

Rocky Vista University  
College of Osteopathic Medicine  
**COURSE SYLLABUS**

**Course Name:** Family Medicine Core

**Class of/Semester:** 2024/ OM V & VI /2022-2023

**Course Code:** FAM 3001

**Term:** Fall 2022, Spring 2023

**Dates:** July 10, 2022 – June 16, 2023

**Credit Hours:** 8 Credit Hours

**Examination(s):** The NBME Family Medicine subject exam

**Location(s):** Clinical Sites

**Course Director(s):**  
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## RVUCOM Mission

To educate and inspire students to become highly competent osteopathic physicians and lifelong learners prepared to meet the diverse healthcare needs of tomorrow through innovative education, relevant research, and compassionate service.

## Institutional Learning Outcomes (ILOs)

Rocky Vista University graduates will:

1. **Display** professional behaviors in a consistent manner.
2. **Demonstrate** respect for diverse populations.
3. **Exhibit** commitment to the community through acts of service.
4. **Implement** self-directed learning skills.
5. **Utilize** critical thinking skills and scientific literacy to solve problems.

## Program Learning Outcomes (PLOs)

The College of Osteopathic Medicine (COM) has established the following program learning outcomes, which are based upon the American Osteopathic Association (AOA) seven core competencies:

Graduates of the Doctor of Osteopathic Medicine Program will:

1. **Apply** osteopathic principles and practices to patient care. *(AOA CC#1: Osteopathic Philosophy/Osteopathic Manipulative Medicine)*
2. **Apply** knowledge of biomedical sciences to clinical medicine. *(AOA CC#2: Medical Knowledge)*
3. **Perform** comprehensive patient care utilizing best practices of osteopathic medicine. *(AOA CC#3: Patient Care)*
4. **Utilize** effective communication skills to support positive patient-centered and inter-professional relationships. *(AOA CC#4: Interpersonal & Communication Skills)*
5. **Uphold** principles of the Osteopathic Oath. *(AOA CC#5: Professionalism)*
6. **Evaluate** patient-care practices through critical thinking using evidence-based medical principles. *(AOA CC#6: Practice-Based Learning & Improvement)*
7. **Analyze** health systems science to deliver individualized patient care. *(AOA CC#7: Systems-Based Practice)*

## Entrustable Professional Activities (EPAs)

- EPA 1: Gather a history and perform a physical examination
- EPA 2: Prioritize a differential diagnosis following a clinical encounter
- EPA 3: Recommend and interpret common diagnostic screening tests
- EPA 4: Enter and discuss orders and prescriptions
- EPA 5: Document a clinical encounter in the patient record
- EPA 6: Provide an oral presentation of a clinical encounter
- EPA 7: Form clinical questions and retrieve evidence to advance patient care
- EPA 8: Give or receive a patient handover to transition care responsibly
- EPA 9: Collaborate as a member of an interprofessional team
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management
- EPA 11: Obtain informed consent for tests and/or procedures
- EPA 12: Perform general procedures of a physician
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

## Course Description

The Family Medicine Clerkship will provide didactic, simulation, and clinical exposure to various aspects of general family medicine. Students will begin the course with one-week of synchronous virtual sessions and asynchronous material. The second week includes a 2-day on-campus intensive, which emphasizes acquiring and demonstrating competency in women's health, neonatology, and pediatrics skills-set development followed by a 3<sup>rd</sup> day of virtual assessments. Students will be given the opportunity to receive formative and constructive feedback using simulation to increase competency in these key clinical skills under the guidance of practicing clinicians. Students will then gain knowledge and experience and demonstrate competence in diagnosing and managing various acute and chronic medical conditions in the inpatient and/or outpatient clinical setting through clinical experience. In addition, students will become competent in a broad spectrum of primary care preventive, diagnostic, and therapeutic challenges within patients of various ages, genders, and cultures. Prerequisite: successful completion of all pre-clinical (Year 1 and Year 2) coursework.

It is critical to note that the clinical clerkship experience is not intended to teach the student everything on the subject of Family Medicine nor provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptor may provide educational guidance, but it is each student's individual responsibility to learn the subject content. Lifelong self-learning is the ultimate goal and is expected in this core clinical clerkship. Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least 4 outpatients or 2 inpatients per day.

## Patient Care Course Design

Family Medicine Core is designed to be completed as one-week virtual, including synchronous and asynchronous learning, two days on-campus followed by virtual assessments and six weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area) and may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component provides students with opportunities to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities that are observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry-level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that student must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills; and Professional Behavior*, to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care.

Telehealth patient care delivery models which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exam and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually, or as self-teaching, but assessment of these skills should include face-to-face checkoffs. Skills needing face-

to-face checkoff are listed in Appendix A.

## Key Clinical Skills

### *Clinical Reasoning and Judgement skills*

1. Gather a history and perform a physical examination, including structural, pertinent to the given history
2. Create a differential diagnosis meaningful to the clinical situation
3. Recommend and interpret common testing within the context of a given clinical situation
4. Generate treatment plans relevant to the clinical situation
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely
7. Ask questions that lead to acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM) (Include skill 10 below as well: ability to triage patient appropriately)

### *Interpersonal Communications and Relationships skills*

8. Handoff and receive patients in transition of care appropriately and with empathy
9. Work collaboratively and respectfully with all care team members, patient families and others
10. Triage a patient to appropriate levels of care

### *Physical Exam and Procedural skills*

11. Can articulate appropriately the requirements for a typical informed consent
12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry level resident physician

### *Systems-based Practice thinking skills*

13. Recognize system failures and can contribute to improvements

### *Professional Behavior*

14. Practice lifelong learning consistently (practice-based learning)
15. Self-reflect honestly, consistently, and openly with supervisors
16. Consistently act in a manner that meets Preceptor's expectations of a colleague in training
17. Consistently exhibit a quiet, compassionate hand of tolerance towards others

RVU has identified the following patterns of student training within its community-based preceptor network, in an effort to enhance training opportunities and properly focus assessments:

| <b><i>Student Assessment Organized by Clinical Venue and Patient Care Activity</i></b> |  |  |   |
|--|--|--|---|
| <b>Patient Care Activity</b>   | <b>Clinical Skillsets Practiced and Assessed</b> | <b>Where and How Assessed by Preceptor</b> | <b>Preceptor and Student Engagement Strategies by Venue</b> |

|   |  |   |  |
|---|--|---|--|
| Preceptor and Student setting care plan objectives together   | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• Professional Behavior</li> </ul>   | <ul style="list-style-type: none"> <li>• Bedside</li> <li>• Chart rounds</li> <li>• Team rounds</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul> | <ul style="list-style-type: none"> <li>• Student with preceptor, patient live or telehealth</li> <li>• Student, preceptor, and patient virtual, if the usual dialog between student and preceptor that occurs outside of a patient room still occurs.</li> </ul>   |
| Daily H&P and oral presentations and procedures including OMT | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• Physical Exam and Procedural Skills</li> <li>• System-based Practice Thinking Skills</li> <li>• Professional Behavior</li> </ul> | <ul style="list-style-type: none"> <li>• Bedside</li> <li>• Chart rounds</li> <li>• Team rounds</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul> | <ul style="list-style-type: none"> <li>• Student with preceptor and patient live</li> <li>• Student, preceptor, and patient engage in usual execution of H&amp;P and usual dialog between student and preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth.</li> </ul> |
| End-of-day or rounds review of cases; student performance     | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• System-based Practice Thinking Skills</li> <li>• Professional Behavior</li> </ul>  | <ul style="list-style-type: none"> <li>• Student one-to-one interaction with preceptor, team</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul>    | <ul style="list-style-type: none"> <li>• Student with preceptor, patient live or telehealth</li> <li>• Student, preceptor, and patient virtual, if the usual dialog between student and preceptor that occurs outside of a patient room still occurs.</li> </ul>   |
| End-of-rotation summative evaluation                          | <ul style="list-style-type: none"> <li>• Review of student performance in all skillsets</li> </ul>   | <ul style="list-style-type: none"> <li>• Student one-to-one interaction with preceptor, team</li> <li>• Written formal evaluation</li> </ul>                                    | <ul style="list-style-type: none"> <li>• Student with preceptor and patient live</li> <li>• Student, preceptor, and patient virtual, for all except Physical Exam and Procedures</li> </ul>  |

## Student Learning Outcomes

| <b>Student Learning Objectives/Outcomes</b>  |                |                |                            |   |
|--|----------------|----------------|----------------------------|---|
| When Mapping, please use a competency-based progression of learning:<br>I= Introduce; R= Reinforce; C= Competent |                |                |                            |   |
| <b>Upon Successful completion of the course, the student will be able to:</b>                                    | ILOs           | PLOs           | EPA                        | Assessment Method   |
| 1. Apply clinical reasoning and judgment skills in the practice of medicine                                      | 1c, 2c, 4c, 5c | 1c, 2c, 3c, 6c | 1c, 2c, 3c, 4c, 5c, 6c, 7c | <ul style="list-style-type: none"> <li>• Preceptor Evaluation</li> <li>• NBME Subject Exam</li> <li>• OGP Module</li> </ul> |

|   |                |            |             |   |
|---|----------------|------------|-------------|---|
|   |                |            |             |   |
| 2. Demonstrate interpersonal communications and relationships skills with patients, care team members, and others | 1c, 2c, 3c, 4c | 4c, 5c     | 8c, 9c, 10c | <ul style="list-style-type: none"> <li>• Preceptor Evaluation</li> <li>• OGP Module</li> </ul>                      |
| 3. Conduct patient and condition appropriate physical exams and procedures with compassion and empathy            | 1c, 2c, 4c, 5c | 3c, 4c, 6c | 11c, 12c    | <ul style="list-style-type: none"> <li>• Preceptor Evaluation</li> </ul>  |
| 4. Evaluate systems-based practices to contribute to quality improvements   | 1c, 2c, 5c     | 7c         | 13c         | <ul style="list-style-type: none"> <li>• Preceptor Evaluation</li> </ul>  |
| 5. Act in a professional manner that meets the standards of the osteopathic profession                            | 1c, 2c, 3c, 4c | 5c         | 9c          | <ul style="list-style-type: none"> <li>• Didactics</li> <li>• Preceptor Evaluation</li> <li>• OGP Module</li> </ul> |

### Course Faculty

Dr. Afia Albin [aalbin@rvu.edu](mailto:aalbin@rvu.edu)

Dr.

Dr. Terry Dunn - [tdunn@rvu.edu](mailto:tdunn@rvu.edu)

Dr. Andy Tucker - [atucker@rvu.edu](mailto:atucker@rvu.edu)

Credentialed Adjunct Clinical Faculty (Preceptors)

### OB/Peds SIMS and Skills Faculty

- Dr. Duane Brandau
- Dr. Tiemdow Phumirek
- Dr. Sonal Patel
- Dr. Hailey Ross
- Dr. Nicole Tucker
- Dr. Josh Benjamin
- Dr. Paul Dube
- Dr. Terry Dunn
- Dr. Andy Tucker
- Dr. Jennifer Gaide
- Dr. Berger
- Dr. Mayanka Kumar
- Dr. Randall Anderson
- Dr. Robert Henderson
- Dr. Stephanie Persondek
- Dr. Daniel Donato
- Dr. John Nichols

### Required Learning Resources

1. South-Paul, J. E., Matheny, S. C., & Lewis, E. L. (2020). [\*CURRENT diagnosis & treatment: Family medicine\*](#) (5<sup>th</sup> ed). New York, NY: McGraw Hill.
2. Course Guide for Family Medicine (Available in New Innovations and MyVista).

### OGP Module

1. Callahan, T. (2018). Blueprints Obstetrics & Gynecology (7<sup>th</sup> ed.). Philadelphia, PA: Wolters Kluwer.
2. The Johns Hopkins Hospital, Hughes, H. K., & Kahl, L. K. (Eds.). (2018). [\*The Harriet Lane Handbook\*](#) (21<sup>st</sup> ed.). Philadelphia, PA: Elsevier.

3. Kliegman, R. M., St. Geme, J. W., Blum, N. J., Shah, S. S., Tasker, R. C. & Wilson, K. M. (Eds). (2020). [\*Nelson textbook of pediatrics\*](#) (21<sup>st</sup> ed.). Philadelphia, PA: Elsevier.
4. American Academy of Pediatrics & Baker, C. J. (Eds.). (2016). [\*Red book atlas of pediatric infectious diseases\*](#) (3<sup>rd</sup> ed.). Elk Grove Village, IL: American Academy of Pediatrics.

See additional resources in My Vista

Optional Resources

- Rakel, R. E. & Rakel, D. P. (2016). *Textbook of family medicine* (9th ed.). Philadelphia, PA: Elsevier.
- Le, T., Mendoza, M. & Coff, D. (2018). *First aid for the family medicine boards* (3rd ed.). New York

| Domain of Assessment Using the SLOs  | Grade                                |
|--|--------------------------------------|
| <b>Professionalism (SLO 5)</b> <ul style="list-style-type: none"> <li>• Preceptor Evaluation Questions* 9, 13, 15, 16 (10 points)</li> <li>• Professionalism During Didactics* (10 possible points per week/ 6 weeks) (6 points)</li> <li>• Professionalism During OGP (1 point)</li> <li>• Standardized Oral Presentation of Encounter Rubric Questions* 15-18 (7 points)</li> </ul> Note: Students must pass sections with a * to pass the domain; see OGP details below | H=20-24<br>P=14-19.9<br>F= 0-13.9    |
| <b>Clinical Care Performance (SLO 1-4)</b> <ul style="list-style-type: none"> <li>• Preceptor Evaluation Questions 1-8, 10-12, 14, 17 (40 points)</li> <li>• Standardized Oral Presentation of Encounter Questions 1-14 (5 points)</li> <li>• OGP Assessments - Peds VR, Ob/Gyn VR, Fetal Heart Tones – (1 point)</li> </ul> Note: Students must pass sections with a * to pass the domain; see OGP details below  | H=43.5-46<br>P=27.5-43.4<br>F=0-27.4 |
| <b>Knowledge Application (SLO 1)</b> <ul style="list-style-type: none"> <li>• Subject Exam Percentile (40 points)</li> </ul>   | H=30-40<br>P=2-29.9<br>F=0-1.9       |

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**Grading Information and Assessment of Student Learning Outcomes**

Final grades for the course are awarded by the Course Director as:

- Honors
- Pass
- Fail
- Incomplete
- Px – Pass with Remediation
- WIP – Work in Progress

| Grade  | Requirements   |
|--|--|
| To receive a grade of <b>Honors</b> for the course | <ul style="list-style-type: none"> <li>• Achieve Honors in at least 2 of 3 domains (Professionalism, Clinical Care Performance, Knowledge Application)               <ul style="list-style-type: none"> <li>○ On-time submission of SMART Goals and SMART Goals Reflection</li> <li>○ On-time submission of complete patient logs</li> </ul> </li> </ul> |

|  |   |
|--|---|
|  | <b>Note:</b> If you achieve Honors in the Professionalism and Clinical Care Performance domains, you must also score at the 25th percentile or higher on the 1st attempt on the NBME Subject Exam in order to receive Honors for the course.  |
| To receive a grade of <b>Pass</b> for the course | <ul style="list-style-type: none"> <li>• Achieve a minimum of Pass within each domain (Professionalism, Clinical Care, Knowledge Application) <ul style="list-style-type: none"> <li>○ On-time submission of SMART Goals and SMART Goals Reflection</li> <li>○ On-time submission of complete patient logs</li> </ul> </li> </ul>   |
| To receive a grade of <b>Fail</b> for the course | Fail in any one of three Domains of Assessment (Professionalism, Clinical Care Performance or Knowledge Application)  |
| To receive an <b>Incomplete</b> for the course   | <p>The student has not submitted any one of the following:</p> <ul style="list-style-type: none"> <li>○ SMART Goals</li> <li>○ SMART Goals Reflection</li> <li>○ Complete patient logs</li> </ul> <p><b>Note:</b> Failure of any of the OGP module assessments will result in an incomplete grade for the course which must be cured through additional coursework, as determined by the OGP module directors in collaboration with the Clerkship Director based on your individual circumstances. If your failure was due to professionalism issues, this may result in referral to SPC for consideration of a formal professionalism warning.</p> <p><b>Note:</b> A grade of Pass will be awarded once all three assessments have been submitted and the student has passed all three Domains of Assessments including any additional assigned OGP coursework. The student is not eligible to receive a course grade of Honors.</p> |
| To receive a <b>Px</b> for the course.           | Successful completion of all remediation as directed by the Clerkship Director following receiving a Fail for the course.   |
| To receive a <b>WIP</b> for the course.          | <p>A grade of WIP is posted on the student's transcript if:</p> <ul style="list-style-type: none"> <li>○ The student received a grade of Fail on the 1<sup>st</sup> attempt on the NBME Subject Exam and is pending a retake.</li> </ul> <p><b>Note:</b> A grade of Pass will be awarded if the student successfully passes the 2<sup>nd</sup> attempt on the NBME Subject Exam. The student is not eligible to receive a course grade of Honors.</p>   |

### Obstetrics/Gynecology and Pediatrics (OGP) Module

The 2-week OGP Module provides students with intensive experience in Obstetrics, Gynecology, and Pediatrics through synchronous and asynchronous virtual and on-campus instructions. The first week of virtual sessions will include various guest speakers, discussions, and student presentations. Students are on campus for two days during the second week for simulation participation. OGP assessments will be conducted virtually during the second week. For a complete schedule of the module, see the OGP Module tab in MyVista.

Failure of any of the OGP module assessments will result in an incomplete grade for the course which must be cured through additional coursework, as determined by the OGP module directors in collaboration with the

Clerkship Director based on your individual circumstances. If your failure was due to professionalism issues, this may result in referral to SPC for consideration of a formal professionalism warning.

| <b>OGP Module Assessments</b>  |           |
|--|-----------|
| Professionalism:<br>On-time attendance or approved absence/partial attendance  | 0-1 point |
| Clinical Care Performance:<br>SIMS assessments (PEDS VR, Ob/Gyn VR, & Fetal Heart Tones exam) <ul style="list-style-type: none"> <li>Students must pass all three assessments on the 1<sup>st</sup> attempt to earn 1 point</li> <li>Students passing all three of the assessments by the 2<sup>nd</sup> attempt will earn ½ point.</li> <li>Students not passing all three of the assessments by the 2<sup>nd</sup> attempt will earn zero points.</li> </ul> | 0-1 point |

**Didactics**

In order to gain knowledge and skills to successfully complete the core clerkship and to show professionalism in your professional identity, consistent attendance and participation in didactic sessions is essential. These didactics serve to supplement the clinical curriculum and also help students prepare for taking NBME subject exams at the end of each core clerkship.

Didactics are held at the day and time listed in MyVista. Attendance is required unless approved by the Clerkship Director. Absences or partial attendance must be directly related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director. Requests for absences or partial attendance should be submitted before the didactic session or as soon as possible after the session when prior notification is not practicable. The Clerkship Director may assign make-up assessments for approved absences only. Didactics are intended to be interactive, and points will be awarded based on student engagement and participation in each session.

| <b>Didactic Professionalism</b>                           |                     |
|---|---------------------|
| On-time attendance or approved absence/partial attendance | 0-4 points per week |
| Quality engagement and participation                      | 0-6 points per week |

**Standardized Oral Presentation of Encounter**

Students are required to complete one video standardized oral presentation of an encounter based on a patient listed in MyVista. Students will receive the patient information noon Tuesday of the seventh week of the course. They will have 24 hours to submit their presentation. The presentation must be a maximum of four minutes and follow the format of the rubric in Appendix B. Instructions for submitting the video are listed in MyVista. Any late submission must be approved by the Clerkship Director. If a student does not pass the oral presentation on the first try, one retry is allowed prior to the last day of the course without penalty to the final points.

**Clinical Clerkship Faculty Evaluation of Student Doctors on Clinical Rotation (Preceptor Evaluation)**

A Clinical Clerkship Faculty Evaluation of Student Doctors on Clinical Rotation (see Appendix C) must be completed and submitted by the preceptor for each clerkship in order for a grade for the course to be posted.

The response for each question of the evaluation will be reviewed by the Clerkship Director who will assign a final grade based on all evaluations received.

Students who do not receive a passing grade on the evaluation must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship 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 second course failure and referral to SPC.

### **Subject Exams**

The NBME subject examination is a key component of the course grade and is administered toward the end of the clerkship. Students must score in the 5<sup>th</sup> percentile or greater to pass the exam. Students who score at the 75<sup>th</sup> percentile or above on their first attempt are considered for Honors for the Knowledge Application Domain portion of the final grade.

Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence approval from the Clerkship Director prior to the exam, except in cases of emergency where proactive communication is not possible. Examples of situations which would generally be approved for an excused absence from the exam include illness (documentation from the treating physician is required), emergency or presentation at a professional conference (if eligible). If the absence is appropriately excused, a student will be allowed to make-up the required exam. If the student is absent from an exam and does not request an excused absence in advance or if the request is not approved by the Clerkship Director, the student will receive a grade of zero for the exam.

Should a student fail the subject exam on the first attempt, they must communicate with their Clerkship Director and a Student Affairs Educational Learning Specialist, to create a year-long study plan to prepare for retaking the subject exam and continuing with rotations in a timely manner. Once this criterion has been met, the student must receive approval from the Clerkship Director to retake the subject exam. Once approval has been received the student will work with the Clinical Data Coordinator to schedule the second exam attempt.

Should a student have a current grade of fail for subject exams from two different clerkships, they will be required to meet with the appropriate Clerkship Directors and an Educational Learning Specialist and enroll in the Medical Knowledge Application course. The student's year-long study plan will be revised and presented to the Clinical Competency Team for its added recommendation.

Should a student fail the subject exam from the same clerkship twice, the student has failed the course. At that time the student will meet with the Clerkship Director for the purpose of determining remediation of the course.

### **SMART Goals**

SMART goals are an ideal way for students to communicate their learning needs to their preceptor. Students develop four SMART goals, review with their preceptor, and submit in My Vista by Day 5 of the clinical component of the course. The Clerkship Director may approve a late submission for extenuating circumstances. The SMART Goal portion of the clerkship is graded as a Complete or Incomplete. A grade of Complete will be achieved if the goals are professional, represent skills necessary to expand the scope of knowledge, address skills acknowledged to be weak in the self-assessment, and completed on time. Students may wish to inform the preceptor of their future career choice so they may modify aspects of their

assessments of their patient care activities to enhance their skills development. Failure to submit the SMART Goals on time will result in the student not being eligible to receive a grade of Honors for the course.

### **SMART Goals Reflection**

Students reflect progress towards their established SMART Goals by completing the reflection in My Vista by 5 days following the end of the clerkship. The SMART Goal reflection portion of the clerkship is graded as a Complete or Incomplete. A grade of Complete will be achieved if the reflection addresses each goal and is completed on time. Failure to submit the SMART Goals Reflection on time will result in the student not being eligible to receive a grade of Honors for the course.

### **Patient Logs**

Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least 4 outpatients or 2 inpatients per day. Students will log each virtual or direct patient care encounter and essential skill performed into New Innovations. The log will include the patient's age, patient diagnosis, procedures done with preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as a Complete or Incomplete. A grade of Complete will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by 5 days following the end of the clerkship. Failure to submit the patient logs on time will result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectation needed to complete the course, student should submit in New Innovations:

- Outpatient –120+ logs, or
- Inpatient –60+ logs, or
- Combination of Outpatient and Inpatient –90+ logs

**NOTE:** Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they will not be able to fulfill the patient contact requirements of the course. If students are unable to meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or new preceptor.

### **Acknowledgment of Risk and Offer of Alternative Training**

At Rocky Vista University, the safety and wellbeing of our students, faculty and staff are our top priority. Following recommendations from the Centers for Disease Control and Prevention (CDC) and other authorities, RVU has implemented several measures to address the growing concerns over the coronavirus pandemic. For more information concerning COVID-19 resources and RVU communications, go to <https://www.rvu.edu/covid-19/>.

Each day you are on campus you will need to follow all COVID Response Team recommendations. Students will be given the choice to join direct patient care and teaching rotation venues or perform in solely telehealth and simulated learning and assessment environments until the danger of developing COVID-19 illness diminishes. When engaged in direct or patient care at the bedside and other clinical arenas students will complete a ***Student Return to Clinical Rotation Acknowledgement of Risk*** form, copied at the end of this document as Appendix D. **All students in clinical environments must follow the guidelines/requirements for clinical site.**

### **Criteria for Re-Engagement of Students in Direct Patient Care Activities in Clinical Rotations**

In case of a recess in direct patient care activities in clinical rotations, RVU will identify important considerations to meet in order to have students safely rejoin bedside clinical teaching. RVU will be in constant contact with its training site partners throughout the Intermountain west during the academic year. Each partner's re-engagement criteria, along with State and Local laws and decrees will govern timing, credentialing, and re-engagement of students into direct patient care.

## **Policies**

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:

- Email and MyVista Utilization
- Academic Integrity
- Academic Accommodations Process
- Health and Technical Standards
- OPP and PCM Laboratory Policies
- Biosafety, Universal Precautions, and Bloodborne Pathogens
- Academic Grievances Policy (Grading Disputes)
- Attendance Policy
- Excused Absences
- Course Adjustment Policy

Please note, course syllabi are subject to change as necessary at the discretion of the Course Director.

## **Specific Course Policies**

### **Absences**

#### **Clinical Education**

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 sure that continuity of care is maintained. It is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed:

- Absences for any reason must be approved by both the Preceptor and Clinical Dean.
- Preplanned absences – Submit the Clinical Education Excused Absence Request form in iNet for preplanned absence as soon as event dates and details are known.
- Emergency absences - Submit the Clinical Education Excused Absence Request form in iNet the same day as any emergency absence

#### **Didactics and Simulations**

- Attendance is required unless approved by the Clerkship Director.
- Absences or partial attendance must be directly related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director.
- Requests for absences or partial attendance should be submitted before the didactic/simulation session or as soon as possible after the session when prior notification is not practicable.

### **Hours of Duty**

In order to provide educational continuity and patient care experience, RVU requires a minimum of 210 clinical contact hours in Family Medicine Core. 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 maximum of 70 hours of service per week in order to maintain patient safety and allow for didactics and self-learning. Students shall be assigned activities on, or related to, their current service clerkship 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. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the Clerkship.

### **Professional Conduct Policy**

Students are expected to adhere to the highest level of professional conduct at all times. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors and coworkers. Students will preserve confidentiality and not discuss patients in public places or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, state and federal HIPAA laws is expected.

The Preceptor has the authority to dismiss a student from the Clerkship for violations of the student duties and responsibilities as delineated in this manual, 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 Clerkship 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 Senior 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 Senior Associate Dean of Clinical Education, to direct the student to evaluation assistance and further action.

### **Disclaimer**

Due to the special circumstances caused by the COVID-19 Pandemic, certain student requirements and/or policies may change for the duration of the 2022-2023 academic year. All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

Appendix A: Key Clinical Skills Required for this Course

| <b>Skills</b>  | <b>Direct-Patient Care</b>                        | <b>Telehealth</b>   |
|--|---|---|
| <b>History</b>   |   |   |
| Competent History Taking Including Motivational Interviewing | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Domestic Abuse Screening                                     | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Psycho-social History  | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Gun Safety Screening and Counseling                          | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| <b>Physical</b>  |   |   |
| Focused Physical Examination                                 | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Sex-, Gender and Age Appropriate Physical Examination        | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Structural Examination                           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Diabetic Foot Exam   | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Digital Rectal Exam  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Breast Exam  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Musculoskeletal Exam                                | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Neurologic Exam                                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Development Assessment (well child exam)                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| <b>Diagnostic Procedures</b>                                 |   |   |
| Basic ECG Interpretation                                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| <b>Therapeutic Procedures</b>                                |   |   |
| Airway Management  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Subcutaneous and Intramuscular Injections (Immunization)     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Manipulative Treatment                           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Peripheral Venous Access (capillary draw)                    | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |

|   |   |   |
|---|---|---|
| Laceration Repair with Tissue Glues, Staples, and/or Suture | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Skin Staples and/or Suture Removal                          | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Correctly Adhere to Universal Precaution Technique          | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Contraception counseling                                    | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |

Appendix B: Standardized Oral Presentation of Encounter Rubric

**If the presentation is greater than 4 minutes, the presentation will receive a grade of zero for the exercise.**

**HISTORY**

1. Chief complaint noted either before HPI or as part of introductory sentence

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target             |
| No Chief complaint noted                                   |  | <b>Chief complaint mentioned</b>                                    |   | Chief complaint clear and accurate to the situation |

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for admission

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target  |
| No introductory sentence                                   |  | <b>Intro included cc most pertinent information</b>                 |   | Intro painted a clear picture of patient |

3. HPI is organized so that chronology of important events is clear

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| The sequence of events was unclear                         |  | <b>The sequence of major events is clear</b>                        |   | The sequence of all events is clear     |

4. The PMH, FH, SH, and ROS include only elements related to active medical problems

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student         | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                            |
| Information has no clear connection to the active medical problems |  | <b>Information adequately describes the patient's active medical problems</b> |   | Information completely and concisely describes all active problems |

**PHYSICAL EXAM AND DIAGNOSTIC STUDY RESULTS**

5. Begins with a general statement:

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                      |
| General statement poor or missing                          |  | <b>Mostly clear general statement</b>                               |   | Succinct general statement creating clear picture of patient |

6. Presents all vital signs (and growth parameters if patient is a child):

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| Vitals inappropriately incomplete                          |  | <b>VS &amp; growth parameters mostly complete</b>                   |   | All vital signs/growth parameters given |

7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
|--|--|---|---|---|

|   |  |  |  |                                    |
|---|--|--|--|------------------------------------|
| Either too much or too little information given |  | <b>Most important information is given</b> |  | All important elements of PE given |
|---|--|--|--|------------------------------------|

8. Organizes lab data and results of other diagnostic tests to distinguish between possible diagnoses

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student           | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                                   | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                      |
| Irrelevant test results are presented or significant results omitted |  | <b>Most relevant results are reported with either minor omissions or a few extra results included</b> |   | All results relevant to the possible diagnoses are presented |

### SUMMARY STATEMENT

9. Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical exam and diagnostic studies into one sentence

|  |  |  |   |   |
|--|--|--|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student     | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                    | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                     |
| No summary statement or restatement of story without synthesis |  | <b>Most pertinent information synthesized; may repeat some unnecessary information</b> |   | Summary statement concisely synthesizes all key information |

### ASSESSMENT AND PLAN

10. Includes a prioritized problem list (by systems only if appropriate) including all active problems

|   |  |   |   |   |
|---|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student                  | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                             | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                                 |
| No problem list or poorly organized list or used systems when inappropriate |  | <b>Most important problems included and prioritized on problem list; systems if appropriate</b> |   | Complete problem list appropriately prioritized; systems if appropriate |

11. Provides an appropriate differential diagnosis for each problem

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| No differential diagnoses are given                        |  | <b>A ddx with several possibilities is given for major problems</b> |   | Extensive ddx for all problems given    |

12. States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the problem list

|   |  |  |   |   |
|---|--|--|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student        | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                                      | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target   |
| Patient plan is not described or is unrelated to the problem list |  | <b>Plan for the patient addresses most important issues, may omit active but lower priority problems</b> |   | Patient plan is complete and relates directly to the problem list; all active issues are included |

### CLINICAL REASONING/SYNTHESIS OF INFORMATION

After hearing the entire presentation:

13. The presentation included the pertinent positives and negatives from the H&P to support the differential diagnosis and plan

| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                                |
|--|--|---|---|--|
| Key positives and negatives were not included              |  | <b>Key pertinent positives and negatives were presented at some point in the presentation</b> |   | Most pertinent positives and negatives were included at logical points |

14. At the end of the presentation I had a clear picture of this patient's situation and what needed to be done next

| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target            |
|--|--|---|---|--|
| Much ambiguity remained                                    |  | <b>The picture was clear for the major issue(s)</b>                 |   | The picture was complete and all issues were clear |

**GENERAL ASPECTS**

15. Overall organization:

| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
|--|--|---|---|---|
| Poorly organized and hard to follow                        |  | <b>Mostly well-organized</b>  |   | Very well organized                     |

16. Speaking style:

| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target    |
|--|--|---|---|--|
| Difficult to understand                                    |  | <b>Mostly understandable and engaging</b>                           |   | Understandable and engaging speaking style |

17. Maintains a professional composure:

| 1 - BELOW what is expected of an incoming 3rd year student                             | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target   |
|--|--|---|---|---|
| Did not communicate all pertinent information concisely using a professional demeanor. |  | <b>Mostly communicated all pertinent information concisely using a professional demeanor.</b> |   | Communicated all pertinent information concisely using a professional demeanor. |

18. In evaluating the presentation, do you trust the student doctor is acting in the patients' best interest?

| 1 - BELOW what is expected of an incoming 3rd year student  | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student   | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target  |
|---|--|---|---|--|
| Does not considers and incorporates all aspects of the unique patient characteristics into their overall care plan. |  | <b>Partially considers and incorporates all aspects of the unique patient characteristics into their overall care plan.</b> |   | Fully considers and incorporates all aspects of the unique patient characteristics into their overall care plan. |

Additional Comments:

## Appendix C: Clinical Clerkship Faculty Evaluation of Student Doctors on Clinical Rotation (Preceptor Evaluation)

### 1. Obtains an appropriate history.

- Student Doctor cannot obtain an appropriate history.
- Student Doctor obtains an appropriate history with constant supervision.
- Student Doctor obtains an appropriate history with minimal supervision.
- Student Doctor obtains an appropriate history independently.
- Did not assess.

### 2. Performs an appropriate physical examination.

- Student Doctor cannot perform an appropriate physical examination.
- Student Doctor performs an appropriate physical examination with constant supervision.
- Student Doctor performs an appropriate physical examination with minimal supervision.
- Student Doctor performs an appropriate physical examination independently.
- Did not assess.

### 3. Formulates an appropriate differential diagnosis.

- Student Doctor cannot formulate an appropriate differential diagnosis.
- Student Doctor formulates an appropriate differential diagnosis with constant supervision.
- Student Doctor formulates an appropriate differential diagnosis with minimal supervision.
- Student Doctor formulates an appropriate differential diagnosis independently.
- Did not assess.

### 4. Recommends and interprets common diagnostic and screening tests.

- Student Doctor cannot recommend or interpret common diagnostic and screening tests.
- Student Doctor recommends and interprets common diagnostic and screening tests with constant supervision.
- Student Doctor recommends and interprets common diagnostic and screening tests with minimal supervision.
- Student Doctor recommends and interprets common diagnostic and screening tests independently.
- Did not assess.

### 5. Recommends an appropriate treatment or management plan.

- Student Doctor cannot recommend an appropriate treatment or management plan.
- Student Doctor recommends an appropriate treatment or management plan with constant supervision.
- Student Doctor recommends an appropriate treatment or management plan with minimal supervision.
- Student Doctor recommends an appropriate treatment or management plan independently.
- Did not assess.

### 6. Documents an acceptable clinical encounter note.

Student Doctor cannot document an acceptable clinical encounter note.

- Student Doctor documents an acceptable clinical encounter note with constant supervision.
- Student Doctor documents an acceptable clinical encounter note with minimal supervision.
- Student Doctor documents an acceptable clinical encounter note independently.
- Did not assess.

### 7. Provides an organized oral presentation of the clinical case.

- Student Doctor cannot provide an organized oral presentation of the clinical case.
- Student Doctor provides an organized oral presentation of the clinical case with constant supervision.
- Student Doctor provides an organized oral presentation of the clinical case with minimal supervision.
- Student Doctor provides an organized oral presentation of the clinical case independently.
- Did not assess.

### 8. Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.

- Student Doctor cannot demonstrate the ability to access appropriate resources to gather medical information and evidence as needed.
- Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with constant supervision.
- Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with minimal supervision.
- Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed independently.
- Did not assess.

### 9. Participates and collaborates as a respectful and helpful member of an interprofessional team.

- Student Doctor cannot participate or collaborate as a respectful and helpful member of an interprofessional team

- Student Doctor participates and collaborates as a respectful and helpful member of an interprofessional team with constant supervision.
  - Student Doctor participates and collaborates as a respectful and helpful member of an interprofessional team with minimal supervision.
  - Student Doctor participates and collaborates as a respectful and helpful member of an interprofessional team independently.
  - Did not assess.
- 10. Recognize a patient requiring urgent or emergent care and acts appropriately while waiting for assistance.**
- Student Doctor cannot recognize a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance.
  - Student Doctor recognizes a patient requiring urgent or emergent care and acts appropriately while waiting for assistance with constant supervision.
  - Student Doctor recognizes a patient requiring urgent or emergent care and acts appropriately while waiting for assistance with minimal supervision.
  - Student Doctor recognizes a patient requiring urgent or emergent care and acts appropriately while waiting for assistance independently.
  - Did not assess.
- 11. Perform general procedures of a physician.**
- Student Doctor cannot perform general procedures of a physician.
  - Student Doctor performs general procedures of a physician with constant supervision.
  - Student Doctor performs general procedures of a physician indirectly with minimal supervision.
  - Student Doctor performs general procedures of a physician independently.
  - Did not assess.
- 12. Demonstrates knowledge and use of Osteopathic Manipulative Treatment when appropriate.**
- Student Doctor cannot demonstrate knowledge and use of Osteopathic Manipulative Treatment when appropriate.
  - Student Doctor demonstrates knowledge and use of Osteopathic Manipulative Treatment when appropriate with constant supervision.
  - Student Doctor demonstrates knowledge and use of Osteopathic Manipulative Treatment when appropriate with minimal supervision.
  - Student Doctor demonstrates knowledge and use of Osteopathic Manipulative Treatment when appropriate independently.
  - Did not assess.
- 13. Demonstrates high level of professionalism expected of a medical student.**
- Student Doctor cannot demonstrate high level of professionalism expected of a medical student.
  - Student Doctor demonstrates high level of professionalism expected of a medical student with constant supervision.
  - Student Doctor demonstrates high level of professionalism expected of a medical student with minimal supervision.
  - Student Doctor demonstrates high level of professionalism expected of a medical student independently.
- 14. Demonstrates appropriate medical knowledge in their current year of education.**
- Student Doctor cannot demonstrate appropriate medical knowledge in their current year of education.
  - Student Doctor demonstrates appropriate medical knowledge in their current year of education with constant supervision.
  - Student Doctor demonstrates appropriate medical knowledge in their current year of education with minimal supervision.
  - Student Doctor demonstrates appropriate medical knowledge in their current year of education independently.
  - Did not assess.
- 15. Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).**
- Student Doctor cannot demonstrate excellent interpersonal and communication skills.
  - Student Doctor demonstrates excellent interpersonal and communication skills with constant supervision.
  - Student Doctor demonstrates excellent interpersonal and communication skills with minimal supervision.
  - Student Doctor demonstrates excellent interpersonal and communication skills independently.
  - Did not assess.
- 16. Demonstrates self-directed learning on a regular basis.**
- Student Doctor cannot demonstrate self-directed learning on a regular basis.
  - Student Doctor demonstrates self-directed learning on a regular basis with constant supervision.
  - Student Doctor demonstrates self-directed learning on a regular basis with minimal supervision.
  - Student Doctor demonstrates self-directed learning on a regular basis independently.
  - Did not assess.
- 17. Demonstrates understanding of the system of healthcare practice.**
- Student Doctor cannot demonstrate understanding of the system of healthcare practice.
  - Student Doctor demonstrates understanding of the system of healthcare practice with constant supervision.

- Student Doctor demonstrates understanding of the system of healthcare practice with minimal supervision.
- Student Doctor demonstrates understanding of the system of healthcare practice independently.
- Did not assess.

**18. Based on the Student Doctor's performance during this clerkship:**

- This individual demonstrates knowledge and abilities BELOW what is expected of an incoming 3rd year student.
- This individual demonstrates knowledge and abilities expected of an incoming 3rd year student.
- This individual is advancing and demonstrates additional knowledge and abilities, but is not yet performing at the level of an incoming 4th year student.
- This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming 4th year student.
- This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.
- This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical students.

**19. Based on the Student Doctor's performance during the clerkship would you recommend the Student Doctor be awarded the designation of:**

- Pass with Distinction
- Pass
- Fail

**20. Did the Student Doctor attend the rotation as expected (35+ hours per week)?**

- Yes
- No
- Unknown

**21. Did the Student Doctor share and discuss their Clerkship SMART goals with you?**

- Yes
- No
- Unknown
- Not applicable for Elective Clerkships

**22. Additional feedback for growth and improvement. Please include feedback that provides evidence of the student's strengths and weaknesses (consider skills listed in the syllabus), and give examples of achievement or deficiencies.**

**23. Comments from you or your team in this section is your opportunity to communicate with the Dean on this student's readiness for residency. If your evaluation is submitted prior to September 1st of difference the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your evaluation is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.**



**Student Return to RVU Clinical Clerkship/Rotation Acknowledgment Form**

By signing this document, I acknowledge the following:

Coordinator\*

- I understand that I am voluntarily accepting a clinical clerkship/rotation at

\*

1. I understand that if I am unable or unwilling to engage in a clinical clerkship/rotation at this time that I may complete this requirement at a later date.
2. I understand and agree that I may not report for duty to the clinical training site if I exhibit any symptoms of COVID-19 disease.
3. I understand and agree that if I develop any new symptoms that may be attributed to COVID-19, I will inform my preceptor and my clinical coordinator immediately.
4. I agree to comply with all screening policies and protocols of the site, which may include taking of my temperature, blood tests, nasopharyngeal swabs, or other tests.
5. I understand that there are risks associated with the clinical care of patients in the current pandemic. I further understand and accept that physical participation in clinical care could involve exposure to COVID-19, and other communicable diseases, and carries with it the risk of physical injury, illness, disability or death.
6. I understand and agree to not provide any direct care to patients with documented or suspected COVID-19 infection without the approval of my preceptor and training site.
7. I understand and agree that when examining patients, I must ask them to wear a mask or cover their mouths with a cloth or paper towel, and that I must adhere to all personal protective equipment requirements of the clinical training site. If providing direct patient care to a patient with a presumptive or known positive case of COVID-19, I will wear a protective face PPE in addition to site approved mask and gloves for such encounters.
8. I agree to always wear a face mask unless specifically asked not to by the preceptor or other site administrator(s).
9. I attest to the fact that I have not violated CDC, State or Site specific social gathering or travel restrictions in the fourteen (14) days leading up to the start of this rotation.
10. I understand and agree to follow all CDC, State or Site specific social gathering and travel restrictions during the duration of this rotation.
11. I understand and agree that my failure to comply with all of these above requirements will result in my immediate removal from clinical rotation.
12. I understand and agree that I must review the following training material prior to my first day of each clinical clerkship:

OSHA videos - [https://www.osha.gov/SLTC/respiratoryprotection/training\\_videos.html](https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html)

Protection for Healthcare Workers

The Difference Between Respirators and Surgical Masks

Respirator Types

CDC referenced posters for use of PPE

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

CDC Video:

Using Personal Protective Equipment (PPE) | CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

I understand that failure to comply with any of the above requirements will be considered a breach of professional conduct and will result in referral to the appropriate college Senior Associate Dean or Program Director for review and potential disciplinary action.

**CONFLICTS OF INTEREST & STUDENT CONFIDENTIALITY IN THE CLINICAL SETTING POLICY**

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to ensuring the prevention of any type of conflicts of interests for students regarding academic advancement and the protection of student confidentiality in the clinical setting.

Students seeking healthcare should not be placed in a position in which they could potentially interact with any faculty or staff that have authority over their educational pursuits. Authority over a student’s educational pursuits is defined by any personnel who determine final grades, ongoing status of academic standing, and academic advancement within the College. This may include deans, directors, or any faculty involved in grading or determining student academic promotion. Any of the aforementioned health professional providing health services to a student must be and will be recused from any academic assessment or promotion of the student if professional services have been rendered.

Further, RVUCOM students participating in any clinical training experience will not be involved in the medical care of other students, unless expressed permission is individually obtained from the student patient. Patient confidentiality will be guaranteed for all RVUCOM students in all clinical settings.

Student Attestation

I, \_\_\_\_\_, attest that I have read the above policy and attest that I have not never received medical or other professional services or treatment from \_\_\_\_\_.

I further understand that I will not be involved in the medical care of other RVU students, unless expressed written permission is individually obtained from the student patient and documented (email is acceptable).

Full Name:\*

Date:\*

Date

**By typing your name here, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.**