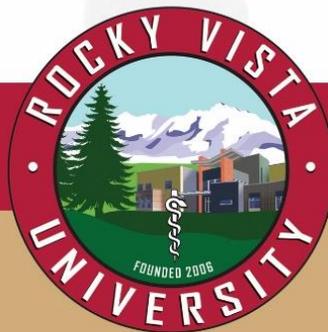


# CLINICAL EDUCATION MANUAL

## **Policies and Guidelines**

Academic Year 2019 - 2020



**ROCKY VISTA UNIVERSITY**  
COLLEGE OF OSTEOPATHIC MEDICINE

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## Introduction to Clinical Education

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This manual provides an overview of the current policies, procedures and guidelines of Rocky Vista University College of Osteopathic Medicine (RVUCOM) pertaining to clinical Externships. The College of Osteopathic Medicine (COM) reserves the right to make changes at any time to educational policies, scheduling, training sites, evaluation procedures or any other aspects of the clinical training program. Every effort will be made to ensure that students are notified in a timely manner when changes are implemented, and new or revised policies are instituted. Any conflicts regarding the application or interpretation of the policies contained in this manual will be resolved by the Dean. The *RVUCOM 2019-2020 Handbook & Catalog* is the primary handbook and the *Clinical Education Manual* is a supplement for utilization by OMS3 and OMS4 students while on Externships.



## Honor Code

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As a student of Rocky Vista University College of Osteopathic Medicine, I will be ever vigilant in aiding in the general welfare of the community, sustaining its rules and organizations, and will not engage in practices which will in any way bring shame or discredit upon myself, my school, or my profession.

## Mission Statement

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

## Core Values

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**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.

**Service** - Through active service, we support one another and seek to meet the needs of the larger community.

**Innovation** - Delivering new and creative ways to provide healthcare education while consistently demonstrating compassion, integrity, and excellence.

## Osteopathic Core Competencies

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### 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, 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.

## Student Eligibility for Clinical Externships

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**To be eligible for any Externship or clinical experience**, all students must have proof of the following:

- Successful completion of all OMS II coursework
- Successful completion of Clinical Competency Exam (CCE)
- Passing score on the COMLEX Level 1 examination (See the Student Handbook & Catalog for information concerning the COMLEX examinations).
- Sit for the USMLE Step 1 examination
- Documentation of current health insurance on file with Student Financial Services
- Certified in basic life support (BCLS)
- Certified in advanced cardiac life support (ACLS)
- OSHA and HIPAA training
- A completed drug-screen(s)
- A completed background check(s)
- PPD annually (By June 1<sup>st</sup>)
- Flu shot annually (By October 1<sup>st</sup>)
- Any additional requirements listed by the Externship site

**Failure to comply with providing this information or the deadlines set forth by the University may result in delaying or cancelling the Externship, as well as disciplinary action.** For further information, Refer to the *RVUCOM 2019-2020 Handbook & Catalog*.

## Clinical Externship Requirements and Assignments

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| Minimum Credit Hours to be completed in Years 3 and 4                |                       |
|--|-----------------------|
| Fundamentals of Clinical Medicine                                    | 2 credit hours        |
| Required Core Externships  |                       |
| <i>Family Medicine</i>   | 8 weeks/credit hours  |
| <i>Internal Medicine</i>   | 8 weeks/credit hours  |
| <i>Women's Health</i>  | 4 weeks/credit hours  |
| <i>Pediatrics</i>  | 4 weeks/credit hours  |
| <i>Behavioral Medicine</i>   | 4 weeks/credit hours  |
| <i>Surgery</i>   | 7 weeks/credit hours  |
| <i>Fundamentals of Surgery</i>                                       | 1 weeks/credit hours  |
| OPP Clinical Integration   | 1 credit hour         |
| Required Elective Externships (2 must be audition/Sub-I Externships) | 46 weeks/credit hours |
| Advanced OPP Clinical Integration                                    | 1 credit hour         |
| Minimum number of hours to be completed in OMS III & IV              | 86 credit hours       |

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### Required Core Externships

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All core Externships must be successfully completed before a student may progress to the fourth year of training and prior to sitting for COMLEX Level 2 PE and CE.

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### Required Elective Externships

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Students are expected to complete elective Externships until graduation; these Externships are designed to prepare students for the residency of their choice. Elective Externships may include:

- Elective Externships in the field of choice (i.e., Internal Medicine/specialty, Surgical subspecialty, Pediatrics/subspecialty, Family Medicine/subspecialty)
- Sub-Internship/Audition Externships – 2 recommended during training year 4
  - This requirement can include Residency Affiliated Externships or “Away Externships” as referred to in the Visiting Student Learning Opportunities (VSLO) program.
- Externships in inpatient medicine (adult or pediatric)
- Externships in emergency or critical care (i.e., Critical Care, Cardiology, Neurology, Trauma)
- Externships in rural medicine
- Externships in clinical research
- Externships in academic medicine (i.e., teaching medical students, working with a hospital administrator)
- Externships in wilderness medicine

All elective Externships must receive approval through the students assigned regional coordinator 90 DAYS PRIOR TO THE ELECTIVE EXTERNSHIP. **All elective Externships must be completed under the direction of an Externship preceptor/supervisor and require an evaluation of student performance.**

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### Overview of Medicine

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Each student will be allowed 4 weeks of board preparation at the end of training year 2 (for COMLEX Level 1) and 4 weeks of board preparation at the beginning of year 4 (for COMLEX Level 2 PE/CE). Students must provide a date for their schedule their exam, and submit the Externship Request Form, along with a study plan, in order to schedule time for “Overview of Medicine.”

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### Academic Pursuit

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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.



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### Clinical Externship Assignments

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With as many as 500 students on Externships at any one time, clinical Externships involve many different sites, people, hospitals, clinics and physicians, thus requiring a complex scheduling process. The Externship sites and the number of students assigned to each site are determined by mutual agreement of Hospital Administrators, Preceptors and the Department of Clinical Education. Therefore, flexibility on assigned Externships is limited.

In spite of apparent Externship openings, there will be little opportunity for change once an Externship has been scheduled. Externships may not be cancelled or changed within 30 days of the start date. The student may not attend an Externship that has not been approved by the Department of Clinical Education. Credit may not be earned for such an Externship 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 Externship sites, subjects and schedule at any time if required. Those students affected will be notified of any changes.

The core Externships take place in hospitals, private offices, and clinics where RVUCOM has formal affiliation agreements. After students have received their assignments, the Department of Clinical Education 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

Externship specific information for the Preceptor and his/her staff. Elective Externships generally range between two to eight weeks of educational time.

The order in which the Externships are scheduled will vary. Elective Externships are designed for students to expand their medical education in areas that are directly related to their career path. When available, students may choose Externships in required specialties to fulfill elective requirements (e.g. Internal Medicine, Surgery, Behavioral Medicine, 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.

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## **OMS III**

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### **Regional Assignments**

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Students will be assigned to a regional Externship area where RVUCOM has established agreements with medical practices and hospitals. The regional Externship area is where the majority of students' clinical work will be performed. It is important to note that some Externships may need to be completed away from the assigned regional Externship area. The regional Externship 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 Externships outside of their assigned regional Externship area. These Externship opportunities must be approved in advance by their assigned Regional Coordinator. If a student is interested in scheduling an Externship that is not currently offered by the Department of Clinical Education, then the regional coordinator must have adequate notice of at least 90 days. While the Department of Clinical Education supports students' initiative, it is unacceptable to make Externship plans without consulting the assigned regional coordinator who is already scheduling Externships 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 Department of Clinical Education, not to the clinical site.

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### **Externship Preparation**

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Participation in Fundamentals of Clinical Medicine (FCM), a pre-Externship seminar, at the beginning of third year is required to prepare students for clinical settings. Attendance is required. Non-compliance will result in delaying a student's participation in Externships and may result in disciplinary action. Please see the syllabi for more information.

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### **3<sup>rd</sup> Year Competency Week**

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During March all OMSIII students will be required to be on campus two-three days for academic preparation for the fourth year. This academic prep will include Standardized Patient encounters to practice for the COMLEX PE. Attendance is required and non-compliance may result in disciplinary action.

## OMS IV

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### Assignments and Advisement

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During OMSIII, there will be a resources provided on MyVista for guidance on preparation for the 4<sup>th</sup> year and applying for residencies. Students will receive information about specific requirements for working with Clinical Education during the 3<sup>rd</sup> Year Competency Week (PE Prep week) in the spring semester of OMSIII.

During OMSIV, students are highly encouraged to complete Externships 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 and will help them quip themselves for excellent performance during residency.

Students will be assigned a 4<sup>th</sup> year Regional Coordinator to assist in the scheduling process. All 4<sup>th</sup> year schedules must be approved by the Associate Dean of Clinical Education or designee. Advisement on career decisions and plans should be directed toward the Program Director of the RVUCOM Career Advisory Program or his/her designee. Additionally, students are encouraged to continue using Careers in Medicine as a resource.

The 4<sup>th</sup> year schedule is primarily created by the student beginning mid-way in their 3<sup>rd</sup> year. Students can begin researching residency programs that match their interests and skills at any time. Some programs begin accepting applications as early as January of students' 3<sup>rd</sup> year. Programs will provide specific instructions on how to apply to their program for 4<sup>th</sup> year audition Externships. Audition Externship spots fill up quickly, so students should organize the application process and manage their time accordingly. It is the expectation of RVUCOM and the Department of Clinical Education that students will be on audition Externships during their 4<sup>th</sup> year from at least August to January. Students can start participating in audition Externships as soon as all core Externship requirements are complete.

While students are primarily responsible for creating their 4<sup>th</sup> year schedule, it is very important that the proper Externship request protocol is followed. Students must request 4<sup>th</sup> year Externships that take place in RVU Regions via their regional coordinator. **Students are NOT to contact doctors and practices in RVU Regions without their Regional Coordinator's knowledge.** The only exception to this protocol is if students are applying for an audition Externship at a residency program in an RVU Region. In that case, students should apply to the residency program as they would any other program.

In order to encourage a wide variety of medical professional experiences, students will be limited to a maximum of 16 weeks of externship experiences, over the 3<sup>rd</sup> and 4<sup>th</sup> year, with the same preceptor and site.

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### Steps for setting up OMSIV Externships

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- Note that some programs use AAMC’s online Visiting Student Learning Opportunities program (VSLO) and others may require hard copy applications.
- 90+ days prior to the requested start date, the student should contact the hospital, clinic, or Preceptor to determine availability of training and request the Externship. The hospital, clinic, or Preceptor may have a program specific application form, which they will send.
- The student should complete and return the Externship Request Form required by the Department of Clinical Education via email, in-person, or fax at least 90 days prior to the Externship start day. The form is located in New Innovations>More>Resources>Forms. Applications not submitted 90 days prior to the start of the intended Externship may not receive approval. In this situation, the student may be placed at an alternative Externship site at the discretion of the Clinical Externships Coordinator.
- Upon approval of the Externship, the Department of Clinical Education will send credentialing paperwork to the site. If the Externship is not approved or the site informs the Department of Clinical Education that the Externship is unavailable, the student will be notified.
- After the Externship has been approved by the Department of Clinical Education, and before the start of the Externship, the student must verify the Externship approval with the site, make any necessary housing arrangements and verify the Externship starting time.
- If any circumstances change with an Externship or the Preceptor, the student is required to contact the Department of Clinical Education immediately.

## Preparing for and Participating in Clinical Externships

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Students **will not** be eligible for clinical externships if they have not met the Department of Clinical Education’s deadlines for the following requirements, including but not limited to: all immunizations, influenza vaccine, two-step PPD, drug screen, background check, HIPAA/OSHA, and ACLS/BLS training (or certification).

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### 90 Days Prior to the Start of the Externship

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- The student must submit the Externship Request Form to their Regional Coordinator for all elective Externships. Please note that all 3rd year **core** Externships in RVU Regions are set up by an RVU Regional Coordinator without the need to submit the Externship Request Form.
- The Department of Clinical Education will then work to secure a Preceptor for the preferred specialty. The Department of Clinical Education will send student credentialing paperwork to the Preceptor’s office and applicable hospitals prior to the Externship.

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### One Week Prior to the Start of the Externship

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- The student should preview the course syllabi and course guide (located in New Innovations), including the general and specific Externship objectives, and begin any required reading assignments.

- The student should review Preceptor contact information and scheduling in New Innovations regarding their upcoming Externship site.
- The student should contact the Externship 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 when leaving a voicemail or sending an email.

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### During the Externship

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- 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 Externship.
- 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 Externship every day. Students are encouraged to read information relevant to the subject of the Externship 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 externships. 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 Externship. If there are procedures or patient diagnoses with which the student needs more experience, this should be discussed with the Preceptor.

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### End of the Externship

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- The Preceptor must complete an evaluation of the student and student must complete his/her evaluation forms at the end of each Externship in order for the student to receive credit for the Externship. Detailed information about evaluation forms can be found in the section, "Externship Conclusion and Student Performance."
- Students who completed an Externship specialty that requires a subject exam will be scheduled to take the exam on the last day of their Externship and should refer to the special exam instructions that will be emailed from the Department of Clinical Education.
- All Externships with scheduled subject exams end at 5:00 pm on the day prior to the exam. The day prior to the scheduled subject exam is **not** permitted to be taken as a study day. 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 Externship. Students completing Externships without subject exams shall remain on-service until the end of the workday as determined by the Preceptor.

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## Student Involvement on Clinical Externships

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### Student Responsibilities and Duties

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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.

While on Externship students will be respectful, 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 Department of Clinical Education. Students must attend all assigned clinical site conferences, meetings, lectures, and other educational programs at or near the Externship site. Any determinations for exemption must be made by the Preceptor and the student must notify the Department of Clinical Education. 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.



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### **Policies on History and Physicals**

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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.

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### **Number of Patients**

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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.

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## **Housing**

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Some Externship 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 Externships at their own expense as long as the student has communicated with their Regional Coordinator within a time-frame that is acceptable to RVUCOM's housing partners. Last minute housing cancellations may not be granted by the Department of Clinical Education.

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 2019-2020 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 Externships 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 Externship site.

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## **Transportation**

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It is the responsibility of each student to obtain his or her own arrangements for transportation while attending the College of Medicine.

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# **Student Attendance**

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## **Report On Time**

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It is the student's responsibility to know the beginning and ending dates for each Externship as determined by the academic calendar. 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 Externship site and the Coordinator. Failure to do so may result in disciplinary action.

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## Departure

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Students should refer to the academic calendar provided by the Department of Clinical Education to determine Externship departure dates. Students should expect to travel to any Externship site in an RVU Region, depending on Externship placement.

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## Hours of Duty

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The average workday will be determined by the Preceptor's schedule, including office hours, hospital rounds, clinic or nursing home visits and call-schedule. RVU recommends a minimum of 35 hours of service per week. Students shall be assigned activities on, or related to, their current service Externship 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 Externships 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 Externship. Students completing an Externship without subject exams shall remain on-service until the end of the workday as determined by the Preceptor.



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## Vacation/Personal Time

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All Rocky Vista University COM students are provided vacation/personal time as follows:

OMS III: 1 week of vacation over Fall Break; 1 week of vacation over Christmas/New Year Holiday break; 2 weeks of vacation at the end of the third year of clinical training. Exact dates of these vacation dates are determined each year of clinical training to work around holidays best as possible.

OMS IV: Students may take up to 5 weeks of personal time during the fourth year of clinical training. These weeks may be used for:

- Interviews
- Attending conferences
- Vacation

Students must notify their Clinical Externships Coordinator of planned vacation weeks at least 90 days in advance.

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### **Absence from Clerkship**

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The focus of the clinical experience in years 3 and 4 is patient care and interaction. One hundred percent 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 Education and once approved, must be communicated to the student's Preceptor and Regional Coordinator.
- In the case of an emergency, the student must immediately notify their Preceptor, Externship Site Coordinator, Clinical Externships Coordinator, and the Associate Dean of Clinical Education 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 Department of Clinical Education. 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 Externship.
- Failure to immediately notify the above parties (Associate Dean of Clinical Education, Preceptor and Coordinator) of any absence will be considered neglect of duty and may result in a failing grade for the Externship.

Time spent away from the Externship 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.

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### **Leave of Absence from College**

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Refer to the *RVUCOM 2019-2020 Handbook & Catalog*.

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## **Student Grading Policy**

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### **Grading System**

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

- P: Pass
- H: Honors
- F: Failure

Px: Pass with Remediation

The NBME subject examination is a key component of the course grade and is administered toward the end of the externship. Students must score in the 10<sup>th</sup> percentile or greater to pass the externship course. Students who do not achieve the 10<sup>th</sup> percentile will be required to remediate the examination. Three failures to achieve the 10<sup>th</sup> percentile will result in failure of the course and the student must repeat the entire core clinical externship.

Students who receive five or more “Needs Improvement” assessments from the preceptor evaluation will have the opportunity to mitigate prior to a failing grade being issued. Mitigation will be arranged by the Department of Clinical Education and tailored to the identified problems during the Externship. Unsuccessful mitigation will result in failure of the course. The failed externship course will be remediated at a clinical training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a course failure.

Core Externship honors criteria are detailed on each Core Externship Syllabus.

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

OPP Clinical Integration grading criteria can be found on the syllabus.

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### **NBME Subject Examinations**

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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 10<sup>th</sup> percentile to receive a passing score for the Externship. If a failing grade is recorded, the student will be notified by the Associate Dean of Clinical Education, or their designee, and the failure may be reviewed by the Student Progress Committee (SPC).

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### **Faculty Evaluation of Medical Student Performance**

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Students who receive five or more “Needs Improvement” assessments from the preceptor evaluation will have the opportunity to mitigate prior to a failing grade being issued. Mitigation will be arranged by the Department of Clinical Education and tailored to the identified problems during the Externship. Unsuccessful mitigation will result in failure of the course.

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### **Educational Support**

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Students with concerns regarding their performance either during or after an Externship should contact the Associate Dean of Clinical Education and/or the Director of Educational Support.

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### **MSPE Content**

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All final grades and designated comments from evaluations will be used in formulating the student's MSPE Letter for the residency match. Grades and evaluations will be certified to Student Education from Clinical Education no later than August 1<sup>st</sup> for MSPE letter construction. Students will be able to view their letter before distribution.

## Externship Conclusion and Student Performance

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### NBME Subject Examinations

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NBME Subject Exams will take place on the last day of the Externship for the following core Externships: Family Medicine, Internal Medicine, Women's Health, Pediatrics, Behavioral Medicine and Surgery. Students are required to take all six exams by the end of their 3<sup>rd</sup> year and receive a passing score.

Rocky Vista University provides designated testing sites located on-campus, as well as some remote regions.



***Note: Subject Exams scheduled on-campus may take place on the Thursday or Friday at the end of each core Externship. The Department of Clinical Education Clinical Data Coordinator will notify students in advance of the date of the scheduled exam.***

The Family Medicine, Internal Medicine, and Surgery exams will be taken after completing eight weeks of the Externships. The Women's Health, Pediatrics, Behavioral Medicine exams will be taken after completing four weeks of the externship. Students are responsible for taking their exams on their own laptops and ensuring their laptops are compatible for the exams according to NBME regulations, criteria or operating requirements. All additional information about where and when the exam will take place on the designated testing day will be sent to students 2 weeks in advance by the Clinical Data Coordinator.

If a student is completing an Externship away from any RVUCOM designated testing site, he/she may complete their exam at a Prometric Testing Center. The student must notify the Clinical Data Coordinator at least 45 days in advance. The student will be required to pay all extra fees associated with taking any exam at a Prometric Testing Center. The Department of Clinical Education 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 testing dates after receiving their permit.

Scores will be emailed to the student within one week after taking the exam. When a failing grade is recorded the student will be notified by the Department of Clinical Education, and the student will be required to meet with the Director of Educational Support and remediate the exam. Multiple failures of an exam may result in a student's referral to the SPC.

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## Evaluation Forms

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### Forms

There are 2 required evaluation forms for each clinical Externship:

1. Faculty *Evaluation of Medical Student Performance*: completed by the preceptor on the student
2. Student *Evaluation of Clinical Teaching and Training Site*: completed by the student

### Availability

Preceptors and students will receive an email 5 days before the Externship ends stating that the evaluation forms are available to complete via New Innovations. 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 on the homepage of New Innovations under forms if needed. (also found New Innovations -> More -> Resources -> Evaluation Forms)

### Confidentiality

All forms will be prepopulated with the Externship name, Externship 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 externships.

### Content

*Faculty Evaluation of Medical Student Performance*: The record of the student's performance on Externship 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 Department of Clinical Education to the Preceptor via New Innovations. The Preceptor must return the completed evaluation form directly to the Department of Clinical Education, 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 Department of Clinical Education. In a circumstance where the Preceptor is unable to produce a cumulative evaluation for a student, the Associate Dean of Clinical Education will assume the responsibility.

Regular evaluations and meetings between the student and Preceptor(s) during the externship 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 evaluation form for students to complete reflect students' opinions and observations regarding the quality of training experienced from each preceptor and training site. This evaluation form is a critical component of assessing our clinical education program.

### **Due Date**

Evaluation forms are due by students 5 days after the externship ends and 14 days after an externship ends by the preceptor. Automatic evaluation reminders are emailed to contacts with incomplete evaluations every 2 weeks after an Externship ends. However, it is contingent upon the student to ensure the Preceptor completes the evaluation form. The Department of Clinical Education 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 Externship 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, please contact the Department of Clinical Education Data Coordinator.
- If the student has not received notification (via email or via Notifications) that his/her evaluation has been completed by the Preceptor a month after the Externship 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 an Externship ends.

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## Affiliation Agreements

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### Affiliation Agreements

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To assure students have proper access to clinical training experiences, Rocky Vista University requires current *Affiliation Agreements* with preceptors and training facilities. If your clinical training will involve additional preceptors and/or facilities (hospitals, surgical centers, nursing homes, etc.) please work with Preceptor Staff Services at Rocky Vista University, or a designated rotation coordinator to assure appropriate Affiliation Agreements are in place.

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## Preceptor Credentialing/Appointment

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### Clinical Faculty Appointments and Ranks

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Clinical Faculty appointments are one way to recognize physicians, PAs, NPs, and other healthcare educators who play an important role supporting the institution's educational goals.

Faculty of the College of Osteopathic Medicine or the Physician Assistant Studies Program whose academic ranks contain the prefix "Adjunct Clinical" serve in a part-time/per diem status and spend the vast majority of their teaching time off-campus at RVU affiliated clinical training sites. Adjunct Clinical faculty appointments are generally without University salary, benefits, or employment status.

Rocky Vista University Clinical Faculty Ranks include:

- Adjunct Clinical Instructor
- Adjunct Clinical Assistant Professor
- Adjunct Clinical Associate Professor
- Adjunct Clinical Professor

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### Adjunct Clinical Instructor

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The Adjunct Clinical Instructor should have earned a doctoral degree or the highest appropriate professional degree. Initial appointment at the rank of Adjunct Clinical Instructor is appropriate for a faculty member who has completed post-graduate training but has no additional teaching experience.

Criteria:

1. PhD, DO, MD, PA, NP, or other health professional degree

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### **Adjunct Clinical Assistant Professor**

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The Adjunct Clinical Assistant Professor should possess a medical, doctoral or other professional degree and have demonstrated experience in clinical teaching.

Criteria:

1. PhD, DO, MD, PA, NP, or other health professional degree
2. Board Certification

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### **Adjunct Clinical Associate Professor**

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The Adjunct Clinical Associate Professor should possess a medical, doctoral or other professional degree and have demonstrated significant experience in clinical teaching. The Adjunct Clinical Associate Professor has made significant contributions to medical education, been in leadership positions, and participates in faculty development.

Criteria:

1. PhD, DO, MD, PA, NP, or other health professional degree
2. Board Certification
3. Minimum of 5 years of clinical education experience teaching medical students, residents, fellows, and other health professionals (physician assistants, nurse practitioners, etc)
4. Published an article, presented a poster at a national level, or lectured at a state or national medical conference.
5. Served in a leadership position in hospital, university, or national organization
6. Participated in faculty development

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### **Adjunct Clinical Professor**

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The Adjunct Clinical Professor should possess a medical, doctoral or other professional degree and have demonstrated significant experience in clinical teaching. The Adjunct Clinical Professor has made significant contributions to medical education and research, been in leadership positions, participates in faculty development, participates in university committees or other service activities, and recognized with accolades.

Criteria:

1. PhD, DO, MD, PA, NP, or other health professional degree
2. Board Certification
3. Minimum of 7 years of clinical education experience teaching medical students, residents, fellows, and other health professionals (physician assistants, nurse practitioners, etc)
4. Published several articles
5. Lectured many times at state or national medical conferences
6. Served in a leadership position in hospital, university, or national organization
7. Participated in faculty development

8. Participated in university committees
9. Received awards for research, teaching or service

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### **Duration of appointment**

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| Rank                         | Initial Appointment or Promotion | Reappointment   |
|------------------------------|----------------------------------|---|
| Clinical Instructor          | 1 year                           | Up to 3 years (renewable, unlimited number of up to 3-year terms) |
| Clinical Assistant Professor | 3 years                          | 4 years (renewable, unlimited number of 4-year terms)             |
| Clinical Associate Professor | 4 years                          | 5 years (renewable, unlimited number of 5-year terms)             |
| Clinical Professor           | 5 years                          | 5 years (renewable, unlimited number of 5-year terms)             |

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### **Terms**

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Although term appointments are frequently made with the clear possibility of reappointment or promotion, there is no entitlement to such action at the end of the term, and it is not automatic. Instead, decisions on reappointment and promotion, like decisions on initial appointment are subject to programmatic need, as well as the exercise of professional and scholarly judgment and discretion by the University's departmental faculty and academic leadership regarding the candidate's performance. Promotion is not a requirement for a continued affiliation; qualified candidates may be renewed at the same rank for an unlimited number of terms. Promotions are not automatic; they must be requested if candidate believes all criteria are met.

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### **Termination/non-renewal**

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Membership as Clinical Faculty is a privilege, not a right or entitlement. Membership can be terminated at any time by either the Clinical Faculty member or by the Institution. No set period of notice is required for termination or nonrenewal of an appointment. Notice on nonrenewal or termination would be in writing.

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### **Confidentiality**

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Because of the quality of the University's appointment, reappointment and promotion processes depend on the candor of the participants of the process, RVU's will protect all sources of information. Accordingly, peer evaluations from outside and inside sources, letters from students, departmental or higher level documents regarding the review process, and documents containing statements based on personal knowledge, judgements or opinion are regarded as confidential.

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### **Approval authority**

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Associate Dean or Program Director delegated by the Vice President of Academic Affairs.

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## **Policies and Support**

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### **Responsibilities and Duties for Medical Students**

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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 by acting honestly and with integrity to their patients, their representatives, faculty/preceptors and coworkers. They will also preserve confidentiality by not discussing patients in public places and destroying 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 regarding all clinic and hospital personnel. Courtesy and a professional demeanor are essential traits for a physician.

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### **Unprofessional Conduct**

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The Preceptor has the authority to dismiss a student from the Externship for violations of the student code of conduct (found within the *RVUCOM 2019-2020 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 Department of Clinical Education and the Student Progress Committee which may result in a failing grade for the Externship and/or dismissal from the University. Any problems or concerns affecting students not adequately resolved at the site should be referred to the Department of Clinical Education and the Associate Dean of Clinical Education.

In the case of any student suspected of having a substance abuse or mental health problem, the Preceptor must report this situation to both the Dean and Associate Dean of Clinical Education, to direct the student to evaluation assistance and further action.

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### **Legal Issues**

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Refer to the *RVUCOM 2019-2020 Handbook & Catalog*

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### **Health Care Requirements**

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RVUCOM students must have health insurance, 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 Externship site or RVUCOM mandated related testing, including background screening and drug testing. Documentation of this information must be on file with the Registrar prior to participating in any patient contact.

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### Universal Precautions

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Student doctors must follow universal precautions at all times while on Externships.

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### Needle stick and Disease Exposure Policy

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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 Externship task as a medical student. Body fluids considered potentially infectious include blood and blood products, any bodily 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:

- Seek immediate treatment and follow-up in accordance with appropriate medical standards.
- Contact the proper personnel at the Externship 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). All hospitals and ambulatory clinics will have a policy for handling exposure to contagious diseases.
- Go immediately to an emergency department or designated healthcare provider.

- The student must give the emergency department his/her private health insurance as method of payment.
- The student's personal insurance should cover part, or all, of the initial treatment and follow-up.
- Any financial portion of the initial treatment and follow-up not covered by the student's personal insurance is not the responsibility of the student, but will be covered by Risk Management of Rocky Vista University in the event that exposure is related directly to an activity during the Externship activity and the student follows RVUCOM protocol including notifications.
- Notify the Preceptor of the occurrence.
- Report any injury to treatment to the Department of Clinical Education and Human Resources at RVUCOM.

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### **Counseling and Support**

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Refer to the *RVUCOM 2019-2020 Handbook & Catalog*.

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### **Communication**

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During OMSIII and OMSIV, 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 Education and the Department of Clinical Education current on his/her mailing address, phone number and emergency contact information.

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### **Dress Code**

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Student attire is best established by the clinical training site. RVU recommends the following guidelines for student attire:

- All students are to wear identification.
- Female students - professional dress – no leggings, short dresses or skirts, cleavage showing or open toed shoes. They will also need to wear their white coat as appropriate.
- Male students – professional dress - Slacks, collared shirt and tie. No open toed shoes. They will also need to wear their white coat as appropriate.
- Students may wear clean scrubs as appropriate for the clinical Externship.

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### **Title**

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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.

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### **Academic Standards**

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Refer to the *RVUCOM 2019-2020 Handbook & Catalog*.

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### **COMLEX and USMLE Policy**

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Refer to the *RVUCOM 2019-2020 Handbook & Catalog*.

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### **Technological Requirements for Externships**

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Along with the required laptop for all RVUCOM students (per the *RVUCOM 2019-2020 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 Fundamentals of Clinical Medicine Course.

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### **Use of Social Media**

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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 Externship site or patients. Doing so is considered a violation of the student code of conduct and will result in disciplinary action up to and including dismissal/withdrawal from the university. See also the *RVUCOM 2019-2020 Handbook & Catalog*.

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## **Clinical Externship Objectives: Core Competencies**

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### **Overview**

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The Externship objectives are listed in each course syllabus and reflect a minimal knowledge base and the competency level that students are expected to develop or achieve during his/her clinical training years. Course curriculum is found online in New Innovations > More > Resources > Curriculum. Students should not anticipate being exposed to all the listed objective topics through the patients that are encountered in various Externships, since each student's case management exposure will obviously vary. It is anticipated that objectives not specifically accomplished through interactive patient experiences can be mastered through scholarly research, readings or through the seminars, conferences and lectures that are provided throughout the clinical training years. Students should self-direct their educational progress, so mastery of objectives is not solely relied of patient exposures. Course syllabi represent the knowledge content that will be evaluated by the NBME Subject examinations for the six core Externships.

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### **Clinical Competencies**

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In addition to the specific core curricula, there are basic skills and attributes of clinical medicine that are common to all disciplines. The Entrustable Professional Activities (EPAs) have been developed as a learning guide of skills and attributes that every beginning resident should be capable of performing on the first day of residency. For this reason, we have adopted the EPAs as our set of

competencies for which you as a medical student need to master during your clinical years prior to graduation. The EPAs will be evaluated by your Preceptor on each clinical Externship.

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### Core Entrustable Professional Activities

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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  
 Culture and sensitivity  
 HIV antibodies  
 Bilirubin  
 Electrolytes  
 HIV viral load  
 Cardiac enzymes  
 Glucose  
 Lipoproteins  
 Coagulation studies  
 Hepatic proteins  
 Renal function tests  
 CBC  
 HgbA1c  
 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 comorbid 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:



- Understand the evolution of the patient's problems, diagnostic work-up, and impact of therapeutic interventions.
- Identify the social and cultural determinants that affect the health of the patient.
- View the illness through the lens of the patients and family.
- 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).
- Document-and update-an electronic handover tool.
- 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:

- Chest pain
- Mental status changes
- Shortness of breath and hypoxemia
- Fever
- Hypotension and hypertension
- Tachycardia and arrhythmias (e.g., SVT, Afib, heart block)
- Oliguria, anuria, urinary retention
- Electrolyte abnormalities (e.g., hyponatremia, hyperkalemia)
- 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"<sup>25</sup> and "Crossing the Quality Chasm,"<sup>26</sup> 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 Externships 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.

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## Appendix

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