comply with requirements and regulations regarding documentation in the medical record.
• Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
• Record documentation so that it is timely and legible.
• Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).
• Document patient preferences to allow their incorporation into clinical decision making.

EPA 6: Provide an oral presentation of a clinical encounter

Description of the activity
The day 1 resident should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.

Functions
• Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
• Provide an accurate, concise, and well-organized oral presentation.
• Adjust the oral presentation to meet the needs of the receiver of the information.
• Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's condition and needs.

EPA 7: Form clinical questions and retrieve evidence to advance patient care

Description of the activity
On day 1 of residency, it is crucial that residents be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Day 1 residents should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.

Functions
• Develop a well-formed, focused, pertinent clinical question based on clinical scenarios or real-time patient care.
• Demonstrate basic awareness and early skills in appraisal of both the sources and content of medical information using accepted criteria.
Identify and demonstrate the use of information technology to access accurate and reliable online medical information.

Demonstrate basic awareness and early skills in assessing applicability/Generalizability of evidence and published studies to specific patients.

Demonstrate curiosity, objectivity, and the use of scientific reasoning in acquisition of knowledge and application to patient care.

Apply the primary findings of one's information search to an individual patient or panel of patients.

Communicate one's findings to the health care team (including the patient/family).

Close the loop through reflection on the process and the outcome for the patient.

**EPA 8: Give or receive a patient handover to transition care responsibility**

**Description of the activity**

Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).

**Functions for transmitter of information**

- Conduct handover communication that minimizes known threats to transitions of care (e.g., by ensuring you engage the listener, avoiding distractions).
- Follow a structured handover template for verbal communication.
- Provide succinct verbal communication that conveys, at a minimum, illness severity, situation awareness, action planning, and contingency planning.
- Elicit feedback about the most recent handover communication when assuming primary responsibility of the patients.
- Demonstrate respect for patient privacy and confidentiality.

**Functions for receiver of information**

- Provide feedback to transmitter to ensure informational needs are met.
- Ask clarifying questions.
- Repeat back to ensure closed-loop communication.
- Ensure that the health care team (including patient/family) knows that the transition of responsibility has occurred.
- Assume full responsibility for required care during one's entire care encounter.
- Demonstrate respect for patient privacy and confidentiality.
EPA 9: Collaborate as a member of an interprofessional team  
**Description of the activity**  
Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.  

**Functions**  
- Identify team members' roles and the responsibilities associated with each role.  
- Establish and maintain a climate of mutual respect, dignity, integrity, and trust.  
- Communicate with respect for and appreciation of team members and include them in all relevant information exchange.  
- Use attentive listening skills when communicating with team members.  
- Adjust communication content and style to align with team-member communication needs.  
- Understand one's own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.  
- Help team members in need.  
- Prioritize team needs over personal needs in order to optimize delivery of care.

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management  
**Description of the activity**  
The ability to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential for all physicians. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance. Examples of conditions for which first-day interns might be expected to recognize, initiate evaluation and management, and seek help include the following:  
1. chest pain  
2. mental status changes  
3. shortness of breath and hypoxemia  
4. fever  
5. hypotension and hypertension  
6. tachycardia and arrhythmias (e.g., SVT, Afib, heart block)  
7. oliguria, anuria, urinary retention  
8. electrolyte abnormalities (e.g., hyponatremia, hyperkalemia)  
9. hypoglycemia and hyperglycemia
**Functions**
- Recognize normal vital signs and variations that might be expected based on patient- and disease-specific factors.
- Recognize severity of a patient's illness and indications for escalating care.
- Identify potential underlying etiologies of the patient's decompensation.
- Apply basic and advanced life support as indicated.
- Start initial care plan for the decompensating patient.
- Engage team members required for immediate response, continued decision making, and necessary follow-up to optimize patient outcomes.
- Understand how to initiate a code response and participate as a team member.
- Communicate the situation to responding team members.
- Document patient assessments and necessary interventions in the medical record.
- Update family members to explain patient's status and escalation-of-care plans.
- Clarify patient's goals of care upon recognition of deterioration (e.g., DNR, DNI, comfort care).

**EPA 11: Obtain informed consent for tests and/or procedures**

**Description of the activity**
All physicians must be able to perform patient care interventions that require informed consent. From day 1, residents may be in a position to obtain informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions). Of note, residents on day 1 should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.

**Functions**
- Describes the indications, risks, benefits, alternatives, and potential complications of the procedure.
- Communicates with the patient/family and ensures their understanding of the indications, risks, benefits, alternatives, and potential complications.
- Creates a context that encourages the patient/family to ask questions.
- Enlists interpretive services when necessary.
- Documents the discussion and the informed consent appropriately in the health record.
- Displays an appropriate balance of confidence with knowledge and skills that puts patients and families at ease.
- Understands personal limitations and seeks help when needed.
EPA 12: Perform general procedures of a physician  
**Description of the activity**  
All physicians need to demonstrate competency in performing a few core procedures on completion of medical school in order to provide basic patient care. These procedures include:
- Basic cardiopulmonary resuscitation (CPR)
- Bag and mask ventilation
- Venipuncture
- Inserting an intravenous line

**Functions**
- Demonstrate the technical (motor) skills required for the procedure.
- Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
- Communicate with the patient/family to ensure pre- and post-procedure explanation and instructions.
- Manage post-procedure complications.
- Demonstrate confidence that puts patients and families at ease.

EPA 13: Identify system failures and contribute to a culture of safety and Improvement  
**Description of the activity**  
Since the publication of the 10M reports "To Err is Human"25 and "Crossing the Quality Chasm," 26 the public has been focused on the need to improve quality and safety in health care. Preventing unnecessary morbidity and mortality requires health professionals to have both an understanding of systems and a commitment to their improvement. This commitment must begin in the earliest stages of health professional education and training. Therefore, this EPA is critical to the professional formation of a physician and forms the foundation for a lifelong commitment to systems thinking and improvement.

**Functions**
- Understand systems and their vulnerabilities.
- Identify actual and potential ("near miss") errors in care.
- "Speak up" in the face of real or potential errors.
- Use system mechanisms for reporting errors (e.g., event reporting systems, chain of command policies).
- Recognize the use of "workarounds" as an opportunity to improve the system.
- Participate in system improvement activities in the context of rotations or learning experiences (e.g., rapid-cycle change using plan-do-study-act cycles; root cause analyses; morbidity and mortality conferences; failure modes and effects analyses; improvement projects).
- Engage in daily safety habits (e.g., universal precautions, hand washing, time-outs).
- Admit one's own errors, reflect on one's contribution, and develop an improvement plan.
VII. Student Attendance

Report On Time
It is the student’s responsibility to know the beginning and ending dates for each rotation as determined by the academic calendar. If the clinical site uses a different rotation calendar, RVUCOM will make every effort to honor those dates. Students are to arrive on time every day at their clinical site and are expected to follow the Preceptor’s schedule, including office hours, hospital rounds, clinic or nursing home visits and call-schedule. At the Preceptor’s discretion, the student may be expected to work with the Preceptor’s partner(s). Any unexpected deviation from the schedule requires immediate notification to the rotation site and the Coordinator. Failure to do so may result in disciplinary action.

Departure
Students should refer to the academic calendar provided by the Office of Clinical Affairs to determine rotation departure dates. In the event that extensive travel to a new rotation site is necessary, consent to alter the departure date must be granted by the Office of Clinical Affairs and the Preceptor.

Absence from Rotation
The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. It is understood that certain situations may arise that will result in absence from required daily participation. In such instances the following policies will be observed:

• All absences are subject to approval by the Associate Dean of Clinical Affairs and once approved, must be communicated to the student’s Preceptor and Coordinator.
• In the case of an emergency, the student must immediately notify their Preceptor, Coordinator and the Associate Dean of Clinical Affairs upon learning that an absence will occur or has occurred.
• All absences require submission of the Absence Request Form, which can be found in New Innovations>More>Resources>Forms or from the Office of Clinical Affairs. When applicable, supporting documentation, such as a doctor’s note, must be included with the form.
• Poor attendance, repeated tardiness, unapproved absence(s) or absences in excess of 3 days may result in a grade of incomplete and the student may be required to repeat the entire rotation.
• Failure to immediately notify the above parties (Associate Dean of Clinical Affairs, Preceptor and Coordinator) of any absence will be considered neglect of duty and may result in a failing grade for the rotation.

Time spent away from the rotation site during regular duty hours for lectures, conferences and other programs conducted at outside hospitals or universities must be approved, in advance, by the student’s Preceptor.
**Hours of Duty**

The average workday will be determined by the Preceptor’s schedule, including office hours, hospital rounds, clinic or nursing home visits and call-schedule. Students shall be assigned activities on, or related to, their current service rotation only. A physician licensed to practice medicine in that state will supervise any duties assigned to students.

Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. The on-site Preceptor determines the needs for educational continuity and patient care.

All rotations with scheduled subject exams end at 5:00 pm on the day prior to the exam. Students will be off duty following the subject exam to prepare for their next rotation. Students completing a rotation without subject exams shall remain on-service until the end of the workday as determined by the Preceptor.

**Leave of Absence from College**

Refer to the *RVUCOM 2015-2016 Handbook & Catalog.*
VIII. Student Involvement on Clinical Rotations

Student Responsibilities and Duties
An RVUCOM medical student is not a licensed physician; therefore, he/she is legally, and ethically not permitted to practice medicine, or assume responsibility for patient care. Students may be involved in assisting in the care of a patient, but only under the direct supervision of a licensed physician. The Preceptor is responsible for the medical care of the patient and for the content and countersigning of all orders, progress notes, and other notes written by the student. Students may not administer therapy or perform procedures, except under the direct supervision of a licensed physician to whom he/she has been formally assigned.

To be eligible for any rotation or clinical experience, students must be currently certified in basic life support and advanced cardiac life support; have received OSHA and HIPPA training; and completed a drug-screen(s) and background check(s). Furthermore, all RVUCOM students must have health insurance, all required immunizations and related testing. **Documentation of this information must be on file with the Registrar prior to leaving campus for clinical rotations.** Based on the requirement of the training institution or site, students are also required to undergo additional background checks or drug screening prior to beginning a rotation. **Failure to comply with providing this information or the deadlines set forth by the University may result in delaying or cancelling the rotation, as well as disciplinary action.**

While on rotation students will be responsible, at all times, to the personnel in charge of the unit involved. In addition, students will be expected to comply with the general rules and medical ethics established by the hospital, clinic, or facilities at which he/she is being trained. Appropriate professional appearance and conduct is expected at all times. All problems or difficulties should be communicated immediately to the Preceptor and the Office of Clinical Affairs. Students must attend all assigned clinical site conferences, meetings, lectures, and other educational programs at or near the rotation site. Any determinations for exemption must be made by the Preceptor and the student must notify the Office of Clinical Affairs. A schedule of the site’s educational programs may be obtained from the Preceptor.

RVUCOM does not own or operate affiliated teaching hospitals; rather RVUCOM has affiliation agreements with all of its educational partners and teaching sites. The hospitals are owned by public or private corporations. As a courtesy and advancement of public health and welfare, the hospitals allow medical students to train in their institutions. Many physician instructors are volunteer faculty. Students are guests and should conduct themselves as courteous, responsible medical professionals at all times. Demonstration of dignity, respect, and gratitude along with ethical and professional behavior are expected of all students.
Policies on History and Physicals
The H&P is considered an essential component of every patient’s evaluation and the cornerstone of medical treatment. Findings discovered during the H&P may often lead to further unknown existing problems, which will need to be relayed to the Preceptor. Upon further testing and proper diagnosis, further treatment for the patient may be required. When possible, students should be assigned on-service H&P’s. The Preceptor should critique the H&P’s and provide feedback to the student within an appropriate time frame. The student should have both the opportunity and time for follow-up, in regards to patient findings based upon the H&P, to advance their knowledge of said patient and the pathology found while performing the H&P.

Number of Patients
The number of patients seen by students will depend upon both patient volume at the clinical site and the ability to see patients in a timely manner. Ample time should be provided for patient care, procedures, and follow up, all of which should be critiqued by the Preceptor. At the same time there should be timely feedback given to the student.

Housing
Some rotation sites may have made housing arrangements for students; others have not. In some cases, RVUCOM may have made arrangements with the clinical site or AHEC organizations to provide housing for students. Students may elect to not utilize the provided housing and secure their own housing for rotations at their own expense as long as the student has communicated with their Coordinator within a time-frame that is acceptable to RVUCOM’s housing partners. Last minute housing cancellations may not be granted by the Office of Clinical Affairs.

It should be noted that, RVUCOM, AHEC or a clinical site providing housing may at times require males and females to share a two or three bedroom apartment. Agreement to such arrangements is not mandatory. RVUCOM reserves the right to change housing assignments at any time. Property should be cared for as if it belonged to the student. The student(s) assigned to the housing unit will be responsible for any damages that occur while the student(s) is/are assigned to the housing. Per the RVUCOM 2015-2016 Handbook & Catalog, students will not be allowed to graduate until all outstanding debts are paid. This includes any damage sustained to housing. Further, no pets are allowed in housing provided by RVUCOM, the clinical site or AHEC housing unless approved in advance in writing.

Housing is intended for student use only. However, students may have members of their family accompany them on their rotations depending on space availability if it does not interfere with the housing of other students and is approved of in advance by the unit’s owners. Students must assume all responsibility and additional costs associated with their family housing and travel. Additional or separate arrangements for family housing must be made on student’s own time. Students may elect to live with family rather than in the provided housing. Under no circumstances must the location of the housing interfere with the ability to arrive at assigned duties on time at the rotation site.

Transportation
It is the responsibility of each student to obtain his or her own arrangements for transportation while attending the College.
IX. Student Grading Policy

Grading System
Grades for the six core clinical rotations are determined from the Faculty Evaluation of Medical Student Performance and the score on the corresponding NBME subject examination. Transcript designations for the core rotations include:

- P: Pass
- HP: High Pass
- H: Honors
- F: Failure
- Px: Pass with Remediation

The NBME subject examination is a considered a key component of the rotation and students are expected to achieve the 5th percentile or greater. Students who do not achieve the 5th percentile will be required to complete a remediation study plan to increase their medical knowledge for that rotation and the student will only be able to receive a Pass regardless of the score on the Faculty Evaluation.

Students who receive a low preceptor evaluation will have the opportunity to remediate the grade prior to a failing grade being issued. Remediation will be arranged by Clinical Affairs and tailored to the identified problems during the rotation. If the remediation is successful, a Passing grade will be given for the rotation. An unsuccessful remediation will result in a failure of the rotation. The failure will be remediated by repeating the clinical portion of the rotation at a rotation site assigned by Clinical Affairs.

Elective rotations will receive a pass/fail grade based on performance on the preceptor evaluation.

NBME Subject Examinations
National Board of Medical Examiners (NBME) Subject Examinations are administered in the six areas of Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery. Standards for passing the exam are established by RVUCOM’s Curriculum Committee. Students must score at or above the 5th percentile to receive a passing score. When a failing grade is recorded the student will be notified by the Associate Dean of Clinical Affairs, and the failure may be reviewed by the Student Progress Committee (SPC).

Faculty Evaluation of Medical Student Performance
The Faculty Evaluation of Medical Student Performance will be completed by the Preceptor at the end of every rotation. A score of “1” on any question will result in an applicable assessment session on campus. The result of the assessment session may include repeating the rotation or other educational interventions to ensure the student is performing at the expected level. Any appeal or other consideration for grade adjustment must be initiated by the student.
**Educational Support**
Students with concerns regarding their performance either during or after a rotation should contact the Associate Dean of Clinical Affairs and/or the Director of Educational Support.

**MSPE Content**
High scores on subject exams and positive comments on a student’s rotation performance will be used in formulating his/her MSPE (Dean’s Letter) for the residency match.
X. Rotation Conclusion and Student Performance

**NBME Subject Examinations**

Subject Exams will take place on the last day of the rotation for the following core rotations: Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery. Students are required to take all six exams and receive a passing score.

Rocky Vista University’s designated testing sites are located on-campus, as well as Grand Junction, Arizona, and Utah.

*Note: Subject Exams scheduled on-campus may take place on the Thursday or Friday at the end of your rotation. The Office of Clinical Affairs testing official will notify you in advance of the date of your scheduled exam.*

The Family Medicine, Internal Medicine, and Surgery exams will be taken after completing eight weeks of the rotations. The Obstetrics and Gynecology, Pediatrics, Psychiatry, and exams will be taken after completing four weeks of the rotation. Students are responsible for taking their exams on their own laptops and ensuring their laptops are compatible for the exams. All additional information about where and when the exam will take place on the designated testing day will be sent out to the students a couple weeks in advance.

If a student is completing a rotation away from any of the RVUCOM designated testing sites, he/she may complete their exam at a Prometric Testing Center. The student will have to notify the Clinical Affairs testing official at least 45 days in advance. The students will be required to pay all extra fees associated with taking any exam at a Prometric Testing Center. The Office of Clinical Affairs testing official will order the exam for the student and NBME will notify him/her when their scheduling permit is available. Students are responsible for scheduling his/her own exam at the Prometric Testing Center within the given window after receiving their permit.

Scores will be emailed to student within one week after taking the exam. When a failing grade is recorded the student will be notified by the Associate Dean of Clinical Affairs, and the failure will be reviewed by Students at Academic Risk Committee (StARC) and/or Student Progress Committee (SPC).
Evaluation Forms

Forms
There are 4 required evaluation forms for each clinical rotation:
1. Faculty Evaluation of Medical Student Performance: completed by a Preceptor on the
   student
2. Student Evaluation of Clinical Teaching: completed by the student on their Preceptor
3. Student Evaluation of Clinical Training Site: completed by the student on a rotation
   site
4. Student Self-Evaluation: completed by the student on his/herself

Availability
Preceptors and students will receive an email 5 days before the rotation ends stating that
the evaluation forms are available. The forms are designed to be completed online, but
may be printed if necessary. A blank copy of the Faculty Evaluation of Medical Student
Performance is located in New Innovations>More>Resources>Evaluation Forms if
needed.

Confidentiality
All forms will be prepopulated with the rotation name, rotation dates and evaluation
subject name. The feedback students provide on the Student Evaluation of Clinical
Teaching and the Student Evaluation of Clinical Training Site will not be shared directly
with a Preceptor. Only Preceptors who have worked with 3 or more students during an
academic year will receive student feedback. These reports will only contain anonymous,
aggregated feedback and will be emailed directly to the Preceptor on an annual basis.

Professionalism
Even though student feedback is anonymous to Preceptors, it is very important to provide
professional criticism that will further the educational goals of clinical rotations.

Content
Faculty Evaluation of Medical Student Performance
The record of the student’s performance on rotation will be recorded by the Preceptor on
the Faculty Evaluation of Medical Student Performance form. A link to this form will be
emailed from the Office of Clinical Affairs to the Preceptor via New Innovations. The
Preceptor must return the completed evaluation form directly to the Office of Clinical
Affairs, preferably electronically via New Innovations.

If there is more than one supervising physician, the assigned Preceptor is responsible for
combining evaluations and forwarding an overall evaluation of the student to the Office
of Clinical Affairs. In a circumstance where the Preceptor is unable to produce a
cumulative evaluation for a student, the Associate Dean of Clinical Affairs will assume
the responsibility.

Regular evaluations and meetings between the student and Preceptor(s) during the
rotation are encouraged. Perceived weaknesses, as well as strengths, in the student’s
performance should be identified and direction should be given to the student as to how
to improve in areas of deficiency, if needed.
Student Evaluation Forms:

The three evaluation forms for students to complete reflect students’ opinions and observations regarding the quality of training experienced from each Preceptor, training site and the student’s own fund of knowledge at the time of the rotation. These evaluation forms are critical components of assessing our clinical education program.

Due Date
Evaluation forms are due by all parties 5 days after a rotation ends. Automatic evaluation reminders are emailed to contacts with incomplete evaluations every 2 weeks after a rotation ends. However, it is contingent upon the student to ensure the Preceptor completes the evaluation form. The Office of Clinical Affairs will assist the student in this process if necessary. The following suggestions are proactive measures that students may take to ensure that the Faculty Evaluation of Medical Student Performance is returned by a Preceptor in a timely manner:

- All evaluation forms for a specific rotation are sent at the same time. When a student receives the notification that the evaluation form is available, the student should check with the Preceptor to make sure he/she received the notification, as well. If the Preceptor did not receive the form, then please contact the Office of Clinical Affairs.

- If the student has not received notification (via email or via Notifications) that the his/her evaluation has been completed by the Preceptor a month after the rotation ends, then the student should professionally follow-up with the Preceptor’s office. As mentioned above, automatic evaluation reminders are emailed to contacts with incomplete evaluations every 2 weeks after a rotation ends.
Responsibilities and Duties for Medical Students
Students are expected to adhere to the professional conduct and attitudes set forth by the university and clinical faculty. During students’ work, they will consistently demonstrate ethically responsible behavior; act honestly and with integrity to their patients, their representatives, faculty/Preceptors and coworkers. Preserve confidentiality: students will not discuss patients in public places and will destroy all papers with patient-specific information that are not part of the medical record. Students will not look in the chart (paper or electronic) of any patient who the student is not caring for. Compliance with all institutional regulations, state and federal HIPAA laws is expected. Unethical, dishonest or other inappropriate conduct will not be tolerated.

Students should expect to be treated as professionals by all clinical personnel at all times. Students must in turn conduct themselves professionally, ethically, and respectfully in regard to all clinic and hospital personnel. Courtesy and a professional demeanor are essential traits for a physician.

Unprofessional Behavior
The Preceptor has the authority to dismiss a student from the rotation for violations of the student code of conduct (found within the RVUCOM 2015-2016 Handbook & Catalog), policies or procedures, threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Office of Clinical Affairs and the Student Progress Committee which may result in a failing grade for the rotation and/or dismissal from the University. Any problems or concerns affecting students not adequately resolved at the site should be referred to the Office of Clinical Affairs and the Associate Dean of Clinical Affairs.

In the case of any student suspected of having a substance abuse or mental health problem, the Preceptor must report this situation to the Associate Dean of Clinical Affairs and the Dean to allow the student to be directed for appropriate evaluation and further action.

Legal Issues
Refer to the RVUCOM 2015-2016 Handbook & Catalog

Health Care Requirements
RVUCOM students must have health insurance, have all required immunizations, including influenza vaccine, or antibody titers documented, be currently negative on PPD testing or have followed current RVUCOM guidelines if a positive test is present, and completed any rotation site or RVUCOM mandated related testing, including background screening and drug testing if required. Documentation of this information must be on file with the Registrar prior to participating in any patient contact.

Universal Precautions
Student doctors must follow universal precautions at all times while on rotation.
Needle stick and Disease Exposure Policy
Students are potentially exposed to blood and/or potentially infectious body fluids via percutaneous (e.g., needle stick) or mucocutaneous exposures in clinical settings, and thus are at risk of acquiring infectious diseases from blood borne infections. Prompt evaluation of exposures to blood and/or potentially infectious body fluids prevents or reduces risk of infection from blood borne diseases.

Exposure is an incident in which an eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials results while performing an assigned rotational task as a medical student. Body fluids considered potentially infectious include: blood and blood products, any body fluid contaminated with blood, semen, saliva, cerebrospinal fluid, amniotic fluid and vaginal secretions, pleural fluid, peritoneal fluid, pericardial fluid, and synovial fluid.

The student must give consent for treatment in accordance to the directives of the treating facility/facilities before collection of the student’s blood and before any serologic testing can be done on the student. Consent of the source individual is dependent upon the State Laws in which the event occurs. State Statutes state that “When a healthcare provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source (patient) individual to perform an HIV test is not required.”

Steps for dealing with exposure:
A student who is exposed to a patient via blood or potentially infectious body fluid must:
1. Seek immediate treatment and follow-up in accordance with appropriate medical standards
2. All hospitals and ambulatory clinics will have a policy for handling exposure to contagious diseases. In the event a student is exposed, he/she should contact the proper personnel at the rotation site. This may differ at each site (e.g., the Department of Human Resources, the Director of Medical Education office, and/or the nursing staff).
3. The student must go immediately to an emergency department or designated healthcare provider
   a. The student must give the emergency department his/her private health insurance as your method of payment
   b. The student’s own insurance card should cover part or all of the initial treatment and follow-up
   c. Any portion not covered is not the responsibility of the student, but will be covered by Risk Management of Rocky Vista University in the event that this is actually related to a student rotational activity and the student follows this protocol including notifications.
4. Students should immediately notify the Preceptor of the occurrence.
5. Students must immediately report any injury to treatment to the Office of Clinical Affairs and Human Resources at RVUCOM.

Counseling and Support
Refer to the RVUCOM 2015-2016 Handbook & Catalog.

Communication
Now that the students’ primary classroom will be off-campus, email is the primary mode of communication between the student and the University. It is the student’s responsibility to continue accessing his/her RVUCOM email account on a regular basis and keep the account capacity ready to accept new messages. Additionally, it is the student’s responsibility to keep the Office of Student Services and the Office of Clinical Affairs current on his/her mailing address, phone number and emergency contact information.

Dress Code
Refer to the RVUCOM 2015-2016 Handbook & Catalog

Title
Students are referred to as “Student Doctor ____” in clinical settings. If students have a doctorate in any field, they cannot use that title while in any settings related to their education whether in a student environment, or not.

Academic Standards
Refer to the RVUCOM 2015-2016 Handbook & Catalog

COMLEX and USMLE Policy
Refer to the RVUCOM 2015-2016 Handbook & Catalog.

Technological Requirements for Rotations
Along with the required laptop for all RVUCOM students (per the RVUCOM 2015-2016 Handbook & Catalog) it is recommended that students have a PDA/smart-phone system that will allow them to add necessary applications. Students will receive a list of these necessary software applications at the Capstone Course.

Use of Social Media
Students are expected to use social media in a responsible fashion. Students are expected to honor HIPAA regulations at all times. Students should refrain from posting information about their rotation site or patients. Doing so is considered a violation of the student code of conduct and will result in disciplinary action. See also the RVUCOM 2015-2016 Handbook & Catalog.
APPENDIX

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VSAS, ERAS, LORs, MSPEs (Dean’s Letters),  
AOA Match (NMS) and the Allopathic Match (NRMP)