

Clinical Rotation Manual

For Faculty & Students
2025 – 2026



TOURO
UNIVERSITY
CALIFORNIA

**College of
Osteopathic Medicine**

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Clinical Rotation Manual for Faculty & Students

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A Message from the Dean of Clinical Education

To the Student Doctors of the Class of 2027

Congratulations on the completion of the classroom portion of your medical education! As you begin your clinical rotations, I wanted to offer my words of encouragement and support. Transition from the classroom setting to hands-on patient encounters can seem challenging – even daunting at times. But all of the administration and staff in the Clinical Education Department are confident that you are prepared for this next step in this journey.

Your next lessons will take place in a wide range of clinic and hospital settings across not only California but the U.S. as well. These months will be filled with many patient encounters, didactic presentations and conferences, board study preparation, and other challenging situations that will offer a plethora of unique learning opportunities. Even now, the patients with whom you'll be examining and interacting with on a personal level are out there, waiting for you. Too, you will interact with many great clinicians, surgeons, and medical staff who will offer the best approaches to your field of study, always offering you guidance to perfect the practice of Medicine. They will be teachers that you will always remember.

And though you do not yet know one another's names, your *best* teachers will always be, and have always been, your patients. More than just a number on the patient exam room door or a name on an electronic medical record, your patients are the embodiment of that which you have been seeking for the past two years in medical school. They may be ill, or at least ill at ease, and you will endeavor to understand what has been the process, the diagnosis, that has brought them to you. As you alleviate their pain or their fear or their condition, know that, as a member of a community and greater society, you are affecting so much more by your hand.

Know that TUCOM and everyone in the Clinical Education Department is proud of your accomplishments thus far. We do believe that each of you possesses the ability to achieve all of your goals and more. Always believe in yourself, trust your instincts, and embrace always such challenges that will rise up to meet you. We are all here to support you for the remainder of this journey.

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The Clinical Rotation Manual (CRM)

The Clinical Rotation Manual is revised at the beginning of each academic year. This manual is provided to all students prior to entering 3rd year, sent to all adjunct clinical faculty during the credentialing process, and all clinical core-site administration pertaining to student rotations.

- **Section I – for our clinical faculty and affiliated core-site/institution administration including Directors of Medical Education (DME)**

This section contains essential information describing the history and mission of the University and our Medical School. Here, one can find the specific reporting structure and contacts in the event of student rotation questions, difficulties, and emergencies. This section includes important responsibilities for the student educational environment; federal laws and university regulations regarding discrimination, harassment, and disabilities; as well as ethical codes. Essential information regarding the process of faculty credentialing and re-credentialing, adjunct clinical faculty benefits, and rank promotions can also be found in Section I.

- **Section II – for our clinical faculty preceptors and core-site rotation coordinators**

This section contains our faculty development curriculum. This information will serve as an essential guide to medical student preceptorship. For those of our faculty who have had considerable experience in medical student teaching or formal training in faculty development, this section may be a helpful review. For those preceptors new to medical education, this section should serve as a comprehensive resource. Faculty and rotation site coordinators may also find it useful to also review the third and fourth sections, which contain learning objectives and requirements for our students.

- **Section III – for our students**

This section contains important clinical education policies and procedures governing the student's third and fourth years of medical school. This section is important for second-year students to review in anticipation of their third year as it also contains information and policies governing the rotation core-site assignments and the lottery process.

- **Section IV – for our students and faculty**

This section pertains to the clinical curriculum and contains a detailed description of all the clinical courses. All curricular material for the core clerkships, elective rotations, and clinical distinction is included in this section.

- **Section V – for our students and faculty**

This section contains syllabi for each of the clinical years three and four courses.

Clinical Education Department Contact Information

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Any member of our department will be happy to help you with any questions you have. If it does not fall within the expertise of the person you have contacted, he or she will direct you to the specific individual who can best handle your query.

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Section I

Clinical Faculty and Affiliated Core-Site Administration

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

The Touro University System Overview

[**Touro University System \(TUS\)**](#) is a Jewish-sponsored independent institution of higher and professional education founded by Bernard Lander, PHD, LHD. The institution derives its name from Judah and Isaac Touro, leaders of colonial America who represented the ideal upon which we base our mission. TUS is America's largest private institution of higher and professional education under Jewish auspices. Every year, thousands of students from all countries and levels of society turn to TUS to pursue degrees in medicine, education, Jewish Studies, technology—and everything in between.

Touro University System was chartered by the State of New York in 1970 and advanced to University Status by the New York State Board of Regents in 2022. The first students enrolled in 1971; the class consisted of 35 liberal arts and science students. Since those early days, the Touro system has experienced substantial growth and enrolls well over 19,000 students. New York remains the epicenter of the Touro network, with programs thriving in California, Florida, Illinois, Montana, Nevada, Berlin, Jerusalem, and Moscow.

Touro University California History

[**Touro University California**](#) (TUC) was founded in 1997 in San Francisco. In 1999, the University moved to Mare Island on the site of the original Naval Hospital. TUC offers graduate degrees in osteopathic medicine, pharmacy, physician assistant studies, nursing, public health, ultrasonography and radiology technology. The mission of Touro University is to educate caring professionals to serve, to lead and to teach. Students from diverse backgrounds are recruited nationally to create a dynamic, robust learning environment. Faculty, staff, and students have a powerful commitment to academic excellence, evidence-based professional practice, interdisciplinary (inter-professional) collaboration, and active engagement with a global community. The university also has a research agenda funded by the National Institutes for Health (NIH), Gates Foundation, and other extramural sources.

Touro University College of Osteopathic Medicine

[**Touro University College of Osteopathic Medicine in California**](#) (TUCOM) was established in San Francisco in 1997, as the eighteenth college of osteopathic medicine, the college was relocated in 1999 to our current 44-acre campus on historic Mare Island, located in the city of Vallejo. On May 7, 2022, TUCOM finalized its most recent comprehensive accreditation, with COCA awarding TUCOM 10-year accreditation status of Accreditation with Exceptional Outcome. This places TUCOM in the top 25% of all Osteopathic Medical Schools with such distinction. TUCOM-CA is ranked in the top 15 nationally for Most Graduates Practicing in Primary Care by U.S. News and World Report.

Touro University California Global Health

The Touro University California Global Health Program started in 2004. To this day students continue to rotate at sites around the globe. Presently, Touro University California has Global Health sites located in:

- Ethiopia
- India
- Israel
- Tanzania
- Uganda

A Brief History of Osteopathic Medicine: What is a D.O.?

The Osteopathic Profession began in 1892 by Andrew Taylor Still, M.D., a practicing physician in Missouri and Kansas. It developed during the pre-antibiotic era and massive flu epidemics of the mid-1800s as a drugless alternative to help reform the medical practices of the day, and better treat suffering patients.

Osteopathic medicine has evolved along with medical science, and today's Osteopathic Physicians are fully trained in all modern medical practices, including manipulative medicine. The next generation of DOs is trained at osteopathic medical colleges, in hospitals and medical practices, both osteopathic and allopathic, across the United States.

The number of osteopathic physicians in the U.S. has increased by more than 30% in the past 5 years. Presently there are 149,000 active osteopathic physicians in the United States. 42 colleges of osteopathic medicine, across 67 teaching locations in 36 states, graduate over 8,000 osteopathic physicians each year. 25% of all medical students in the US are attending DO schools.

There are about thirty to forty-five applicants for each student who matriculates; TUCOM-CA receives between 5000 to 6000 applications each year for 189 open positions.

Clinical Education Department and Responsibilities

The Clinical Education Department (CED) oversees the 3rd and 4th years of medical education. Its main responsibilities are:

- Coordination & Management of the 3rd and 4th Year Medical Students' Educational Experiences, and Grades
- Development of Curriculum for Clinical Clerkships and Student Educational Resources
- Recruitment & Development of Clinical Core Sites
- Maintenance of Affiliation Contracts and Credentialing of Clinical Core Site and Faculty
- 3rd and 4th Year Student Educational and Specialty Selection Counseling
- Residency and Match Preparation and Counseling

Touro California Faculty

The Touro University California (TU California) faculty shall consist of all individuals who have been appointed to the rank of instructor, assistant professor, associate professor or professor, and whose appointment process has been vetted through the appropriate faculty committee and approved by either the Dean of the respective College or, for library faculty, the Director of the Library and submitted to the President by the COO for final approval. These faculty members assume the responsibility of developing, recommending, and executing all approved policies of instruction. Regular faculty may be full-time or part-time. TU California is not a tenure granting institution.

Full-time regular faculty is defined as individuals who are employed with the University, hold a 12-month appointment, hold faculty rank, and have primary appointments with Touro University. Faculty hired after July 1 of the fiscal year will be considered full-time for the purpose of benefit eligibility. Rank assignments will be at the level of instructor, assistant professor, associate professor, or professor.

Part-time regular faculty are defined as individuals who have appropriate terminal degrees and substantial teaching responsibilities but who are not full-time faculty as defined above. Rank assignment will be at the level of instructor, assistant professor, associate professor, or professor.

Non-regular faculty are non-salaried and do not have the rights and privileges of regular faculty. Non-regular faculty includes adjunct clinical, adjunct basic science, research, and emeritus faculty and non-salaried instructors.

Adjunct Clinical Faculty Benefits, Relationship to the University and Other Policies

Adjunct Clinical faculty members are clinician educators who allow students to participate and observe their practices. To the extent they are able, they may share didactic and informal instruction with the student. They are expected to complete an evaluation for students doing clerkship rotations with them. This evaluation will reflect the student's progress and serve as an evaluation of their strengths and weaknesses in their evolution as a medical student. They also often mentor students on career choices.

Each member of our adjunct clinical faculty should consider themselves a vital and connected member of our clinical education department. If any should be interested in increasing their connection with the school through on-campus/virtual teaching, giving input on curriculum via the clinical curriculum review subcommittee, involvement in faculty development, serving on school committees, or other means, they are encouraged to contact either the Associate Dean or the Assistant Dean of the Clinical Education Department.

Adjunct clinical faculty members are entitled to all the rights and privileges of that rank including access to our online and on-campus medical library. This includes many book and journal titles, along with UpToDate, all free of charge. Our research librarian will be more than willing to assist with literary inquiries.

Clinical Track

Regular Clinical Faculty

Regular clinical faculty members are employed full-time or part-time in the capacities of teaching, University service, scholarly activity, and/or clinical patient care responsibilities. Assignment of rank is at the level of Assistant Professor, Associate Professor, and Professor.

Adjunct Clinical Faculty

Adjunct (non-regular) clinical faculty members are appointed to teaching positions if they provide instructional service to TUC students on an irregular basis at affiliated hospitals, clinics, and other training institutions, based on academic need. They are non-salaried. In some cases, a stipend may be provided. They function in clinical roles at off-campus (non-University operated) sites and may also become involved in on-campus instruction. Assignment of rank in this track is at the Adjunct Clinical Instructor, Adjunct Assistant Clinical Professor, Adjunct Associate Clinical Professor, and Adjunct Clinical Professor level.

Rank and Promotion Guidelines for Adjunct Clinical Faculty

Adjunct (non-regular) faculty are individuals appointed by the appropriate department/program who provide instructional service to TU California students in the classroom, affiliated hospitals, clinics, and other training institutions, based on academic need.

The requirements for ranking and initial appointments have more emphasis on the clinical setting. Adjunct faculty are ranked by the appropriate Dean; a recommendation from the Rank & Promotion Committee is not required. Ranking in an Adjunct appointment is not transferable to a Regular Clinical Faculty track. A continued appointment is reassessed on a regular basis.

Any TUCOM adjunct clinical preceptor in good standing with the Clinical Education Department (CED) and holding an Adjunct Assistant or Adjunct Associate rank, may apply for a rank increase after completing a minimum of 5 years of service with the medical college. To be considered for a rank increase, the clinical preceptor must submit the following documents to the CED:

- A cover letter addressed to the Associate Dean of the CED, requesting a rank increase. The letter should specify any changes in status since the last application and include additional relevant information such as:
 - Current rank held with TUCOM-CA
 - Total years served as a clinical preceptor (across all medical colleges)
 - Years served specifically as a TUCOM-CA clinical preceptor
 - Any new leadership roles, committee nominations, or board certifications obtained since the last application
- A current Curriculum Vitae (CV)

Once the request and accompanying documents have been received, they will undergo review by the Associate Dean of the CED. The applicant will be notified via email regarding the outcome of the review process.

Credentialing and Approval of Faculty

3.1: CREDENTIALING AND APPROVAL OF FACULTY; APPOINTMENT PROCESS FOR THE FACILITATION OF CLINICAL ROTATIONS

POLICY 3.1

Volume 3, Clinical Rotations

Chapter 1, Credentialing and Approval of Faculty; Appointment Process for the Facilitation of Clinical Rotations

Responsible Executive: Dean

Approved: September 19, 2008

Last amended: April 2024

REASON FOR POLICY:

This policy is established to define the process for academic credentialing, appointment, or approval of Faculty involved in the teaching, supervision, and evaluation of Touro University College of Osteopathic Medicine (TUCOM) students on clinical rotations. This process is designed to ensure that a) students' clinical experiences take place under the guidance of appropriately trained and qualified physician preceptors and b) TUCOM maintains compliance with the requirements set forth in Accreditation of Colleges of Osteopathic Medicine: COM Accreditation Standards and Procedures, published by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOA-COCA).

WHO SHOULD READ THIS POLICY:

- Dean, Associate, and Assistant Deans
- Directors of Medical Education
- Prospective and Active Adjunct Faculty
- Faculty
- Clinical Education Administrative Director
- Clinical Education Specialists
- Students

POLICY STATEMENT:

All students on clinical rotations must train under the supervision of personnel appropriately trained (DO/MD), qualified, and approved by the institution. These supervisors, known as clinical preceptors, must agree to the expectations of all parties (e.g., Faculty, TUCOM, and student) as delineated by TUCOM. Only by adhering to such processes can TUCOM ensure a consistent high quality of experience for its students. Requirements for this process are rooted in the AOA-COCA standards 5.4, 7.1, and 7.2.

Prior to the commencement of any clinical rotation, the supervising physician for the rotation must be academically credentialed or approved. Any supervising physician may be appointed to the Adjunct Faculty through the process described below.

Clinical preceptors supervising and evaluating students on rotations within educational programs accredited by the Accreditation Council on Graduate Medical Education (ACGME) or U.S. Military sites do not need to be credentialed by the CED, but are required to go through the approval process as follow:

- To confirm that the clinical preceptor is already credentialed by the host institution, the program will complete the ACGME residency faculty/US Military credentialing approval form and return it to the CED before the start of the rotation.
- If the program is already credentialed by a third-party agreement such as the VSLO/VSAS system, the clinical preceptor will be approved, and the above form will not be required.

The COM will complete regular Federation of State Medical Boards (FSMB) queries to ensure all state licensing issues are evaluated on a regular basis.

Appointment as Touro Adjunct Faculty may be initiated by the Department of Clinical Education in the process of ongoing recruitment, by a current Adjunct Faculty member (e.g., upon hiring a new associate or partner in practice), by a hospital with which TUCOM has an affiliation (e.g., upon appointment of a new staff member), or by the prospective Adjunct Faculty member himself/herself.

Process of Appointment to the Adjunct Clinical Faculty:

1. An Adjunct Clinical Faculty Appointment Packet is issued to the prospective Adjunct Faculty member. This packet includes a cover letter describing the contents and instructions for the recipient, a Faculty Information Sheet, a Preceptor Agreement, and a copy of the Clinical Rotation Manual. The Affiliation Agreement may or may not be included if an Affiliation Agreement is already in place that covers all practice sites of the prospective Adjunct Faculty member, either with a practice group or with a hospital.
2. The prospective Adjunct Faculty member returns a current Curriculum Vitae (CV), completed Information Sheet, Preceptor Agreement, and signed Affiliation Agreement (if applicable).
3. All reported professional licenses are verified by the Department of Clinical Education. Any notations that may call into question the applicant's fitness to serve as a preceptor (e.g., restrictions, disciplinary actions) must be brought to the attention of the Associate Dean for Clinical Education and/or the Dean for review, and rejection of the application.
4. The appointment packet is reviewed by the Associate Dean for Clinical Education or his/her designee. If the documents are satisfactory, the applicant for the adjunct faculty appointment will be approved at the appropriate rank and the document will be signed and dated by the reviewer.
5. The new Adjunct Faculty member is added to the official roster, a welcome letter and appointment certificate are issued, and any pending assignments of students to that Preceptor may be finalized.
6. If either the Associate Dean for Clinical Education or the Dean objects to the appointment, the application is rejected, and a notation is made in the file to that effect.

Adjunct Faculty appointments are valid for five years, though an appointment may be withdrawn by the Adjunct Faculty member, or rescinded by the Dean, prior to its expiration. To apply for reappointment at the end of the 5-year period, an adjunct faculty member must contact the Clinical Education Department.

Process of Reappointment to the Adjunct Faculty:

1. The CED and the adjunct clinical faculty member are automatically notified by our electronic management system via email beginning 60 days (about 2 months) prior to the expiration of any adjunct faculty member appointment. Adjunct faculty member applications are presented to the Associate Dean and Assistant Dean of Clinical Education. Potential reasons not to reappoint may include, but are not limited to, a low level of participation (i.e., no students precepted in the preceding year), consistently negative student reviews, or a correlation of inferior performance on objective evaluations by students having rotated with the Adjunct Faculty member.
2. The license verification and evaluation process are repeated as described for initial appointments in step 3 above.
3. The Adjunct Faculty member applying for reappointment must complete the reappointment paperwork every 5 years upon renewal notification. The preceptor will be required to submit all document updates to the TUCOM Credentialing specialist every 5 years.
4. Upon receipt of all updated re-credentialing information, the Associate Dean reviews this information and grants the reappointment (with or without a promotion in rank). The process is then complete, a renewal certificate is issued to the Adjunct Faculty member, and the new appointment expiration date is noted in the official roster.

Credentialing/Approval of the Preceptors at the Core Sites with accredited ACGME Residency programs/U.S. Military sites:

All Preceptors at ACGME-accredited programs and U.S. Military training sites must be credentialed by the sites and do not need to be credentialed by Touro. The Director of Medical Education and/or supervisory preceptor must be credentialed/approved by the Department of Clinical Education.

3.3: REQUIREMENT FOR EXECUTION AND MAINTENANCE OF AFFILIATION AGREEMENTS WITH CORE CLINICAL ROTATION SITES

POLICY 3.3

Volume 3, Clinical Rotations

Chapter 3, Requirement for Execution and Maintenance of Affiliation Agreements with Core Clinical Rotation Sites

Responsible Executive: Dean

Approved: December 18, 2008

Amended: April 28, 2021

REASON FOR POLICY:

The College must establish formal affiliation agreements with all sites that supervise students on core clinical rotations. This is to establish the parameters of the relationship, including each party's rights, responsibilities, and obligations. This is necessary for the protection of both parties and, most importantly, to ensure the best possible experience for the students.

WHO SHOULD READ THIS POLICY:

- Dean, Associate and Assistant Deans
- Clinical Education Administrative Staff
- Administrations of Clinical Rotation Sites
- Directors of Medical Education
- Students

POLICY STATEMENT:

The College will establish, regularly review, and renew in a timely manner affiliation agreements with all core clinical rotation sites and all institutions where our students rotate that are not educational programs accredited by the Accreditation Council on Graduate Medical Education (ACGME) or US Military sites (see also Policy 3.1).

A standard university template or the AAMC Uniform Clinical Training Affiliation Agreement will be used for each agreement, except in the case of some institutions which may have a preferred format. In this case, we will utilize the latter, as long as it contains the same basic information and protections. All agreements will be reviewed on a continuous basis to ensure that they are current.

When a potential new core site affiliation is brought to the attention of the Clinical Education Department, the Department will pursue the documentation required by both Touro University and the new core site institution until a signed affiliation is accepted and recorded by both parties.

DELINEATION OF RESPONSIBILITIES FOR CLINICAL ROTATIONS

This document is intended to define the responsibilities of Touro University College of Osteopathic Medicine ("TUCOM"); the Clinical Preceptor at Site ("Preceptor"); and TUCOM student Student's Name **receiving** clinical training under Preceptor's supervision ("Student") and will serve the purpose of Commission on Osteopathic College Accreditation's Standard 6.9.

The TUCOM Clinical Rotation Manual provides the philosophic framework for clinical rotations as well as further detail regarding the duties of all parties and is considered part of this document. By accepting Student's Name for rotation Site to the following:

Preceptor will:

- Maintain all necessary licensure, certifications, privileges, and professional liability insurance, and notify TUCOM immediately of any material change.
- At all times maintain oversight, and supervision of students for any patient care, including student-patient interactions, physical exams, and procedures.
- Ensure an appropriate physical and learning environment for Students.
- Offer constructive feedback to Students, including completion and submission of Clinical Performance Evaluations in a timely manner, preferably within 14 business days of the last day of the rotation or the student will receive an "academic pass".
- Preceptors will provide learning opportunities consistent with Touro University's curriculum (see this Clinical Rotations Manual).
- Follow all applicable Local/State/Federal laws/regulations/guidelines related to the practice/teaching of medicine, as determined by CDPH/US Federal Government. Failure to do so may result in suspension of the Faculty Appointment and Students' participation in the rotation with this preceptor.
- Any health professional who provides health services, including clinical faculty, via a therapeutic relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services.

TUCOM will:

- Maintain responsibility for scheduling Students' rotations and publishing this information in a timely manner.
- Provide the Clinical Rotation Manual to Preceptor and Students and notify all parties of any material changes in this document.
- Ensure that Students have completed all curricular and administrative requirements prior to entering this clinical training, including, but not limited to, satisfactory completion of the preclinical course of study, maintenance of current immunizations, and passage of criminal background check and drug test.
- Maintain professional liability insurance for Students.

- Offer educational support to Preceptor, including access to Touro University California's electronic library resources.

Students will:

- Provide patient care only under supervision of the Preceptor.
- Behave and communicate in a professional and respectful manner that represents TUCOM well.
- Offer constructive feedback to TUCOM on their clinical experiences which will be made available to Preceptor only in a summary, anonymous form, including completion and submission of Evaluations of Clinical Assignments and Student Site Evaluations in a timely manner.

DIRECTOR OF MEDICAL EDUCATION (DME) AT THE CLINICAL CORE SITE IN AFFILIATION WITH TUCOM

The Director of Medical Education (DME) provides oversight for the development, direction and coordination of all continuing medical education activities for medical students of the organization they serve.

The Clinical Education Department (CED) identifies the person for the position of DME.

It is strongly recommended that the DME is a physician (D.O. or M.D.) and an active member of the organization whose role is to assess and improve physician practice, core team communication, and patient outcomes. They may solicit input from other staff, healthcare professionals (i.e., Designated Institutional Officer, Health Sciences Librarian, etc.) or committees to identify educational needs and didactic or other activity development commensurate with furthering the education of the medical students.

The DME should participate in accreditation educational offerings by their respective Directors of Medical Education institution or organization.

Administrative Responsibilities:

This role is meant to serve as liaison between TUCOM CED, the respective core clinical filiate, and the medical students rotating at that site.

The DME is responsible for developing and maintaining high quality medical education and training by providing oversight, direction and coordination of such efforts.

The DME is either directly responsible for or may delegate the creation of the on-site medical student clinical schedules, determining and/or confirming preceptors for students, and organizing rotations (this may include close communication with the CED in the initiation and/or further development of additional partnership agreements).

Other Requirements:

DME Recurring Meetings with the CED: The DME shall meet monthly or as needed with TUCOM CED Administration and other assigned CED Staff members to identify and discuss any new, ongoing, or recurrent processual or other issues that require attention and to establish corrective considerations or furtherance of educational constructs, projects, etc. This is meant to establish and maintain a cohesive approach to the medical education of medical students at the respective sites.

Attendance at Medical Student CED Introductory Meetings: The DME should plan on attending the majority of such medical student introductory meetings as, "Introduction to Clinical Clerkships", "Callbacks For Year 3 Medical Students", "Professionalism Symposium", and others.

Performance Review: The DME may be considered for a performance review either periodically or as recommended by the CED, this is in keeping with ongoing accreditation requirements or others.

7.14: SEPARATION OF HEALTH CARE PROVIDERS AND ACADEMIC ASSESSMENT

POLICY 7.14

Volume 7, Faculty

Chapter 14, Separation of Health Care Providers and Academic Assessment Responsible Executive:

Dean of College of Osteopathic Medicine Approved: January 15, 2019

Amended: December 9, 2021

REASON FOR POLICY:

To ensure that individuals who provide health services, via a therapeutic relationship, recuse themselves from the academic assessment or promotion of a student who receives those services, pursuant to COM Accreditation Standard.

WHO SHOULD READ THIS POLICY:

- Dean, Associate Deans, Assistant Deans and Department Chairs of TUCOM
- TUC Dean and Associate Dean of Student Affairs
- Director of TUC Student Health Clinic
- TUC Director, Associate Director and Assistant Director of Human Resources
- TUC Faculty Senate President
- TUC Compliance Officer
- TUC Provost
- TUCOM Student Body
- TUCOM Faculty

POLICY STATEMENT:

Any health professional who provides health services, including clinical faculty, via a therapeutic relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services.

It is the responsibility of the provider to notify the relevant TUCOM administrator (e.g., Department Chair, Assistant Dean) if they become aware that they have provided health services to a student whom they also evaluate or assess in any clinical courses. It is the responsibility of the student to notify the relevant Course Director if they become aware that a health professional from whom they have received health services is also responsible for evaluating or assessing them in any clinical courses.

Restrictions aligned with this policy should be stated in TUC affiliation agreements, administrative manuals, and relevant handbooks.

Faculty Code of Professional Ethics

Faculty members are expected to act at all times in a manner befitting members of the teaching profession. Faculty members are expected to maintain and exhibit the highest level of integrity in all of their behaviors. They should conduct themselves with respect for others and should serve as models of the teaching profession to their students and their community.

Dress and deportment often characterize the person, and interpersonal relationships mark the nature and effectiveness of institutions. Therefore, appropriate attire, courtesy and cooperation at all times, with students, staff, and colleagues, are considered essential to the well-being of the University. Professionalism of a high order should be Touro University California's hallmark.

Providing the best climate within which a student can learn and grow intellectually is a major professional contribution that the faculty member can make to the development of students. This includes frequent and active presence on campus, student counseling and advising, and participation in the activities that promote interaction between student life and the academic environment.

Touro University California promotes adherence to the American Association of University Professors' 2009 Statement on Professional Ethics (see <https://www.aaup.org/report/statement-professional-ethics>). The codes of professional ethics stipulated here do not constitute a comprehensive policy of faculty behavior. These codes elaborate on the standards of acceptable and unacceptable conduct in the course of fulfilling faculty duties and are independent of other guidelines for activity of individuals while on campus, such as university policies on drug use, etc. with the understanding that Touro University California seeks to provide and sustain an environment conducive to education, scholarly exchange and faculty and student development, the Faculty Senate further stipulates the following codes of faculty conduct:

- The primary responsibility of faculty conduct is to promote respect for knowledge, inquiry and education. Faculty are free to execute their teaching responsibilities in a manner that they determine to be appropriate. Faculty conduct must not, however, diminish or interfere with their responsibility to maintain proficiency and competency in the discipline(s) that they teach. Faculty conduct must ensure that classes are held as scheduled and that students are not denied opportunities to learn in the normal course of the academic term. Faculty must never exercise their professional position as a means to coerce or intimidate students to accept unethical or incompetent behavior.
- Faculty must not discriminate among their colleagues or students on the basis of age, sex, religion, nationality, ethnicity, advocacies, political preferences, or any other individual personal attribute that is independent of professional interaction. Faculty objectivity in evaluation of student competence is an essential standard of faculty conduct.
- Faculty must abide by the conduct standards to avoid sexual harassment specified in this document.
- Faculty should promote academic honesty through teaching and example. Faculty must neither facilitate nor ignore instances of dishonesty.
- Faculty should respect the confidentiality of individual faculty–student interactions. Faculty should exercise foresight and maturity in conversation and activities with students.
- Dating or engaging in sexual relationships with students is forbidden and may constitute grounds for dismissal for cause.
- In the exercise of scholarship faculty must conduct themselves honestly and must not intentionally misappropriate the work of others. Faculty is obligated to adhere to all established copyright and ownership guidelines.
- Faculty conduct must demonstrate respect and fairness in the use of university resources and facilities. Faculty should use university property only in the pursuit of their faculty responsibilities.
- Faculty must maintain strict confidentiality when requested with respect to colleague evaluation and personnel matters. Anonymity in peer-review for the purposes of promotion and advancement is an essential standard of ethical conduct.
- Faculty must not exercise professional seniority as a means to coerce or intimidate the behavior or activity of university staff or junior colleagues.
- Ethics in research and scholarly activities, intellectual honesty and ethical behavior while performing scholarly activities is of paramount importance. To this end, Touro University California adopts the U.S. Department of Health and Human Services Office of Research Integrity definition of research misconduct (<https://ori.hhs.gov/definition-research-misconduct>):
 - Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research records. Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Research misconduct does not include honest error or differences of opinion.

- In addition, research efforts should minimize restrictions on publications or dissemination of information and use university resources and facilities for academic and not commercial purposes.

College of Osteopathic Medicine Faculty are additionally expected to comply with the American Osteopathic Association's Code of Ethics (see <https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/>), which guides its member physicians in their professional lives. The standards address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self. Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

- **Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.
- **Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.
- **Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients who she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap. In emergencies, a physician should make her/his services available.
- **Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.
- **Section 5.** A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.
- **Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state, and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.
- **Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly using matters or activities which are false or misleading.
- **Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he/she is licensed based on that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.
- **Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.
- **Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.
- **Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.
- **Section 12.** Any fee charged by a physician shall compensate the physician for services rendered. There shall be no division of professional fees for referrals of patients.

- **Section 13.** A physician shall respect the law. When necessary, a physician shall attempt to help to formulate the law by all proper means to improve patient care and public health.
- **Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.
- **Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.
- **Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.
- **Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services because of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)
- **Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.
- **Section 19.** When participating in research, a physician shall follow the current laws, regulations, and standards of the United States or, if the research is conducted outside the United States, the laws, regulations, and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

Academic Freedom

Touro University California is committed to the pursuit of truth and to its transmission. The integrity of the University as an institution of higher learning requires proper autonomy and freedom. This freedom is the freedom to examine data, to question assumptions, to be guided by evidence, to be a learner, and to be a scholar. Such freedom implies that any faculty member whose teaching is questioned should be subject to the judgment of one's peers only in accordance with the accepted rules of academic due process. It also implies the active, defined, and recognized role of the faculty in those policy-making decisions, which affect the educational program.

The obligation of the faculty is to distinguish in their teaching between personal and partisan opinion and convictions grounded in sources and methods appropriate to their respective disciplines. The faculty member should, to the best of his/her ability, present materials in a manner that respects the cultures and sensitivities of the students. The obligation of the student is to be a responsible participant in the academic activities of Touro University California.

The University further endorses the 1940 *Statement of Principles of Academic Freedom* of the American Association of University Professors. Each faculty member is expected to uphold the goals, aims and mission of Touro University California.

Conflict of Interest

As a general principle, all trustees, officers and administrators, faculty, and other employees should avoid any actions or situations that might result in or create the appearance of using their association with the University or Touro College for private gain, giving unwarranted preferential treatment to any outside

individual or organization, or losing their independence or impartiality of judgment in the discharge of duties and responsibilities on behalf of the college.

The purpose of the Conflict-of-Interest Policy is to continue to protect and enhance Touro College and University California's (TUC) reputation by ensuring that all officers, faculty, and employees of Touro and its affiliates everywhere, understand how Touro seeks to avoid even the appearance of impropriety. A conflict of interest exists when an individual has an external interest that affects or provides an incentive to affect the individual's conduct of his or her employment activities. Conflicts of interest can arise naturally from an individual's engagement with the world outside TUC and the mere existence of a conflict of interest does not necessarily imply wrongdoing on anyone's part. When conflicts of interest do arise, however, they must be recognized, disclosed and either eliminated or responsibly managed.

A conflict of commitment occurs when the commitment to external activities of a faculty or staff member adversely affects his or her capacity to meet College responsibilities. This form of conflict is easily defined and recognized since it involves a perceptible reduction of the individual's time and energy devoted to university activities.

The consequences of not complying with this Conflict-of-Interest Policy can be severe -- ranging from ruining your reputation and your career to possible criminal prosecution and incarceration. Illegal and unethical conduct will also result in disciplinary action, which may include termination. It is not an excuse that an individual's questionable conduct was intended to "benefit" the College or was done with good intentions.

If an individual becomes aware of a violation of this Conflict-of-Interest Policy or behavior that could be incompatible with its spirit or that looks improper, they are expected to report it to their supervisor, the Office of the General Counsel, or other appropriate members of TUC's management team.

Faculty Grievance Process

If any faculty member believes that their rights have been violated in such matters as academic freedom, suspension or dismissal for cause, assignment of teaching duties, issues relating to propriety of conduct and sexual harassment, disciplinary actions taken or other matters, they may petition the TUC Grievance Committee in writing for consideration. Disciplinary actions or suspension will remain in force until the appeal process is completed. Before filing a petition with the Grievance Committee, a faculty member shall first exhaust all administrative avenues for resolution (Department Chair, Dean, Human Resources). If the issue is not properly resolved, the faculty member has the right to petition the Grievance Committee.

The Grievance Committee shall function according to the policies and procedures described in the Touro University California Faculty Handbook and shall not contravene any article therein. Approved changes to the Faculty Handbook will automatically be adopted by the Touro University California Faculty Grievance Committee (FGC) and will take precedence over the FGC bylaws.

If a member of the Committee has a conflict of interest regarding the matter presented for review, or if the membership of the Committee is challenged by the petitioner for cause, the Committee member should be replaced by an ad hoc substitute chosen by the Faculty Senate with the concurrence of the college Deans and Provost.

Filing a Grievance:

Faculty who want to file a grievance must submit a written, signed petition to the Chair of the Touro University California Faculty Grievance Committee within 28 calendar days of the date that the grievant has exhausted administrative procedures. The grievance must include the following information:

1. The specific policy or established practice that has allegedly been violated.

2. The date of the alleged violation and the date on which the grievant became aware of the alleged violation.
3. The facts relevant to the alleged violation
4. The person(s) against whom the grievance is filed
5. The good faith and reasonable steps that the grievant has taken to resolve the matter prior to taking it to the Grievance Committee and the outcome of those steps
6. List of witnesses (if applicable)
7. Redress being sought

In the event that the grievance is with the Chair of the Grievance Committee, the petition may be submitted to the Vice Chair who will keep the petition in confidence until the Committee is convened.

Upon receipt of the petition, the FGC will, within seven (7) working days after receiving the grievance petition, meet and determine whether the filing requirements have been met. The person(s) against whom the grievance was filed (respondent(s)) will be notified in writing at this time. The respondent(s) has the right to submit a list of witnesses to the FGC. Submission of a petition will not automatically entail investigation or detailed consideration thereof, as the Committee has the option of seeking resolution/settlement by informal methods. If in the opinion of the FGC, such settlement is not possible or is not appropriate, the Committee shall hold a grievance hearing within fourteen (14) working days after the receipt of the grievance petition by the FGC. The Committee will determine who will be interviewed during the grievance hearing. The Committee will report its findings and make written recommendations to the petitioner, to the respondent(s), and to the Provost/Chief Operating Officer within five (5) working days after the hearing.

In summary, the functions of the Touro University California Grievance Committee in the grievance process are as follows:

- To determine whether or not the matter merits consideration by the Committee;
- To seek to settle the matter by informal methods;
- If the matter is unresolved, to hold a grievance hearing. The faculty member may invite a non-legal advisor to be present;
- To provide copies of its report and recommendation to the faculty member who petitions the Committee, to the Provost, and to the person(s) against whom the grievance is directed.

All matters brought before the Grievance Committee will be confidential.

Appeals Committee, Policy, and Procedure

If a faculty member wishes to pursue their grievance after action of the Grievance Committee, they may appeal to the Provost. Such an appeal must be based on one of the following:

- Procedural error
- Bias
- New information since the Grievance was reviewed by the Grievance Committee

The Provost may appoint an Appeals Committee, or may choose to respond directly to the request for appeal considering findings of the Grievance Committee. If an Appeals Committee to hear the petition is appointed, it shall be composed of three (3) individuals chosen by the Provost, in consultation with the Deans. The Provost will review the action of the Grievance Committee and/or the recommendation of the Appeals Committee, and forward a final decision to the faculty member. The decision of the Provost is final.

All appeals shall be processed as follows:

- The faculty member shall submit their appeal in writing to the Provost within ten (10) working days after receipt of the determination of the Grievance Committee.

- If an Appeals Committee is appointed to hear the petition, the Committee shall hold a hearing within ten (10) working days after its receipt of the appeal.
- The Appeals Committee will invite all concerned parties to the hearing. The faculty member may invite a non-legal advisor to be present.
- The Appeals Committee must render a written recommendation to the Provost within five (5) working days after the hearing, and the recommendation will be distributed to all concerned parties.
- The Provost may take into consideration the recommendation of the Appeals.
- The decision will be forwarded to the faculty member. The decision of the Provost is final.
- All matters brought before the Appeals Committee will be confidential. Tape recorders will not be allowed.

Disability Accommodation for Students

Clinical faculty and Core-site administrators should be aware that Touro University California provides equal educational opportunities to, and does not discriminate against, applicants or students with physical or mental disabilities.

If an applicant or student has a known qualifying disability which may result in one or more educational limitations, the applicant or student is encouraged to discuss the limitations with the department of student affairs. The University will engage in a good-faith interactive process with the applicant or student to determine whether he or she can perform the essential functions, with or without reasonable accommodation. The University will provide reasonable accommodation for known disabilities, unless (1) to do so would impose undue hardship on the University, or (2) it is determined that the applicant or student could not perform his or her essential duties as a medical student in a manner that would not endanger his or her health or safety, or the health or safety of others, even with reasonable accommodation. Touro University will request that your treating medical provider verify all limitations you may have, and that with accommodation, you are medically cleared to perform your essential duties.

If more than one reasonable accommodation is available, the University will determine at its discretion which accommodation will be granted.

Discrimination, Harassment, and Retaliation

Touro prohibits discrimination and harassment based on the following characteristics: race, color, caste, religion, religious creed (including religious dress and grooming practices), national origin, ancestry, citizenship, physical or mental disability, medical condition (including cancer and genetic conditions), genetic information, marital status, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity, gender expression, age (40 years and over), sexual orientation, veteran or military status, medical leave or other types of protected leave (requesting or approved for leave under the Family and Medical Leave Act or the California Family Rights Act), domestic violence victim status, political affiliation, and any other characteristic protected by state or federal anti-discrimination law covering employment. These categories are defined according to Government Code section 12920. In addition, Touro prohibits retaliation against a person who engages in activities protected under this policy. Reporting, or assisting in reporting, suspected violations of this policy and cooperating in investigations or proceedings arising out of a violation of this policy are protected activities under this policy.

This policy applies to Touro applicants and employees (co-workers, supervisors and managers). As used in this policy, the term “employee” includes contractors and volunteers in our workplace. In addition, this policy extends to conduct with a connection to an employee’s work, even when the conduct takes place away from Touro’s premises, such as a business trip or business-related social function.

Applicant/Employee Rights:

- The right to a discrimination, harassment, and retaliation-free work environment.
- The right to file a complaint of discrimination, harassment, or retaliation. Employees are encouraged to report inappropriate conduct immediately and, whenever possible, to put the complaint or concern in writing.
- The right to a full, impartial and prompt investigation by Touro representative or designee into allegations of conduct that would violate this policy.
- The right to be timely informed of appropriate information related to the outcome of an investigation either as a complainant or a respondent in the investigation.
- The right to be represented by a person of the complainant's choosing at each and all steps of the complaint process.
- The right to be free from retaliation or reprisal after filing a complaint or participating in the complaint process.
- The right to file a complaint directly with the California Civil Rights Department, the federal Equal Employment Opportunity Commission or other appropriate state or federal agencies, or to file a civil action in the appropriate court.

Discrimination

As used in this policy, discrimination is defined as the unequal treatment of an employee or applicant in any aspect of employment, based solely or in part on the employee's, or applicant's, protected characteristic, including their perceived protected characteristic. Protected categories include: race, color, caste, religion, religious creed (including religious dress and grooming practices), national origin, ancestry, citizenship, physical or mental disability, medical condition, genetic information, marital status, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity, gender expression, age (40 years and over), sexual orientation, veteran and/or military status, protected medical leaves (requesting or approved for leave under the Family and Medical Leave Act or the California Family Rights Act), domestic violence victim status, political affiliation, and any other characteristic protected by state or federal anti- discrimination law covering employment. The categories are defined according to Government Code section 12920. Discrimination includes unequal treatment based upon the employee's or applicant's association with a member of these protected classes.

Discrimination may include but is not necessarily limited to: hostile or demeaning behavior towards applicants or employees because of their protected characteristic; allowing the applicant's or employee's protected characteristic to be a factor in hiring, promotion, compensation or other employment related decisions unless otherwise permitted by applicable law , and providing unwarranted assistance or withholding work-related assistance, cooperation, and/or information to applicants or employees because of their protected characteristic.

Harassment

As used in this policy, harassment is defined as unwelcome disrespectful or unprofessional conduct, including disrespectful or unprofessional conduct based on any of the protected characteristics listed above. Harassment can be verbal (such as slurs, jokes, insults, epithets, gestures, or teasing), visual (such as the posting or distribution of offensive posters, symbols, cartoons, drawings, computer displays, or emails), or physical conduct (such as physically threatening another person, blocking someone's way, or making physical contact in an unwelcome manner).

Sexual Harassment

As used in this policy, sexual harassment is defined harassment based on sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity, gender expression or sexual orientation. It may include all of the actions described above as harassment, as well as other unwelcome sex-based conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities, or other verbal or physical conduct of a sexual nature.

Sexually harassing conduct need not be of a sexual nature or be motivated by sexual desire. It may include situations that began as reciprocal relationships, but that later cease to be reciprocal.

Sexual harassment is generally categorized into two types:

1. **Quid Pro Quo Sexual Harassment** ("this for that"): Submission to sexual conduct (or other harassing conduct) is made explicitly or implicitly a term or condition of an individual's employment. Submission to or rejection of the conduct by an employee is used as the basis for employment decisions affecting the employee.
2. **Hostile Work Environment Sexual Harassment**: Unwelcome conduct on the basis of sex, gender, gender identity, gender expression, or sexual orientation by any person in the workplace that unreasonably interferes with an employee's work performance and/or creates an intimidating, hostile or otherwise offensive working environment. When unwelcome, examples include:
 - Sexual advances, flirtation, teasing, sexually suggestive or obscene letters, invitations, notes, emails, voicemails or gifts.
 - Sex, gender or sexual orientation-related comments, slurs, jokes, remarks, or epithets.
 - Leering, obscene, or vulgar gestures or making sexual gestures.
 - Displaying or distributing sexually suggestive or derogatory objects, pictures, cartoons, or posters.
 - Impeding or blocking movement, touching, or assaulting others.
 - Reprisals or threats after a negative response to sexual advances.
 - Conduct or comments consistently targeted at one gender, even if the content is not sexual.

California Law also defines these acts as crimes if any of them are engaged in with a person who is incapable of consent either because of the person's age or because the person is mentally defective, mentally incapacitated, or physically helpless. Therefore, sexual abuse, sodomy, and rape are sex crimes and violators will be prosecuted in accordance with California Penal Law.

To officially file charges for an act of sexual assault or rape, please contact the Office of Institutional Compliance. If the alleged perpetrator is a student, you can initiate disciplinary action against this individual. All incidents must be reported within six (6) months of their occurrence, though a victim may report any events to law enforcement before the end of any statute of limitations.

All divisions of Touro seek to foster a collegial atmosphere in which students are nurtured and educated through close faculty-student relationships, student camaraderie, and individualized attention. Discrimination or harassment of any kind is anathema to Touro's mission, history, and identity. Touro will resolve any identified discrimination in a timely and effective manner, and will ensure that it does not recur. Compliance with Touro's policies and procedures is a necessary step in achieving a safe environment in our educational community. The policies set forth were developed to promote a safe educational environment in compliance with the Violence Against Women Act (VAWA) and a high-quality campus life.

Those believing that they have been harassed or discriminated against on the basis of their sex, including sexual harassment, should contact the Office of Institutional Compliance immediately. When Touro has notice of the occurrence, Touro is compelled to take immediate and effective corrective action reasonably calculated to stop the harassment, prevent its recurrence, and as appropriate, remedy its effects.

This policy applies to all members of Touro, including students, faculty, and administrators as well as third parties (including, but not limited to, vendors, invitees, etc.). Information and/or training regarding this policy are available to students, faculty, and staff. In addition, information about this policy will be available on Touro's website.

Complaints may be filed by contacting the Office of Institutional Compliance:

Phone: 646-565-6000, ext. 55330

Email: compliance@touro.edu

Aside from the internal process at Touro, employees may also choose to pursue legal remedies with the following governmental entities at any time:

- **Contact the Local Police Department:** If the harassment involves unwanted physical touching, coerced physical confinement or coerced sex acts, the conduct may constitute a crime.
- **California Civil Rights Department:** A complaint alleging violation of a California civil right may be filed either with the California Civil Rights Department (:CRD") or in court. CRD's main office contact information is as follows: 2218 Kausen Drive, Suite 100, Elk Grove, CA 95758, (800) 884-1684 (TTY: 800-700-2320, calcivilrights.ca.gov, contact.center@dfeh.ca.gov).
- **The United States Equal Employment Opportunity Commission ("EEOC"):** The EEOC enforces federal anti-discrimination laws, including Title VII of the 1964 federal Civil Rights Act (codified as 42 U.S.C. § 2000e et seq.). EEOC's contact information is as follows: 1-800-669-4000 (TTY: 1-800-669-6820), www.eeoc.gov, info@eeoc.gov.

Retaliation Prohibited

Employees who feel that they are being discriminated against or harassed for any reason should immediately report such conduct to their immediate supervisor or to any member of management or the Director of Human Resources Department.

Touro University California values an atmosphere of open communication for all employees; employees who report harassment and/or discrimination will not be retaliated against by management or any fellow employee. Making a report of harassment or discrimination will never, under any circumstances, be considered in any decision regarding hiring, firing, promotion, or any other term or condition of employment. Any employee who takes adverse action or otherwise retaliates against a subordinate or coworker because that person lodged a harassment or discrimination complaint will be subject to appropriate discipline, up to and including termination.

Bullying Prohibited

In addition to harassment based, on a protected characteristic, Touro University California prohibits acts of bullying. A safe and civil environment is necessary for employees to achieve the high standards we expect. Demonstration of appropriate behavior, treating others with civility and respect, and refusing to tolerate harassment and bullying are expected of all employees. Bullying is repeated, health-harming mistreatment of another employee. Examples of prohibited bullying include, but are not limited to: screaming; swearing; name calling; stealing; using threatening, intimidating, or cruel behaviors; deliberately humiliating a person; and denying advancement.

Generally, bullying:

- Is committed by written, verbal, graphic, or physical acts (including electronically transmitted acts—e.g., using the Internet, a cell phone, a personal digital assistant (PDA), or a wireless handheld device).
- Substantially interferes with work, opportunities, and benefits of one or more employees, sometimes through actual sabotaging of work.
- Adversely affects an employee's ability to function at work by placing the employee in reasonable fear of physical harm or by causing emotional distress.

Touro considers the following types of behavior examples of bullying:

- Verbal bullying. Slander, ridiculing or maligning a person or his or her family; persistent name-calling that is hurtful, insulting or humiliating; using a person as the butt of jokes; abusive and offensive remarks.
- Physical bullying. Pushing, shoving, kicking, poking, tripping, assault or threat of physical assault, damage to a person's work area or property.
- Gesture bullying. Nonverbal gestures that can convey threatening messages.

- Exclusion. Socially or physically excluding or disregarding a person in work-related activities.

Because bystander support can encourage bullying, Touro University California also prohibits both active and passive support for acts of bullying. Employees should either walk away from these acts when they see them or attempt to stop them. In either case, employees should report incidents to a supervisor, management, or the Director of Human Resources. Reprisal or retaliation against any person who reports an act of bullying is prohibited.

Employees who engage in bullying will be subject to appropriate discipline, up to and including termination.

Employees who believe that they have been retaliated against for resisting or complaining, may file a complaint with the appropriate agency.

Section II

Clinical Faculty Development

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Clinical Faculty Development Program Overview

Clinical faculty and professional development opportunities are offered for TUCOM core and, adjunct faculty and our affiliates through the Office of the Senior Associate Dean, the Clinical Education Department and the Academic Affairs Department.

Through live-virtual, in person, and online materials, our [clinical faculty development program](#) supports teaching clinicians, DME and residency faculty and directors to meet training, licensing and credentialing needs. Our training programs are accredited by the AOA and AMA for continuing medical education units and meet Residency programs ACGME guidelines for faculty development.

Our programs are overseen by the Associate Dean of Clinical Faculty Development, an educator and physician with extensive experience in curriculum development and teaching. Dr. Jennifer Weiss is boarded in Family Medicine and practices traditional Osteopathy. She's served at TUCOM for over 15 years in diverse departments and roles including teaching in the primary care and clinical education departments, clinical curriculum director and course developer and director of the Clinical Distinction Course. In her current role as the Associate Dean of Clinical Faculty Development, she brings this experience and a love of teaching to the area of lifelong learning and academic medicine.

Clinical Faculty Development Program Mission

In keeping with the mission of TUCOM, the Faculty Development Program is designed to enrich the experience of the faculty who instruct our osteopathic students. The faculty development program offers opportunities for professional advancement in academic medicine, research, scholarship, communication, professionalism, leadership, and medical knowledge. Additionally, the program recognizes and supports adult development, collaborative learning, service, and meets the ACGME requirements for faculty development in residency programs.

A Competency Based Curriculum for Faculty

The TUCOM Clinical faculty development program is based on the student core competencies adapted for teaching physicians. Resources for learning in each of the competency areas are available and new resources are continually being developed. Each offering, including online and live sessions, serves as an opportunity for teaching clinician competency growth.

Faculty Competencies

1. Academic Medicine

- a. Design effective medical curriculum components.
- b. Teach osteopathic medical trainees appropriately at each level of training.
- c. Review, assess and recommend changes to curriculum for continued improvement.
- d. Incorporate knowledge of structural antecedents, and health equity into medical curriculum.

2. Medical Knowledge

- a. Understand and apply osteopathic principles and practice at a level appropriate for one's role in the TUCOM institution and based on one's training in osteopathic medicine.
- b. Teach and assess within one's field of expertise.
- c. Demonstrate continued growth and development within one's field of expertise.
- d. Define professionalism, cultural competence, and structural competence in medical practice.

3. Interpersonal Communication Skills

- a. Effectively tailor teaching and communication styles to facilitate learning at different levels with different learners.
- b. Communicate effectively with colleagues and within institutional systems about osteopathic medical education, teaching, and the TUCOM curriculum to facilitate growth and improvement.
- c. Develop mentorship skills that sustain a positive focus on the career growth of stakeholders (students, faculty, and staff).

- d. Effectively integrate empathetic listening skills.
- e. Effectively communicate expectations, summative and formative assessments, and evaluations.

4. Professionalism and Leadership

- a. Demonstrate a commitment to TUCOM mission responsibilities.
- b. Facilitate learner success, well-being, and growth in their professional roles.
- c. Model best practice in osteopathic medical education including a commitment to life-long learning.
- d. Model ethical behavior and accountability.
- e. Model respectful and supportive behavior and demonstrate humanistic behavior and cultural competence.
- f. Lead effectively within one's varied communities, and take advantage of opportunities to grow, serve and model leadership.

5. Practice Based Learning and Improvement

- a. Use research and scholarship in career development and practice of medicine and osteopathic medical education.
- b. Use scholarly and practical approaches in evaluation and development of curriculum and in clinical practice.
- c. Model and mentor faculty and students in the process of research and scholarly activity.
- d. Define practitioner, researcher, and institutional bias and recognize areas for self-improvement.

6. Systems Based Practice

- a. Utilize resources within the larger system of medical education to advocate for learners and optimize teaching and learning.
- b. Utilize resources within the institution and the larger system of medical education to further personal and professional growth and development.
- c. Describe, at a level appropriate for the stakeholder, differing health care delivery models and incorporate this information into student learning experience.
- d. Model quality improvement activities.

7. Structural Competency

- a. Seek and promote health and medical training that is responsive to broad social, political, and economic structures, and systemic oppression.
- b. Relate health outcomes to structural antecedents.
- c. Identify the impact of structural bias on student learning and health outcomes.
- d. Explain how institutions, including medical training, laws, policies, and economics contribute to unequal health outcomes.
- e. Model trauma informed therapeutic relationships with patients, and awareness of structural challenges to health.
- f. Demonstrate structural humility.
- g. Advocate for changes to promote educational and health equity.

More information and Faculty Development Resources

Please join us for the learning opportunities that meet your learning style, licensing, accreditation and training needs. You can find information about all our programs on our website: <https://tu.edu/clinical-faculty-development/>.

Additionally, we would love to collaborate with you on your faculty development goals so please reach out to Dr. Weiss, Associate Dean of Clinical Faculty Development at jweiss4@touro.edu.

If you would like to be added to the mailing list for training programs, please email our coordinator, Candyce Sullivan at csullivan8@touro.edu.

Guidelines for Working with Osteopathic Students in Clinical Settings

Structuring the Medical Learning Experience in Your Practice

The structure of the medical student learning experience should allow the physician to continue seeing patients but include some time for observing students and giving students feedback. Physician preceptors may structure visits so that a student sees every 3rd-4th patient, and the preceptor can thus see and treat patients while the student is performing their assessment. Allowing students to present and get supervision can happen between patients or the physician and student can go in and see a patient together that a student has already seen, allowing for presentation and supervision while continuing patient care. Limiting factors may be the number of exam rooms, consent of patients and conflict with other preceptor responsibilities. Students may see primarily some patients and shadow others if this works better. If a physician needs support structuring the learning process the Clinical Faculty Development program and Associate Dean of Faculty Development can provide learning resources.

Osteopathic Principles and Practice

TUC Osteopathic Medical Students have been carefully instructed and assessed with over 200 hours of study in the use of Osteopathic Manipulative Medicine (OMM). This includes performing an Osteopathic Structural Examination (OSE), in which students examine the patient to assess Somatic Dysfunction and possible viscerosomatic reflexes that may help to aid in the patient's underlying diagnosis. The umbrella term OMM encompasses the skillful hands-on treatment approaches that are taught in Osteopathic Medical Schools. The terms OMM and Osteopathic Manipulative Treatment (OMT) are often used interchangeably to refer to both osteopathic diagnosis and treatment.

TUC Osteopathic Medical Students can provide OMM to patients as an adjunct to the preceptors' medical care, the goal being to enhance patients' clinical outcomes. No student may apply OMM (or any treatment) without their preceptor's permission. Students should be encouraged to perform osteopathic structural examinations on each patient, render OMT when appropriate and approved by their preceptors, and document their findings and treatment in their SOAP Note, and procedure note. OMM is well tolerated and appreciated by patients. It is reliably safe, and effective in a broad variety of clinical conditions. TUCOM students can ease a wide variety of musculoskeletal pains, as well as apply OMM to a variety of clinical circumstances such as, but not limited to, easing the breathing of asthmatics or patients with COPD, decongesting sinuses, decreasing peripheral edema, treating common post-surgical complications such as ileus, and preventing atelectasis.

OMM RISKS: Osteopathic treatment is well tolerated and has a low incidence of adverse outcomes when carefully applied.

OMM Backup: All preceptors and TUCOM students are encouraged, if the need arises, to consult with TUCOM faculty regarding the use of OMM in various clinical settings. The Director of Distance Learning and OMM Integration may be contacted at any time: Dr. Alecia Lentz (alentz2@touro.edu).

OMM Procedure: Preceptors are encouraged to ask their osteopathic medical students: "How would you utilize OMM in this case?" Preceptors should expect a rational answer that describes how the application of OMM might affect a positive physiologic & clinical change in that patient. As mentioned above, osteopathic medical students should write a procedure note that describes the OMM modality that was recommended & utilized. OMM treatment time will vary, depending on the complexity of the case, the severity of the illness, and the experience of the student. Effective OMM can be as quick as a few seconds and should not be seen as a factor in prolonging patient appointment times.

Definitions

Osteopathic Principles and Practices (OPP): The integration of osteopathic philosophy into health care practices, specifically: the concept of body unity, the reciprocal nature of structure (anatomy) and function (physiology), and the use of OMM and other interventions to promote the body's self-healing and self-regulatory mechanisms.

Osteopathic Manipulative Medicine (OMM) and Osteopathic Manipulative Treatment (OMT): Two terms used interchangeably to describe hands-on care in which DOs and DO students use their hands to diagnose, treat, and prevent illness or injury.

Somatic Dysfunction: The impaired or altered function of related components of the somatic (bodywork) system including the skeletal, arthrodial, and myofascial structures, and their related vascular, lymphatic, and neural elements.

Viscerosomatic reflex: The interrelationship between any organ (viscera) and a closely related part of the body's structure (soma).

Grades, Student Evaluations, and 3rd/4th Year Schedules

Clinical preceptors are expected to give ongoing feedback to students throughout the course of their rotation. At a minimum, the preceptor should review the student's performance with them at the midway point through the rotation. On the last day of the student's rotation, the preceptor is expected to set aside time to discuss and complete the clinical performance assessment form (CPE) online via the eMedley portal. If a paper form is needed because eMedley is not available it will be provided by the student and the student should be given a copy of their evaluation, and a copy must be sent to the Clinical Education Department via fax, email, or regular mail. Please always use the eMedley portal except in the event of no internet access or eMedley is not functioning. If you have any issues with your use of eMedley please contact the CED for solutions.

Each of the 8 core clinical competencies is evaluated on the performance assessment form and has been applied to the Clinical Education course objectives. Each competency section should be addressed and an overall recommendation for honors, pass or no pass for the rotation should be indicated. Faculty should add narrative comments to give the most specific guidance possible to the student. The overall narrative, positive and constructive comments will be included in the Medical Student Performance Evaluation (MSPE; formerly the Dean's letter).

It is important to note that students are evaluated against the standard of what should be expected from a medical student at the same point in training.

These forms are the primary tool used to grade third- and fourth-year students. As such they will be most useful if they are completed based on your experience of the students' skill and knowledge. Additionally, timely submission is extremely important as it affects students' official transcripts, which in turn is critical for residency application, financial aid check distribution and matriculation. Clinical preceptors are responsible for submitting a clinical performance evaluation (CPE) within 14 business days of the last day of each clinical rotation or students will receive an academic Pass on the CPE portion of their grade.

The Clinical Curriculum

The complete clinical curriculum can be found in section IV of the Clinical Rotations Manual.

The clinical clerkship program provides students with education and training in the areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, and surgery; as well as exposure to additional specialty areas such as critical care, emergency medicine, and Osteopathic Neuromusculoskeletal Medicine. Rotations take place at a variety of clinical sites ranging from private,

public, and university-based hospitals to private and community-based clinics. To give students the opportunity to pursue individual interests, and to make decisions about options for residency training, flexibility is provided especially in the fourth-year schedules.

The clinical clerkship curriculum is oriented around the American Osteopathic Association's Core Competencies. The curriculum includes learning outcomes, didactic assignments, and nationally benchmarked subject exams (the COMAT). Students are expected to follow the didactic complementary materials while serving in patient care rotations. The clerkship curriculum also includes online assignments, tracking procedures through logging software, and attending eConferences (online didactic sessions) facilitated by TUCOM Faculty.

The training of primary care physicians is a critical necessity in the development and functioning of our health care system. In addition, students who embrace this primary care focused training will have an excellent foundation for specialty training, if that is what they choose. At Touro University California College of Osteopathic Medicine, we focus our training on primary care, while recognizing that some students will choose other specialties. As such, our goals and objectives are designed to guide students to learn, through competency-based clinical education, the myriad dimensions of primary care. This includes recognition of their role as team leaders in providing comprehensive health care to the individual, to the family, and to the community. Throughout their training, students will develop an understanding of the role of the primary care physician while recognizing the need for consultation with other medical specialists when appropriate.

The TUCOM clinical curriculum is designed to ensure students:

- Acquire basic clinical knowledge and essential clinical skills.
- Deepen their understanding of Osteopathic Principles and their application to enrich the health of their patients.
- Foster analytic and problem-solving skills necessary for physicians involved in disease prevention, diagnosis, and treatment of individual patients, families, and communities.
- Demonstrate the ability to integrate behavioral, emotional, social, and environmental factors of families in promoting health and managing disease.
- Cultivate compassionate, ethical, and respectful, physician-patient relationships.
- To appreciate the differences in patient and physician backgrounds, ethnicity, beliefs, and expectations.
- Critically evaluate current and relevant research and apply the results to medical practice.
- Develop an understanding of contemporary health care delivery issues.
- Share tasks and responsibilities with other health professionals, including recognition of community resources as an integral part of the healthcare system.
- Engage in reflection on his/her own practices and make changes as needed.
- Develop the interest and skills necessary to continue lifelong learning.

Student Educational Tools

Students are expected to participate in all aspects of clinical rotations, including attending meetings and conferences and any assignments supplied by their preceptor. However, the students are also required to complete a robust curriculum which they access online. This curriculum includes learning outcomes, a focused topic list, Lecturio assignments, integration of osteopathic principles through assignments, logging of procedures, COAR sessions/Osteopathic modules and attendance of eConferences. This curriculum is sufficient to carry the student through each core rotation augmenting the clinical activities of the rotation. However, students should expect that supplemental assignments may be given by preceptors including:

- Reading assignments
- Case based literature search
- Presentations
- Didactics (i.e., tumor board, grand rounds, morning report, etc.)

Preceptorship

Learning and Working Environment Principles

Clinical education should be learner-focused, fostering the acquisition of excellent clinical skills and encouraging individual well-being. Clinical education should be patient-centered, promoting the best principles of compassionate care, diagnostic reasoning, clinical examination, patient safety, evidence-based care, and cost-effectiveness. Within the limits of duty hours, clinical education should involve as much direct patient care as possible, to ensure that learners understand the disease course, with a focus on continuity of patient care experiences and bedside teaching. Patient care should be conducted at the patient's bedside (equivalent) whenever possible. When care is delivered outside of the direct patient encounter, learners should have the opportunity within that care session to see patients directly with an Attending Physician or Resident. Direct patient care experiences should be emphasized and maximized. This principle should guide the balance between direct patient care and didactic and other enriching educational experiences that provide perspective and skills for understanding seminal issues in patient care. Accomplishment of the core clinical objectives should be reasonable within the designated period of the rotation. Rotations must ensure that qualified (certified in needed application) residents, staff and faculty provide appropriate supervision of medical students.

What Should I Do and What Can / Should My Student Do?

Our students rotate through a variety of clinical sites and have the challenge of being new to their learning environment on multiple occasions throughout their two years of clinical education. Your assistance in helping them, as quickly as possible, get acquainted with facilities, regulations, faculty, and personnel is appreciated. Some general expectations of your site can be found below. Please contact us if any of these pose difficulties for you. Clinical sites, in coordination with TUCOM, will define the degree of student involvement in their own institutions. While students are given general guidelines in terms of activities, professional behavior, and requirements, it is understood that they must comply with the expectations and requirements related to patient care as established by the clinical site and that this supersedes, in most cases, any guidance from Touro University.

Sample Timeline of a Clinical Clerkship

On the first day

- Student introduction/orientation
- Clerkship expectations & objectives
- Model clinical skills: student observation (one day to one week)

Middle of clerkship

- Mid-clerkship feedback and evaluation
- Students should be expected to obtain initial evaluation of patients independently

At the end of the clerkship

- A student is expected to meet clinical objectives and be able to perform clinical skills.
- Verbal feedback is given to the student prior to the review of the formal evaluation.
- Evaluation is filled out in eMedley during the last week of student rotation and reviewed with the student (a copy of the evaluation should be given to the student if the evaluation is completed on paper)

Supervision of Osteopathic Medical Students in Clinical Learning Environments

The Clinical Education Department (CED) at Touro University California College of Osteopathic Medicine (TUCOM) ensures that its medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Definitions

- **Supervising Physician:** An attending physician with a TUCOM adjunct clinical faculty appointment; a resident or fellow physician training in a graduate medical education program.
- **Non-physician healthcare provider:** Including but not limited to: anesthesia assistants, dieticians, emergency medical technicians, medical sonographers, medical technologists, nurse practitioners, nurses, occupational therapists, paramedics, pharmacologists, physical therapists, physician assistants, psychologists, radiographers, respiratory therapists, social workers, speech language pathologists, and surgical technicians. NPHPs may work with our students but cannot directly supervise them in the clinical environment and cannot complete the CPE.
- **Supervision Levels:**
 - **Direct Supervision:** the supervising physician is physically present with the medical student and patient.
 - **Indirect Supervision with Direct Supervision Immediately Available:** the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

For hospital-based practice institutions, it is the institution's responsibility to ensure that all physicians and non-physician healthcare providers are appropriately credentialed and privileged by the hospital, institution, or agency and capable of medical student supervision (physician) within the scope of their practice.

For private practice settings in which non-physician healthcare providers are present, it is the responsibility of the supervising physician to ensure that non-physician healthcare providers are appropriately credentialed and privileged and capable of medical student supervision (physician) within the scope of their practice.

Scope & applicability

This policy applies to required courses where students interact with patients, and all required clerkships taught as part of the undergraduate medical education program.

Course/clerkship directors are responsible for orienting students, supervising physicians, and non-physician healthcare providers who work with (NPHP) or supervise medical students (physician) to the provisions of this policy; setting and communicating course/clerkship-specific expectations regarding appropriate levels of supervision; and ensuring that supervising physicians and non-physician healthcare providers adhere to the provisions of this policy.

Policy

1. Medical students are not licensed and cannot provide unsupervised patient care. Clinical decisions and orders are never created or enacted by medical students without a supervising physician's input and approval. A supervising physician always has the medical and legal responsibility for patient care.
2. A supervising physician is required to supervise medical students in clinical learning environments at a supervision level of "indirect supervision with direct supervision immediately available" or higher.
3. The supervising physician will determine the appropriate level of supervision by considering the clinical site policies; complexity of the situation or procedure; risk for adverse events; and the medical student's level of training, demonstrated competence, maturity, and responsibility.

4. The course/clerkship director will determine the patient encounters and procedures for which medical student supervision may be provided by fellows, residents, and may work in conjunction with appropriately credentialed non-physician healthcare providers.
5. Individuals who have experienced or witnessed a lapse in medical student supervision must report the incident to the course/clerkship director or directly to the CED. Students may also anonymously report lapses in medical student supervision in the course evaluation or directly to the CED.
6. Medical students will identify their signatures with OMS (Osteopathic Medical Student) and the appropriate year (3 or 4), just as licensed physicians identify their signatures with DO or MD.
7. Medical students will wear badges identifying them as medical students.

Clerkship Orientation and Medical Student Progress Assessment

Students should be provided with an appropriate orientation to the clinical facilities. The following should be included in the orientation:

Faculty and Personnel

Students should be introduced to supervising physicians. Students should be informed to whom they are responsible and how that person or persons may be reached when needed. Additionally, if anyone other than the supervising physician will be evaluating or grading the student, the student should be informed of this and introduced to these people. Non-physician healthcare providers are not allowed to directly supervise or assess the student but may work in conjunction with medical students in the clinical setting.

Students should be introduced to the staff, including nurses, NPHPs, technicians, and administrative staff with whom they are expected to interact. Roles and types of interactions should be explained.

Physical Plant

We recommend students should be shown the following:

1. Patient rooms
2. Safety procedures and announcements (fire, codes, etc.)
3. Nurses' stations
4. Ancillary services facilities (x-ray, laboratory, medical records, etc.)
5. Rest rooms and locker areas
6. Conference areas
7. Lounges, cafeteria, or coffee shop
8. Library and Internet access if available
9. Time of arrival
10. Night calls and weekend expectations
11. Dress code

Student Schedule

A schedule should be provided to the student at the start of the rotation. Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures and must allow for the student to be available for all required interactions with TUCOM.

The director of the individual clinical service must clear absences from clinical duty in advance. If attendance at mandatory lectures and conferences is preempted by patient care assignments, this absence must be cleared by the DME.

For more information about attendance expectations, see the student portion of the Clinical Rotations Manual.

It is recommended that the following be incorporated into the schedule for each rotation:

1. Meeting on the first day with attending physician, fellow, or senior resident to discuss expectations for rotation.
2. Mid-rotation meeting with attending, fellow, or senior resident to discuss performance, to give student feedback and make suggestions on where to focus during the rest of the rotation. Attending physicians should take the opportunity to assess what the student has done well, and to offer advice on how the student can improve.
3. Conferences and Educational Seminars: students should attend conferences and lectures if they are accessible, such as grand rounds, M&M rounds, journal clubs and department meetings.
4. Suggested rounding times – such as pre-rounding in hospital if appropriate, as well as times when student will make rounds or see patients with attending or resident team.
5. Presentations or reports to be delivered by students, this includes case presentations, case study analyses, topic presentations etc.
6. Working with adjunctive staff such as respiratory therapist, ultrasound technician, vaccination nurse, and non-physician healthcare providers etc.
7. Final evaluation review at the rotations end:
8. Every attempt should be made to review the student's final evaluation in-person, via zoom, or phone. This is an essential formative component to the student's learning and maturation.

Patient Interaction and Documentation

Interviewing and examining patients is one of the most critical parts of student training. Whenever possible the student should be allowed to perform these tasks. When it is not appropriate to leave the student with the patient, they should be allowed to observe the attending performing the H&P. Whenever possible, students should document their findings in the medical records.

It should be clearly defined initially whether students may document in the patient's medical record and, if so, what students are permitted to write (e.g. Progress notes and H&P, orders etc.) if your clinic or institution does not allow students to write in official medical records, please have the student write notes outside of the official patient charting system, understanding they will need to comply with HIPAA (Health Insurance Portability and Accountability) requirements.

Procedures

Observing and attempting procedures is also a vital part of clinical training. It should be clearly defined initially whether students may participate in procedures, and at what level supervision is expected for all procedures.

Integrating Medical Students into Practices and Institutions

1. Creating appropriate set roles and procedures for medical students allays the student and staff's anxiety and makes the preceptor's job much easier.
2. This may reflect progressive "privileging" for students as they demonstrate basic competencies to your satisfaction.
3. Having a system for allowing medical students to see patients with a minimum of delay to patient flow is one of the secrets to making preceptorships successful.

In Outpatient Settings:

- An appointment system in which the student sees every fourth patient is one model that often works.
 - Patient #1- seen by student following your introduction
 - Patient #2 seen by you while student is with patient #1
 - Following your seeing pt. #2 you have the student present and see patient #1 with them.
 - While you see patient #3 the student charts on and discharges patient #1
 - Student then sees (with your introduction) patient #4.

- In office practices that admit their own (or house back up) patients to the hospital, if feasible, have the student listen in on the ER report, have them see the patient, if appropriate, while you finish in the office. When you arrive at the hospital the student will have already had a chance to do an initial work up and present to you. This scenario can be modified, of course, depending on the diagnosis and condition of the patient and their willingness to be seen by a student.
- In surgical based practices, if possible, involve the student in pre-op planning and have the student involved in preoperative and post-operative care.

In Inpatient Rotations:

- Define a group of patients for whom the student is “responsible.”
- The student should follow and round on these daily, presenting labs, studies, and daily exams prior to you seeing the patient.
- Student charts either in the chart (ideally) or in separate HIPAA compliant cover as if he/she were documenting clinical care.
- The preceptor should read, sign off and modify a student’s note.
- Every patient must be seen and charted on by a preceptor.
- Students may write mock orders, but the preceptor must write actual chart orders.

If questions come up during discussions of patients, or if a key concept is missing for the student consider asking for a report in follow-up. This should reflect reading and some research. Ideally, this is an opportunity for the student to investigate something for you that you would have done for yourself. Obtaining an article from the internet, looking up doses, side effects, epidemiology, differential diagnosis, evidence basis for a medical practice, etc. are all effective uses of medical student time and represent a way for them to educate themselves and the rest of the team as applicable.

The Clinical Performance Evaluation Form

Evaluation of the student’s performance during a rotation should be transmitted to the Clinical Education Department using the Clinical Performance Evaluation form (CPE). This form has been developed so that our clinical faculty can evaluate the student’s progress and level of competence in all 7 Core Osteopathic Competencies and our 8th core competency:

1. Osteopathic Principles and Practice
2. Medical Knowledge
3. Patient Care
4. Interpersonal & Communication Skills
5. Professionalism
6. Practice-based learning and improvement
7. Systems-based practice
8. Structural Competency

Each one of these competencies align with the Entrustable Professional Activities (EPAs) defined by both the AACOM (American Association of Colleges of Osteopathic Medicine) & AAMC (American Medical Colleges). Entrustable Professional Activities are 14 skills, tasks or responsibilities that represent what a resident will be able to do without supervision from day one of the residency. It is essential that medical students develop competency in all these areas as a first step to reach entrustability by the time they graduate. Clinical Performance Evaluation helps demonstrate if a particular student is on the right path or if intervention is required.

The Clinical Performance Evaluation Forms are available online, in eMedley. We appreciate the time that is required to evaluate the student competencies. We ask that preceptors allot a brief amount of time to meet with the students at the middle, and at the end of the rotation to apprise learners of their progress

and performance. Please contact the Clinical Education Department with any concerns regarding individual student progress as soon as possible.

Clinical Education Department Contact Information:

CED Assessment team: tuc.ced.grades@touro.edu

If you make a mistake on the evaluation, it can be returned to you for correction. For evaluation help, please contact someone in the Clinical Education Department.

If you do not see an evaluation listed, we can manually generate one for you; Please let us know or have your student inform us. Once the online evaluation is generated, you will receive an auto-notification to complete the evaluation in eMedley.

Section III

Students

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Welcome to Clinical Training. This section provides information about the requirements, policies and procedures for the clinical years.

Important note regarding Policies & Procedures

The standards that dictate the rotation guidelines are enforced by independent agencies such as state legislatures, licensing boards, AOA/COCA, and the regional accreditor, WASC. Consequently, these standards are not subject to change or interpretation. The policies and procedures outlined in this manual ensure that students meet both California state requirements for satisfactory academic progress and AOA/COCA accreditation standards for colleges of osteopathic medicine. The CED team is responsible for maintaining records of satisfactory academic progress, and this can only be done if students adhere to the established policies. **Current policies and procedures may differ from those in previous years; therefore, students must follow the guidelines in the latest edition of this manual, and any updates posted in Canvas.**

To make your progress as timely as possible please remember these **IMPORTANT POINTS** as you read this manual and prepare for clinical rotations:

- **Read the manual** and refer to it before you query the CED.
- **Read all communications from the CED, including emails, Canvas and eMedley announcements, Smartsheet notifications, and CED Connect messages** sent to you individually or to the class. The CED respects your time and attention and will only contact you with actionable, binding, or relevant information. Check your **student.touro.edu** email AND CED connect tickets' status at least twice daily. Use only CED connect to communicate with the CED. The official means of communication are via the Touro address domains and CED connect. You are responsible for receipt of these communications no matter which device you use to receive and send them. This policy is university-wide and relates to our FERPA (Family Educational Rights and Privacy Act) compliance. The FERPA allows us to use only internally secure servers when we communicate information about your academic record. Include your contact phone number in every email or voicemail message to help us respond rapidly to your query.
- **Submit all requests and correspondence to the CED via CED Connect.** The Clinical Education Department in collaboration with ServiceNow has developed a ticketing system for students on rotations. **Note that all email notifications from the system come from ServiceNow (not CED Connect).** The status of your tickets, including responses from the CED, can be accessed at any time in CED Connect.
For Urgent requests (i.e., rapidly approaching "deadline") students must submit an "Urgent Issue" request under Miscellaneous category in CED Connect. This will be answered in 24-72 hours (1-3 working days).
- For any change in name or contact information, you must notify the Registrar and update your electronic record immediately. Remember that Student Services and the CED operate independently. Your enrolment in the college must remain current and accurate as per the Student Services guidelines. Currency and accuracy of your Registrar, Financial Aid, and Student Health records ensure that your grades and credentials will be ready when you need them to be.
- Securing your third-year core clinical clerkships and assisting with your fourth-year schedule is one of the most essential functions of the CED. **Students must submit their required health information directly and only to Student Health unless the CED also asks for this information to be uploaded in eMedley.**
- The CED serves the needs and progress of second-, third-, and fourth-year students. Each class has priority issues at various times of the year. Be aware that our ability to move your priorities forward depends upon how well everyone complies with the policies and procedures in this manual.

Preparation for Year 3 – A message for second-year students

To prepare students for the clinical years, the Clinical Education Department will meet with 2nd-year students during Fall and Spring semesters to provide information on core clinical sites, core region assignment, and Year 3 experience and expectations.

Core Region Assignment

TUCOM core region assignments are determined by a lottery run through the eMedley system. Below is the approximate timeline – exact dates are announced by the CED and posted on Canvas.

Approximate Lottery Timeline:

- Early Spring of Year 2 (Jan/Feb): The eMedley lottery opens for students to rank all available Year 3 Core Regions in their order of preference. Students have 5 to 7 days to submit preferences before the lottery closes. No submission will be accepted after the deadline.
- The following week, results are released to the class. Students have a one-week window to switch core regions with classmates. **All switch requests must be submitted via CED Connect with confirmation from all switching parties.**
- After review of all switch requests, finalized results are issued to the class; no further changes permitted.

There will be a waiting period before schedules are released. As soon as the schedules are made available and approved by the sites, the students will be assigned a full schedule for their 3rd year that will be posted in eMedley. Release dates vary by region, typically from late March to mid-May. A one-time-only switch of schedule between students from the same region will be allowed.

Non-Participation in the Lottery

Here are the categories for non- participation in the lottery:

Fellows

Per their contract, students accepted into a COM fellowship program (Anatomy, Docs, OMM, or Research) do not enter the lottery and have the privilege to choose their core region and schedule. Once confirmed by the program, the CED will reach out to all fellows.

Delinquent students

Students reported as delinquent by Students Health regarding their physical or immunization requirements, will not be allowed to enter the lottery and will be randomly placed in unfilled regions at the end of the lottery process.

Accommodations

For ongoing medical conditions or disabilities, students must contact Student Affairs at tuc.accommodations@touro.edu to initiate Touro's separate accommodations process. As this process takes time, it should be started as early as possible in the Fall term of Year 2 to ensure the CED is informed before the lottery.

Exemption

Some students may qualify for an exemption from the lottery. These cases are reviewed by the CED and must meet the criteria outlined in the Exemption Form. To apply, students must complete and submit the form, include all required supporting documentation, and provide a written justification for the request. Exemptions are granted on an as-needed basis to those who meet the stated criteria. The Exemption Form link is available in Canvas. All requests must be submitted by the end of the Fall term of Year 2.

Prospective exempt students should note that this process will not yield them exempt into a specific rotation site, but a core region; Exemptions are granted based on site/rotation availability and appropriateness; therefore, even proper submission of the exemption form and any accompanying documentation does not guarantee exemption.

Appeal process

Submission of an exemption request is not a guarantee of an exemption. If a student disagrees with the exemption determination, it may be reversed upon a showing of added information. The appealing student should submit a written statement with supporting documentation to the Associate Dean of the Clinical Education department, or their designee, outlining any latest information that may have been missing in rendering the initial determination. Students will have five (5) calendar days from the date they received notice that their exemption request was denied, to file their appeal.

Any student approved for non-participation in the lottery will receive confirmation from the CED prior to the lottery. However, and because this process is confidential, exempt students' assignments will be revealed at the same time as the rest of the class, i.e., at the end of the general lottery.

Restrictions on Rotation Site Assignment

Students with a history of poor academic performance, or who are determined by the Student Promotions Committee (SPC) to be in or approaching academic jeopardy, may be assigned to an alternate core rotation site at any time at the discretion of the CED. This is to ensure that all students are placed in the learning environment that is best suited to their needs as learners.

Site assignments made by CED also apply to off-track students returning from a leave of absence (LOA). Only students who began their LOA before the lottery was held, and return before the next lottery takes place, are eligible to participate in the lottery upon their return. The CED make every effort to place returning LOA students at appropriate rotation sites as they become available, ensuring an optimal learning environment.

Abrupt Core Rotation Cancellation and Reassignment Policy

The CED may unexpectedly receive notification from a core site regarding a last-minute core rotation cancellation by that site's leadership/preceptor. These unfortunate events are rare but have happened in the past, especially due to COVID-19, fires, earthquakes, preceptor illness, death, etc. In the event of such a cancellation, the CED must re-assign the affected students to a new site for completion of the canceled core rotation to keep their schedule on track and have them complete the Year 3 requirements on time. If needed, part of the rotation may be completed virtually to give the student time to make plans for the new site/location.

Rotation stipends may be available to cover a student's travel expenses only:

- if the canceled rotation was part of the initial rotation schedule provided to the student at the beginning of year 3
-AND-
- if the location of the new rotation site is greater than 75 miles commuting distance from the original site

Both the above conditions must be met.

Student Site Liaison

To support communication between third-year students and the CED, one to three Student Site Liaisons will be appointed by the CED for each core region. These liaisons will serve as group leaders and intermediaries, helping to maintain effective communication between the CED and students rotating at their assigned sites. Selection will be based on professionalism, communication skills, and demonstrated reliability. Students interested in serving as a Site Liaison are invited to apply using the site liaison application form on canvas. Final selection is at the discretion of the CED. The CED also reserves the right to revoke a liaison's appointment if responsibilities are not met, as outlined below.

As a group leader, the Student Site Liaison is expected to:

- Be familiar with the Clinical Rotation Manual, Student Handbook, and CED policies to help their cohort navigate clinical rotations and answer common questions regarding rotations and policy.
- Represent the class, the CED, and TUCOM at the core site through regular communication their student cohort, the CED, and the site's medical education office. Professionalism is expected in all communications and site liaisons must be available to the CED via Zoom, email and/or phone as needed.
- Serve as a student leader by presenting the perspectives of all students from their cohort, not just their own, and by providing context regarding the scope and significance of any issues raised.
- Attend monthly Student Site Liaison meetings with the CED to provide cohort updates, discuss concerns, questions, and/or upcoming events. The meeting format (in-person, Zoom, or conference call) will be determined by the CED.
- Oversee the annual nomination of the preceptor of the year.
- Participate in the annual CED site visit at their assigned location.
- Commit to this position for the entire Year 3 and to complete the Student Liaison Qualtrics Survey at the end of the academic year, to provide overall feedback regarding the position, the site/region, and communication with CED, site and students cohort.

Introduction to Clinical Clerkships

In the Spring term of Year 2, all second-year medical students must attend the mandatory Introduction to Clinical Clerkships session. Presented by the CED team, this orientation is designed to enable a successful transition from the pre-clinical to clinical phase of the curriculum. Students will be introduced to key tools and resources essential for success during their clinical years. Attendance to this event is **required for all students before entering Year 3 and starting rotations.**

COMLEX Level 1 requirement for entering Year 3

All students in good academic standing must take the COMLEX Level 1 (Comprehensive Osteopathic Medical Licensing Examination) before starting Year 3 core rotations. Students are not permitted to take COMLEX Level 1 during a core rotation. Adjustments to clinical schedules or cancellations of core rotations to accommodate **the exam are not permitted.**

Students may be eligible to postpone COMLEX Level 1 under the following circumstances:

- **Academic Difficulty:** Students identified by Academic Affairs as likely to benefit from additional study time with faculty mentorship before their first attempt are required to complete a Clinical Distinction (CD) Board Success course as their first block to prepare for and take the exam.
Note: Students whose rotation schedules begin with a Flexible block may opt to complete a CD Board Success course, regardless of their academic status.
- **Unexpected or Late-Identified Circumstances:** Students unable to take COMLEX Level 1 as scheduled due to unforeseen medical, personal, or academic reasons must petition the Associate Dean of Academic Affairs for an exemption.
 - **If approved:** The student can proceed with rotations as scheduled, and Academic affairs will design a monitored study plan. A contract will be established detailing the use of flexible time for board preparation and scheduling of COMLEX Level 1.
 - **If denied:** The student must either take the exam as scheduled or take a Leave of Absence (LOA).

Note: Students must present the outcome of their exemption request to the CED upon receiving the decision.

Failed COMLEX Attempts: Students who do not pass COMLEX Level 1 may continue with their core rotation schedule but must use their remaining Flexible blocks for retake preparation and exam administration. Students must pass COMLEX Level 1 to be eligible for COMLEX Level 2 and to begin

4th-year rotations. Failure to meet this deadline will result in removal from clinical rotations and placement on a LOA until a passing score is achieved.

Note on board study scheduling: If vacation or CD Board Success are unavailable, Flexible blocks set for board study will be entered in the schedule as “open periods,” and Flexible block requirements (e.g., electives or non-board success Clinical Distinction) will be deferred to the end of the Year 3.

Accommodations and Leave of Absence

Accommodated Student

For ongoing medical conditions or disabilities, students must contact Student Affairs at tuc.accommodations@touro.edu to initiate Touro's accommodations process. Although students can apply for accommodations at any time during their academic program, it is strongly advised that you submit your application and all required documentation well in advance of clinical rotations.

While each clinical site is responsible for implementing and managing accommodations to ensure that students can participate fully in their clinical experiences, Touro plays a supportive role by addressing any questions or concerns that may arise. Students are responsible for facilitating these communications between the site and the school, and must give express written permission for Touro to share any pertinent information with the site, including finalized accommodations received at Touro, etc. This collaboration ensures that clinical sites receive all relevant information to make their own determinations regarding accommodations. To be sure, Touro does not, and cannot, exercise any authority or control over third party clinical sites with respect to any accommodations decisions.

Also, please note that testing providers, licensing and certification agencies, boards, and other external organizations have their own accommodation processes. Reasonable accommodations granted by Touro University are not binding to these entities. Therefore, the student's responsible to research, apply for and obtain any necessary accommodations directly from these organizations.

Leave of Absence

A leave of absence (LOA) is a pre-approved leave from TUCOM that pauses a student's academic and or clinical studies for a defined period. The length of leave depends on the student's personal circumstances. Reason for LOA may include personal needs or academic factors requiring interruption of the normal course of study to complete remedial work. **It is important to remember that all graduation requirements must be completed within six (6) years from the date of matriculation.**

Any extended interruption of clinical rotations for which the student will not be enrolled for at least six (6) graduate credit units during the term, requires an official leave of absence.

During the clinical years, all LOAs must be approved by the Associate or Assistant Dean for Clinical Education. An LOA is not official until all required paperwork is completed and filed with the Registrar. Students are responsible for initiating this process by obtaining and completing the required form and sending it to the CED via CED Connect.

Returning from Leave of Absence

Six (6) weeks prior to returning to active enrollment from a Leave of Absence, the student must submit an official Petition to Return to Classes form [to the CED via CED Connect](#). This petition must be approved by the Associate or Assistant Dean for Clinical Education and the Dean of Students. The approval must precede any active engagement of enrolled activities of TUCOM.

Students who take a Leave of Absence after completing the preclinical curriculum or during their clinical years must maintain their knowledge and clinical skills during the LOA, and stay in regular communication with the CED to monitor the status of their credentials for rotation. Before resuming rotations after an absence of six (6) or more months, students must meet the following requirements:

1. Have taken and passed their COMPLEX L1 examination.
2. Hold active ACLS/BLS certifications. It is the students' responsibility to make sure their ACLS/BLS is still active by the time they return. If their ACLS/BLS expires before resuming rotations, students shall plan to certify through an approved trainer to comply.
3. Be fully compliant with immunizations and physical exams. Students must contact and obtain clearance from Student Health before resuming rotations.
4. Have an updated background check and mask fitting. Students must contact the CED for guidance.
5. Participate in Introduction to Clinical Clerkship with the second year Class at the end of the spring semester if the starting date coincides with the incoming third-year students. Otherwise, students should meet with the CED to review resources that they will need during their clinical years.
6. Complete the required Return from LOA course in Lecturio and pre/post Qualtrics surveys.
7. Resume rotations at a rotation site approved by the CED and only after meeting the re-entry requirements will the student be allowed to continue with rotations.

For third-year clinical students returning from LOA see "**Restrictions on Rotation Site Assignment**" above.

Please refer to Student Handbook and University Catalog for further information regarding Leave of Absence policies.

Graduation Requirements

The graduation requirements for the clinical years are outlined below. Students must complete a total of 87 weeks of clinical courses. All courses must receive approval from the CED, and their activities must occur within the specified time frame. Each rotation fulfills one course requirement, and courses or rotations may not overlap to fulfill multiple requirements. As noted earlier, these requirements are fixed and not subject to change or interpretation.

Definitions of Clinical Rotation Types:

Core Rotation

A core rotation is a foundational clinical experience that is an integral part of the curriculum and required for all students to complete. These rotations are structured to provide broad exposure to essential medical disciplines and ensure students develop the fundamental clinical competencies necessary for practicing medicine. TUCOM requires all core rotations to be at least four weeks long, include in-person patient care, and to be completed at one of TUCOM's Core Rotation Sites. At TUCOM, third-year clinical rotations in ***Family Medicine, Internal Medicine, General Surgery, Pediatrics, Obstetrics & Gynecology (OB/GYN), and Psychiatry*** are classified as core rotations.

Required Rotation

A required rotation is a clinical experience that all students must complete as part of their medical education to fulfill TUCOM graduation requirements. These rotations must be at least four weeks long and involve direct, in-person patient care. At TUCOM, the fourth-year required rotation includes ***Emergency Medicine***. This rotation ensures that students gain the necessary experience in a key medical area essential for a well-rounded osteopathic medical education. Students have the flexibility to choose from approved clinical sites or secure their own site, provided it meets accreditation and educational standards, to complete this rotation. The required rotation is designed to develop critical competencies needed for osteopathic medical practice and residency preparation.

Selective Rotation

A selective rotation is a specific clinical experience that must be completed in a designated specialty, but students have the flexibility to select the location where they fulfill the requirement. TUCOM considers these rotations essential to ensuring well-rounded clinical training. Selective rotations are two to four

weeks long and involve direct, in-person patient care. In the fourth year, TUCOM classifies **ONMM**, **Primary Care**, and **Critical Care** as selective rotations, meaning students must complete a rotation in these specialties but can choose from approved clinical sites or find their own, as long as it meets accreditation and educational standards. This structure allows for some individualization in clinical training while ensuring all students receive consistent, high-quality education in these key areas. Selective rotations reinforce osteopathic principles and specialty exposure, further preparing students for their chosen medical careers.

Elective Rotation

An elective rotation is a clinical experience chosen by the student based on their individual interests, career goals, or desire for additional exposure in a particular specialty. Elective rotations provide opportunities for students to explore subspecialties, gain additional hands-on experience, and strengthen their skills in areas that align with their professional aspirations. At TUCOM, students have the opportunity to participate in elective rotations in various medical fields during their clinical years to supplement their core, required, and selective clinical training.

By structuring rotations into these categories, TUCOM ensures that students receive a comprehensive and well-rounded clinical education while allowing for individualization in their training experience. This approach provides a strong foundation in essential medical fields while giving students the flexibility to tailor portions of their education to align with their career goals and areas of interest. Through this balance of structure and choice, TUCOM prepares students for residency training and professional practice as skilled, adaptable, and compassionate osteopathic physicians.

Year 3

At TUCOM, the Year 3 requirements include 48 weeks of rotations, consisting of 36 weeks of core rotations, 4 weeks of elective course(s), 8 weeks of clinical distinction courses, and one longitudinal course.

Clinical Courses	Duration	Course numbers	Credits
Internal Medicine	8 weeks in two 4-week increments	700A & 700B	6 units/4-week
Surgery	8 weeks in two 4-week increments	701A & 701B	6 units/4-week
Family Medicine	8 weeks in two 4-week increments	702A & 702B	6 units/4-week
Obstetrics and Gynecology	4 weeks in one 4-week increment	703	6 units
Pediatrics	4 weeks in one 4-week increment	704	6 units
Psychiatry	4 weeks in one 4-week increment	705	6 units
Additional mandatory courses			
Elective*	4 weeks in two 2-week <u>or</u> one 4-week	715A & 715B <u>or</u> 716	6 units/4-week 3 units/2-week
Clinical Distinction	8 weeks in two 4-week increments	717 & 718	6 units/4-week
Osteopathic Clinical Integration	Longitudinal course (Summer, Fall, and Spring terms)	770 A, B, C	1.5 units divided into 0.5 unit/term

*Elective courses can be two 2-week electives (715A + 715B) or one 4-week elective (716). The course numbers reflect the length of the elective experience.

During Year 3, each student's core rotations schedule includes 1) at least one rotation conducted in a healthcare setting in which the student works with residents currently enrolled in an accredited GME

program, 2) at least one rotation under the supervision of a DO, and 3) more than one rotation in an inpatient setting.

Year 4

The **fourth year begins when students have completed ALL third-year requirements**. Consequently, students do not become “4th-year students” on a specific date in the following year, but on the date at which they complete their final third-year requirements.

A total of 39 weeks must be completed during Year 4. The course numbers are presented in the following table.

Clinical Courses	Duration	Course numbers	Credits
Emergency Medicine	4 weeks in one 4-week increment	811	6 units/4-week
Critical Care	4 weeks in one 4-week increment	810	6 units/4-week
Osteopathic Neuromusculoskeletal Medicine	2 weeks in one 2-week increment	817	3 units/2-week
Primary Care	4 weeks in one 4-week increment	819	6 units/4-week
Additional mandatory courses			
Elective*	25 weeks in: 2-week, 3-week, or 4-week increments	814 (A to H) 820 (A to D) 813 (A to H)	3 units/2-week 4.5 units/3-week 6 units/4-week
Telemedicine	Longitudinal course (Summer, Fall, and Spring terms)	821 A, B, C	1.5 units divided into 0.5 unit/term

*During Year 4, elective courses can be 2-week, 3-week, or 4-week. The course numbers reflect the length of the elective experience and the 813, 814 and 820 courses must add up to a total of 25 weeks.

Note that as a requirement, **during Year 4, a minimum of one rotation must be a Sub-Internship.**

For both years 3 and 4, current and accurate registration records are essential. Financial aid depends upon accurate registration. Students' transcripts are the historical record of their registration. The CED cannot interfere with the operations of Financial Aid or the Registrar. Please be aware of their policies and adhere to them. Questions regarding financial aid status and transcript record should be directed to their offices, respectively.

Approved Subspecialties for 4th year rotations

The intent of Year 4 subject requirements is to expose learners to advanced disease processes, acutely ill patients, emergency and critical care medicine, and the environments of secondary and tertiary care. Students can choose the location of all required, selective and elective rotations within the general guidelines of the CED. As per the instructions for preparing for the fourth year, students will schedule every week of their fourth year carefully, considering their individual needs and professional goals.

The CED sets the approval for what qualifies for the 4th year rotations. The following table is the list of approved subspecialties. If a student is unsure if a particular rotation qualifies, they must ask the 4th Year team via CED Connect before setting up the rotation.

810- Critical Care Medicine	811- Emergency Medicine
<p>You must perform this rotation in an inpatient setting of acutely/critically ill patients admitted to an ICU under the care of an intensivist. Options include:</p> <ul style="list-style-type: none"> • Adult Intensive care • Burn intensive care • Cardiac Intensive care • Neonatal Intensive care • Pediatric Intensive care • Surgical Intensive care • Neuro Intensive care • Transplant Intensive care • Trauma Intensive care 	<p>Emergency Medicine Pediatric Emergency Medicine Geriatric Emergency Medicine</p> <p style="text-align: center;">*** Emergency Ultrasound or other EM subspecialties do not qualify for 811 credits***</p> <p>EM rotations MUST be completed in a designated hospital Emergency Department.</p>
819- Primary Care	813/814/820 - Elective courses
<p>You must perform this rotation within the following areas, strictly interpreted, and to include direct patient contact in a continuity care environment:</p> <ul style="list-style-type: none"> • Family Medicine-Outpatient • Internal Medicine-Outpatient • Pediatrics-Outpatient 	<p>Options offered to students for their elective rotations time:</p> <ul style="list-style-type: none"> • clinical clerkship • international rotation • research • professional development

Additional requirements: All 4th year medical students must complete the AACOM Academic Survey of Graduating Senior before graduation. This survey is a mandatory graduation requirement. All medical students will be contacted at the beginning of the Spring semester of their 4th year with directions regarding completion of the exit survey.

COMLEX Level2 Requirements and Policy

COMLEX Level 2 is required for graduation.

- Students must have passed COMLEX Level1 to be eligible for COMLEX Level2
- COMLEX Level 2 CE (Cognitive Evaluation) must be taken **after successful completion of all Year 3 Core Courses (with passing of all COMAT examinations including OPP and EM) and no later than December 1st of the student's 4th year ***.
- COMLEX Level 2 PE (Performance Evaluation) was formally discontinued in June 2022. **Passing the OSCE portion of Callbacks will now substitute for the PE exam until further notice from NBOME (National Board of Osteopathic Medical Examiners).**

** for students participating in one of the TUCOM fellowship programs, it would be no later than December 1st of their 5th year.*

Students in good academic standing are approved for registration for COMLEX Level 2 by the Assistant Dean of Clinical Education. Students with academic performance indicative of potential COMLEX Level2 CE failure may be required to complete supplemental preparation prior to being approved to take the exam.

In the event of a COMLEX Level 2 CE examination failure, a student will be referred to the Student Promotions Committee (SPC) and a remediation plan may be recommended.

Refer to the COMLEX policy in the Student Handbook for more details and the consequences of multiple failures.

Setting Up Rotations: Guidelines and Policies

Rotation Requests

Students must submit a **Rotation Request** for any rotation block **not already scheduled** by the CED. This includes:

- **Elective rotations**
- **Clinical Distinction courses**
- **All Year 4 rotations**
- **Vacation blocks**

Rotation Requests must be submitted **through CED Connect**. Once received, the CED will process your request, update your schedule, and ensure the rotation site receives the proper credentialing documents to allow the rotation.

For Year 3 electives and all Year 4 rotations, the CED will submit the Letter of Good Standing and the Certificate of Liability to the site.

Note: Students are responsible for submitting current and unexpired certifications/reports/immunizations to the site. All documents must be submitted at least 4 weeks prior to the start date, or the rotation will be cancelled.

Submission Timeline/Deadlines

- All rotation request forms must be submitted to the CED at least **60 days before the 1st day of the rotation**.
- If you are within 60 days of an unassigned rotation period and need a rotation to proceed to graduation, contact the CED for assistance.

Note: if no rotations are available, your rotation period will be reassigned to vacation.

- If a scheduled rotation is canceled by the host facility, the CED will make every attempt to place you into a replacement rotation with as little disruption as possible to the rest of your schedule.

Setting up rotations during fellowships

To be eligible for federal financial aid (FA), fellows may have to complete some of their clinical years' requirements during the fellowship. To be eligible for FA in a given term, fellows must complete a minimum of **6 credit units** towards graduation, which represents **4 weeks of a mandatory clinical course** during that term.

- If the fellowship takes place **immediately after Year 2**, fellows may use the three non-core courses - **Clinical Distinction 1**, **Clinical Distinction 2**, and an **Elective** to satisfy the FA requirements.
- If the fellowship takes place **after Year 3**, fellows may use **any of the fourth-year rotations** to meet the FA requirements.

To set up these rotations, fellows must contact the CED team at least 60 days before the start of the term to ensure approval of the rotation request and proper registration.

Elective Rotations

Restrictions regarding Elective rotation during 3rd or 4th year

- A maximum of eight (8) weeks of clinical rotations can be completed under the same preceptor.
- Any clinical rotation involving a family member as a preceptor must be pre-approved by the Associate Dean for Clinical Education. Approval will only be granted if a **credentialed, non-family member preceptor** completes the Clinical Performance Evaluation.
- A maximum of twelve (12) weeks of non-clinical activities (e.g., research and professional development) may be approved as 4th year Elective Rotations. Refer to the Elective Rotation syllabus for more information.

A. Clinical Clerkship Elective

You can complete an elective rotation in an inpatient or outpatient setting with any willing physician who is licensed to practice medicine, has initially had Board Certification, or currently board Certified/Eligible in their respective disciplines and subdisciplines. **Clinical clerkship electives require direct patient care and cannot be shadowing experience only.**

Students will not be permitted to attend nor receive credit for a rotation for which the preceptor is not currently credentialed. There are no exceptions to this policy. It is imperative that students plan their rotation request submissions to allow ample time to acquire the credentialing documents.

Please keep in mind that:

- If the physician is not actively credentialed by CED, the credentialing process may take as long as 60 days.
- If the rotation site is new and an Affiliation Agreement with our institution is needed, the affiliation agreement process may take as long as 90 days.

All students are encouraged to consult our network of credentialed physicians, which can be found by searching our active credentialed preceptors using [eSpatial](#).

Once the student has submitted a fully completed rotation request, including preceptor and site coordinator contact information, the CED will send an initial invitation to the preceptor to become credentialed as an adjunct faculty member. During the following 30 days, the CED will make a reasonable number of attempts to secure the required documents (a Faculty Information Sheet, an Affiliation Agreement, and a current CV/resume) from the preceptor. If this is unsuccessful, the student will be contacted by the CED and asked to directly obtain the documents from his/her preceptor **or** to secure an alternate rotation with a preceptor that is already credentialed by the CED and practices at an affiliated site.

Do Not Contact List:

Please note: some local preceptors or facilities that regularly provide elective and fourth-year rotation opportunities to our students do not want to be contacted directly by students. Therefore, students are instructed to not contact these facilities or physicians associated with them directly, but instead to contact the CED for current availability and scheduling.

- Forensics Medical Group (Contact CED)
- Kaiser Permanente Fremont/San Leandro (Contact CED)
- Kaiser Permanente Napa/Solano (Year 4 students can apply for rotations via VSLO)
- Kaiser Permanente Santa Rosa (Year 4 students can apply for rotations on VSLO or contact the medical education dept.)
- Natividad Medical Center (Year 4 students can apply for rotations via the medical education dept but should not contact preceptors directly)
- NorthBay Medical Center (Do Not Contact Year 3 core preceptors)
- Sacramento VA (Contact CED)
- Sutter Gould Pediatrics (Contact CED)
- Kaiser Modesto (Contact medical education coordinator Michele Helwick for availability, or check VSLO)
- Avala Pediatrics (Contact CED)
- Gill's OB/GYN Group (contact the medical education dept.)
- Gentry Vu Inc OB/GYN (contact the medical education dept.)
- Michael Aguilar, M.D. General Surgeon (Contact CED)
- Sutter Regional Medical Foundation Fairfield (Contact CED)
- The Mobile Doc of the Bay/Dr. Kalman (Contact CED)
- Von Steiff Medical Group (Contact CED)
- Dr. Aimee Eyvazzadeh (Contact Sherry Chang: sherry@draimee.org)
- Drs. Matthew and Mark Schultzel (Contact CED)

This also includes any 3rd Year Core Preceptors

Do not contact these facilities or any physicians associated with these facilities.

Ask the CED for current availability of elective and fourth year rotations.

This list is not all-inclusive or static. Please contact your CED Team for the continually updated list.

B. Research Elective

Students may receive elective credit for a research clerkship. During the research elective the student is expected to learn to critically appraise sources of medical information to (1) appropriately integrate latest information into clinical practice, and (2) to be able to contribute to or collaborate in the development of new knowledge in their respective fields.

Specifically, the student should learn about the:

- development
- execution
- data analysis
- interpretation
- and presentation of a research project

by *active* participation in at least one research project during the Selective Research Rotation training.

Role of the sponsoring research facility and the preceptor:

The sponsoring research facility agrees to provide a preceptor to oversee the student's research rotation. The preceptor should have expertise in assigned areas, experience and status within the research facility, and an interest in supervising and mentoring.

Research activity selected by the student should meet the facility's needs as well as the student's learning objectives. The preceptor will assist the student by providing access to the resources needed for completion of the research project.

At the end of the rotation, the preceptor will evaluate the student by filling in the Clinical Performance Evaluation that should be returned to the CED.

Student's role and responsibilities during rotation:

The student is expected to:

- Assist the preceptor with management of the rotation experience
- Provide professional quality work
- Abide by the policies and procedures of the research facility

Student's role and responsibilities for the rotation request:

Students will submit a rotation request form and submit a proposal describing the research project. This proposal should address each of the following:

- Introduction and background
- Research hypothesis and rational
- Specific methods
- Daily schedule of activity during the elective period
- Faculty supervisor expertise in the field
- Outcomes expected from the research elective (publications, presentation, patent...)

All research electives request must be submitted to the CED via CED Connect and provide all the information listed above. Research Elective request will be reviewed and approved by the Associate Dean of Research.

C. International Elective

International rotations are available for elective or Clinical Distinction credits only. The COM's Global Health Program (GHP) faculty have established ongoing relationships with sites abroad. Please visit [TUCOM Global Health webpage](#) for more information about the clinical sites available and the application process.

If a student is interested in doing International Clerkship during 3rd or 4th year, the first step is to contact Director of the GHP, Dr. Eiman Mahmoud, who will direct the student to the GH site director. The site director will inform the student of site preceptor availability and the kind of experience each site has to offer. Once the student has made their choice, the student will submit the application to the GHP site director who will connect them to the site local preceptor to arrange for rotation schedule and information on the site.

Once the student has approval from the GHP program, the student must submit a rotation request to the CED via CED Connect and provide the approval from GHP site director.

Note: We value your interest in global health and your desire for an international health experience. At the same time, we are not able to exercise our due diligence of oversight for every international rotation request that we receive. We ask that you apply your interests to one of our established sites. If you and a current TUCOM faculty member would like to develop a long-term plan for a new site, please consult with Dr. Mahmoud, Director of the GHP. As of July 2011, we are not able to approve an international rotation request for a site experience that does not involve TUCOM faculty sponsorship. Even though established NGO and non-profit entities may be involved, for you to receive curricular credit toward graduation the experience must be at one of our sites. You are of course welcome to participate in any international activities during unassigned time.

D. Professional Development Elective

Fourth-year students only may receive elective credits for a Professional Development (PD) project, designed by the student to develop knowledge and skills outside of the traditional medical school curriculum that will advance their success in medical practice. Students may also use this elective to obtain credit for military officer training time. All Professional Development proposals should be submitted to the Associate Dean of the CED for review and acceptance.

Proposals should include:

1. An outline or introduction to your plan, and how this experience will benefit your future practice
2. Daily schedule with at least 30hrs of work per week (preferably 40hrs+)
3. Expected deliverables, that must be produced by the end (**last day**) of the scheduled rotation/experience, and the criteria the student will meet to successfully pass this elective.
4. **The project must be completed within the approved rotation's time frame.**

Important note regarding professional development:

- You may not simultaneously be on a rotation AND be completing a PD project
- You must be working on your PD project beginning on the start date, and submitting on the end date
- A 4-week project should require 4 weeks to complete, as outlined in your submission
- Do not submit a 4-week project to the CED after only 2 weeks of work
- You may not be traveling or working on other projects or research while completing this project
- Give your full attention to this project as you would in a 4-week rotation

Example of a PD project proposal with unacceptable deliverable outcomes:

Proposal: "I will read three books on childhood obesity and write a 4-page paper reflecting what I have learned." The deliverable in this case is entirely subjective and thus we cannot verify to what degree you have learned what you set out to learn. This proposal would not be approved.

Refer to canvas [Elective Rotation](#) organization for more information about Professional Development.

E. Master of Public Health field studies

COM students who are in the DO MPH dual program may receive Elective credits for MPH field studies. It is strongly recommended to complete the field study during the Spring term of Year 4. For this elective time, with the rotation request form, students will have to provide: (1) a detailed description of the project, and (2) the **approval in writing from the MPH program**. Such a request must be approved by the Associate or Assistant Dean for Clinical Education.

Clinical Distinction

Students must complete two 4-week Clinical Distinction courses for the third year. Before completing a rotation request for Clinical Distinction, students should select a track, have obtained a sponsor and if doing clerkship activities have completed the requirements as listed above for getting site approval and ensuring faculty are credentialed. For Clinical Distinction, the range of activities allowed at clinical sites is broader and can include shadowing or other creative activities. Because the range is broad, students should check with their Clinical Distinction course director to ensure all the needed information and paperwork is completed well in advance of starting the course. For more information, please consult the [Clinical Distinction](#) section of Canvas and the Clinical Distinction Website, ClinicalDistinction.com.

Documentation Needed for All Clinical Rotations

The minimum requirements for the clinical years are listed below. All documents must be uploaded and stored in eMedley under Profile/Documents and must be kept up to date by the student until their conferral.

- The Clinical Education Department (CED) is responsible for the paperwork submission for all Year 3 core rotations.
- **For Year 3 electives and all Year 4 rotations**, the CED will submit the Letter of Good Standing and the Certificate of Liability to the site. **Students are responsible for submitting current and unexpired certifications/reports/immunizations to the site.** All documents must be submitted at least 4 weeks prior to the rotation start date.

Below are the minimum required documents:

- **ACLS / BLS** (Renew every 2 years)

You complete your training and receive your certifications at the end of your pre-clinical years.

Check the [AHA](#) website for information on how to renew these when necessary. Once you receive your certificates, you will upload them directly to eMedley.

- **HIPAA/OSHA Compliance** (Renew Yearly)

You must renew both certificates before their expiration date. The CED will email you with instructions to complete HIPAA/OSHA compliance training through MediaLab. Once you receive your certificates, you must upload them directly to eMedley.

- **Background Check** (Renew Yearly)

Background Checks are required annually and will be completed through CastleBranch. CED will send instructions. Touro University will cover the cost for the background check completed before the beginning of third-year. Students are responsible for yearly renewal before the expiration date.

- **Drug Screen** (Renew Yearly)

A 10-panel Urine Drug Screen (UDS) is required at the end of Year 2 and 3. The CED will provide students with instructions. The cost will be covered by the CED. For your Year 4 rotations (starting Spring of Year 3), students will need to request the UDS application from the 4th Year Team via CED Connect. The student must submit the application to Student Health.

- **Mask N95 Mask Fitting certificate** (Renew Yearly)

A Mask Fitting test is required at the end of Year 2 and 3. The CED will provide students with instructions and will be paid for by Touro University. Students must upload the mask fitting results to eMedley.

- **Immunizations, Vaccinations, and TB** (Must be up to date at all times)

All students must have current immunizations. Records are kept by Student Health, not by the CED, and can only be updated or altered by Student Health as per HIPAA regulations. Be aware of the expiration dates of your annual immunizations. Immunizations report provided by Student Health will be uploaded to eMedley. Students are responsible for uploading immunization documents to eMedley if done outside of Student Health (*this especially applies to 4th year rotations*). Resolve errors or discrepancies in your health record with Student Health. Part of representing yourself professionally means keeping your immunizations current, even if doing so incurs extra time or financial expense. Regulations prohibit the CED from endorsing your letter of good standing in the absence of current immunizations. You will be removed from rotation without credit until your immunization record is current.

- **Letter of Good Standing**

The CED prepares a standard Letter of Good Standing for each rotation that you perform until you graduate. If an institution requires additional information, please contact the CED team via CED Connect and we will assist you.

- **Certificate of Liability**

TUCOM carries malpractice and liability insurance for you during your clinical rotations, but only under extremely strict conditions. Your insurance covers you for the specific rotation you are on, for the specific dates only, and only for the specific locations in the letter of good standing. You secure this coverage by submitting a rotation request as per CED policy. If a physician on another service invites you to see or treat a patient outside of these parameters, you are not covered by insurance unless your rotation request form indicates that information.

Note: these are minimum requirements. Make sure to follow site-specific requirements when setting up your 3rd year electives and all 4th year rotations. (For example, some sites may require a 30/90 day for UDS/Background Check). Any additional site-specific requirements and fees must be covered by the student.

Certain states such as Colorado may require different insurance coverages that TUCOM does not provide and must be purchased by the student.

Clinical Rotation Procedures and Expectations

Reporting for Service

Confirm your upcoming rotation with the specific site **two weeks in advance**. On the first day of each rotation students should report to the Director of Medical Education (DME) or a designee as instructed.

Understand the importance of first impressions. Clinical services and physicians expect students to be on time. If you are travelling a new route in unknown traffic patterns, anticipate accordingly. Student physicians are expected to be prepared and ready. If in doubt, show up early and stay late.

Professionalism

Medical students are professional students, self-directed learners, and part of a medical team that works together to care for patients and should represent themselves accordingly. Learners should always dress and conduct themselves professionally, recognize that the patient is the most important member of the team, and be equipped with their credentials and equipment needed for the rotation. Preview and review the dates and expected hours of the rotation with the site coordinator or physician ahead of time.

Medical students must always give their complete and best effort to each rotation. For this they should expect that physicians will step out of their busy routine to write a letter of recommendation or endorsement. Students should be prepared to present their preceptors with a one-page personal statement of their interests/goals and a current CV. Students should inform the physicians that they work with their desire to learn under their guidance. Make sure they know why the learners are present (i.e., is this a core third-year rotation, an elective of interest, a sub-internship, etc.). Students are expected to communicate to their preceptors that they respect the time and effort necessary to teach clinical skills to medical students, and that the students look forward to any opportunities that they must meet for feedback during the rotation. Students must schedule a mid-rotation feedback session, a final feedback and assessment completion session on the last day of the rotation and should thank the site coordinator and/or physician for hosting them on their rotation and refer them to the CED deans (including specific contact information) with any questions or concerns they have regarding their participation. Any professionalism violation during rotation will be reported to the TUCOM Academic Integrity, Conduct, and Professionalism Committee as stated in the COM Student Handbook.

Authority on Rotation

When you are on clinical rotation you are considered an employee of the host site and under California law considered unpaid interns. Your host site sets the hours of expected service, regulations, dress and conduct codes. If you experience an interpersonal problem on rotation your recourse lies with the chain of command and human resources organization of the host site. You must report your concerns to the CED so that we can be aware of your experience, but, like any third party, we have no authority to resolve the dispute.

Be aware that many problems arise because of simple misunderstandings or miscommunications. For example, if you are unsure how to report that you will be absent from rotation, report it widely. If you are unsure whether you should pre-round on patients before morning rounds, ask widely and if in doubt be prepared to pre-round. Each rotation will have its own standard of "how things work." It is your

responsibility to find this out as you are the guest on their service. The more you communicate about what, how and why you are doing something, the less likely it is that you will experience a misunderstanding. The student should arrive early daily, be prepared for learning, and stay late.

Year 3 Didactic Curriculum

Each 3rd year core rotation is guided by a syllabus found in section five of this manual and in Canvas. You are expected to read and understand each of these prior to each rotation. The didactic experience includes a syllabus with learning outcomes, assignments, such as procedure logging, Lecturio videos, and eConferences. Third-year core rotation objectives are assessed through grading of assignments, attendance, and participation at eConferences, post-rotation examinations (COMAT), Osteopathic Clinical Integration & Callbacks activities, and COMLEX Level 2 national examination.

These assignments will guide your training and enrich your clinical rotation experience. You will get more out of both the clinical experience and the assignments if you

- Study before and during a rotation.
- Log procedures as you perform them.
- Watch Lecturio videos on topics that align with your clinical experience on the same day or in advance when possible.
- Recognize that the clinical environment is determined by the needs of the patient and work/learning ends when the patient's care is complete for that day.

In addition to reviewing information aligned with your clinical learning, you are responsible for mastering the objectives for each core course and passing your board and shelf exams: to do that you must study beyond the range of patients and procedures that you experience in rotation.

You may have additional assignments given to you by your attending. While any work given in the clinical setting is required, it may help you to share your TUCOM reading and assignment list with your preceptor. You may find that carrying around electronic access to reading materials or a journal useful, as medical students invariably find themselves waiting for preceptors at some point on most days. Much in healthcare suffers from the "hurry up and wait" phenomena due to the unpredictable nature of patient needs and the needs of the hospital/clinic/health system. Be prepared for this and take advantage of down times to rest or study.

Rotation Duration

COCA requirements are measured in calendar weeks, not in days served. You are required to perform four weeks of psychiatry in your third year, for example. A typical work week would be 5 to 6 days (including but not limited to weekdays, nights, holidays, and weekend days), and thus you would typically work 24 days (about 3 and a half weeks) as part of a four-week clinical rotation. You might experience a rotation in which you work more than 24 days (about 3 and a half weeks) over the four-week period, and thus seek to end the rotation early because you have worked the equivalent length of time. This is not allowed. Likewise, you might want to alter your forward schedule, or become aware of a great rotation opportunity that conflicts with the last week of your rotation. You might offer to work weekends in advance of that so that you can clear 21 days (about 3 weeks) of service in three weeks of calendar time. This is not allowed.

All rotations must be two calendar weeks, three calendar weeks, or four calendar weeks, as reported on your CED schedule and on the preceptor evaluation form. **There are no exceptions to this rule under any circumstances**. Three-week rotations are allowed for credit in the 4th year for electives only. For all other requirements (outside of electives) if a site schedules only three-week rotations you will receive credit for a two-week rotation only. If you complete one or three weeks of rotation but must leave the rotation, you cannot resume it later. You lose the odd week of time spent. The TUCOM graduation requirements, are met only through two-week, three-week (4th year electives only), or four-week

consecutive rotation durations. All clinical rotations must be no less than 5 days per week and/or 40 hours total per week.

Duty Hours Definition and Guidelines

Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care and scheduled academic activities such as conferences, and didactics. Duty hours do not include reading and preparation time spent away from the duty site. Students must not work beyond 28 continuous hours. Overnight shifts should not exceed 5 nights in a row. Students must be provided with 1 day in 7 (on average during the block) free from all educational and clinical responsibilities. Students participating in required daytime educational activities must be excused from clinical rotations at 11 pm on the previous night to ensure meaningful participation. Students must not work more than 80 hours per 7-day week.

Attendance and Absences

Students are expected to be present at their clinical rotation sites for the entirety of all scheduled shifts. **100% attendance is expected, and no vacation time can be used during rotations.** Most rotations will expect medical students to perform a maximum of 80 hours of service Monday – Sunday including nights, call periods, weekends, or holiday hours. In keeping with the normative standards of a working environment, students are expected to widely communicate their anticipation of, need for, or unexpected incident causing their absence.

- **In case of sickness or unforeseen circumstances**, students must immediately inform both the rotation site (preceptor and site coordinator) AND the CED. Students must submit an excused absence request form to the CED the day of the incident. Students must follow the site's protocol regarding return to rotation after illness.
- **For Conferences or other Events**, students must submit an excused absence request form to the CED at least 30 days before the event and before contacting the rotation site. Only students who are presenting a talk or poster as a representative or author from TUCOM will be considered. However, keep in mind that host sites may or may not allow for these absences.
- **Residency interviews**: most of these events will be scheduled in advance and students must communicate these priority events to the host site before their first day of the rotation for approval.
- **Jury Duty**: Any student who receives a summons to appear for jury duty must immediately notify the Academic Affairs department. They will assist the student in providing documentation regarding mandatory learning events to present to the court. Please note that the court makes the final determination whether the student may be excused from jury duty and is not required to (and therefore might not) accept the student's documentation. If the student is not excused by the Judge or prefers to serve their jury service, they must inform the CED immediately to review how this will affect their clinical schedule and timeline towards graduation. The student must provide proof of service, including the dates/times they served and their expected date to return to rotations.
- **There are no official school holidays during the clinical years.**

All absences must be reported to and **approved by both the CED and the host site**. Except for sickness or unforeseen circumstances, for which both site and CED must be informed immediately, all excused absence requests must be **directed to the CED first, and at least 30 days in advance**. All requests must be **submitted with relevant documentation** (e.g., a doctor's note for illness).

For all absences, both the CED and the host sites may require that the student make up the missed time. Any makeup activities must be completed during the rotation.

Excessive Absences

Excessive absences will prompt a meeting with the CED administration, a potential referral to the professionalism committee, and the receipt of a No Pass if more than three days of a four-week rotation are missed. Unexpected life circumstances occur without regard to your rotation schedule. Most host

sites will do what is possible to enable you to attend to these critical circumstances and still complete the rotation, but others will not. If the site says that it cannot continue you in their rotation because you have missed or will miss too many days, you may receive a No Pass for this rotation and/or have to repeat this rotation.

COM required events: During third- and fourth-year, students will need to be away from a scheduled rotation for required academic events such as Callbacks, eConferences, professionalism symposium or meetings with CED team and/or leadership. Most of these events will be scheduled well in advance of the students' rotation schedule. Rotations sites will be informed by the CED, but we recommend that you remind your preceptor of these required absences and do not hesitate to refer the site coordinator or preceptor to the CED if they need more information.

Emergency Medical Care

In case of medical emergency, the site shall make available emergency treatment to students who may be injured during clinical rotations. Such injuries may include needle stick injury or other substantial exposure to bodily fluids of another or other potentially infectious material while participating in the program. The site shall not be financially responsible for the costs of treatment of students. Rather, the student shall be solely financially responsible for such costs. Any such incident should be reported to Touro Student Health immediately. Students Health policies and procedures, and Incident Report form are available online at <https://tu.edu/policies/exposure-policy--procedure/>.

Students should communicate any major injuries, accidents, or illnesses to the CED so that the department can help ensure that students' rotations, learning, and well-being are supported accordingly.

Rotation Schedule Changes

Any request for rotation change must have prior approval by Clinical Education. **Schedule changes are not possible for third-year core rotations.** On-site coordinators and physicians may "agree" to your request, but they are not responsible for our outside compliances, and they cannot see the impact of such changes on other students and their "approval" is not akin to CED approval and DO NOT supersede the decision of the CED. In addition, our affiliation agreements with hospitals and preceptors preclude us from adding students to their services within 60 days (about 2 months) of the start date of a rotation.

If your personal circumstances are such that an upcoming rotation presents a significant challenge, contact the CED via CED Connect only. TUCOM maintains a Leave of Absence policy for this purpose.

Elective and fourth-year rotations are also subject to the 60-day advance rule for both scheduling and changing. You have a better opportunity to oversee your upcoming personal conflicts in the scheduling of these rotations, however, because they are not reserved as far in advance.

Last Day

Before you leave your rotation, please ask your preceptors to meet with you for an **exit evaluation on the last day of your rotation**. Preceptors will complete the preceptor evaluation form online and may do so as part of the exit meeting. Some physicians will be too busy to commit to this meeting, but it is a professional expectation that you seek it. You are responsible for your preceptor's evaluation of you, so having this meeting is one way to ensure that this is done in a timely manner, as well as ensuring that the last impression you leave is a positive one. If there is no preceptor evaluation completed within 14 business days of the last day of the rotation the student will be assigned an academic pass grade by the CED.

Disputes Regarding the Preceptor Evaluation

If a student disagrees with the Preceptor Evaluation, he or she should first set up a meeting with the Preceptor to discuss the matter. Please note that this is more in the nature of requesting an explanation of the grading than a request for a grade change, and that attendings are under no obligation to change grades. If the disagreement persists, the student should provide the Associate Dean of Clinical Education

with a letter describing the area(s) of dispute along with a copy of the evaluation. The Assistant Dean will contact the attending and/or DME to discuss it and will then respond to the student with a decision regarding the dispute.

Separation of Health Care Providers and Academic Assessment

Any health professional who provides health services, including clinical faculty, via a therapeutic relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services. It is the responsibility of the provider to notify the relevant TUCOM administrator (e.g., Department Chair, Assistant Dean) if they become aware that they have provided health services to a student whom they also evaluate or assess in any clinical courses. It is the responsibility of the student to notify the relevant Course Coordinator if they become aware that a health professional from whom they have received health services is also responsible for evaluating or assessing them in any clinical course.

The Path to Residency

Overview of Year 4

From July – January of your 4th year you will perform a series of clinical clerkships/auditions/sub-internships at residency programs in the field of medicine you wish to practice. On a specified date in latest September, you will submit your applications to residency programs. You will need to research desirable programs prior to that time, write a personal statement, and garner a handful of powerful letters of recommendation from physicians who have trained you.

From November – January/February you will travel to or ZOOM with numerous residency programs to interview for a match. You will submit a rank order list of your preferred residencies to the National Residency Matching Program (NRMP) in late February or early March. The results will be announced at the end of Match Week, which typically falls in the second full week of March. After that point, you will busy yourself with completing the rest of your required and selective rotations and completing the steps for graduating on time.

Military HPSP applicants, ophthalmology, urology, plastic surgery and OBGYN applicants will follow a slightly different schedule. Please contact Academic Affairs or the CED if you are pursuing one of these residency matches.

Along the way you will find that fortune favors the ready.

This section is all about being ready for Year 4.

Step 1: Choose a direction for your career.

- The type of medicine you wish to practice drives much of the strategy involved in planning Year 4. While it is not essential that you know – right now – your career direction, it is also true that advanced and organized planning will boost your momentum toward residency. Planning Year 4 rotation schedules begins in February of your third year, so the sooner you can decide your career direction, the better.

Step 2: Choose where you will develop your skills.

- You will apply to or choose where you perform each of your fourth-year clerkships. There is no requirement to perform required or selective rotations in a particular place or in a particular sequence. This freedom provides you with the most flexibility for your preferred experiences and rotations. If you perform a clerkship in the subject of your residency discipline and at a facility where you hope to be a resident, then such a clerkship could be described as an *audition* rotation. If you perform a clerkship in which you expect to be treated like an intern/first-year resident, with all the attendant expectations and recognition for your performance, then you are performing a *sub-internship*. Strong evaluations from a sub-internship improve your residency match potential, both

- in your general application to all residencies (if the experience is prior to applying) or to that specific residency (if the experience is in Nov-Dec-Jan).
- Plan to perform two to four clerkships of Year 4 in different residency program facilities that are high on your personal preference list for your own residency. There is no substitute for being on site for a month showing your skills to a potential future residency director. But you can only do this during the application season (Fall of Year 4), and thus at far fewer than the ultimate number of programs to which you will eventually apply. And it is for this reason that in most large capacity residency disciplines (i.e., Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics) there is no culture of expecting that you must audition at a specific program in order to match to it.

Step 3: Optimize the path to internship and residency.

- Each of you is on your own, individual path. General advice is just that. The CED and Academic Affairs are committed to advising you **specifically** and **individually**. To be available to you for that level of service we need to be working with complete, timely and error-free files. Put yourself in the best position to be advised by following the policies and instructions closely. To provide the best service to students the CED will be enforcing all policies for your rotation assignments, deadlines, and graduation audit.

General Advice

Your end goal determines what will make your residency application strong. In certain fields such as emergency medicine the critical competencies are specific and scripted (e.g., the EM Standard Letter of Evaluation). For most of the professions that are small and specialized, endorsement from within the professional community is key (as reflected in the biannual **NRMP Program Director Survey**). In all circumstances (again as reflected in the Program Director Survey) your interpersonal and communication skills are critical for a high ranking by the residency program. The single best way to have these skills highlighted in your application is to be always engaged in your clinical rotations. Practice teamwork, appreciative inquiry, sensitive patient communication, and a desire to work hard and to learn, arrive early, stay late, volunteer to help, show that you respect that the patient and their care/outcomes are the most critical issues at hand.

Managing Your 4th Year Requirements

Timeline for Completing 4th Year

In your fourth year you are required to complete 39 weeks (about 9 months) of clinical rotation. To graduate on time and be available for July 1st residency you should plan to end rotations on or before the beginning of June. This is a conservative date, but it satisfies residency programs that begin their orientations in mid-June, and it provides flexibility if a rotation gets cancelled unexpectedly.

Count the 52 weeks (about 12 months) of Year 4 from 1 June, whether you have finished your third-year rotations at that time or not. From 1 June at the beginning of Year 3, you have 104 weeks (about 2 years) to complete 87 weeks (about 1 year 8 months) of clinical courses, and safely pass the graduation audit.

Although it seems that the unassigned time in Year 4 is a large amount of time, in truth you will need it to:

- Utilize June/July to ensure that you complete Year 3 requirements.
- Fit between your 800-series rotations because they will not articulate back-to-back as did your core rotations in Year 3. From July – January of Year 4 you may be in a different teaching hospital or setting for each rotation. Each hospital sets its rotation start and end dates, so you will find yourself with a few days here and a few days there between rotations. Those few days begin to add up.
- Complete your COMLEX Level 2 CE examination. You should take the exam prior to 1 September of Year 4 to ensure that you have a score back in time to submit applications at the end of September.

- Ensure that you have two or three weeks to spare so that you can go to Commencement, relax with your family, move to your residency and be fresh to start your residency.

For all these reasons it is particularly important that you schedule each of the clerkships listed below as far in advance as possible. The CED can help you identify clerkship sites for the final requirements you need to complete, but it cannot stop the clock. Please keep an account of your unassigned days and weeks so that you can be sure all rotations are confirmed and will end in time for you to be conferred in early June.

Submitting Year 4 Rotation Requests

You will be seeking rotations at facilities that are exactly where you want to be a resident, and/or where many other students also seek training to gain the same expertise you seek. In response to this, the facilities construct their own application service. Some will ask that you apply to them directly using their forms only. Others will require that you apply through the Visiting Student Learning Opportunities (VSLO) portal. Each application will require proof on their custom forms that your immunizations are current. Please provide Student Health with current immunization information at every point in your process.

The CED must complete all your Year 4 applications, either through VSLO or through individual applications. The CED must process a substantial number of these applications in a truly brief period of time. Please read below to understand how this happens.

VSLO/Hospital Application

Most university teaching hospitals use the centralized online Visiting Student Learning Opportunities (VSLO) for 4th year rotations. However, some hospitals will ask that medical students submit applications through a separate route (usually accessible via the website of the institution, or the email address of their designated medical student coordinator). All VSLO applications come with a fee, which varies by institution. Institutions also may charge a separate fee based on their medical education department.

VSLO (<https://www.aamc.org/students/medstudents/vsas/>) Typically opens to students in October/November of Year 3. The CED uploads students' unofficial transcripts into VSLO as a key component of the students' application for these rotations. Once student information is uploaded, any missing information or other requirements must be uploaded by the student. Please ensure that your credentialing files (background check, immunizations, mask fit, ACLS/BLS, HIPAA, OHSA, , etc.) are complete and current. Please be aware that the application may require that your immunizations and or drug screens / background checks, mask fit tests, etc are current to within a year of when you will perform the clerkship (not when you apply for the clerkship). We advise you to update your credentials ahead of their expiration dates accordingly, and preferably in January of Year 3.

VSLO will ask that you state the dates of your core Year 3 clerkships. Please complete only the information that is requested (do not include Year 4 rotations or electives).

Each hospital requires its own set of health information and immunization data. Be aware that your information must be complete, accurate, and verified by an appropriate health professional, and sometimes by you as well. The breadth and depth of personal health documentation that hospitals require increases each year. The CED does not have HIPAA clearance to help you with these steps. Please avoid delay in the processing of your VSLO application by reviewing each application in its entirety and by maintaining complete, accurate and current personal health information with Student Health and/or your primary care physician at all times. Incomplete personal health forms in VSLO applications are the main reason for application delays.

All hospital applications (whether they are through VSLO or not) ask for the same basic information. They want to know that you are insured, that you are not carrying a communicable disease, that you can save a life, have passed board exams, etc. The CED provides this documentation based on the information in your file, except for your COMLEX/USMLE transcript and personal health insurance.

If you are applying for a rotation at a hospital that does not use VSLO, you will need to submit a Rotation Request form *once you have secured a spot, or if the rotation is otherwise approved*. If you know that the school needs to submit the application, or if the facility requires malpractice insurance for example, please let the CED know. In these cases, it is best to submit everything to the CED first, and then the CED can submit a completed application packet. Because your application moves along as a single entity, all of these materials must be submitted at the same time.

Some hospitals will want to pre-approve you for a rotation based on your academic record. This pre-approval, if required, takes place between you and the hospital clerkship coordinator. You will learn which facilities require pre-approval by researching clerkship programs on the Internet.

Important things to remember:

- Rotation request forms should be submitted to the CED for both VSLO and non- VSLO rotations.
- Submit the *fully completed* hospital applications and rotation request forms to the CED **60 days prior to the deadline for the application**. Not 60 days prior to the start date of the rotation.
- Complete the application in ALL SECTIONS that you can answer. **SIGN IT**. We fill in and sign the rest.
- The CED **processes all applications in the order in which they are received**. Because of the volume of applications and the requirements of the hospitals, **the CED must prioritize complete and accurate applications over incomplete ones**, regardless of position in the queue.
- You can obtain an official transcript through Parchment on the TU registrar's webpage.

Transcript

In mid-August of Year 4, medical schools upload official transcripts of graduating students to the Electronic Residency Application Service (ERAS). It is imperative that all of your 3rd year grades be complete at that time. Gaps in your official transcript are unappealing. So please make every effort to acquire preceptor evaluations as you go. Please confirm your proper enrollment for the clerkship and allow fourteen business days to elapse after the end of the clerkship prior to contacting the CED Assessment Team about a missing evaluation.

The Medical Student Performance Evaluation (MSPE aka Dean's Letter)

The MSPE summarizes your medical school experience. **It is not a letter of recommendation**. It is prepared at the beginning of Year 4 (July-September) by the CED, Academic Affairs, the Director of Student Success, and you. It is submitted by the school to your electronic residency application. **You will receive a tutorial at the end of Year 3**. The process on your end is neither complicated nor time-consuming, but it does require that you respond promptly when the next step is required.

Organization of the MSPE is determined by agreement of medical schools and the AAMC. It was revised in October of 2016. These are the sections:

- Noteworthy Characteristics
- Academic History
- Academic Progress
 - Preclinical
 - Clinical Clerkships
- Summary Statement
- Optional Appendix: Descriptive School Information

You can find examples of the template and of completed MSPEs in Canvas in the Clinical Education Resources organization.

Most of the content in these sections is pre-determined by your academic record and student file. The CED, Director of Student Success, and Academic Affairs enter all that information, and you will review it for accuracy. The basic plan is:

You respond to an email sent in July by answering the questions posed in the email. These questions will guide you in the Noteworthy Characteristics section and in the Clerkship section where we narrate your Clinical Distinction experience.

- We produce the template and populate it with your individual data.
- We send you the complete MSPE for revision.
- We exchange versions as time permits and finalize prior to the deadline, which typically falls in late September.

Here is a brief description of what belongs in each section:

Noteworthy Characteristics

Three bullet points of two sentences each describe what makes you distinct among your peers. The guidelines encourage information that helps a residency program select a diverse group of applicants, recognize significant challenges and hardships encountered by students, and of course noteworthy accomplishments.

Academic History

A checklist of your enrollment dates. Please review it for accuracy (especially for dual-degree candidates or anyone with a leave of absence). The data you enter here will need to match your transcript.

Academic Progress

This section includes a summary of your preclinical coursework, graphics of your academic performance in clerkships, plus the full transcript of narrative comments that you receive from preceptors in your clinical clerkships. Importantly, of the total length of the MSPE at least 60% of the length will be the narrative evaluations you receive in Year 3 clerkships (including your Clinical Distinction feature).

Summary Statement

We are required to write a summary statement of your qualifications for residency. The language is expected to position students on some kind of a scale. In the past we have used three designations – *Recommended*, *Highly Recommended*, and *Highly Recommended with Distinction*. **This rating must be consistent with the other information in the MSPE.** It is expected that the majority of medical students are ‘remarkable’, so the distribution in the Summary Statement tends to be 10 – 20 Recommended, 75 – 90 Highly Recommended, and 25 – 40 Highly Recommended with Distinction.

We assert this part of the MSPE in terms of how we believe ***the material in the MSPE*** depicts you on a national comparison - because the reader of this statement is a program director who is reading MSPEs from dozens of other schools. Remember, it is expected that the vast majority of graduates are “Highly Recommended”, and that graduates who are recommended with distinction have a combination of distinct **academic and clinical** competency indicators.

Rank Order Lists and the Match Process

You have completed your interview circuit and now must complete the final step of your residency application process – submitting a rank order list of programs. For the NRMP match you will need to finalize your rank order list in February. Military match, urology, ophthalmology, Obstetrics/Gynecology and plastic surgery candidates have different deadlines and are encouraged to contact Academic Affairs or the CED.

Deadlines

NRMP Match Rank Order Lists are due in late **February** (refer to the [National Residency Matching Program](#) website). Match results are announced during Match Week, typically the second full week of March. You will receive instructions regarding your match status and Match Week events prior to the rank order deadline.

Frequent Issues that have Simple Answers

- Your CED includes competent staff who can facilitate your path to graduation and deans that are committed to your success. Please address all questions initially to your appropriate year or grade specialists. Most of your questions can be easily answered by them. Please do not forget to utilize the new standard email response algorithm previously described in this section. Please contact the CED directly for any issues related to your clinical year's rotations. If you choose to contact us via another department, we will ask that you contact us directly before any action is taken by the CED.
- Include your cell phone number in your email signature line or in all emails to the CED. A phone conversation or ZOOM meeting with one of the specialists, staff, or deans can resolve a problem much more quickly than an email exchange, so by having your number on the screen you will expedite that opportunity.
- Fill out ALL ITEMS on the Rotation Request Form prior to submitting it. This form triggers paperwork on our part that must be submitted to your clerkship site and establishes the record upon which your grade is based. Because Year 4 rotation requests will exceed several hundred each month, we must return incomplete requests to you.
- Keep your personal immunizations and other credentials (drug screen, background check, etc.) well ahead of their update schedules.
- Practice SITUATIONAL AWARENESS. For the CED, situational awareness means being cognizant of the information that has been provided to you. We trust and expect that you are consistently aware of CED policies and procedures, and our covenant with you is to champion your individual path to residency and beyond.

Fourth Year Guide for COM Students

When and where do TUCOM Students Learn about 4th Year?

- **Clinical Rotations Manual**
 - Part III for Students has detailed information regarding fourth-year rotations
 - Fourth-year audition rotation application process is outlined (includes information regarding VSLO)
 - Residency match process is outlined in great detail
- **1st Year – Access to “Careers in Medicine”**
 - Faculty are also given access to assist in advising students
 - Also includes information, such as:
 - Descriptions of data for more than 120 specialties
 - Career assessments to help assess specialty options
 - A database of all active ACGME-accredited residency and fellowship programs
 - Descriptions of practice options, including academic and non-clinical jobs
 - Advice for successfully navigating the residency application and match process
- **Spring of 2nd Year – Introduction to Clinical Clerkship** (Presented by the CED team)
 - Introduction of the CED team to the class
 - Presentation of the clinical years, clinical requirements, policies and all resources available in Canvas
 - Registrar, student health and librarian are usually present
- **Fall of 3rd Year – Health Information Recommendations for VSLO via email to the 3rd year class**
 - The fourth-year VSLO recommendations are given to the students along with instructions on how to obtain the necessary immunizations/titers. This is done to ensure students are prepared for the VSLO health requirements, as many of them are not consistent with the CDC requirements

- **December of 3rd Year- “Helpful Guides to the Fourth Year” announcement is sent by Fourth Year Team**
 - Detailed explanation of Fourth Year terms, expectations, requirements
 - Includes helpful tools to organize Fourth Year like rotation checklist and student planning grid
 - Students are encouraged to contact staff regarding their fourth-year questions
 - All information is also found on Canvas, under Clinical Education Resources
- **January of 3rd Year- Callback Sessions**
 - Information sessions about fourth year with the CED team, as well as Student Health representatives.
 - Fourth Year Timeline is presented
 - Early presentation of what to expect for residency as well as the fourth-year audition application process (includes short introduction to “VSLO”)
 - Early process for residency match is presented
 - Information session about Residency Programs and Q&A with Program Directors and alumni.
- **Throughout the 3rd Year**
 - Students are encouraged to meet (via phone or in person) with the CED team, Assistant Dean, the Associate Dean or their faculty mentors whenever they have a question or need guidance. Only the CED can make rotation arrangements or related changes. Students should also be in communication with the Director of Enrollment Management and Student Success, for any questions regarding residency application and the match process.

FAQs

What is the reasoning behind the health and certification requirements?

The number one reason for applications and paperwork being delayed is incomplete health information. Clerkship sites have increased the immunization/certification credentialing requirements significantly in the last few years. In order to ensure that our medical students’ audition rotation or Sub-I applications are processed in a timely and efficient manner, we compile a comprehensive list of health and certification requirements that will ensure everybody meets the most stringent of site requirements. It is much easier and more efficient to ensure everything is up to date now (early), than being notified just before your application is due that you are missing a titer that may take over a week to receive the results.

What do you need from me?

To ensure the fastest processing time, please **provide** the following items via CED Connect:

- **COMLEX Level 1 score transcript** (you may send via email as .pdf attachment)
- **USMLE step 1 score transcript (if you have chosen to take this exam)** you may send via email as .pdf attachment)
- **Health insurance card**
- **Official transcript**
- **Professional (or passport) photo of yourself**

Please also make sure all immunizations and titers are up to date, keep a copy of your results for your records, and send originals to Student Health.

All other items must be updated annually and uploaded in eMedley.

Can I do 2-week rotations instead of 4-week rotations?

Your fourth year will consist of three types of rotations, required rotation, selectives and electives. Only your elective rotations can be broken up into 2-week or 3-week (4th year only) blocks. All required and selective rotations must be done in 4 or 2 consecutive weeks depending on the rotation. All electives must total 25 weeks in aggregate in order to graduate.

Can I do International Rotations?

International rotations may be done for elective credit only, and there are absolutely no exceptions to this rule. If you do an Emergency Medicine rotation in Israel, you will receive credit for an elective. In order to set up international rotations, please contact the COM Global Health Program at least 60 days in advance of the requested clerkship dates. Please refer to the International Rotation Guidelines in the Clinical Education Resources organization folder in Canvas.

Can I do research rotations?

Research rotations must be submitted to the CED team just as any other rotation. In order to obtain approval, you must submit the research proposal (an outline of the research to be done), and a filled-out research elective request in CED Connect. If the research involves patient contact in any way, shape, or form, the rotation must have IRB approval to move forward. Research rotations may only be done for elective credit and must be requested at least 60 days in advance of the requested dates.

What should my schedule look like?

Using the schedule below as a guide will help to ensure you have adequate time off for board study, interviews, and 2 weeks at the end of your schedule to ensure you have all of your loose ends tied up before graduation. Keep in mind that this schedule is not required, though it is recommended. The schedule below is a **very broad** example; your rotations are going to be 28 days, not a full month, so the schedule below is missing one rotation, but yours will be complete.

Please keep in mind that this is **an example** and that it is important to schedule your **required or selective rotations** as soon as possible. A guideline to follow for your schedule is this:

- June-July – 4 weeks of board study/vacation. You should take your board exams during this time.
- July-August –Audition Rotations
- August-September - Audition Rotations
- September-December - Audition Rotations plus outpatient or Required/Selective Rotations
- December-January- Vacation/Interviews (4 weeks)
- January-April – Required/Selective/Elective rotation
- April-May - Required/Selective/Elective rotation – note that it can be hard to find EM and Critical Care rotations after Match Week.
- End of May to Graduation- Vacation

What is the “Do Not Contact” list and how can I schedule a rotation with a site on this list?

The “Do Not Contact” list is composed of several clinical sites that have specifically asked the CED to manage their schedules, or to *not* contact preceptors directly. It is ok to contact medical education coordinators at these sites. These sites are listed in the Elective Rotation Sections earlier in this document.

To schedule a rotation with any of these sites, please send a rotation request to the CED. **These sites fill up very quickly and are first come-first serve.** Again, please do not call any of these sites unless specifically instructed to do so by the CED. If you do contact these sites, the request will be automatically denied due to violation of CED policy.

What is the actual application process for sub-internships?

Sites process applications in a variety of different ways. The best thing to do is to read the site's requirements and suggestions on their website. Many sites have a pre-application process. Once they have approved you to move onto the next step in the process, then you submit the necessary materials to the CED.

If there is **no** “Do Not Contact” policy for a site, give them a call or send them an email inquiring about their availability, and then request to be penciled in. This will save you a time slot while your application is in process on our end. Do not worry if they do not pencil you in, as some sites will not do this.

Once you have been penciled in please follow the instructions the site gives you. Some will have an application, some will direct you to VSLO, and some will send you an application that needs documents/signatures/information from the CED. Please turn in **ALL MATERIALS** to the CED team with your rotation request, then they will be processed in the order they are received.

What is VSLO?

There are two different types of applications, traditional paper applications, and electronic VSLO applications. VSLO (Visiting Student Learning Opportunities) is an electronic application system that has been around for several years. VSLO did help in streamlining the amount of paper that we had to send to sites; however, we ran into another obstacle - each site had very specific health requirements and they all had their specific form. VSLO will open for your use in February.

VSLO application process

When it comes to submitting applications through VSLO, you still need to submit a rotation request to the 4th year team. You must ensure, also, that if the institution requires additional information, you attach and assign the documentation to the correct institution.

Please be advised that VSLO is still under the 60-day policy outlined earlier. This means that the application is guaranteed to be released no later than 60 days after it is submitted, provided your health information is complete. By following the instructions in this document, you will help the CED to process your applications much faster than the 60-day policy. It is extremely important that after you receive the login information for VSLO you read the user guide.

Audition Rotation vs. Sub-Internship What is the difference?

There is much confusion to be had about these three different rotations. A sub-internship is a rotation in which you are treated as though you are a first-year resident (intern). You will have the same responsibilities as an intern, and you should request a letter of recommendation at the end of the rotation to take with you to your residency interviews.

An audition rotation is simply that, an audition. You are rotating at a site in which you would like to do your residency. That being said, all audition rotations should be sub-internships (if the hospital offers sub-internships, as a few sites do not). You are basically embarking on a four-week-long job interview with a prospective employer. Most audition rotations will culminate in an interview at the site.

Please note that there is no requirement for audition rotations or sub-internship rotations (though three auditions are recommended) and most students choose to do two to four. The words "audition" and "sub-internship" refer only to the kind of experience you have. Your fourth-year schedule must include the 39 weeks of clerkships satisfying the subject requirements as outlined in the Clinical Rotations Manual.

How do I start setting up my fourth-year audition rotations?

Setting up your fourth year can seem like a daunting task, but it is broken up into several different facets. You have 14 weeks of required and selective rotation, and 25 weeks of elective rotations; these can be in any specialty you would like.

First, you must select your chosen specialty. You should have this locked down by the end of December of your third year in order to ensure you have the best opportunity to schedule audition rotations. You can explore "Careers in Medicine," which is a AAMC website that gives you access to information regarding specialties.

Second, research the sites in which you are interested. Some sites recommend that you DO NOT do an audition rotation there, and some require it. A good resource is the ACGME website <https://www.acgme.org>. This website will give you access to critical information about the residency you are looking into and will guide you to the site's web address.

Third, rank the programs you prefer. Send in applications for your top three choices with at least two back-up rotations. A great way to do this is to apply for multiple time frames for each site. If you have

three sites in which you wish to do Surgery rotations, apply for three time frames (i.e. ¹⁾ 9/27-10/24, ²⁾10/25-11/23, ³⁾11/24-12/21) and then switch the order of priority for your second site (i.e. ¹⁾10/25-11/23, ²⁾11/24-12/21, ³⁾09/27-10/24), and do the same for your third site. Depending on how competitive the programs are, you will want to have back-up rotations in place.

Fourth, play the waiting game. You will have to wait for each of these sites to get back to you with a confirmation or denial. Once you see the rotation listed on your schedule, it means that the paperwork has been processed and the application has been sent out, it **DOES NOT** mean that the rotation has been confirmed by the site. The site will contact you with the confirmation or denial, and then **YOU MUST NOTIFY THE CED**; the CED keeps your application status as *pending* until you inform us otherwise.

What else could delay my application?

We have 60 days to process your application from the day it is received. There are a few things you need to do before you send in the application.

First, ensure that you have submitted all of the required materials. We do have several of these on file (ACLS/BLS cards, malpractice insurance, evaluations, letters of recommendation, background checks, class rank, and health information). **Then**, please be sure to send in a rotation request form for each application you submit. If you want to complete three rotations at one site, then you send in three separate rotation request forms (separate form for Cardiology, Radiology, OB/Gyn., etc.). If you are requesting three different time frames for one rotation and one site, please also send in three separate rotation request forms.

How do I account for my time off of rotations?

Be advised that any time off of 14 days or greater during your fourth year must be accounted for by requesting “vacation” using a rotation request form in CED Connect.

The clinical education department is committed to your experience and your outcome. These guidelines are intended to help you get the most out of your fourth-year experience.

Section IV

Clinical Curriculum

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

TUCOM Clinical Curriculum: Introduction

The third-year curriculum is structured to provide students with a robust online curriculum to supplement and guide their studies during core clinical rotations as well as opportunities to shape their year 3 learning experience during two Clinical Distinctions, and an elective course. Students also participate in a longitudinal course, Osteopathic Clinical Integration & Callbacks which serves to integrate key osteopathic clinical principles throughout the entirety of the third-year experience (Summer, Fall, and Spring terms). The fourth-year curriculum consists of required, selective, and elective clinical rotations, along with a longitudinal telemedicine experience. These components are designed to advance clinical skills, reinforce core competencies, and prepare students for residency. In this section of the manual requirements of the third and fourth -year curriculums are described. The next section, Section V, has the syllabi for *both* Year 3 and Year 4 courses. Syllabi are updated each academic year and are provided as a guide for faculty and students during core courses.

TUCOM Mission Statement

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy, and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and postdoctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Alignment of Course Outcomes and Competences with TUCOM Mission

Third year training is spent primarily in the core rotations – Family Medicine, Internal Medicine, Surgery, OB/Gyn, Pediatrics and Psychiatry. During these rotations, in addition to clinical activities, students have a required didactic curriculum. Ideally, students will integrate the required didactic curriculum with clinical activities by careful planning and review of syllabi and assignments. The purpose of the online materials and distance education activities is to complement the varied experiences students will have at different rotation sites and to provide clear goals that support unified learning outcomes for each course. The online curriculum further provides a map that can help guide students to the appropriate level of detail and depth of learning for each topic. Core rotations, including the online didactic curriculum are designed to support students in learning the critical components of being an *osteopathic physician*. In the pages that follow students will find guidelines, competencies, learning outcomes and assignments that are aligned with Touro’s mission, to help them become outstanding osteopathic physicians, committed to the care of their patients with a holistic approach.

The entire clinical curriculum is aligned with the TUCOM Mission. Each course curriculum is subject focused and will guide students in gaining a balance between subject specific topics and the important concepts that outstanding osteopathic physicians committed to primary, or specialty care should understand. This curriculum supports consolidation of medical knowledge within the framework of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health when practicing medical clinical reasoning and differential diagnoses skills.

AOA Core Competencies – TUCOM Program Learning Outcomes

The AACOM document, on the AOA seven [Osteopathic Core Competencies for Medical Students](#) provide details regarding the level of competence and skills expected of students by the time they graduate. Additional details about the level of skill needed for graduation from medical school can be found in the AACOM document [“Osteopathic Considerations for Core Entrustable Professional Activities \(EPAs\) for Entering Residency.”](#) The purpose of these documents is to have performance indicators common to all osteopathic medical schools. These indicators guide the curriculum development process as well as the assessment process. More importantly, they should guide students in self-assessment and preparation

for residency. The competencies listed below are TUCOM's program learning outcomes and are assessed during all clinical clerkships.

Competencies/Program Learning Outcomes
Osteopathic Principles and Practice (OPP)
Medical Knowledge (MK)
Patient Care (PC)
Interpersonal and Communication Skills (ICS)
Professionalism (PROF)
Practice-based Learning and Improvement (PBLI)
Systems Based Practice (SBP)
Structural Competency (SC) – <i>added by TUCOM as one of our program learning outcomes.</i>

In addition, during the Clinical Distinction courses, students will actively monitor their developmental progress in the core competencies. This will be done through narrative evaluations which may also describe improved entrustability in selected EPAs as a path to increased competency. Clinical Distinction, therefore, is listed below as one possible assessment tool for each of the competencies. Due to the individualization of Clinical Distinction programs, not all students will use Clinical Distinction for development and assessment on each of the competencies.

Self-Assessment and Formative Feedback

The third-year curriculum requires self-directed learning and fosters pursuit of lifelong learning and personal development. It is recommended that students use the tools presented in the didactic curriculum as well as their clinical experiences, to deepen the practice of self-reflection. Students should also actively seek feedback. Tools such as the 14 entrustable professional activities, procedure logs and the clinical performance evaluation form can be used formatively for both self-assessment and soliciting feedback. While this type of feedback may be difficult to quantify, it is likely to proffer meaningful and important information that is difficult to obtain from more objective assessments such as multiple-choice examinations. Combining all forms of assessment, including those which simply record work completed, subjective interpersonal assessments, and objective examinations allows accreditors, students, faculty and potential residency directors to gain an effective picture of student progress towards competence.

Communication with the CED Regarding Course Work

During Year 3 it is vital that medical students stay in contact with the CED. The curriculum necessitates regular updates with tips, information about assignments and eConferences. Communications will **ONLY** be sent via the student's TUCOM (student.touro.edu) email address, and students are responsible for receiving and reading these communications. **TUCOM Medical Students must respond to all emails requiring a response via CED Connect ONLY, as directed in the email, within 3 business days.** If a student is out of the country or unable to respond for other reasons, they should create an automatic email response indicating when they will be able to respond. The acceptability of an automatic response, or lack of response will be at the discretion of the Clinical Education Department. If a student anticipates that they will be unable to receive or respond to an email message for any reason, it is their responsibility to notify the Clinical Education Department. This notification should include the reason(s) and time period which will be involved. **A failure to respond to TUCOM email may result in disciplinary action.** It is

imperative that we can contact and communicate with all of our clinical students while they are in years 3 and 4 of medical school.

Year Three: Courses, Rotation blocks, and CLN Numbers

Courses and *rotation blocks* are different. Core courses that are 8 weeks consist of two rotation blocks. The two 4-week rotation blocks that make up the course may be back-to-back or separated in time. Each rotation block is given a CLIN number by the registrar and appears on the student's schedule and transcript as two rotations. For example, the registrar does not recognize the completion of two core Internal Medicine rotations as the completion of one course, although that is an important distinction in the students' clinical curriculum. The dean's letter (MSPE), Canvas, and student assignments are all predicated on the concept that the **two** core rotations are **one** course. Clinical Distinction I and II however, are two separate courses. They are each four weeks, or one rotation block.

The following are the CLIN numbers for which students will be registered for:

Courses	Rotation Blocks	Course numbers (CLIN)
Internal Medicine	Internal Medicine I - 4 weeks	700A
	Internal Medicine II - 4 weeks	700B
Surgery	Surgery I - 4 weeks	701A
	Surgery II - 4 weeks	701B
Family Medicine	Family Medicine I - 4 weeks	702A
	Family Medicine II - 4 weeks	702B
Obstetrics & Gynecology	OB/GYN - 4 week	703
Pediatrics	Pediatrics - 4 weeks	704
Psychiatry	Psychiatry - 4 weeks	705
Elective/s taken as one 4-week block or two 2-week blocks	2-week Elective	715A
	2-week Elective	715B
	4-week Elective	716A
Clinical Distinction I	Clinical Distinction I	717
Clinical Distinction II	Clinical Distinction II	718
Osteopathic Clinical Integration & Callbacks	Longitudinal (Summer, Fall, Spring) course	770A, B, C

Additionally, students will have 4 weeks of vacation during their third year. A Rotation Request Form is required for all vacation requests to show proof of intent.

Details about Core Courses, Osteopathic Clinical Integration, and Electives, including resources, grading information and syllabi can be found in the pages that follow.

Software and Online Access During Year Three Rotations

Because students are at multiple locations for third year, every effort is made to ensure access to all materials, assignments, and resources electronically. Below are software and websites used during the clinical years:

- [Canvas](#): Core courses syllabi, grades, assignments, and resources.
- [CED Connect](#): ticketing system for rotation requests and all communication with the CED.
- [Clinical Distinction](#) website: for clinical distinction courses support.
- [eMedley](#): Schedule, Clinical Performance Evaluation (CPE), Student Site Evaluation (SSE), logs, and onboarding documents.
- [Lecturio](#): Clinical course videos assignments, shelf-exams and board preparation
- [NBOME](#): Website of Board and Shelf exam (COMAT) developers
- [TouroOne](#): grades, transcript, registrar information, graduation requirements completion, and students' resources
- [True Learn](#): for core rotation assignments, shelf-exams and board preparation
- [Zoom](#): eConferences and didactics with the Clinical Education Department

Additional Software may be added as needed during the academic year.

Third-Year Curriculum Activities and Assessments

The **core courses** are Family Medicine, Internal Medicine, Surgery, OB/GYN, Pediatrics and Psychiatry. Each core course consists of the following components with their respective required assessments:

Clinical Activities/Experience

- Clinical Performance Evaluation (CPE)
- Student Site Evaluations (SSE)
- Logs

Didactic Curricular Components

- Lecturio assignments
- Truelearn practice quiz
- eConferences
- OMM Materials

End of Rotation Examination

- COMAT

For each core course, students must complete all assignments and assessments listed above and attend all required eConferences. In addition to the end of core rotations' COMAT exams, two other ones must be taken by the end of Year 3 (Emergency Medicine and Osteopathic Principles and Practice). Student Site Evaluation (SSE) and Clinical Performance Evaluation (CPE) are also required for elective rotations.

Each component and assessment are explained in detail in the syllabi presented Section V. The curricular materials for the didactic components are in the corresponding Canvas Core Courses as listed above.

Clinical Activities

Clinical Performance Evaluation (CPE)

The CPE assesses student progress in all Osteopathic Competencies and is based on the student academic, clinical, and professional performance throughout the rotation. It is **Pass/Fail** and students can be recommended for Honors.

The CPE is completed by the assigned, licensed, and credentialed/approved preceptors (DO or MD) ONLY. Osteopathic medical students may work in an interprofessional environment, but they shall not be directly supervised by non-physician providers at any time.

The CPE form is detailed with specific items associated with competencies. All CPEs are reviewed by the CED to determine if a student has passed a given rotation.

- Any items marked as “Below expectations” may be addressed by the CED.
- Receiving a Pass on the CPE is one of the requirements to pass the rotation.
- Receiving Honors on the CPE is one of the criteria to receive Honors for the rotation.

All comments provided by the preceptor on the appropriate area of the CPE will be **reported in the students' Dean's Letter (MSPE)** for residency applications.

Concerns about student progress are also communicated to the CED through this form. A mid-rotation feedback encounter, ***initiated by the student***, is highly encouraged. This will allow the student to improve their performance during the course and helps to clarify the preceptor's expectations for the student. Students should not rely on the preceptor to initiate this conversation. This is a good time to review logs as well, so that students can be assured that they are completing them adequately.

The CED expects to receive the CPE shortly after the end of the rotation. **Students are strongly encouraged to meet with preceptors in person to review the evaluation prior the last day of the rotation** (officially Sunday). If the CPE is not completed and submitted by the preceptor of record before 14 business days after the last day of the rotation, the student will automatically receive an academic “pass” for the rotation until the official CPE is submitted by the preceptor.

Student Site Evaluations (SSE)

Site evaluations allow students to evaluate sites, didactic experiences (both online and at the site), and preceptors whom they worked with during the rotation. Therefore, the SSE serves multiple functions:

- serves as an indication of completed clinical activities.
- allows reports to be generated that are used to assess site adequacy across multiple areas.
- is used for curricular improvement and faculty development.
- is used to gather and provide anonymous feedback to preceptors.

Site evaluations is a **course requirement** and must be completed in eMedley. **within 7 calendar days after the end of the rotation.**

For all Clinical Courses, students will need to complete at least one and sometimes two evaluations. Some core courses are made up of two rotations (IM, FM, and Surgery). If it is made up of more than one rotation, there are two different guidelines for student site evaluation submission.

- If the two rotations for the core course are back-to-back and at the same site, then only one student site evaluation is required at the end of the eight weeks.
- If these core rotations are separated by at least one other rotation block or occur at two different sites, students should complete two site evaluations, one for each rotation.

A word about anonymity: evaluations are not anonymous, but they are confidential. The CED has full access to what students write. However, preceptors and rotation faculty will not be able to see student names associated with evaluations. Preceptors will be given grouped student feedback without student names. The CED values student input and uses it to help our faculty and our department improve. Students are encouraged to please be honest and professional in their assessments.

If a student needs an avenue to evaluate the site that is more anonymous, one option is to use a class representative. The CED values the students' evaluation of their sites and preceptors. It is one of the ways that the CED uses to determine that our students have the best available educational experiences. We also have an anonymous feedback form via Qualtrics available in all canvas clinical courses that may be completed at any time and will refer the feedback automatically to the CED leadership team.

Case Logs

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities and should not be completed in one sitting. They can be electronically entered either through a Smartphone, tablet, or computer. Detailed directions for completing logs may be found

in a Canvas, in each Core Course. Logs serve multiple functions when completed appropriately and adequately:

- They help students gauge their rotation experience and ensure that they are learning an adequate amount of clinical and didactic material.
- They create a starting point for discussion between the student and their attending on performance progress particular to student goals for each rotation.
- They introduce students to a required component of internship and residency.
- They can be a component of each student's portfolio to demonstrate their educational achievement on rotations.
- They inform the CED of the adequacy of each student's clinical experience, to help guide future choices regarding rotations.
- They are part of the students' assessment learning while on core rotations.

Note: A list of recommended procedures and diagnostic logs is available in Canvas for each core rotation. While the log is primarily designed to track clinical activities, students will not experience all procedures or diagnoses on all rotations. Students are recommended to use provided resources such as Lecturio to cover the material listed. Students may also log procedures and clinical encounters completed via supervised simulation training.

General Logging Procedure:

Case logs are entered directly in eMedley app. For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

Logging must be done during all core rotations and completed by the last day of each core course.

OMM LOG

Every core rotation requires a minimum of one Osteopathic Structural Exam and one Osteopathic Manipulative Treatment. This must be performed and logged.

A student should never perform a treatment or examination if their preceptor does not give them permission to do so. If a student's supervisor does not allow OMM procedures, that fact should be documented in their Logs and osteopathic procedures should not be documented in their SOAP notes. In situations like these, students should practice OMM on a fellow classmate, friend, or family member. That practice can be documented and logged to meet the OMM requirements for that rotation.

Osteopathic medical students should not be afraid to ask their attendings about the use of OMT. The majority are open to it. Once a preceptor knows that an osteopathic medical student is interested in practicing OMT, the more open they may be to find the right patient for that student to practice their skills on.

Didactic Curricular Components

Lecturio

TUCOM Lecturio is a video library that contains a selection of videos aimed at improving students' medical knowledge during their rotations. In addition, the Lecturio platform provides additional learning

resources to help with preparation for COMAT exams (OPP and EM included) and COMLEX Level2 CE, as well as videos on professionalism, ethics and how to be a successful medical student.

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotations. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

Truelearn Quizzes

Truelearn quizzes are sets of 50 questions selected specifically from the Truelearn COMLEX Level2 CE question bank to reflect material on the Core Course subject matter. These questions are designed to offer students a formative assessment in a board review style format.

Truelearn quizzes are required for each core rotation and must be taken by the last Friday of the core course and before the COMAT examination.

Truelearn quizzes grading: These quizzes are untimed and Pass/Fail. To receive a Pass students must score **50%** or above.

eConferences

eConferences are a required didactic component of all core courses in the third year. Students will participate via web-based interaction. Exceptions will be made on an individual basis via the excused absence policy. eConferences vary depending on the course but most involve a patient-centered case presentation and/or COMAT review questions with discussion among students and faculty.

Unless otherwise stated, each student is required to submit a case, attend, and participate in **all eConferences for each course that are scheduled during the weeks that they are in that particular course.**

Participation is expected. While participating virtually, it is expected that your electronic device will be equipped with a microphone and video so that you can participate fully. If you have a pre-existing conflict, contact the Director of Distance Learning **PRIOR TO** the scheduled eConference. Those students who miss any of the eConferences without an excused absence must follow the remediation process in order to meet the course requirements and will not be eligible for honors.

Students will be expected to submit a case for each eConference. All cases should include osteopathic principles and practices (OPP) and structural competency considerations. Case submission is part of your participation in the eConference and failure to submit a case by the deadline will result in mandatory remediation. Your case may or may not be chosen and you will typically be notified beforehand. Cases are submitted for each core course in Canvas. All students will be required to present at least one case for eConference before graduation.

The eConference calendar, login information, and a letter describing the conference requirement to preceptors are subject to change and the most up-to-date information can be found in the Canvas organization for each core courses. **OMM eConferences are also required and credit will be given as part of the Osteopathic Clinical Integration course grade. Each student will be required to present at least one case for OMM eConferences.** OMM eConference should be attended at each available opportunity as soon as it arrives until the five required conference hours have been completed. You should submit OMM cases and attend your required OMM eConferences as soon as you can fit it into

your schedule – do not put this off. They can be attended to while you are on any rotation as long as you attend a minimum of 5 hours before the last day of your last 3rd year rotation.

eConferences require considerable time commitment from multiple people. As such, the schedule is subject to change, and you will be notified via email of any changes. The number of required conferences in any given course varies based on availability. Check Canvas for updated information.

OMM Materials during Rotations

There is an Osteopathic Resources folder in the Didactic Curricular Activities section of every Canvas Clinical Courses titled OMM Materials.

Osteopathic Reading

Students must read assigned chapters from Foundations of Osteopathic Medicine AOA – Michael Seffinger – 4th edition (2019), An Osteopathic Approach to Diagnosis and Treatment- Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong - 4th edition (2020), and Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015) as well as relevant articles listed in each syllabus document for each core course. Some of these assigned readings are a review of first- and second-year material as medical students begin to apply OMT in clinical practice. Many are new readings pertinent to the use of OMT in the clinical setting.

OMM PowerPoints

ACOFP PowerPoint (ppt.) lectures that cover OMM topics related to each core rotation are posted in the corresponding Canvas clinical courses and are required for completion of each core course. For each core course there are non-topic specific primary OPP/OMM PowerPoints. Students should view these on their first scheduled core rotation and can optionally revisit them on each of the following of the core rotations. They are posted to each Core rotation in the corresponding Canvas course. In addition to these primary non-topic specific PowerPoints, there are topic specific PowerPoints required for each core rotation.

OMM Assignments

All COMAT examinations students must complete at the end of the core rotations, have an integrated osteopathic component, OMM logs must be completed during each core rotation, and students will also take the OPP COMAT shelf exam prior to the end of their third year. In addition to reviewing the OMM PowerPoints for each core course it is recommended that students refer to the NBOME website to study for the OPP COMAT. Knowledge of osteopathic practice and principles are assessed, in part, with the OPP COMAT required as part of the Osteopathic Clinical Integration & Callbacks Course.

Osteopathic Integration Cases

Each Canvas Core Course contains an *Osteopathic Resources* page in the Didactic Curricular Activities section titled OMM Materials. Osteopathic integration cases can be found here. These are case based board review focused osteopathic integration modules created by our OMM faculty. Check back often for more cases. These cases will not be graded but are required, nonetheless. They are a vital component of osteopathic medical education. These cases can also help students prepare for COMAT and board examinations.

COAR and Pain Modules: A Unique Osteopathic Opportunity

In addition to the mandatory on-campus COAR session during clinical callbacks, all third-year students must complete five additional sessions over the course of the academic year. These may include COAR sessions or Osteopathic Pain Modules.

Of the five required sessions:

- Students must complete one session during the Summer term, two during the Fall term, and two during the Spring term.
- At least two must be completed in person, either on campus or at a clinical site.

- Up to three sessions may be completed online. Online modules must be completed in full, including all embedded osteopathic assignments.

All sessions count toward the Osteopathic Clinical Integration course grade and are required for successful completion of this longitudinal course (see syllabus for details).

Other Osteopathic Resources

There are multiple resources posted on Canvas, including additional readings, forms, and links to great Osteopathic tools.

Reading Recommendations

Each Canvas Core Course has links and folders that include the required assignments for that course. PowerPoint presentations, web links, and reading assignments are a fundamental part of the curricular experience. They should be used to guide study time on rotations. These resources were specifically selected to

- Offer a resource for integration of their clinical experience with foundational knowledge thereby providing a resource that students can use to frame the important learning components in their clinical activities.
- Introduce students to resources used by clinicians in practice and help prepare them to respond to questions posed by their instructors during clinical activities.
- Include textbooks chosen by the NBOME as resources for preparation for the COMAT examination.
- Demonstrate the appropriate level of depth of understanding for each topic and narrow down the extensive number of materials from which to study on any given subject.
- Ensure students have awareness of critical resources such as JNC 8 Guidelines to HTN, ATPIV guidelines to Lipid management, USPSTF, and the ASCCP guidelines to management of Abnormal Pap Smears.
- Support students in deciding about their needs for lifelong learning by exposing them to a variety of sources of information.

Most reading assignments are available online through the Canvas Courses or the TUCOM library.

A note on 4-week rotations for third year: *Psychiatry, Pediatrics, and OB/Gyn are all 4-week rotations. There is a large amount of information that is required to learn during these rotation blocks. During these 4-week blocks TUCOM Medical Students are expected to study and learn material that is important for clinical work and may also be covered on the COMAT post rotation examination. In addition to consulting a board review subject specific book, it is recommended that medical students take every opportunity to work on the reading assignments before the start of the rotation, and when appropriate during the Internal Medicine, Surgery, and Family Medicine rotations, or during Clinical Distinction courses. For example, if a medical student evaluates a child during their Family Medicine rotation, that is an excellent opportunity to review the appropriate pediatric reading that day.*

COMAT Clinical Subject End of Rotation Examination

For all six core courses, students **must pass** the Comprehensive Osteopathic Medical Achievement Test (COMAT). The COMAT examinations are designed as standardized assessments in core osteopathic medical disciplines. They assess achievement level on each subject, with an emphasis on clinical application. Each examination in the series has osteopathic principles and practice integrated throughout.

Each of the COMAT Clinical subject exams consists of 120 items that must be completed within 2 hours and 30 minutes. They will be proctored, either in-person or online depending on the site, and are scheduled on the last Friday of each core course. For the two-block core courses, i.e. FM, IM and Surgery, the exam will only occur on the last Friday of the **second block**.

On COMAT days during core rotations, students will be excused for the duration of the examination only and are required to attend rotation assignments during the time they are not sitting for the examination.

In addition to the core clinical subjects, all students must pass the Osteopathic Principles & Practice (OPP) and Emergency Medicine (EM) COMATs during year 3. The conditions for scheduling are:

- They must be taken during assigned COMAT examination dates (last Friday of each rotation block.)
- Students must submit their request to the CED via CED Connect ahead of time and no later than the Friday prior to the exam.
- They cannot be taken at the same time as another COMAT.
- It is strongly recommended that students take the EM COMAT after they are done with Surgery and IM rotations as much of that material is relevant to the EM COMAT.

The COMAT examinations are developed by the NBOME – the same national board who creates the osteopathic board examinations. Information about these exams can be found on the [NBOME website](#). Regardless of the specific topics covered in each clinical rotation and by the syllabus, students are responsible for preparing for these examinations in the same way that they are expected to prepare for the COMLEX Level 1 and 2 medical boards. Students should review the material on the [NBOME COMAT webpage](#).

COMAT Grade: COMAT scores are reported as standard scores by NBOME that account for minor differences in difficulty between examination cycles and forms. They have a mean of 100 and a standard deviation of 10 based on a representative norming sample. The national mean is consistently at or close to 100. TUCOM has drawn the **Pass/Fail line at 87**, i.e. 1.3 standard deviations (SD) below the national mean.

Third-Year Core Curriculum and Grading

Core Course Grades

Students' unofficial grades can be tracked in Canvas in the corresponding course organizations. All Year 3 core course final grades are in the **Honors/Pass/No Pass** format.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be **completed on time** AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score \geq 50%		OPP, MK, PC, PROF
COMAT exam	standard score \geq 107	standard score \geq 107	OPP, MK, PC

Grading Specific to 2-block Core Courses (Family Medicine, Internal Medicine, and Surgery)

- To pass 2-block core courses such as Family Medicine, Internal Medicine and Surgery, students must pass both rotations. After completing the first block and obtaining a Pass on the CPE (for FM1, IM1 and Surgery1), students will receive a Pass contingent on passing the second rotation (FM2, IM2 or Surgery2).
- To receive Honors for both rotations of a 2-block course, both CPEs must show recommendation for Honors.

Grade Processing Timeline and Assignments Due Dates

All graded components of core courses are tracked in Canvas in the student's online grade book. Our goal is to have all grade components entered in Canvas by two weeks from the last day of each rotation block.

Assignment	Grade processing	Due date
SSEs (Student Site Evaluation)	Completed in eMedley; grade entered in Canvas by the CED assessment team.	Within 7 calendar days of the last day of the rotation block*
Logs	Submitted in eMedley while completing the core course; grade entered in Canvas by the CED assessment team.	Last day of the core course*
Lecturio	Completed on the Lecturio website; grade entered in Canvas by the CED assessment team.	Last day of the core course*
Truelearn quizzes	Completed in the TrueLearn platform; grade entered in Canvas by the CED assessment team.	Last Friday of the core course and before taking the COMAT
COMAT	Taken via the National Osteopathic Board Shelf Exam service; grade entered in Canvas by the CED assessment team usually a week after the test was taken.	Takes place on the last Friday of the core course
CPE	Submitted by preceptors in eMedley and are due on the last day of the rotation. CPE grades are entered in Canvas by the CED assessment team when received. If they are not received within 14 business days after the last day of the rotation, the student will be given an academic pass for the rotation. This grade will be changed to reflect the actual assessment of the preceptor if the CPE is obtained from the preceptor.	
eConferences	Must be attended during each course. Case submission, attendance, and participation in all courses' eConferences. Grade entered in Canvas by the CED assessment team.	

* last day of the 4-week course (for one-block courses such as Peds, Ob/Gyn, Psych), or last day of the 8-week course (for two-block courses such as FM, IM, Surgery).

Student who fails one of their assignments, does not complete it on time, or has to remediate, will not be eligible for Honors.

Missing Assignment Policy: Upon missing an assignment deadline, the student will receive an email reminder from the CED detailing the assignments' timeline and due dates. At the third infraction, from any course, the student will be required to meet with the CED administration to discuss the reasons behind the missed assignments and to formulate a plan for improvement. Any additional missed assignments beyond the third infraction will result in referral to the Professionalism Committee.

Remediation

Clinical Performance Evaluation (CPE)

If a student does not pass the clinical performance portion of the core rotation or they are removed from rotation for any reason (e.g. unprofessional behavior, excessive absences, or poor performance), it will prompt the CED to determine the appropriate course of action. The CED will interview the student and the preceptor(s) to determine the most appropriate remediation. Options include but are not limited to repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee.

If the full rotation must be repeated, a "NP" will be assigned to the failed rotation, and the new grade will be assigned to the successfully repeated course. A student who fails any clinical rotation will be referred to the Student Promotions Committee.

Student Site Evaluation (SSE)

Completion of SSE is mandatory to pass the rotation. Should a student fail to complete this assignment within the designated timeframe, they will receive an incomplete grade (I) for the course until completion. Students are urged to promptly complete the required assignment to prevent any adverse effects on their academic progress. Refer to Touro University California catalog for incomplete grade implications.

Logs

Daily log entries are mandatory to pass the rotation. Should a student fail to complete this assignment the student will be required to meet with the CED administration to discuss the reasons behind the missed assignments and possible of extension for completion. Incomplete grade (I) will be assigned until resolved. Refer to Touro University California catalog for incomplete grade implications.

Lecturio

Completion of the Lecturio Assignment is mandatory to pass the rotation. Should a student fail to complete this assignment within the designated timeframe, they will receive an incomplete grade (I) for the course until completion. Students are urged to promptly complete the required assignment to prevent any adverse effects on their academic progress. Refer to Touro University California catalog for incomplete grade implications.

eConferences

Attending the eConferences is a requirement to pass the rotation. If for any reason you have missed an eConference and the eConference team was not notified within 24 hours, or you do not have an excusable reason, you will be expected to remediate the missed eConference. The remediation process is as follows:

1. Contact the Director of Distance Learning, Dr. Alecia Lentz, and make them aware of your absence and the reason for that absence.
2. Record yourself presenting your case that was submitted for the eConference (Your recording should be no less than 10 minutes)
3. Submit your recorded presentation to the Director of Distance Learning for approval and review.
4. After review, the Director of Distance Learning will grant an excusal.

Incomplete grade (I) will be assigned until resolved. Refer to Touro University California catalog for incomplete grade implications.

TrueLearn Quiz

Passing the Truelearn quiz is required to pass the rotation. If a student fails, they can retake the quiz within two weeks. Multiple failures will require a meeting with CED administration. Incomplete grade (I) will be assigned until resolved. Refer to Touro University California catalog for incomplete grade implications.

COMAT

The COMAT post-rotation examination must be passed to pass the rotation. Failure to pass COMAT will lead to the following scenarios:

1. If a student fails one subject COMAT they will be allowed to take the examination a second time within 3 months of the failing score notice.
2. If a student passes on their second attempt, the COMAT score will be entered in the gradebook as a Pass, but the student won't be eligible for Honors.
3. Multiple failures will prompt the CED to determine the course of action. Options include exam retake, meeting with learning specialists and/or tutors, repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee.

If a student fails more than one subject COMAT during their third year or they fail a subject COMAT with a score that is below 2 standard deviations from the national mean, they will be contacted by the CED administration to discuss academic performance.

A note about the grade recording and transcript:

The CED Assessment Specialists review each of the components of the rotation grade and enter them in Canvas. The final grade is entered in Touro One at the end of each term. Students can access their unofficial transcript via DegreeWorks but must contact the Registrar's Office directly if they need their official transcript.

Routinely, the Assessment Team will perform a grade audit for each class. Subsequently, students will receive an email from the Assessment Specialist if there is missing information in their file that should have arrived by the time of the current grade audit. This is one of several reasons that students should prioritize meeting with their preceptor at the end of each rotation. It is the best way to ensure that the evaluation has been submitted as well as to learn if their overall evaluation is positive or negative.

Osteopathic Clinical Integration

The Osteopathic Clinical Integration course is part of the core learning experience for third year. It is not considered one of the clinical courses listed above and the requirements and grading for this course are unique. The course is longitudinal and divided into three small courses (one for each term, Summer, Fall, and Spring) and includes an on-campus experience during the last block of Year 3 (Callbacks). Some of the longitudinal assignments for Osteopathic Clinical Integration are due during core rotations as the material helps integrate core learning experiences. Additionally, Callbacks serve a similar function to the core curriculum: they help ensure that students are obtaining a minimum competency during their training, and they serve to assess student progress, both formatively and summatively. Completing all the components of Osteopathic Clinical Integration successfully is mandatory for graduation.

Components of Osteopathic Clinical Integration

Osteopathic Clinical Integration has several components:

- Virtual Callbacks

- On-campus Callbacks
- Pre-course lectures and assignments available on Canvas
- OMM eConferences (Interactive OMM webinars completed during 3rd-year rotations)
- COAR sessions/Osteopathic Pain modules offered throughout the year on campus, on site, online and at Callbacks
- OPP and EM COMATs

The major components of Callbacks upon students' return to campus are:

1. OSCE and OSCE feedback
2. OMM lab session with assessment and OPP COMAT examination
3. Didactic sessions
4. COAR session
5. Meeting with CED and Academic Mentors

Details of Callbacks activities and online assignments can be found in the syllabus and on the [Osteopathic Clinical Integration](#) Canvas organization.

Callbacks

On-Campus Callbacks

The on-campus portion of Callbacks will be scheduled during the last block of Year 3. Information about the event schedule will be sent via email and posted on the Osteopathic Clinical Integration organization in Canvas.

There is a possibility that a student will need to return after the Callback date for remediation of any portion of Callbacks, including the OSCE or OMM assessments. **Students must complete and pass all portions of Callbacks before beginning 4th year rotations.**

Virtual Activities Important for Residency and Year Four

At the beginning of the Spring term of their 3rd year, students must attend the virtual portion of Callbacks. Time sensitive information regarding 4th year and residency preparation and application, will be presented to students during online conference sessions and made available to students in Canvas under the Osteopathic Clinical Integration organization. However, at any time during the year students should feel free to contact the CED via CED connect and Academic Affairs departments to obtain assistance with information about the fourth year and residency selection process.

OMM eConferences and COAR/OMP

Note that during your third year, you must attend 5 OMM eConferences and 5 COAR or OPM. These assignments must be completed to pass Osteopathic Clinical Integrations and completion deadlines for each term are described in the course syllabus.

Clinical Distinction (CD)

The Clinical Distinction course takes place twice in the third year over two, four-week blocks of time. It is a time when students are called upon to examine their own proficiency, in all competency areas of clinical medicine, and design a study program that allows them to round out their capacities and prepare for successful clinical work. They are tasked with the use of entrustable professional activities to demonstrate increased competency attainment.

Students are expected to use this time to develop a deeper professional identity as an osteopathic physician. More information about Clinical Distinction can be found in the syllabus which follows, on Canvas, and on the website: [ClinicalDistinction.com](#).

Clinical Distinction Alignment with Program Learning Outcomes, Grading and Assessments

Alignment with AOA Core Competencies: Due to the varied nature of the course students will complete, there are different competencies which may be aligned with the course for each student. For example, Board Success will be primarily focused on the competency of Medical Knowledge. Clerkship tracks will have a broader alignment as they will include patient care or research and finally Specialty tracks may include any of the 7 Core competencies. Students are asked to select and focus on four competencies in a Specialty Track Course.

Assignments and Requirements: The assignments and requirements for Clinical Distinction also vary depending on which track is selected. For Board Success and Specialty tracks, contracts are required. For both tracks a completion form is needed. Forms are completed through an online form process.

For the Clerkship track a CPE and site evaluation are required.

Grading: For all tracks, students will complete an evaluation of the course. All tracks are pass/fail with passing determinations driven by student commitments which are then evaluated by both the student and the faculty as satisfactory or not. All forms must be completed on time and turned in to the appropriate person.

For more information about the documentation required for each track, see the CD Canvas page or the website: ClinicalDistinction.com or email [Candyce Sullivan](mailto:Candyce.Sullivan@cd.edu).

Elective Rotation

During the 3rd year, students must complete 4 weeks of Elective rotations. Elective time can be taken as one 4-week or two 2-week rotations.

Elective rotations during Year 3 can be a:

- Clinical Clerkship Elective
- Research Elective
- Global Health Elective

For more details about these various options and their requirements, please go to the Canvas organization for [Elective courses](#).

Grading of Elective Rotations

- To Pass an Elective rotation the student must receive a Pass on the Clinical Performance Evaluation (CPE) **AND** complete the Student Site Evaluation (SSE).
- To receive Honors, the recommendation for Honors must be made by the preceptor on the CPE and the SSE must be completed on time.

See above for grading of CPE and SSE, as well as the remediation procedures for both.

Year Four: Courses, CLIN numbers, and Grading

As described in detail in Section III of this manual, Year 4 includes 18 weeks of required and selective courses, and 25 weeks of elective courses. The course numbers are presented in the following table.

Courses	Duration	Course numbers
Critical Care	4 weeks in one 4-week increment	810
Emergency Medicine	4 weeks in one 4-week increment	811
Osteopathic Neuromusculoskeletal Medicine	2 weeks in one 2-week increment	817
Primary Care	4 weeks in one 4-week increment	819
Additional mandatory courses		
Elective	25 weeks in: 2-week, 3-week, or 4-week increments	814 (A to H) 820 (A to D) 813 (A to H)
Telemedicine	Longitudinal course (Summer, Fall, and Spring terms)	821 A, B, C

During Year 4, elective courses can be 2-week, 3-week, or 4-week. The course numbers reflect the length of the elective experience and the 813, 814 and 820 courses must add up to a total of 25 weeks.

Sub-Internship requirement

During Year 4, a minimum of one of the rotations must be a Sub-Internship. Any 4th year rotation may be categorized as a Sub-I as long as the rotation meets the requirements for Sub-I described below and is specified in the rotation request as a Sub-I.

A Sub-I is a clinical rotation in the 4th year of medical student training. A student will select a "sub"-internship, where the student will perform the role of an intern (or first-year resident) or first-year medical graduate, under the supervision of senior house staff and attending physicians. The rotation is usually pursued in the field of most career interest for the student. In this way, the student can experience a glimpse of their future specialty and the life of a resident in that field. Most medical students select sub-internships at institutions where they wish to apply for residency; such rotations may also act as "auditions" for the student to highlight commitment to the specialty and/or an institution.

Elective Rotations during 4th year

During the 4th Year the 25 weeks (about 6 months) of elective time can be taken as 4-week, 3-week or 2-week rotations.

Elective rotations during Year 4 can be a:

- Clinical Clerkship Elective
- Research Elective
- Global Health Elective
- Professional Development Elective

Grading of 4th year rotations

Except for the Osteopathic Neuromusculoskeletal Medicine (ONMM) and Telemedicine courses, grading for all 4th-year courses is the same as the grading of Elective Rotations and will follow the same Honors/Pass/No Pass grading system.

Both the Clinical Performance Evaluation (CPE) and the Student Site Evaluation (SSE) are required. The recommendation for Honors must be made by the preceptor. To be eligible for Honors, students must complete the site evaluation in eMedley on time, i.e., seven calendar days after the end of the rotation.

The unique grading schema for the ONMM and Telemedicine courses are described in the corresponding syllabi in Section V of this manual.

Section V

Course Syllabi

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

FAMILY MEDICINE I & II CORE CLERKSHIPS

CLNC 702A & 702B - 12 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

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ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination based on disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work, and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Family Medicine Core Rotation

Core clinical sites for the Family Medicine rotations offer a range of experiences. The overall goal of the didactic online portion of the rotations is to create a forum in which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings to complete the required third year courses. Family Medicine attendings will specify site requirements for the clerkships and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among Family Medicine clerkship experiences, the standardized online curriculum is provided. To successfully complete the required third year rotations, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years is aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)

5. Professionalism (PROF)
6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)
8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the Family Medicine Course are based on the eight TUCOM Program Learning Outcomes. The course learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Discuss the principles of family medicine care. (AOA; 3)
2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations including those listed in the weekly topic list. (AOA; 3)
3. Manage follow-up visits with patients having one or more common chronic diseases. (AOA; 3)
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender, considering primary secondary and tertiary prevention. (AOA; 1,3)
5. Demonstrate competency appropriate to a third-year medical student, in elicitation of history, communication, physical examination, and critical thinking skills. (AOA; 1,3,4,6)
6. Discuss the critical role of family physicians within any health care system. (AOA; 7)
7. Demonstrate active listening skills and empathy for patients. (AOA; 3,4)
8. Demonstrate patient counseling and education and setting a collaborative agenda with the patient for an office visit. (AOA; 3,4)
9. Demonstrate the ability to elicit and attend to patients' specific concerns. (AOA; 3)
10. Explain history, physical examination, and test results in a way the patient understands. (AOA; 3)
11. Effectively incorporate psychological issues into patient discussions and care planning. (AOA; 1,3)
12. Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes. (AOA; 3,4)
13. Reflect on personal frustrations and transform this response into a deeper understanding of the patient's and one's own situation, when patients do not adhere to offered recommendations or plans. (AOA; 5)
14. Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions. (AOA; 2, 3,6)
15. Assess and remediate one's own learning needs. (AOA; 1,2,5)
16. Describe how to keep current with preventive services recommendations. (AOA; 3, 7)
17. Discuss the roles of multiple members of a healthcare team (e.g., pharmacy, nursing, social work, and allied health and medical specialists). (AOA; 3,4,7)
18. Participate as an effective member of a clinical care team including professional behavior, written and oral communications. (AOA; 3, 4)
19. Be exposed to issues specific to the management of chronic diseases including using best evidence, and systems-based practice resources such as group visits, public health resources, and patient education techniques to the management of chronic diseases from the weekly topic list. (AOA; 3,7)
20. Use osteopathic principles and techniques to integrate structural examination components into the diagnosis of common complaints seen in a primary care office. Be able to use OMM to treat common primary care diagnoses when appropriate. (AOA; 1)
21. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

Adapted from the Society of Teachers of Family Medicine, [STFM Family Medicine Clerkship Curriculum](#)

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u> *
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the Last day of the <u>core course</u> *
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>Last Friday of the core course</u>
Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block*
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

* *last day of the 4-week course (for one-block courses such as Peds, Ob/Gyn, Psych), or last day of the 8-week course (for two-block courses such as FM, IM, Surgery).*

For each core course students must complete all the requirements listed above.

Clinical Resources

In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training. All resources are listed below and available in Canvas.

Selected Didactic Resources

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent. The reading and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third-year medical student. They have been carefully chosen to give exposure to important textbooks and articles with which attendings will expect students to be familiar with. Every student should read at least one chapter and one article every day. Read about the patients seen that day and if weak in certain areas, those topics should be reviewed on days with no different or unique clinical encounters. **Students should not use a board review book for their primary reading source.** Board review books should be used for board preparation and COMAT preparation.

Students should not rely exclusively on one reading resource such as UpToDate but rather should try Harrison's Principles of Internal Medicine, CURRENT Medical Diagnosis & Treatment and other online resources listed in the recommended reading and online at Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The reading should be tailored to align with individual learning styles, clinical experience, and student schedules.

Textbooks And Supplemental Materials

Textbooks

1. [**Harrison's Principles of Internal Medicine, 20th edition**](#) (2018) – Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson
2. [**CURRENT Medical Diagnosis and Treatment, 60th edition**](#) (2021) – Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
3. [**Foundations of Osteopathic Medicine, 4th edition**](#) (2018) – Michael Seffinger (eBook not available yet through Touro library - only [3rd edition available](#))
4. [**Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition**](#) (2015) – Kenneth E. Nelson, Thomas Glonek
5. [**An Osteopathic Approach to Diagnosis and Treatment, 3rd edition**](#) (2005) - Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (eBook not available through Touro library)

Online Resources

- [2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults](#) (JNC8 Report)
- [2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](#)
- [2018 ACC/AHA Guideline on the Management of Blood Cholesterol](#)
- [BMI calculator](#) from CDC
- [Journal of the American Medical Association](#) (JAMA)
- [Journal of the American Osteopathic Association](#) (JAOA)
- [National Heart Lung and Blood Institute](#) (NHLBI)
 - [Monogram from NHLBI on Obesity](#)
 - [NHLBI Publications and Resources](#)
- [UpToDate](#)

Other Resources

- Canvas: Osteopathic Principles PowerPoint Presentations in Canvas courses - All assigned lectures are based on the text: [**Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition**](#) (2015) – Kenneth E. Nelson, Thomas Glonek
- [TUC Library](#) (board review materials, textbooks, articles, and more)
- [Truelearn](#)
- [Lecturio](#)

Additional Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations".
- Participation - Full participation as directed by Adjunct Faculty and completion of required assignments on time.
- Clothing - Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, computer and internet access.

Assessment and Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE.
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT standard score ≥ 107

To receive Honors for both FM1 and FM2, both CPEs must show recommendation for Honors.

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score $\geq 50\%$		OPP, MK, PC, PROF
COMAT exam	standard score ≥ 87	standard score ≥ 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Family Medicine is a 2-block core course, FM1 and FM2. To pass the Family Medicine course, students must pass both rotations. After completing FM1 and obtaining a Pass on the CPE (for FM1), students will receive a Pass contingent on passing the second rotation (FM2).

Family Medicine Topics List and Recommended Reading

Topics are divided by week but should not necessarily be used as a determining factor of when to read about each topic. Learning is most effective when reading and assignments reinforce clinical experience as the student progresses through rotation. Students should try to cover all these topics well and consult a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under Family Medicine (TUCOM).

Weekly Topics	Recommended Reading
Week 1 and 2: Health Promotion / Disease Prevention <ol style="list-style-type: none"> 1. Well adult care 2. Addiction and abuse: Tobacco, alcohol, domestic violence, prescription, and non-prescription drug abuse 3. Cancer screening 4. Obesity 5. Elder abuse / child abuse 	<ul style="list-style-type: none"> • Harrison's Principles of Internal Medicine: <ul style="list-style-type: none"> ○ Ch.4 - Screening and Prevention of Disease ○ Ch.66 - Prevention and Early Detection of Cancer • UpToDate: <ul style="list-style-type: none"> ○ Alcohol use disorder: Epidemiology, pathogenesis, clinical manifestations, adverse consequences, and diagnosis ○ Psychosocial treatment of alcohol use disorder ○ Pharmacotherapy for alcohol use disorder • Monograph from NHLBI on Obesity • CURRENT Medical Diagnosis and Treatment: <ul style="list-style-type: none"> ○ Ch.1 - Disease Prevention & Health Promotion • Foundations of Osteopathic Medicine: <ul style="list-style-type: none"> ○ Ch.20.B - Environmental Issues
Weeks 3 and 4: Chronic Disease and CV <ol style="list-style-type: none"> 1. CAD risk assessment & management 2. Diabetes 3. Hyperlipidemia/Dysmetabolic Syndrome 4. Hypertension 	<ul style="list-style-type: none"> • Harrison's Principles of Internal Medicine: <ul style="list-style-type: none"> ○ Ch.235 - The Pathogenesis, Prevention, and Treatment of Atherosclerosis ○ Ch.242 - The Metabolic Syndrome ○ Ch.243 - Ischemic Heart Disease • CURRENT Medical Diagnosis and Treatment: <ul style="list-style-type: none"> ○ Ch.27 - Diabetes Mellitus & Hypoglycemia ○ NHLBI and JAMA: links in Canvas, didactic materials section ○ 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults ○ 2018 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults • Foundations of Osteopathic Medicine: <ul style="list-style-type: none"> ○ Ch.42.C - Adult with Chronic Cardiovascular Disease (REVIEW) • Somatic Dysfunction in Osteopathic Family Medicine: <ul style="list-style-type: none"> ○ Ch.18 - The Patient with Hypertension ○ Ch.21 - The Patient with Thyroid Disease • JAOA: <ul style="list-style-type: none"> ○ Effects of osteopathic manipulative treatment on diabetic gastroparesis, Van Ravenswaay, V., Hain, S., Grasso, S., Shubrook, J. JAOA June 2015; 115(7):452-458
Week 5: Symptom Based Primary Care <ol style="list-style-type: none"> 1. Cough 2. Insomnia, fatigue and other sleep disturbances 3. Neuropathic pain 	<ul style="list-style-type: none"> • Harrison's Principles of Internal Medicine: <ul style="list-style-type: none"> ○ Ch.11 - Pain: Pathophysiology and Management ○ Ch.20 - Syncope ○ Ch.27 - Sleep Disorders ○ Ch.34 - Cough and Hemoptysis

<p>4. Syncope</p> <p>Week 6: Other Chronic Disease</p> <ol style="list-style-type: none"> 1. Atopic disease: asthma, eczema, and allergies 2. Osteoarthritis 3. Osteoporosis 	<ul style="list-style-type: none"> ○ Ch.52 - Eczema, Psoriasis, Cutaneous Infections, Acne, and Other Common Skin Disorders ○ Ch.254 - Asthma ○ Ch.332 - Osteoarthritis ○ Ch.354 - Osteoporosis ● UpToDate: <ul style="list-style-type: none"> ○ Evaluation of Sub-acute and Chronic Cough in Adults ○ An overview of asthma management ● Foundations of Osteopathic Medicine: <ul style="list-style-type: none"> ○ Ch.42.B - Uncontrolled Asthma (review) ○ Ch.43.A - Multiple Small Joint Diseases in an Elderly Patient
<p>Week 7 Topics: Primary Care Neurology and Musculoskeletal</p> <ol style="list-style-type: none"> 1. Alzheimer's 2. Bell's Palsy 3. Headache 4. Multiple sclerosis 5. Parkinson's 6. Sports Medicine for the primary care doctor 7. Low back pain <p>Week 8 Topics Primary Care Gastro-Intestinal/Genitourinary</p> <ol style="list-style-type: none"> 1. BPH 2. Incontinence 3. Prostatitis and prostate CA 4. Pyelonephritis 5. UTI, bacteriuria 6. Contraception 7. GERD / PUD 8. IBS 9. Functional Constipation 	<ul style="list-style-type: none"> ● Harrison's Principles of Internal Medicine— Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson – 20th edition (2018) <ul style="list-style-type: none"> ○ Chapter 14 - Headache ○ Chapter 371 - Dementia ○ Chapter 372 - Parkinson's Disease and Other Movement Disorders ○ Chapter 376 - Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders ○ Chapter 95 - Benign and Malignant Diseases of the Prostate ○ Chapter 288 - Urinary Tract Infections, Pyelonephritis, and Prostatitis ● UpToDate: <ul style="list-style-type: none"> ○ Screening for prostate cancer ○ Treatment of urinary incontinence in females ● CURRENT Medical Diagnosis and Treatment: Ch.41 - Sports Medicine & Outpatient Orthopedics ● Foundations of Osteopathic Medicine: <ul style="list-style-type: none"> ○ Ch.42.D - Elderly Patient with Dementia ○ Ch.43.D - Cervicogenic Headache (Review) ○ Ch.42.A - Acute Low Back Pain ● Somatic Dysfunction in Osteopathic Family Medicine: <ul style="list-style-type: none"> ○ Ch.11 - The Athlete ○ Ch. 22 - The Patient with Parkinson's Disease ● An Osteopathic Approach to Diagnosis and Treatment: Ch.115 - Renal and Urological Considerations

Family Medicine Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

FM Procedures

FM: Clean catch urine
FM: Describe skin lesion
FM: Determine cholesterol goals based on current guidelines
FM: Diabetic diet patient counseling
FM: Diabetic foot examination
FM: Elicit a focused history and physical
FM: Evidence based depression screening
FM: Evidence based domestic violence screening
FM: Focused physical exam for back pain with osteopathic considerations
FM: Give a complete presentation of a patient with osteopathic considerations
FM: Give an exercise prescription
FM: Injection, subcutaneous
FM: Injection, intramuscular
FM: Insulin therapy, patient counseling
FM: Interpret CBC
FM: Interpret chemistry panel
FM: Interpret lipid lab test
FM: Interpret PPD test
FM: Interpret thyroid lab tests
FM: Interpret UA
FM: Joint aspiration
FM: Joint fluid examination
FM: Joint injection
FM: Lifestyle counseling
FM: Lifestyle health risk assessment
FM: Oral inhaler technique
FM: Patient counseling: overweight, nutrition, diet, weight loss
FM: Peak airflow measurement

FM Diagnoses

FM: Addiction and Abuse: alcohol
FM: Addiction and Abuse: domestic violence
FM: Addiction and Abuse: non-prescription drug abuse
FM: Addiction and Abuse: prescription drugs abuse
FM: Addiction and Abuse: tobacco
FM: Alzheimer's
FM: Anemia
FM: Anxiety
FM: Atopic disease: asthma, eczema and allergies
FM: Bell's Palsy
FM: BPH
FM: CAD, risk assessment & management
FM: Cancer Screening: female, all age ranges
FM: Cancer screening: male, all age ranges
FM: Cough
FM: Depression
FM: Diabetes
FM: Headache
FM: Hyperlipidemia/dysmetabolic syndrome
FM: Hypertension
FM: Incontinence
FM: Insomnia, fatigue and other sleep disturbances
FM: Multiple sclerosis
FM: Neuropathic pain
FM: Obesity
FM: Osteoarthritis
FM: Osteoporosis
FM: Parkinson's
FM: Prostate CA
FM: Prostatitis

FM: Perform finger stick glucose/glucometer testing	FM: Pyelonephritis
FM: Present a patient in 2 minutes	FM: Rash
FM: Present a patient in 5 minutes	FM: STI screen
FM: Read and interpret abdominal X-Ray	FM: Syncope
FM: Read and interpret chest X-Ray	FM: UTI, bacteriuria
FM: Smoking cessation counseling	FM: Well Adult Care: female
FM: SOAP note: acute or urgent care visit	FM: Well Adult Care: male
FM: SOAP note: chronic disease	FM: Well Care Baby, Child, Adolescent
FM: Spirometry interpretation	
FM: Stool guaiac testing	
FM: Stress management counseling	
FM: Throat culture	
FM: Write H&P complete (include osteopathic considerations)	
FM: Write prescription	

Required during FM core rotation

OMM: FM Documentation of an Osteopathic Structural Exam (OSE)

OMM: FM Osteopathic Manipulative Treatment (OMT) with Documentation

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Family Medicine

There will be two interactive case conferences during each of the Family Medicine rotation blocks. Attendance and participation are mandatory.

Family Medicine eConferences will take place virtually on Thursday afternoons at 3:00 PM PST/PDT (see course calendar in Canvas) on Zoom and will be hosted by faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [Family Medicine course](#).

Family Medicine COMAT Examination

It is required that students pass COMAT. To ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also required that students do practice questions using Truelearn and recommend that students pursue more than the required questions as needed.

Family Medicine COMAT Objectives

Based on general learner-centered objectives, as outlined in the Family Medicine Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge to situations and patient presentations encountered in clinical settings and important to Family Medicine.
2. Foundational content knowledge and clinical problem-solving ability related to particular physician tasks critical to Family Medicine.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism, and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For Family Medicine, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **General:** Patients presenting for routine examinations, patients presenting for routine screening, patients presenting for vaccinations/preventive care, patients presenting with health care delivery concerns
2. **Cardiovascular System Disorders & Presentations:** Asymptomatic patient with a cardiovascular disorder, symptomatic patient with undifferentiated symptoms related to the cardiovascular system, arrhythmias, coronary artery disease, heart failure, hypertension/hypotension, left ventricular hypertrophy/cardiomyopathies, pericarditis, valvular heart disease, murmurs & congenital heart disease, vascular (venous, arterial, lymph) disorders
3. **Endocrine System Disorders & Presentations:** Asymptomatic patient with an endocrine disorder, symptomatic patient with undifferentiated symptoms related to the endocrine system, adrenal disease, diabetes-related issues, dyslipidemia, electrolyte & serum mineral disorders, growth/puberty & weight-related presentations, gynecologic & male hypogonadism/gynecomastia, heat/cold intolerance, or heat-related conditions, osteoporosis/osteomalacia, pituitary disease, thyroid/parathyroid disease
4. **Gastrointestinal System Disorders & Presentations:** Asymptomatic patient with a gastrointestinal disorder, symptomatic patient with undifferentiated symptoms related to the gastrointestinal system, anorectal disorders/hernias, gastric disorders, hepatobiliary disorders, mouth/oropharynx/esophageal disorders, nutritional & vitamin deficiencies/nutritional replacement, pancreatic disorders, poisonings/ingestions/foreign bodies, small and large bowel disorders
5. **Genitourinary/Renal & Gynecologic/Reproductive System Disorders & Presentations:** Asymptomatic patient with a GU/GYN/reproductive disorder, symptomatic patient with undifferentiated symptoms related to these systems, abnormal vaginal bleeding/menstrual-related disorders, boy's/men's health, breast disorders, contraceptive management, developmental/sexuality, incontinence, menopause/hormone replacement therapy, ovarian/uterine disorders, pregnancy-related presentations, renal disease/disorders, sexually transmitted infections, urinary tract infections, vulvovaginal & cervical disorders
6. **Hematology/Oncology & Immune System Disorders & Presentations:** Asymptomatic patient with a hematology/oncology or immune disorder, symptomatic patient with undifferentiated symptoms related to these systems, anemias, bleeding disorders, hypercoagulability disorders/hereditary thrombophilias/proliferative disorders, autoimmune disorders, HIV/AIDS/immune deficiencies, cancers of the blood/lymph systems, endocrine cancers, gastrointestinal cancers, genitourinary cancers, gynecologic cancers, respiratory cancers, skin cancers, bone/muscle cancers, breast cancer, neuro/ophthalmologic cancers
7. **Musculoskeletal/Integumentary System Disorders & Presentations:** Asymptomatic patient with a musculoskeletal or dermatologic disorder, symptomatic patient with undifferentiated symptoms

related to the musculoskeletal or integumentary systems, elbow & lower arm disorders/somatic dysfunction, head & neck disorders/somatic dysfunction, hip & upper leg disorders/somatic dysfunction, lumbar, pelvic & sacral disorders/somatic dysfunction, shoulder & upper arm disorders/somatic dysfunction, thoracic and rib disorders/somatic dysfunction, wrist & hand disorders/somatic dysfunction, ankle/Foot disorders/somatic dysfunction, arthritis/vasculitis/inflammatory conditions, knee & lower leg disorders/somatic dysfunction, soft tissue syndromes

Dermatology: Benign & premalignant growths/lesions, hair, nail, sweat gland & keratinization disorders, hypersensitivity/allergic/autoimmune skin disorders, infectious skin disorders, infestations/bites/burns/trauma, inflammatory skin disorders, pigmentation disorders, skin manifestations of systemic disease

8. **Psychiatry/Neurology System Disorders & Presentations** Asymptomatic patient with a psychiatric or neurologic disorder, symptomatic patient with undifferentiated symptoms related to the psychiatric or neurologic systems, abuse/substance abuse/eating disorders, anxiety disorders, developmental/behavioral & neurologic problems in children/adolescents, mood and adjustment disorders, personality disorders, schizophrenia & other psychotic disorders, sleep-related disorders, somatoform disorders. **Neurology:** Cerebrovascular disease/TIA/CVA/syncope, dementia/delirium, demyelinating/degenerative & neuromuscular conditions, headaches, meningitis/infectious disorders, neuropathies/neuropathic disorders/chronic pain syndromes, seizure disorders
9. **Respiratory System Disorders & Presentations** Asymptomatic patient with a respiratory disorder, symptomatic patient with undifferentiated symptoms related to the respiratory system, ear disorders, eye disorders, neck/salivary gland disorders, nose/sinus disorders, oral/pharynx disorders, pulmonary infectious disorders, pulmonary obstructive disorders, pulmonary restrictive & occupational disorders, pulmonary vascular disorders & pulmonary edema

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources, and practice questions: NBOME Family Medicine COMAT

INTERNAL MEDICINE I&II CORE CLERKSHIPS

CLNC 700A & 700B - 12 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

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TUCOM Clinical Faculty and Adjunct Clinical Faculty at Core Rotation Sites

ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination based on disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work, and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Internal Medicine Core Rotation

Core clinical sites for the Internal Medicine rotation offer a range of experiences. The overall goal of the didactic portion of the rotation is to create a framework through which a consistent set of objectives can be learned. Students will rotate in assigned clinical settings to complete the required third-year course. Internal Medicine attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among Internal Medicine clerkship experiences, the standardized online curriculum is provided. In order to successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (PROF)

6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)
8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the Internal Medicine Course are based on the eight TUCOM Program Learning Outcomes. The course learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Show the ability to determine and monitor the nature of a patient's concern or problem using a patient-centered approach appropriate to the patient's age and culturally sensitive. (AOA; 3)
2. Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 1,3)
3. Demonstrate the ability to effectively perform a medical interview, gather data from patients, family members, and other sources, while establishing, maintaining, and concluding the therapeutic relationship and in doing so, show effective interpersonal and communication skills, empathy for the patient, awareness of biopsychosocial issues, and scrupulous protection of patient privacy. (AOA; 3,4)
4. Show the ability to perform a physical examination, including osteopathic structural and palpitory components, and the ability to perform basic clinical procedures important for generalist practice. (AOA; 1,3)
5. Demonstrate analytical thinking in clinical situations and the ability to formulate a differential diagnosis based on the patient evaluation and epidemiological data, to prioritize diagnoses appropriately, and to determine the nature of the concern or problem, in the context of the life cycle and the widest variability of clinical environments. (AOA; 2, 3)
6. Demonstrate the ability to develop and initiate an appropriate evidence-based, cost-effective, patient-centered management plan including monitoring of the problem, which considers the motivation, willingness, and ability of the patient to provide diagnostic information and relief of the patient's physical and psychological distress. Include patient counseling and education. Management should be consistent with osteopathic principles and practices including an emphasis on preventive medicine and health promotion that is based on best medical evidence. (AOA; 1,3)
7. Demonstrate the ability to work effectively with other members of the health care team in providing patient-centered care, including synthesizing, and documenting clinical findings, impressions, and plans, and using information technology to support diagnostic and therapeutic decisions. This should include interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams by applying related osteopathic principles and practices. (AOA; 1,3,4)
8. Demonstrate the ability to describe and apply fundamental epidemiological concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence. (AOA; 2,6)
9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records. (AOA; 3,4)
10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors. (AOA; 5)
11. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that will or may be experienced while practicing osteopathic medicine by properly applying competencies and physician tasks, incorporating applied

medical sciences, osteopathic principles, and best available medical evidence. This would also include, but not be limited to, incorporating the following physician tasks: (AOA; 1,3,6)

- a. Health promotion and disease prevention.
- b. History and physical examination.
- c. Appropriate use and prioritization of diagnostic technologies.
- d. An understanding of the mechanisms of disease and the normal processes of health.
- e. Health care delivery.
- f. Osteopathic principles, practices and manipulative treatment as related to the appropriate clinical encounters.

12. Using all the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in medical knowledge in the disease states listed in the course topics. (AOA; 2)

13. Systems-based practice is an awareness of and responsiveness to the larger context and systems of health care, and it is the ability to effectively identify and integrate system resources to provide osteopathic medical care that is of optimal value to individuals and society at large. Students are expected to obtain a beginning understanding and awareness of the larger context and systems of health care, and effectively identify systems' resources to maximize the health of the individual and the community at large. (AOA; 7)

14. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u> *
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the Last day of the <u>core course</u> *
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>last Friday of the core course</u>

Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block*
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

* *last day of the 4-week course (for one-block courses such as Peds, Ob/Gyn, Psych), or last day of the 8-week course (for two-block courses such as FM, IM, Surgery).*

For each core course students must complete all the requirements listed above.

Clinical Resources

In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training. All resources are listed below and available in Canvas.

Selected Didactic Resources

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent. The reading and links have been carefully chosen to give coverage of critical family medicine topics at a depth appropriate to a third-year medical student. They have been carefully chosen to give exposure to important texts books and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if necessary, review weak areas on days where there are no new clinical encounters. **Students should not use a board review book for their primary reading source.** Board review books should be used for board prep and COMAT preparation sources. Students should not rely exclusively on one reading resource such as UpToDate but rather try Harrison's, CURRENT Medical Diagnosis & Treatment, other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resources listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The reading should be tailored to align with individual learning styles, clinical experience, and student schedules.

Textbooks And Supplemental Materials

Textbooks

1. [**Harrison's Principles of Internal Medicine, 20th edition**](#) (2018) – Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson
2. [**CURRENT Medical Diagnosis and Treatment, 59th edition**](#) (2020) – Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
3. [**Goldman-Cecil Medicine, 26th edition**](#) (2019) - Lee Goldman, Andrew I. Schafer
4. [**Foundations of Osteopathic Medicine, 4th edition**](#) (2018) – Michael A. Seffinger (eBook is not available through Touro library yet - only [3rd edition available](#))
5. [**Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition**](#) (2015) – Kenneth E. Nelson, Thomas Glonek
6. [**An Osteopathic Approach to Diagnosis and Treatment, 3rd edition**](#) (2005) – Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (eBook not available through Touro library)

Online Resources

- [Annals of Internal Medicine](#)
- [Archives of Internal Medicine](#)
- [AAFP Family Medicine Journals](#)
- [American College of Physicians, Internal Medicine Essentials for Students](#)
- [The British Medical Journal](#)
- [Case Files Internal Medicine](#)
- [Journal of the American Osteopathic Association \(JAOA\)](#)
- [The Lancet](#)

- [New England Journal of Medicine](#)
- [UpToDate](#)
- [Underground Med Short videos](#)

Other Resources

- Canvas: Osteopathic Principles PowerPoint Presentations in Canvas courses - All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015)
- [TUC Library](#) (board review materials, textbooks, articles, and more)
- [Truelearn](#)
- [Lecturio](#)

Other Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under “Clinical Rotation Procedures and Expectations”
- Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time
- Clothing - Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - stethoscope, reflex hammer, computer, and internet access

Assessment And Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

To receive Honors for both IM1 and IM2, both CPEs must show recommendation for Honors.

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score \geq 50%		OPP, MK, PC, PROF
COMAT exam	standard score \geq 87	standard score \geq 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Internal Medicine is a 2-block core course, IM1 and IM2. To pass the Internal Medicine course, students must pass both rotations. After completing IM1 and obtaining a Pass on the CPE (for IM1), students will receive a Pass contingent on passing the second rotation (IM2).

Internal Medicine Topics List and Recommended Assignments

Topics are divided by week but should not necessarily be used as a determining factor of when to read about each topic. Learning is most effective when reading and assignments reinforce clinical experience as the student progresses through rotation. Students should try to cover all these topics well and consult a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under Internal Medicine (TUCOM).

Weekly Topics	Weekly Reading Assignments
<p>Week 1 and 2: Cough and Shortness of Breath, Cardiovascular and Respiratory</p> <ol style="list-style-type: none"> 1. CHF 2. Atrial Fibrillation 3. Endocarditis 4. Myocarditis 5. CAD/Acute Coronary Syndrome 6. COPD 7. Pulmonary Embolism 8. Emphysema 9. Chronic Bronchitis 10. Interstitial Lung Disease 11. Pneumonia (PNA) 12. Pericardial and Pleural Effusions 	<ul style="list-style-type: none"> • CURRENT Medical Diagnosis and Treatment, 59th edition: <ul style="list-style-type: none"> ○ Part. 2 - sections on Cough, Dyspnea and Chest Pain, ○ Part. 9 - Pulmonary Disorders, ○ Part. 10 - Heart Disease • UpToDate: <ul style="list-style-type: none"> ○ <u>Outpatient evaluation of the adult with chest pain</u> ○ <u>Evaluation of the adult with chest pain in the emergency department</u> ○ <u>Patient education: Chest pain</u> ○ <u>Management of infection in exacerbations of chronic obstructive pulmonary disease</u>

13. Lung cancer	<ul style="list-style-type: none"> ○ <u>Management of exacerbations of chronic obstructive pulmonary disease</u> ○ <u>Acute bronchitis in adults</u> ○ <u>Community-acquired pneumonia in adults: Assessing severity and determining the appropriate site of care</u> ○ <u>Treatment of community-acquired pneumonia in adults who require hospitalization</u> ○ <u>Treatment of community-acquired pneumonia in adults in the outpatient setting</u> ● Foundations of Osteopathic Medicine, 4th edition: ○ 43C: Osteopathic Considerations in Pulmonary, Case Study: Difficulty in Breathing ● Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition: Part III Clinical Conditions: <ul style="list-style-type: none"> ○ Ch. 25 - The Patient with Lower Respiratory Tract Problems, ○ Ch. 27 - The Patient with Congestive Heart Failure ● An Osteopathic Approach to Diagnosis and Treatment, 3rd edition: <ul style="list-style-type: none"> ○ Ch. 112 - Pulmonary Applications, ○ Ch. 113 - Cardiac Applications
<p>Week 3 and 4: Common Inpatient issues, other Infectious Disease and Cancer</p> <ol style="list-style-type: none"> 1. Medical consequences of Chronic Alcohol Abuse (hepatic effects covered in different week) 2. Diabetes Mellitus, DKA, Hyperosmolar State, medical consequences of Diabetes 3. Guillain-Barre Syndrome and CIDP 4. Altered Mental Status including: delirium, dementia, confusion, and disorientation 5. HIV/AIDS 6. Cellulitis 7. Osteomyelitis 8. Tuberculosis 9. Sepsis including diagnostic and classification criteria 10. Cancers of the female and male organs including breast, ovarian, cervical, uterine, and prostate cancers 	<ul style="list-style-type: none"> ● <u>Harrison's Principles of Internal Medicine, 20th edition:</u> <ul style="list-style-type: none"> ○ Ch. 396-398 - Diabetes Mellitus ○ Ch. 432 - Disorders of the Autonomic Nervous System ○ Ch. 24 - Confusion and Delirium, ○ Ch. 197 - Human Immunodeficiency Virus Disease: AIDS and Related Disorders ○ Ch. 126 - Osteomyelitis ○ Ch. 173 - Tuberculosis ● Other Articles and Resources: <ul style="list-style-type: none"> ○ <u>Inpatient Management of Diabetes Mellitus</u> ○ <u>Guillain-Barre Syndrome</u> ○ <u>Basic TB Facts</u> ● UpToDate: <ul style="list-style-type: none"> ○ <u>Overview of the chronic neurologic complications of alcohol</u> ○ <u>Clinical manifestations and diagnosis of alcoholic fatty liver disease and alcoholic cirrhosis</u> ○ <u>Management of moderate and severe alcohol withdrawal syndromes</u>

	<ul style="list-style-type: none"> ○ Diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults: Clinical features, evaluation, and diagnosis ○ Diabetic ketoacidosis and hyperosmolar hyperglycemic state in adults: Treatment ○ Delirium and acute confusional states: Prevention, treatment, and prognosis ○ Diagnosis of delirium and confusional states ○ Cellulitis and skin abscess: Clinical manifestations and diagnosis ○ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) in adults: Treatment of skin and soft tissue infections ○ Preseptal Cellulitis ○ Orbital Cellulitis ● An Osteopathic Approach to Diagnosis and Treatment, 3rd edition: ○ Ch. 107 - Lymphatics
<p>Week 5 and 6: Thyroid, Autoimmune and Rheumatic</p> <ol style="list-style-type: none"> 1. Thyroid disease including: hypothyroid and hyperthyroid states, thyroid cancer, thyroiditis. 2. Endocrine neoplasias 3. Sjogren's Syndrome 4. Behcet's 5. SLE 6. RA and inflammatory arthritis 7. Osteoarthritis 8. Systemic Sclerosis 9. Seronegative Spondyloarthropathies 10. Vasculitic Syndromes including ANCA positive and negative diseases 11. Sarcoidosis 12. Polymyalgia rheumatica 13. Idiopathic inflammatory myopathies 	<ul style="list-style-type: none"> ● CURRENT Medical Diagnosis and Treatment, 59th edition: ○ Part. 20 - Rheumatologic, Immunologic, & Allergic Disorders ○ Part. 26 - Diseases of the Thyroid Gland ● Harrison's Principles of Internal Medicine, 20th edition: ○ Ch. 348 - Autoimmunity and Autoimmune Diseases, ○ Ch. 356 - The Vasculitis Syndromes ● Case Files - Thyroid cases ● UpToDate: ○ Clinical manifestations and diagnosis of pulmonary sarcoidosis ○ Extrapulmonary manifestations of sarcoidosis ● Other Articles and Resources: ○ Rheumatology diagnostic criteria ● Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition: ○ Part III Clinical Conditions: ○ Ch. 31 - The Patient with Thyroid Disease
<p>Week 7 and 8: Renal and Gastrointestinal</p> <ol style="list-style-type: none"> 1. Hepatitis (infectious and non-infectious) 2. Cirrhosis 3. Alcoholic Liver Disease and systemic complications 4. Non-Alcoholic Fatty Liver including NASH (non-alcoholic fatty steatosis), and NAFLD (non-alcoholic fatty liver disease) 5. Cholangitis and cholecystitis 	<ul style="list-style-type: none"> ● Harrison's Principles of Internal Medicine, 20th edition: ○ Ch. 329 - Approach to the Patient with Liver Disease ● CURRENT Medical Diagnosis and Treatment, 59th edition: ○ Part. 16 - Liver, Biliary Tract, & Pancreas Disorders ○ Part. 22 - Kidney Disease

- 6. Pancreatitis
- 7. Diverticulosis, and diverticulitis
- 8. Inflammatory bowel disease and irritable bowel disease
- 9. Fluid and electrolyte imbalances and management
- 10. CKD: Chronic Kidney Disease
- 11. ARD: Acute Renal Disease
- 12. Anemia
- 13. Glomerular disease: nephritis, nephrosis, and proteinuria
- 14. GI motility and malabsorption disorders
- 15. G.I. and renal malignancies

- **UpToDate:**
 - [Clinical manifestations and diagnosis of alcoholic fatty liver disease and alcoholic cirrhosis](#)
 - [Prognosis and management of alcoholic fatty liver disease and alcoholic cirrhosis](#)
 - [Predicting the severity of acute pancreatitis](#)
 - [Management of acute pancreatitis](#)
 - [Clinical manifestations and diagnosis of irritable bowel syndrome in adults](#)
 - [Treatment of irritable bowel syndrome in adults](#)
- **Other Articles and Resources:**
 - [Nonalcoholic steatohepatitis](#)
 - [Irritable bowel syndrome](#)
 - **An Osteopathic Approach to Diagnosis and Treatment, 3rd edition:**
 - Ch. 114 - Gastrointestinal Applications
 - Ch. 110 - Visceral Manipulation
 - **Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition:**
 - Part III Clinical Conditions:
 - Ch. 28 - The Patient with Gastrointestinal Problems

Internal Medicine Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

IM Procedures

- IM: Admission note
- IM: Arterial blood gas collection
- IM: Arterial blood gas interpretation
- IM: Basic airway management
- IM: Basic ventilator management
- IM: Bladder catheter placement
- IM: Calculate IV fluid, maintenance, and replacement, based on weight or body surface area

IM Diagnoses

- IM: Acute renal disease
- IM: Alcoholic liver disease and systemic complications
- IM: AMS: Delirium, dementia, confusion, and disorientation
- IM: Anemia
- IM: Atrial Fibrillation
- IM: Bronchitis
- IM: CAD/Acute Coronary Syndrome

IM: Central venous catheter placement
 IM: Confirmation of death
 IM: CSF fluid interpretation
 IM: Describe a cardiac murmur
 IM: Describe skin lesion
 IM: Develop a differential diagnosis including osteopathic considerations
 IM: Focused neurologic examination
 IM: Give a complete presentation of a patient
 IM: Identify signs of respiratory distress
 IM: Initial management chest pain
 IM: Initial management GI bleeding
 IM: Initial management shock
 IM: Interpret CBC
 IM: Interpret chemistry panel including liver function, renal function, electrolytes, glucose
 IM: Interpret ECG
 IM: Interpret Hgb A1C test
 IM: Interpret TB testing and choose appropriate test
 IM: Interpret UA
 IM: Lead placement for EKG
 IM: Lumbar puncture
 IM: Measure Pulsus Paradoxicus
 IM: Mini Mental Status Examination
 IM: Nasogastric tube placement
 IM: Obtain advance directive
 IM: Order and interpret cardiac enzymes
 IM: Order blood toxicology screening
 IM: Orthostatic vital signs
 IM: Paracentesis
 IM: Perform ECG
 IM: Perform venipuncture
 IM: Place IV
 IM: Placement of oral airway
 IM: Present a patient in 2 minutes (as compared to a full H&P)
 IM: Present a patient in 5 minutes (as compared to a full H&P)
 IM: Read and interpret Chest X-Ray
 IM: Systematically read and Interpret abdominal X-ray
 IM: Thoracentesis
 IM: Write H&P complete including Osteopathic Considerations
 IM: Write prescription
 IM: Write a progress note
 IM: Write discharge note

IM: Cellulitis
 IM: Cholangitis and cholecystitis
 IM: Chronic Kidney Disease
 IM: Cirrhosis
 IM: Congestive Heart Failure
 IM: COPD/Emphysema
 IM: Diverticulosis, and diverticulitis
 IM: Diabetes and diabetic complications including DKA
 IM: Endocarditis
 IM: Fluid and electrolyte imbalances and management
 IM: Glomerular Disease: Nephritis
 IM: Glomerular Disease: Nephrosis
 IM: Glomerular Disease: Proteinuria
 IM: Guillain-Barre Syndrome
 IM: Hepatitis
 IM: HIV/ AIDS
 IM: Inflammatory Bowel Disease
 IM: Interstitial Lung Disease
 IM: Irritable Bowel Disease
 IM: Inflammatory Bowel Disease
 IM: Cancer
 IM: Medical Consequences of Chronic Alcohol Abuse
 IM: Myocarditis
 IM: Non-Alcoholic Fatty Liver
 IM: Osteoarthritis
 IM: Osteomyelitis
 IM: Pancreatitis
 IM: Pneumonia
 IM: Pulmonary Embolism
 IM: RA
 IM: Sarcoidosis
 IM: SLE
 IM: Spondyloarthropathies
 IM: Thyroid disease
 IM: Tuberculosis
 IM: Vasculitis Syndromes
 IM: Neuro degenerative disorders
 IM: Reflex sympathetic Dystrophy and CIDP

Required during IM core rotation

OMM: IM Osteopathic Structural Examination (OSE)

OMM: IM Osteopathic Manipulative Treatment (OMT)

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Internal Medicine

There will be one interactive case conference during each of the Internal Medicine rotation blocks. Attendance and participation are mandatory.

Internal Medicine eConferences will take place virtually on **Wednesday afternoons at 3:00 PM PST/PDT** (see course calendar in Canvas) on Zoom, and will be hosted by faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [Internal Medicine course](#).

Internal Medicine COMAT Examination

It is required that students pass COMAT. The CED highly recommends a board review book is used throughout the rotation in addition to the required reading. Students must practice questions using Truelearn and complete additional questions as needed.

Internal Medicine COMAT Objectives

Based on general learner-centered objectives, as outlined in the Internal Medicine Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge of situations and patient presentations encountered in clinical settings and important to Internal Medicine.
2. Foundational content knowledge and clinical problem-solving ability related to particular physician tasks critical to Internal Medicine.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism, and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For Internal Medicine, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **Allergy/Skin/Miscellaneous:** atopic diseases, anaphylaxis, drug allergy, common dermatological conditions and skin lesions and chemical exposure
2. **Cardiovascular:** acute coronary syndromes, arrhythmias, chronic ischemic disease of the heart, congenital heart disease, hyperlipidemia, peripheral vascular disease, congestive heart failure, aortic dissection, valvular heart disease, pericarditis, and endocarditis

3. **Endocrine:** weight gain/loss, adrenal disorders, diabetes mellitus, parathyroid and thyroid disturbances, pituitary disorders, disorders of the testes and women's health
4. **Gastrointestinal:** diseases of the upper and lower gastrointestinal tract, liver, gallbladder, and pancreas; gastrointestinal disease prevention, gastrointestinal tract cancer and other gastroesophageal issues
5. **Hematology/Oncology:** coagulation disorders, anemia, solid tumors, hematologic malignancies and screening and disease prevention
6. **Infectious diseases:** commonly encountered infectious and immunological diseases and host responses, HIV infections, bioterrorism, and infectious disease treatment and prevention/prophylaxis
7. **Musculoskeletal:** osteoporosis, somatic dysfunction, viscerosomatic relationships, inflammatory and non-inflammatory rheumatic diseases, vasculitis, and disorders of bone and muscle
8. **Neurology:** brain anatomy/function, stroke, disorders of the spinal cord and peripheral nerves, disorders of cerebral function and central nervous system neoplasms
9. **Renal/Hypertension:** fluid and electrolyte disorders, acute renal injury, chronic kidney disease, renal calculi, glomerular and tubulointerstitial disorders, obstructive uropathy and arterial hypertension
10. **Respiratory:** respiratory tract cancer, asthma, chronic obstructive pulmonary disease, pneumonia, pulmonary embolism, critical care medicine and respiratory failure

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources and practice questions: [NBOME Internal Medicine COMAT](#)

SURGERY I & II CORE CLERKSHIPS

CLNC 701A & 701B - 12 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

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TUCOM Clinical Faculty and Adjunct Clinical Faculty at Core Rotation Sites

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ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination based on disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and provide appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work, and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Surgery Core Rotation

Core clinical sites for the General Surgery rotation offer a broad range of experiences. In the first four-week block, students will be rotating with a general surgery service. In the second four-week block the experience will depend on the site, which may include a specialty surgery, e.g. Orthopedic, Neurosurgery, Trauma, etc. The topics covered by the online portion of this 8-week rotation are all general surgery topics. The goal of the didactic portion of the rotation is to create a forum where a consistent set of objectives can be learned. Students will rotate in assigned clinical settings to complete the required third-year course. Surgery attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among surgery clerkship experiences, the standardized online curriculum is provided. To successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and in Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)

3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (PROF)
6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)
8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the Surgery Course are based on the eight TUCOM Program Learning Outcomes. The course learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Understand the basic tenets of and participate in providing pre-operative care: This will include: preoperative risk assessment, inpatient and outpatient work-ups for patient surgical readiness, and the initiation of osteopathic treatment plans, lifestyle, and medical management plans to aid in including risk stratification, inpatient and outpatient work up for surgical readiness, diagnosis and initial management of common preoperative issues, including initiating preparation via osteopathic, lifestyle, and medical management plans (AOA; 1,3)
2. Be able to diagnose and initiate management of common surgical conditions and differentiate urgent surgical ones from those that can be managed conservatively. (AOA; 3)
3. Demonstrate communication skills that will facilitate a clinical interaction with patients who may require surgery; risk-benefit counseling; description of basic surgical procedures and their related post-operative care expectations (AOA; 3,4)
4. Develop basic clinical problem-solving and clinical reasoning skills pertinent to diagnosing patients with the following: acute abdomen, breast mass, biliary tract disease, herniae, abdominal mass, colorectal disease, scrotal swelling, GI bleeding and thyroid nodules. Be able to differentiate an acute from a non-acute abdomen, have a thorough knowledge of the differential diagnosis of abdominal pain including epidemiological risk factors and be able to take appropriate steps to create a working diagnosis and a list of differential diagnoses. Use evidence-based medicine to make choices about appropriate diagnostic tools. Be able to describe the typical presentation of each differential diagnosis. (AOA 2,3,6)
5. Demonstrate knowledge and clinical skills required for providing peri-operative surgical care for patients with acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colorectal disease, scrotal swelling, GI bleeding and thyroid nodules. Be able to describe the presentation and initial management steps of each diagnosis. Be able to perform appropriate clinical tasks to provide initial care and rule in or out emergent diagnosis. Be able to describe management for the patient with a breast mass, colorectal mass, scrotal mass, and thyroid nodule from discovery to diagnosis including supportive care, pre-operative care, and surgical care. Use evidence-based medicine to make choices about appropriate management. (AOA; 4,6)
6. Demonstrate the need for team collaboration, communication, and professional behavior in management of patients with acute abdomen, breast mass, biliary tract disease, hernia, abdominal mass, colorectal disease, scrotal swelling, GI bleeding and thyroid nodules. (AOA 4,7)
7. Demonstrate the ability to communicate through traditional oral and written methods with colleagues, residents, attendings and staff regarding patient evaluation and management. (AOA; 3,4)
8. Begin to develop a basic initial approach to the management of trauma the differentiation of surgical vs. non-surgical traumatic situations, as well as life-threatening from non-life threatening. (AOA; 2,3)
9. Demonstrate professionalism by empathetic listening, appropriate comportment, and showing respect for patient wishes and dignity during surgical procedures. (AOA; 5)

10. Based on data gathered from history examination and appropriate testing, be able to explain the options for surgical procedures and or lifestyle or medical changes necessary for a successful procedure in the case of the surgeries on the topic list. (AOA; 3)
11. Be able to explain to your patients the risks and benefits of common operations performed given the patient's current state of health. (AOA; 3,4)
12. Explain the osteopathic perspective on the importance of normal anatomy in relation to common surgical issues; this includes nutrition, wound healing, and normal structure and function. (AOA; 1)
13. Develop a basic knowledge of wound healing physiology and wound care principles, to include how osteopathic principles and finding of normal circulation apply to the diagnosis and management of wound healing. Know how wound healing can be complicated by common factors such as toxin exposures (alcohol, tobacco, drugs,) obesity, and pre-existing medical comorbidities. (AOA; 1,2,3)
14. Describe the assessment and management of common postoperative complications including fever, chest pain, disorientation and coma, urinary problems, ileus, mechanical obstruction wound dehiscence, evisceration and infection, shock, and acute pulmonary failure. (AOA; 2,3)
15. Provide brief didactic instruction to a non-D.O. audience including other physicians, patients, and other involved health care providers to explain the basic osteopathic principles and techniques to manage common post-operative complications. (AOA; 1,4)
16. Describe the normal physiology of fluid volume control, body fluid distribution, pH, and electrolytes. (AOA; 2)
17. Differentiate the types and uses of parenteral solutions and be able to calculate and prescribe the appropriate amount of fluid for surgical patients. (AOA; 3)
18. Diagnose and correct electrolyte abnormalities in the surgical patient. (AOA; 2,3)
19. Evaluate the quality and applicability of available evidence to determine if a surgical procedure is appropriate for your patient. (AOA; 6)
20. Be able to identify and work collaboratively with members of the surgical team during procedures. (AOA; 4)
21. Describe ethical considerations and care access issues that arise in assessment of possible surgical patients presenting to the emergency room. (AOA; 7)
22. Connect patient problems to system factors such as socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u> *
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the Last day of the <u>core course</u> *
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>Last Friday of the core course</u>
Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block*
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

* *last day of the 4-week course (for one-block courses such as Peds, Ob/Gyn, Psych), or last day of the 8-week course (for two-block courses such as FM, IM, Surgery).*

For each core course students must complete all the requirements listed above.

Clinical Resources

In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training. All resources are listed below and available in Canvas

Selected Didactic Resources

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent.

The reading and links have been carefully chosen to give coverage of critical surgery topics at a depth appropriate to a third-year medical student. They have been carefully chosen to give exposure to important textbooks and articles with which attendings will expect students to be familiar. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if necessary, review weak areas on days where there are no new clinical encounters. **Students should not use a board review book for their primary reading source.** Board review books should be used for board prep and COMAT preparation sources. Students should not rely exclusively on one reading resource such as UpToDate but rather should try Harrison's, CURRENT Medical Diagnosis & Treatment and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The reading should be tailored to align with individual learning styles, clinical experience, and student schedules.

Textbooks And Supplemental Materials

Textbooks

1. **CURRENT Diagnosis and Treatment Surgery, 15th edition (2020) - Gerard M. Doherty**
2. Current Surgical Therapy, 14th Ed. (2023) - John Cameron and Andrew Cameron
3. Current Diagnosis & Treatment – Orthopedics, 6th Ed. (2022) - Patrick McMahon
4. **Urology-textbook.com**
5. **General Urology, 19th Ed. (2023) - Jack McAninch**
6. **The MD Anderson Surgical Oncology Manual, 7th Ed. (2023) - Barry Feig**
7. **Trauma 9th edition (2020) - Ernest E. Moore, David V. Feliciano, Kenneth L. Mattox**
8. Advanced Trauma Life Support, 10th Ed. (2018) - ACS American College of Surgeons
9. **Trauma Surgery: Illustrated Tips and tricks, 1st Ed. (2022) – Moore, Fox, and Pieraccia**

10. **Foundations of Osteopathic Medicine, 4th edition** (2018) – Michael Seffinger (eBook not available yet through Touro library - only 3rd edition available)
11. **Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition** (2015) – Kenneth E. Nelson, Thomas Glonek
12. **An Osteopathic Approach to Diagnosis and Treatment, 3rd edition** (2005) - Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (eBook not available through Touro library)

Online Resources

- [Ethicon Wound Healing and Suture Manual](#)
- [Ethicon Knot Tying Manual](#)
- [Journal of the American Osteopathic Association \(JAOA\)](#)
- [Suturing Videos](#)
- [UndergroundMed Videos](#)
- [UptoDate](#)

Other Resources

- Canvas: Osteopathic Principles PowerPoint Presentations in Canvas courses - All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015)
- [TUC Library for Surgery rotation](#) (board review materials, textbooks, articles, and more)
- [Truelearn](#)
- [Lecturio](#)

Additional Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under “Clinical Rotation Procedures and Expectations”
- Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
- Clothing- Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, computer, and internet access.

Assessment And Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

To receive Honors for both Surgery1 and Surgery2, both CPEs must show recommendation for Honors.

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score ≥ 50%		OPP, MK, PC, PROF
COMAT exam	standard score ≥ 87	standard score ≥ 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Surgery is a 2-block core course, Surgery1 and Surgery2. To pass the Surgery course, students must pass both rotations. After completing Surgery1 and obtaining a Pass on the CPE (for Surgery1), students will receive a Pass contingent on passing the second rotation (Surgery2).

Surgery Topic List and Recommended Reading

Topics are divided by week but should not necessarily be used as a determining factor of when to read about each topic. Learning is most effective when reading and assignments reinforce clinical experience as the student progresses through rotation. Students should try to cover all these topics well and consult a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under Surgery (TUCOM).

Weekly Topics	Weekly Reading Assignments
<p>Week 1</p> <p>Clinical Skills</p> <ol style="list-style-type: none"> 1. History and physical examination of the surgical patient 2. Labs, imaging and special tests 3. Suturing and knot tying <p>Medical Knowledge</p> <ol style="list-style-type: none"> 1. Pre- and peri-operative care and assessment of surgical patients, including anesthesia Risk, and Goldman's index 2. Wound healing 3. Body fluid and electrolyte therapy 4. Post-operative complications: <ol style="list-style-type: none"> 1. Fever 2. Chest pain 3. Disorientation and coma 4. Urinary problems 	<ul style="list-style-type: none"> • CURRENT Diagnosis and Treatment Surgery: <ul style="list-style-type: none"> ○ Ch.1 - Approach to the Surgical Patient ○ Ch.2 - Training, Communication, Professionalism, and Systems-based Practice ○ Ch.3 - Preoperative Care ○ Ch.4 - Postoperative Care ○ Ch.5 - Postoperative Complications ○ Ch.6 - Wound Healing ○ Ch.8 - Inflammation, Infection, & Antimicrobial Therapy ○ Ch.9 - Fluid, Electrolyte, & Acid-Base Disorders ○ Ch.10 - Surgical Metabolism & Nutrition ○ Ch.11 - Anesthesia ○ Ch.12 - Shock & Acute Pulmonary Failure in Surgical Patients • Ethicon Wound Healing and Suture Manual Link: <ul style="list-style-type: none"> ○ Ch.2 - Suturing ○ Suturing and instrument tie ○ Two handed knot tie

<ol style="list-style-type: none"> 5. Ileus 6. Mechanical obstruction 7. Wound: dehiscence, evisceration and infection 8. Shock and acute pulmonary failure 9. Atelectasis 10. Pain management 	<ul style="list-style-type: none"> • UpToDate <ul style="list-style-type: none"> ○ Evaluation of cardiac risk prior to noncardiac surgery ○ Preoperative medical evaluation of the healthy adult patient ○ Maintenance and replacement fluid therapy in adults • Underground Med videos <ul style="list-style-type: none"> ○ Maintenance Fluids ○ Maintenance Fluids Calculation Derivations ○ OR Etiquette ○ Two handed Surgical Square Knot with explanations! <p>* There are a lot more useful videos that are optional for all core courses!</p> <ul style="list-style-type: none"> • Foundations of Osteopathic Medicine: Ch.8 - Anatomy and Physiology of the Lymphatic System • Somatic Dysfunction in Osteopathic Family Medicine: Part II - Section on The Surgical Patient
Week 2: GI/GU <ol style="list-style-type: none"> 1. Bleeding (include hematemesis, hematochezia, melena) 2. Acute abdominal pain 3. Abdominal mass 	<ul style="list-style-type: none"> • CURRENT Diagnosis and Treatment Surgery: Ch.21 - The Acute Abdomen • UpToDate: <ul style="list-style-type: none"> ○ Approach to acute upper gastrointestinal bleeding in adults ○ Causes of upper gastrointestinal bleeding in adults ○ Approach to acute lower gastrointestinal bleeding in adults ○ Etiology of lower gastrointestinal bleeding in adults ○ Evaluation of occult gastrointestinal bleeding ○ Evaluation of the adult with abdominal pain ○ Abdominal Aortic Aneurysm ○ Colon Cancer • Foundations of Osteopathic Medicine: Ch.42 - Abdominal Pain
Week 3: GI/GU <ol style="list-style-type: none"> 1. Hernia 2. Intestinal obstruction 3. Biliary tract disease 4. Appendicitis 	<ul style="list-style-type: none"> • CURRENT Diagnosis and Treatment Surgery: <ul style="list-style-type: none"> ○ Ch.28 - Appendix ○ Ch.29 - Small Bowel ○ Ch.32 - Hernia Hernias & Other Lesions of the Abdominal Wall ○ Appendicitis ○ Diverticulitis ○ Cholecystitis ○ Inguinal Hernia • JAOA: Effect of Osteopathic Manipulative Treatment on Incidence of Postoperative Ileus and Hospital Length of Stay in General Surgical Patients. Baltazar, G. et al. JAOA 2013;113(204-209)
Week 4 <ol style="list-style-type: none"> 1. Breast masses and breast cancer (benign and malignant findings) 	<ul style="list-style-type: none"> • CURRENT Diagnosis and Treatment Surgery: <ul style="list-style-type: none"> ○ Ch.16 - Thyroid & Parathyroid ○ Ch.30 - Large Intestine

<p>2. Rectum and colon diseases, including neoplasia</p> <p>3. Scrotal swelling</p> <p>4. Thyroid nodule</p> <p>5. Trauma</p>	<ul style="list-style-type: none"> ○ Ch.31 - Anorectum ● UpToDate ○ Screening for breast cancer: Evidence for effectiveness and harms ○ Screening for breast cancer: Strategies and recommendations ○ Diagnostic evaluation of women with suspected breast cancer ○ Patient information: Breast cancer guide to diagnosis and treatment (Beyond the Basics) ○ Clinical manifestations and diagnosis of irritable bowel syndrome in adults ○ Tests for screening for colorectal cancer ○ Evaluation of acute scrotal pain in adults ○ Causes of scrotal pain in children and adolescents ○ Bowel obstruction ○ Breast Cancer ○ Thyroid nodule ○ Trauma Resuscitation ● JAOA: Hemodynamic effects of Osteopathic manipulative treatment immediately after coronary artery bypass graft surgery. O-Yurvati, et al. JAOA October 2005; 105(10):475-481
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Surgery Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

Surgery Procedures

SURG: Anesthesia administration
 SURG: Appendectomy
 SURG: Aseptic/sterile technique
 SURG: Assess general status of a patient and perform a complete set of vital signs including BP
 SURG: Blood draw, femoral vein
 SURG: Breast procedure (FNA, biopsy, lumpectomy)
 SURG: Calculate daily dietary requirements

Surgery Diagnoses

SURG: Abdominal Mass
 SURG: Acute Abdominal Pain
 SURG: Appendicitis
 SURG: Biliary Tract Disease
 SURG: Breast Mass and Breast Cancer
 SURG: GI Bleeding
 SURG: Hernia
 SURG: Intestinal Obstruction
 SURG: Pneumothorax

SURG: Calculate IV fluid, maintenance, based on weight or body surface area
SURG: Describe skin lesion
SURG: Develop a differential diagnosis
SURG: Drain abscess
SURG: Focused neurologic examination
SURG: Gown scrub glove
SURG: Hernia repair
SURG: I&D
SURG: Inpatient post-operative patient encounter
SURG: Insert Foley catheter female
SURG: Insert Foley catheter male
SURG: Interpret CBC
SURG: Interpret chemistry panel
SURG: Interpret UA
SURG: Knot tying
SURG: Laparoscopic surgery
SURG: Manage postoperative pain
SURG: Obtain informed consent
SURG: Patient education, incentive spirometry
SURG: Perform vital signs
SURG: Place IV catheter
SURG: Place steri-strips
SURG: Placement of drain
SURG: Place nasogastric tube
SURG: Preoperative risk assessment/Intraoperative time-out
SURG: Removal of drain
SURG: Remove epidermal or sebaceous cyst
SURG: Remove staples
SURG: Remove sutures
SURG: Skin biopsy
SURG: Suture technique
SURG: Systematically read and interpret chest X-ray
SURG: Wound debridement
SURG: Written Note: operative note
SURG: Written Note: postoperative progress note
SURG: Written Note: preoperative note
SURG: Written Note: progress or SOAP note

SURG: Post-Op Complications: Fever
SURG: Post-Op Complications: Altered mental status
SURG: Post-Op Complications: Chest Pain
SURG: Post-Op Complications: Electrolyte imbalance
SURG: Post-Op Complications: In a postoperative patient
SURG: Post-Op Complications: Wound issues
SURG: Rectal and Colon Surgical Disease
SURG: Scrotal Swelling
SURG: Shock
SURG: Thyroid Nodule
SURG: Trauma

Required during Surgery core rotation

OMM: Surg Osteopathic Structural Exam (OSE) in a pre or post op patient

OMM: Surg Osteopathic Manipulative Treatment (OMT) with documentation in a surgical patient

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide

student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Surgery

There will be one interactive case conference during each of the Surgery rotation blocks. Attendance and participation are mandatory.

Surgery eConferences will take place virtually on **Monday afternoons at 4:00 PM PST/PDT for one hour** (see course calendar) on Zoom and will be hosted by TUCOM faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [Surgery course](#).

Surgery COMAT Examination

It is required that students pass COMAT. To ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also required that students do practice questions using Truelearn and recommended that students pursue more than the required questions as needed.

Surgery COMAT Objectives

Based on general learner-centered objectives, as outlined in the Surgery Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge of situations and patient presentations encountered in clinical settings and important to Surgery.
2. Foundational content knowledge and clinical problem-solving ability related to physician tasks critical to Surgery.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism, and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For **COMAT-Surgery**, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **Abdominal defects and hernias in the adult and pediatric patient**
2. **Endocrine and breast and related issues:** thyroid, parathyroid, adrenal, pancreas, pituitary and other glands; surgical issues of the breasts
3. **Fluids:** shock, fluid and electrolytes, surgical nutrition, coagulation, and blood
4. **Gastrointestinal and related issues:** esophagus, diaphragm, stomach, duodenum, small intestine, large intestine, rectum, and appendix
5. **General surgical issues in urology, gynecology, and pediatrics**
6. **Hepatobiliary and related issues:** pancreas, biliary tract, liver, and spleen
7. **Osteopathic principles and practice in surgical care:** somatic dysfunction, viscerosomatic relationships and osteopathic manipulative treatment techniques

8. **Surgical oncology and surgical pathology**
9. **Trauma:** musculoskeletal injury and fractures; blunt and penetrating chest injury diagnosis and care
10. **Wounds and infections:** skin and subcutaneous tissues, immunology, and transplantation

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources, and practice questions: [NBOME Surgery COMAT](#)

OBSTETRICS & GYNECOLOGY CORE CLERKSHIP

CLNC 703 - 6 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

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INSTRUCTORS

TUCOM Clinical Faculty and Adjunct Clinical Faculty at Core Rotation Sites

ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination based on disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Ob/Gyn Core Rotation

Core clinical sites for obstetrics and gynecology rotation offer a range of experiences. The goal of the didactic portion of the rotation is to create a forum where a consistent set of objectives can be learned. Students will rotate in assigned clinical settings to complete the required third-year clerkship. Obstetrics and gynecology attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among obstetric/gynecologic clerkship experiences, this standardized curriculum is provided. To successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)

5. Professionalism (PROF)
6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)
8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the OB/GYN Course are based on the eight TUCOM Program Learning Outcomes. The course learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Have a basic knowledge of normal female anatomy, reproductive physiology and endocrinology including the menstrual cycle, changes in pregnancy and puberty and menopause. (AOA; 2)
2. Demonstrate the ability to communicate with colleagues and support staff through traditional oral presentations, and standard formatted notes, such as SOAP, H&P, pre- and post-operative, admit and so on. (AOA; 4)
3. Develop professional attitudes and behaviors appropriate for obstetrics and gynecology, including empathy and respect for patients with common obstetric and gynecologic presentations. (AOA; 5)
4. Recognize one's role as a leader and advocate for women by demonstrating beginning understanding of legal issues such as informed consent, confidentiality, care of minors and adolescents, and public issues such as right to care and abortion, common legal and ethical issues related to reproductive options. (AOA; 7)
5. Provide patient care that incorporates a strong fund of applied osteopathic medical knowledge and best medical evidence, osteopathic principles and practices, sound clinical judgment, and patient and family preferences. (AOA; 3)
6. Describe the normal anatomy of the pelvis; somatic dysfunction of the pelvis and how to perform an osteopathic evaluation and develop an initial osteopathic treatment plan for pelvic pain. Be able to formulate a differential diagnosis for chronic and acute pelvic pain. (AOA; 1,2, 3)
7. Develop competence in obtaining a history and physical examination of women, including a sexual history, incorporating social, ethical, and culturally diverse perspectives. (AOA; 3)
8. Be able to diagnose and initiate management of common gynecologic concerns, specifically those in the topic list and diagnosis log. (AOA; 3)
9. Be able to diagnose, communicate about and initiate management of STIs including HPV. (AOA; 3)
10. Demonstrate knowledge of contraception options, including sterilization and abortion and the ability to counsel patients regarding these options. (AOA; 2, 3)
11. Describe the etiology and evaluation of infertility. (AOA; 2)
12. Demonstrate knowledge of prenatal and preconception counseling and care. Demonstrate knowledge of the impact of genetics, medical conditions and environmental factors on maternal health and fetal development. (AOA; 2, 3)
13. Develop communication skills that facilitate clinical interaction with patients in potentially sensitive situations such as dealing with sexually transmitted infections, infertility and other issues pertaining to women's health. (AOA; 4)
14. Explain the normal physiologic changes of pregnancy, including interpretation of common diagnostic studies, and the viscerosomatic, skeletal, and biomechanical changes in each trimester. (AOA; 1)
15. Demonstrate knowledge of normal intrapartum and delivery care. (AOA; 1,3)
16. Demonstrate knowledge of common complications of pregnancy and intrapartum care and how to initiate management of them. (AOA; 2,3)
17. Demonstrate knowledge of perioperative care and familiarity with common obstetric and gynecologic procedures. (AOA; 3)
18. Demonstrate knowledge of postpartum care of the mother and newborn. Be able to offer prenatal, postpartum counseling and care, and breastfeeding counseling and support. (AOA; 3)

19. Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatment during pregnancy. Diagnose and initiate appropriate osteopathic treatment of somatic dysfunction common in pregnancy. (AOA; 1,2,3)
20. Use osteopathic principles and treatments in the postpartum period. (AOA; 1)
21. Use osteopathic terminology to describe and explain indications and contraindications for osteopathic treatments for newborns. (AOA; 1)
22. Evaluate existing literature regarding the use of osteopathy in pregnancy. Use information gathered to explain to other health care providers the clinical significance and evidence for integrating osteopathy into clinical care. (AOA; 1,7)
23. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation. (AOA; 2,3)
24. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

*Adapted from the **Association of Professors of Gynecology & Obstetrics**, [APGO Medical Student Educational Objectives](#)*

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u>
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the Last day of the <u>core course</u>
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>Last Friday of the core course</u>
Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

For each core course students must complete all the requirements listed above.

Clinical Resources

In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training. All resources are listed below and available in Canvas.

Selected Didactic Resources

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent. The reading and links have been carefully chosen to give coverage of critical OB/GYN topics at a depth appropriate to a third-year medical student. They have been carefully chosen to give exposure to important textbooks and articles with which attendings will expect students to be familiar with. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered on days students have not had new clinical encounters. **Students should not use a board review book for their primary reading source.** Board review books should be used for board prep and COMAT preparation sources. Students should not rely exclusively on one reading resource such as UpToDate but rather should try Harrison's, CURRENT Medical Diagnosis & Treatment and other online resources from MD Consult or Access Medicine. Again, the selection chosen is designed to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The reading should be tailored to align with individual learning styles, clinical experience and student schedules.

Textbooks And Supplemental Materials

Textbooks

1. **Beckmann and Ling's Obstetrics and Gynecology, 8th edition** (2018) - Robert Casanova et al
**** Print edition MUST BE PURCHASED
2. **Williams Gynecology, 4th edition** (2020) - Barbara L. Hoffman, John O. Schorge, Karen D. Bradshaw, Lisa M. Halvorson, Joseph I. Schaffer, Marlene M. Corton
3. **Hacker & Moore's Essentials of Obstetrics and Gynecology, 6th edition** (2016)
4. **Obstetrics: Normal and Problem Pregnancies, 7th edition** (2017) - Steven G. Gabbe, Jennifer R. Niebyl, Joe Leigh Simpson, Mark B. Landon, Henry L. Galan, Eric R.M. Jauniaux, Deborah A. Driscoll, Vincenzo Berghella and William A. Grobman
5. **CURRENT Diagnosis & Treatment: Obstetrics & Gynecology, 12th edition** (2019) - Alan H. DeCherney, Lauren Nathan, Neri Laufer, Ashley S. Roman
6. **Foundations of Osteopathic Medicine, 4th edition** (2018) – Michael Seffinger (eBook not available yet through Touro library - only 3rd edition available)
7. **Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition** (2015) – Kenneth E. Nelson, Thomas Glonek
8. **An Osteopathic Approach to Diagnosis and Treatment, 3rd edition** (2005) - Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (eBook not available through Touro library)

**** Obstetrics and Gynecology, by Beckman et. al is required. When you purchase this book, and you will have access to an online eBook as well as sample test questions. The book is a cross between a text and a review book. If you read about 75 pages a week you will have covered all the critical topics for the 4-week rotation and COMAT exam. The book is highlighted and outlined in an easy-to-use format. Finally, it is published in collaboration with ACOG AND is based on the guidelines for medical students developed by APGO which were used both for COMAT development and development of this course objectives.

Online Resources

- [Association of Professors of Gynecology & Obstetrics \(APGO\)](#)
- [American Society for Colposcopy and Cervical Pathology \(ASCCP\)](#)
- [AAFP Family Medicine Journals](#)
- [Journal of the American Osteopathic Association \(JAOA\)](#)
- [UptoDate](#)
- [Underground Med Short videos](#)

Other Resources

- Canvas: Osteopathic Principles PowerPoint Presentations in Canvas courses - All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015)
- [TUC Library](#) (board review materials, textbooks, articles, and more)
- [Truelearn](#)
- [Lecturio](#)

Additional Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under “Clinical Rotation Procedures and Expectations”
- Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
- Clothing - Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, computer, and internet access

Assessment And Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score \geq 50%		OPP, MK, PC, PROF
COMAT exam	standard score \geq 87	standard score \geq 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Obstetrics & Gynecology Topics List and Recommended Reading

Topics are divided by week but should not necessarily be used as a determining factor of when to read about each topic. Learning is most effective when reading and assignments reinforce clinical experience as the student progresses through rotation. Students should try to cover all these topics well and consult a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under OBGYN (TUCOM).

Weekly Topics	Weekly Reading Assignments
Week 1: 1. Women's health examination and women's health care management 2. Ethics liability and patient safety in obstetrics and gynecology 3. Normal embryology and anatomy, normal menses 4. Oligomenorrhea 5. Amenorrhea 6. Dysmenorrhea 7. Abnormal uterine bleeding 8. Premenstrual syndrome and PMDD 9. Hirsutism and virilization 10. Infertility 11. Menopause	<ul style="list-style-type: none"> • Williams Gynecology: Ch.1, Well Woman Care • Beckmann and Ling's Obstetrics and Gynecology: <ul style="list-style-type: none"> ○ Section I, General Obstetrics and Gynecology: Ch. 1,3-4 ○ Section V, Reproductive Endocrinology and Infertility: Ch. 37-43 • UpToDate: Physiology of the normal menstrual cycle • AAFP: Abnormal Uterine Bleeding • An Osteopathic Approach to Diagnosis and Treatment: Ch. 116 - Gynecologic Considerations
Week 2: 1. Vulvovaginitis 2. STI's 3. PID 4. Cervical cancer	<ul style="list-style-type: none"> • Beckmann and Ling's Obstetrics and Gynecology: <ul style="list-style-type: none"> ○ Section II, Obstetrics: Ch. 5-19 ○ Section IV, Gynecology: Ch. 26, 28, 29, 31, 32, 35 and 36

<ol style="list-style-type: none"> 5. Contraception 6. Endometriosis and chronic pelvic pain 7. Human sexuality, sexual assault, and domestic violence 8. Induced abortion 9. Spontaneous abortion 10. Ectopic pregnancy 	<ul style="list-style-type: none"> ○ Section V, Reproductive Endocrinology, and Infertility: Ch. 47 ● ASCCP: Algorithms, updated consensus guidelines ● UpToDate: <ul style="list-style-type: none"> ○ Approach to females with symptoms of vaginitis ○ Evaluation of chronic pelvic pain in females ○ Treatment of chronic pelvic pain in women ○ Clinical features and evaluation of nausea and vomiting of pregnancy ○ Treatment and outcome of nausea and vomiting of pregnancy ○ Exercise during pregnancy and the postpartum period ○ Fish consumption and marine omega-3 fatty acid supplementation in pregnancy ○ Clinical manifestations and diagnosis of early pregnancy ○ Calculator: Estimated date of delivery (EDD) pregnancy calculator ○ Calculator: Gestational age from estimated date of delivery (EDD) ● CURRENT Diagnosis & Treatment: Obstetrics & Gynecology: Ch 45, Sexually Transmitted Diseases & Pelvic Infections ● Underground Med short videos: <ul style="list-style-type: none"> ○ Vaginitis Differential ○ Prenatal Visits ○ Stages of Labor ○ Postpartum Checks ● JAOA: <ul style="list-style-type: none"> ○ Pelvic Manipulation Benefits Women With Primary Dysmenorrhea. King, H., et al. JAOA, March 2015, Vol.115, 169-170. ○ OMT-and Placebo-Shown Effective in Reducing Pain During Pregnancy. King, H., et al. JAOA, March 2015, Vol.115, 171. ○ Dramatic Reduction in Menstrual Pain After Osteopathic Manipulative Therapy. King, H., et al. JAOA, March 2015, Vol.115, 170-171. ○ Osteopathic Manipulative Treatment in Prenatal Care: A Retrospective Case Control Design Study. King, H., et al. JAOA, December 2003, Vol.103, 577-582. ○ Prevention of Progressive Back- Specific Dysfunction During Pregnancy: An Assessment of Osteopathic Manual Treatment on Cochrane Back Review Group Criteria. Licciardone, J., et al. JAOA, October 2013, Vol.113, 728-736.
<p>Week 3:</p> <ol style="list-style-type: none"> 1. Normal maternal - fetal physiology 2. Preconception and antepartum care 3. Genetics and genetic disorders in OB/Gyn 4. Intrapartum care 5. Common pregnancy complications including hyperemesis, UTI, cholestasis, pica 6. Abnormal labor and intrapartum fetal surveillance including fetal monitoring 7. Fetal growth abnormalities: IUGR and macrosomia <p>Week 4:</p> <ol style="list-style-type: none"> 1. Pain management in labor and delivery 2. Complications of early onset labor or contractions 3. Failure to progress 4. Puerperal fever and infection 5. Induction – indications and methods, risks, benefits 6. Surgical vaginal deliveries: forceps and vacuum and C-sections 7. Dystocia – define and describe management, know management options 8. Third trimester bleeding and postpartum hemorrhage 9. Preeclampsia and HTN in pregnancy 10. Gestational diabetes 11. Preterm labor 12. Post term pregnancy 13. Perinatal psychiatric issues – including postpartum blues, depression and psychosis, 14. Normal postpartum care and immediate care of the newborn 	

	<ul style="list-style-type: none"> • Somatic Dysfunction in Osteopathic Family Medicine: Ch 9, The Female Patient • Foundations of Osteopathic Medicine: Ch. 47, Osteopathic Considerations in Obstetrics and Gynecology
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Obstetrics and Gynecology Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

OB/Gyn Procedures

OB/GYN: Calculate and interpret amniotic fluid index using ultrasound
 OB/GYN: Calculate Bishop score
 OB/GYN: Cesarean delivery
 OB/GYN: Clinical breast examination
 OB/GYN: Colposcopy
 OB/GYN: Conduct appropriate tests to rule out rupture of membranes (Pooling, nitrazine and ferning)
 OB/GYN: Determine EGA using wheel and LMP (Nagle's rule)
 OB/GYN: Determine fetal position using ultrasound
 OB/GYN: Distinguish preterm labor from Braxton Hicks contractions
 OB/GYN: Episiotomy
 OB/GYN: Hysterectomy
 OB/GYN: IUD insertion and string check
 OB/GYN: Labor check
 OB/GYN: Leopold's maneuvers
 OB/GYN: Non-stress test
 OB/GYN: Normal vaginal delivery
 OB/GYN: Order and interpret labs for a 28-week prenatal visit
 OB/GYN: Order and interpret labs for initial prenatal visit

OB/Gyn Diagnoses

OB/GYN: Abnormal uterine bleeding, post menopause
 OB/GYN: Abnormal uterine bleeding, pre menopause
 OB/GYN: Abortion: Elective/Spontaneous/Threatened
 OB/GYN: Amenorrhea
 OB/GYN: Cervical cancer
 OB/GYN: Cholestasis of pregnancy
 OB/GYN: Complications of labor: dystocia
 OB/GYN: Complications of labor: failure to progress
 OB/GYN: Complications of labor: puerperal Fever, infection
 OB/GYN: Dysmenorrhea
 OB/GYN: Dyspareunia
 OB/GYN: Eclampsia
 OB/GYN: Ectopic pregnancy
 OB/GYN: Endometriosis
 OB/GYN: Endometritis
 OB/GYN: Fibroids
 OB/GYN: First trimester bleeding
 OB/GYN: Gestational diabetes
 OB/GYN: Gestational hypertension
 OB/GYN: Hyperemesis and gravidarum
 OB/GYN: Infertility

OB/GYN: Pap smear
OB/GYN: Patient Counseling: postpartum issues
OB/GYN: Patient counseling: common postpartum issues: UTI, lochia, perineal care
OB/GYN: Patient Counseling: birth control
OB/GYN: Patient Counseling: breastfeeding
OB/GYN: Patient Counseling: STD's
OB/GYN: Patient Counseling: abnormal Pap smear
OB/GYN: Patient Counseling: pain management in labor and delivery
OB/GYN: Patient Counseling: postpartum use of Iron, prenatal vitamins and vitamin D, and pain medication
OB/GYN: Patient Counseling: postpartum contraception options
OB/GYN: Patient Counseling: prenatal Care
OB/GYN: Patient Counseling: preterm labor
OB/GYN: Pelvic Examination, including speculum and bimanual examination
OB/GYN: Perform first prenatal visit, history and physical
OB/GYN: Perform wet mount interpret for STI's and vaginitis
OB/GYN: Prenatal care routine visit
OB/GYN: Present first prenatal visit, history and physical
OB/GYN: Presentation: Pregnant patient include G and P status and summary
OB/GYN: Read and interpret fetal monitor strip
OB/GYN: Record appropriate note for first prenatal visit, history and physical
OB/GYN: Specimen collection for STIs
OB/GYN: Take a sexual history
OB/GYN: Ultrasound for EDC
OB/GYN: Vaginal laceration repair first degree
OB/GYN: Wet mount, perform and interpret
OB/GYN: Written Note: Delivery note
OB/GYN: Written Note: First prenatal visit, history and physical
OB/GYN: Written Note: Labor admission note
OB/GYN: Written Note: Labor check
OB/GYN: Written Note OB/Gyn: postoperative progress note
OB/GYN: Written Note: postpartum discharge
OB/GYN: Written Note: progress note
OB/GYN: Written Note: prenatal follow up visit

OB/GYN: Labor dystocia
OB/GYN: Menopause/perimenopause
OB/GYN: Normal menstrual cycle
OB/GYN: Normal pregnancy
OB/GYN: Oligomenorrhea
OB/GYN: Pelvic pain
OB/GYN: Physiology of pregnancy, labor, and delivery
OB/GYN: PICA
OB/GYN: PID
OB/GYN: Postpartum pulmonary embolism
OB/GYN: Postpartum blues, depression, and psychosis
OB/GYN: Preeclampsia
OB/GYN: Premature rupture of membranes (PROM)
OB/GYN: Premenstrual syndrome and PMDD
OB/GYN: Preterm labor
OB/GYN: Spontaneous abortion
OB/GYN: STI
OB/GYN: Third trimester bleeding
OB/GYN: UTI in pregnancy
OB/GYN: Vaginitis

Required during OB/Gyn core rotation

OMM: OB/Gyn Documentation of an Osteopathic Structural Exam (OSE) in a pregnant patient

OMM: OB/Gyn Osteopathic Manipulative Treatment (OMT) with documentation in a pregnant patient

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Obstetrics and Gynecology

There will be **two interactive case conferences** during the OB/GYN rotation. Attendance and participation are mandatory.

OB/GYN eConferences will take place virtually on **Thursday afternoons, 4:00 PM PST/PDT** (see course calendar in Canvas) on Zoom and will be hosted by TUCOM faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [OB/GYN course](#).

Obstetrics & Gynecology COMAT Examination

It is required that students pass COMAT. To ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also required that students do practice questions using Truelearn and recommended that students pursue more than the required questions as needed.

Obstetrics and Gynecology COMAT Objectives

Based on general learner-centered objectives, as outlined in the Obstetrics/Gynecology Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge of situations and patient presentations encountered in clinical settings and important to Obstetrics/Gynecology.
2. Foundational content knowledge and clinical problem-solving ability related to individual physician tasks critical to Obstetrics/Gynecology.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism, and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For Obstetrics and Gynecology, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **Abnormal Obstetrics:** abnormal labor, spontaneous abortion, ectopic pregnancy and third-trimester bleeding
2. **General Gynecology:** normal gynecology, family planning, adolescent issues and development, issues of domestic violence and sexual assault, breast diseases, vulvar/vaginal diseases, sexually transmitted infections, urinary tract disorders, screening and preventive care, menstrual cycle and premenstrual syndrome, somatic dysfunction and viscerosomatic relationships

3. **Gynecologic Oncology:** cervical, uterine, and ovarian disease and neoplasm and gestational trophoblastic neoplasia
4. **Normal Obstetrics:** preconception, antepartum, intrapartum, and postpartum care; history and physical examination; maternal-fetal physiology; preventive care, nutrition, and lactation
5. **Reproductive Endocrinology:** menopause, normal/abnormal uterine bleeding, and infertility

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources, and practice questions: [NBOME Obstetrics/Gynecology COMAT](#)

PSYCHIATRY CORE CLERKSHIP

CLNC 705 - 6 Units

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination based on disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work, and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Psychiatry Core Rotation

Core clinical sites for psychiatry rotation offer a range of experiences. The goal of the didactic portion of the rotation is to create a forum where a consistent set of objectives can be learned. Students will rotate in assigned clinical settings to complete the required third-year psychiatry course. Psychiatry preceptors will specify site requirements for the rotation and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among psychiatry clerkship experiences, this standardized curriculum is provided. To successfully complete the required third year Psychiatry rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)

5. Professionalism (PROF)
6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)
8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the Psychiatry Course are based on the eight TUCOM Program Learning Outcomes. The course learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Demonstrate the ability to obtain a complete psychiatric history in a manner that facilitates formation of a therapeutic alliance. Recognize relevant physical findings and perform a complete mental status examination. (AOA; 3)
2. Use osteopathic medical knowledge best medical evidence, and osteopathic principles and practices in the diagnosis and management of mood and anxiety disorders and of childhood developmental disorders. Use osteopathic practices as an additional management tool for patients with psychiatric complaints. (AOA; 1,3)
3. Identify psychopathology, formulate differential diagnoses, and develop assessment and treatment plans for psychiatric patients. Explain the importance of Osteopathic principles and philosophy in diagnosis and treatment plan development. (AOA; 1,2,3)
4. Use laboratory, imaging, psychological testing, and consultation to assist in the diagnosis of persons with neuropsychiatric symptoms. (AOA; 3)
5. Assess and begin emergency management of a person with neuropsychiatric symptoms and discuss with attending when a referral might be indicated. (AOA; 3)
6. Recognize the psychiatric manifestations of brain disease of known etiology or pathophysiology and state the evaluation and initial management of these neuropsychiatric disorders. (AOA; 2,3)
7. Identify, clinically evaluate, and treat the neuropsychiatric consequences of substance abuse and dependence. (AOA; 2,3)
8. Recognize, evaluate, and discuss management options for persons with psychosis associated with schizophrenic, affective, general medical, and other psychotic disorders. (AOA; 2,3)
9. Recognize, evaluate, and state the treatments for patients with mood disorders and anxiety disorders. (AOA; 2,3)
10. Diagnose somatic symptoms and related disorders and explain appropriate principles of management. (AOA; 2,3)
11. Define dissociation, state its psychological defensive role, and discuss the clinical syndromes with which it is associated. (AOA; 2)
12. Summarize the distinguishing clinical features, evaluation, and treatment of patients with eating disorders. (AOA; 2,3)
13. Recognize maladaptive traits and interpersonal patterns that typify personality disorders and discuss strategies for caring for patients with personality disorders. (AOA; 2,3)
14. Summarize the unique factors essential to the evaluation of children and adolescents and diagnose the common child psychiatric disorders. (AOA; 2, 3)
15. Discuss the structure of the mental health system and legal issues important in the care of psychiatric patients. (AOA; 7)
16. Summarize the indications, basic mechanisms of action, common side effects, and drug interactions of each class of psychotropic medications and explain how to select and use these agents to treat mental disorders. (AOA; 2,3)
17. Explain the principles and techniques of psychosocial therapies to patients. Apply evidence-based medicine to determine whether it is appropriate to use psychotherapy. Discuss with attending when a referral might be indicated. (AOA; 3,6)

18. Work effectively with other health professionals in settings including group therapy, inpatient psychiatric wards. Collaborate with other inpatient teams and clinics to offer psychiatric consultation on patients with organic diagnoses. (AOA; 3,4)
19. Experience maturation in clinical and personal development through working with patients with psychiatric conditions. Use self-reflection and the support of attendings and other mentors on the psychiatric rotation to address personal biases towards psychiatric illness. (AOA; 5)
20. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

Adapted from objectives by the [Association of Directors of Medical Student Education in Psychiatry \(ADMSEP\)](#)

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u>
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the Last day of the <u>core course</u>
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>Last Friday of the core course</u>
Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

For each core course students must complete all the requirements listed above.

Clinical Resources

In addition to clinical and faculty resources available through rotation sites, resources online are provided to round out clinical training. All resources are listed below and available in Canvas.

Selected Didactic Resources

The curricular resources are selected to ensure students understand the depth and breadth of the materials with which they should become competent.

The reading and links have been carefully chosen to give coverage of critical psychiatry topics at a depth appropriate to a third-year medical student. They have been carefully chosen to give exposure to important textbooks and articles with which attendings will expect students to be familiar. Every student should read every day, at least one chapter and one article. Read about the patients seen that day and if weak in certain areas, those should be covered on days students have not had new clinical encounters. **Students should not use a board review book for their primary reading source.** Board review books should be used for board prep and COMAT preparation sources. Students should not rely exclusively on one reading resource such as UpToDate but rather should utilize recommended textbooks and online resources. The selections chosen are intended to guide students in appropriate reading choices, not to limit them. If students are assigned reading on a topic by preceptors, but not given a specific chapter or article, they should use the resource listed here. If students see a patient with a diagnosis listed below, they should use the reading assignment to review the topic. The reading should be tailored to align with individual learning styles, clinical experience, and student schedules. It is important to always have a copy of DSM-5 or DSM-5-TR handy for reference when assessing each patient that you see.

Textbooks And Supplemental Materials

Textbooks

1. [Diagnostic and Statistical Manual of Mental Disorders 5th Edition](#) (2013), American Psychiatric Association
2. [Introductory Textbook of Psychiatry, 7th edition](#) (2021) - Donald W. Black and Nancy C. Andreasen
3. [CURRENT Diagnosis & Treatment: Psychiatry, 3rd edition](#) (2019) - Michael H. Ebert, James F. Leckman, Ismene L. Petrakis
4. [The American Psychiatric Publishing Textbook of Psychiatry, 7th edition](#) (2019) – Laura Weiss Roberts, Robert E. Hales and Stuart C. Yudofsky
5. [Kaplan and Sadock's Concise Textbook of Clinical Psychiatry 4th Edition](#) (2017) Benjamin J. Sadock, Harold I. Kaplan, Virginia A. Sadock, and Pe Ruiz
6. [Textbook of Medical Psychiatry](#) (2020) Paul Summergrad, M.D., et. al.
7. [The Practice of Electroconvulsive Therapy](#) (2025) Third Edition, APA Task Force Report
8. [DSM-5TR Handbook of Differential Diagnosis](#) (2024) Michael First, M.D
9. [Foundations of Osteopathic Medicine, 4th edition](#) (2018) – Michael Seffinger
10. [Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition](#) (2015) – Kenneth E. Nelson, Thomas Glonek
11. [An Osteopathic Approach to Diagnosis and Treatment, 3rd edition](#) (2005) - Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (eBook not available through Touro library)

Online Resources

- [Association of Directors of Medical Student Education in Psychiatry](#) (ADMSEP)
- [Journal of the American Osteopathic Association](#) (JAOA)
- [UpToDate](#)

Other Resources

- Please review all OMS2 Psychiatry lectures
- Canvas:
 - Osteopathic Principles PowerPoint Presentations. All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition (2015) – Kenneth E. Nelson, Thomas Glonek
 - Selected articles on various psychiatry topics recommended by Dr. Zwerin
- [TUC Library](#) (board review materials, textbooks, articles, and more)

- [Truelearn](#)
- [Lecturio](#)

Additional Course Specific Requirements

1. Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations"
2. Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
3. Clothing- Professional attire/scrubs as per rotation requirement, white coats.
4. Equipment - stethoscope, reflex hammer, computer, and internet access

Assessment And Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries	Same as Pass + all completed on time	OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score $\geq 50\%$		OPP, MK, PC, PROF
COMAT exam	standard score ≥ 87	standard score ≥ 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Psychiatry Topics List and Recommended Reading

Topics are divided by week but should not necessarily be used as a determining factor of when to read about each topic. Learning is most effective when reading and assignments reinforce clinical experience as the student progresses through rotation. Students should try to cover all these topics well and consult

a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under Psychiatry (TUCOM). Remember, it is not necessary to read all the specific text(s) noted below in each week. They are simply listed each week as a guide to assist you. Simply choose the text(s) you enjoy the most to master the topic(s).

Weekly Topics	Weekly Reading Assignment
<p>Week 1</p> <ol style="list-style-type: none"> 1. Interviewing skills 2. Psychiatric history, physical, and the mental status examination 3. Psychiatric Emergencies: Suicide and Violence 4. Diagnosis, classification, and treatment planning 5. Diagnostic testing 6. Community and forensic psychiatry 7. Psychopharmacology 8. Psychotherapies 9. Osteopathic approach to Psychiatry 10. Osteopathic primary care approach to stress management 11. Psychotropic medication side effects and their treatment 	<ul style="list-style-type: none"> • <u>CURRENT Diagnosis & Treatment: Psychiatry</u>: Ch.4 - The Psychiatric Interview <u>Introductory Textbook of Psychiatry, 7th edition</u> (2021) - Donald W. Black and Nancy C. Andreasen <ul style="list-style-type: none"> ○ Ch. 1 - Differential Diagnosis Step by Step ○ Ch. 2 – Interviewing and Assessment ○ Ch. 18 - Psychiatric Emergencies ○ Ch. 19 – Legal Issues ○ Ch. 20 – Psychotherapy ○ Ch. 21 – Somatic Treatments • <u>The American Psychiatric Publishing Textbook of Psychiatry</u> <ul style="list-style-type: none"> ○ Ch.1 - The Psychiatric Interview and Mental Status Examination ○ Ch.2 - DSM-5 as a Framework for Psychiatric Diagnosis ○ Ch.3 - Assessment of Suicide Risk ○ Ch.4 - Laboratory Testing and Neuroimaging Studies in Psychiatry ○ Ch.7 - Ethical Considerations in Psychiatry ○ Ch.8 - Legal Considerations in Psychiatry ○ Ch.44 - Culturally Diverse Patients • <u>Foundations of Osteopathic Medicine</u> <ul style="list-style-type: none"> ○ Ch.18.A - Psychoneuroimmunology - Basic Mechanisms ○ Ch.19.B - Stress Management
<p>Week 2</p> <ol style="list-style-type: none"> 1. The Neurocognitive Disorders: Delirium, Dementia, and other cognitive disorders 2. Substance-related and Other Addictive Disorders 3. Schizophrenia Spectrum and Other Psychotic Disorders 4. Mood Disorders 5. Anxiety Disorders 6. Obsessive Compulsive and Related Disorders 7. Trauma and Stressor-Related Disorders 8. Prolonged Grief Disorder 	<p><u>CURRENT Diagnosis & Treatment: Psychiatry</u>: Ch.14 - Neurocognitive Disorders</p> <p><u>DSM-5TM Handbook of Differential Diagnosis</u>:</p> <ul style="list-style-type: none"> ○ Ch.2 - Differential Diagnosis by the Trees <ul style="list-style-type: none"> ○ Decision Tree for Speech Disturbance ○ Decision Tree for Delusions ○ Decision Tree for Catatonic Symptoms ○ Decision Tree for Elevated or Expansive Mood ○ Decision Tree for Irritable Mood ○ Decision Tree for Depressed Mood ○ Decision Tree for Anxiety ○ Decision Tree for Panic Attacks ○ Decision Tree for Avoidance Behavior ○ Decision Tree for Insomnia ○ Decision Tree for Aggressive Behavior

	<ul style="list-style-type: none"> ○ Decision Tree for Impulsivity or Impulse-Control Problems ○ Ch.3 - Differential Diagnosis by the Tables <ul style="list-style-type: none"> ○ Schizophrenia Spectrum and Other Psychotic Disorders ○ Bipolar and Related Disorders ○ Depressive Disorders ○ Anxiety Disorders <p><u>Introductory Textbook of Psychiatry</u></p> <ul style="list-style-type: none"> ○ Ch. 16 Neurocognitive Disorders ○ Ch. 15 Substance Related and Addictive Disorders ○ Ch. 5 Schizophrenia Spectrum and Other Psychotic Disorders ○ Ch. 6 Mood Disorders ○ Ch. 7 Anxiety Disorders ○ Ch. 8 Obsessive Compulsive and Related Disorders ○ Ch. 9 Trauma and Stressor Related Disorders ○ DSM-5-TR ○ Prolonged Grief Disorder <p><u>The American Psychiatric Publishing Textbook of Psychiatry</u>:</p> <ul style="list-style-type: none"> ○ Ch.10 - Schizophrenia Spectrum and Other Psychotic Disorders ○ Ch.11 - Bipolar and Related Disorders ○ Ch.12 - Depressive Disorders ○ Ch.13 - Anxiety Disorders ○ Ch 14- Obsessive Compulsive and Related Disorders ○ Ch 15 Trauma and Stressor Related Disorders ○ Ch.24 - Substance-Related and Addictive Disorders ○ Ch.25 - Neurocognitive Disorders <p>UpToDate:</p> <ul style="list-style-type: none"> ○ Postpartum Blues ○ Postpartum unipolar major depression ○ Seasonal Affective Disorder ○ Grief and bereavement in adults: Clinical features ○ COVID-19 Psychiatric Disorders
<p>Week 3</p> <ol style="list-style-type: none"> 1. Somatic Symptom and Related Disorders 2. Factitious Disorders and Malingering 3. Dissociative and Amnestic Disorders 4. Eating disorders 5. Personality disorders 	<p><u>The American Psychiatric Publishing Textbook of Psychiatry</u>:</p> <ul style="list-style-type: none"> ○ Ch.16 - Dissociative Disorders ○ Ch.17 - Somatic Symptom and Related Disorders ○ Ch.18 - Eating and Feeding Disorders ○ Ch.26 - Personality Pathology and Personality Disorders

	<p><u>DSM-5TM Handbook of Differential Diagnosis:</u></p> <ul style="list-style-type: none"> ○ Ch.3 - Differential Diagnosis by the Tables <ul style="list-style-type: none"> ■ Somatic Symptom and Related Disorders ■ Personality Disorders <p><u>Introductory Textbook of Psychiatry</u></p> <ul style="list-style-type: none"> ○ Ch. 10 Somatic Symptom Disorders ○ Ch. 10 Factitious Disorders and Malingering ○ Ch. 10 Dissociative and Amnestic Disorders ○ Ch. 11 Feeding and Eating Disorders ○ Ch. 17 The Personality Disorders <p><u>Somatic Dysfunction in Osteopathic Family Medicine:</u> Part. II - The Psychiatric Patient</p>
<p>Week 4</p> <ol style="list-style-type: none"> 1. Child and Adolescent Psychiatry 2. Sexual Dysfunction 3. Paraphilic Disorders 4. Gender Dysphoria 5. Brain Stimulation Therapy: Electroconvulsive Therapy (ECT); Transcranial Magnetic Stimulation (TCMS) 6. Sleep-Wake Disorders 	<p><u>The American Psychiatric Publishing Textbook of Psychiatry:</u></p> <ul style="list-style-type: none"> ○ Ch.3 - Normal Child and Adolescent Development ○ Ch.9 - Neurodevelopmental Disorders ○ Ch.21 - Sexual Dysfunctions ○ Ch.23 - Disruptive, Impulse-Control, and Conduct Disorders ○ Ch 27 Paraphilic Disorders ○ Ch 30 Brain Stimulation Therapies ○ Ch.41 - Children and Adolescents <p><u>Introductory Textbook of Psychiatry</u></p> <ul style="list-style-type: none"> ○ Ch. 4 Neurodevelopmental (Child) Disorders ○ Ch. 13 Sexual Dysfunction ○ Ch. 13 Paraphilic Disorders ○ Ch. 13 Gender Dysphoria ○ Ch. 12 Sleep Wake Disorders <p><u>The Practice of Electroconvulsive Therapy</u> Ch. 2 Indications for the Use of Electroconvulsive Therapy (ECT)</p> <p><u>UpToDate:</u></p> <ul style="list-style-type: none"> ○ <u>Asperger syndrome (a specific autism spectrum disorder): Management and prognosis in children and adolescents</u> ○ <u>Autism spectrum disorders in children and adolescents: Overview of management</u> <p><u>CURRENT Diagnosis & Treatment: Psychiatry:</u></p> <ul style="list-style-type: none"> ○ Ch.33 - Autism and Autism Spectrum Disorders ○ Ch.34 - Attention-Deficit/Hyperactivity Disorder

Psychiatry Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

Psychiatry Procedures

Psych: Written Note: Progress or SOAP note
Psych: ADHD assessment (i.e. Vanderbilt scale)
Psych: Assessment of patient's decision-making capacity
Psych: Complete history
Psych: Comprehensive mental status examination
Psych: Develop a differential diagnosis
Psych: Evidence based depression screening
Psych: Evidence based substance abuse screening
Psych: Focused neurologic examination
Psych: Group therapy session
Psych: Individual counseling or therapy session
Psych: Lifestyle health risk assessment
Psych: Mini Mental State Examination (MMSE)
Psych: Mental Status Examination (MSE)
Psych: Other
Psych: Patient Counseling: lifestyle changes to promote mental health
Psych: Screen for physical abuse
Psych: Screen for suicidal ideation
Psych: Use CAGE for alcohol screen
Psych: Written Note: MSE
Psych: Abnormal Involuntary Movement Scale (AIMS)

Psychiatry Diagnoses

Psych: ADHD
Psych: Adjustment disorder
Psych: Alcohol abuse
Psych: Amnestic disorders
Psych: Asperger's
Psych: Autism
Psych: Bipolar disorder
Psych: Child abuse
Psych: Delirium
Psych: Dementia
Psych: Dissociative disorders
Psych: Dysthymia
Psych: Eating disorder
Psych: Factitious disorders
Psych: Generalized Anxiety Disorder (GAD)
Psych: Grief reaction
Psych: Major depression
Psych: Other
Psych: Panic attacks
Psych: Personality disorder
Psych: Postpartum depression
Psych: Seasonal Affective Disorder (SAD)
Psych: Schizophrenia
Psych: Somatic Symptom and Related Disorders
Psych: Substance abuse
Psych: Suicide
Psych: Violence

Required during Psych core rotation

OMM: Psych Documentation of an Osteopathic Structural Exam (OSE)

OMM: Psych Osteopathic Manipulative Treatment (OMT) with Documentation

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Psychiatry

There will be two interactive case conferences during the Psychiatry rotation. Attendance and participation is mandatory.

Psychiatry eConferences will take place virtually on **Monday afternoons, 3:00 PM PST/PDT** (see course calendar in Canvas) on Zoom and will be hosted by TUCOM faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [**TUCOM - Psychiatry**](#) course

Psychiatry COMAT Examination

It is required that students pass COMAT. To ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also required that students do practice questions using Truelearn and recommended that students pursue more than the required questions as needed.

Psychiatry COMAT Objectives

Based on general learner-centered objectives, as outlined in the Psychiatry Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge of situations and patient presentations encountered in clinical settings and important to Psychiatry.
2. Foundational content knowledge and clinical problem-solving ability related to physician tasks critical to Psychiatry.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism, and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For Psychiatry, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **Common Psychiatric Conditions:** disorders presenting in the pediatric age group; delirium, dementia, amnestic and related disorders; schizophrenia and related disorders, psychiatric illness due to a general medical condition, somatic dysfunction in psychiatric conditions, substance-related disorders, eating disorders, sexual disorders, mood disorders, anxiety disorders, somatoform disorders, adjustment disorders and personality disorders
2. **Health Promotion/Disease Prevention/Health Care Delivery:** assessment of dangerousness, genetic counseling, cross-cultural issues, physician-patient relationship, health care financing and cost effectiveness, and medical ethics
3. **History and Physical Examination:** assessment methods (laboratory, neuroimaging, neurophysiologic, and psychological testing), interviewing, rating scales, assessment of physical findings and historical information, mental status examination, structural examination, and DSM diagnosis

4. **Management:** evidence-based decision making, psychosocial interventions, clinical psychopharmacology, and related somatic treatments such as electroconvulsive therapy, treatment complications, osteopathic manipulative treatment, and treatment guidelines/best practices
5. **Scientific Understanding of Health and Disease Mechanisms:** mental health epidemiology, psychosocial foundations, neurobiological foundations, epigenetics, viscerosomatic relationships and other osteopathic principles

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources, and practice questions: [NBOME Psychiatry COMAT](#)

PEDIATRICS CORE CLERKSHIP

CLNC 704 - 6 Units

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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Course Description Pediatrics Core Rotation

The Pediatric Course offers a range of clinical experiences, didactic sessions, reading, and exercises covering core pediatric topics. Students will rotate in assigned clinical settings to complete the required third-year clerkship. Preceptors will specify site requirements for the clerkship and provide students with an appropriate level of clinical experience. The standardized curriculum is provided to ensure consistency among pediatric clerkship experiences. To successfully complete the required third year rotation, all students must fulfill requirements specified by their preceptor AND complete the required elements of the standardized curriculum as outlined in the Clinical Rotation Manual and Canvas.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding osteopathic physicians, committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (PROF)
6. Practice-based Learning and Improvement (PBLI)
7. Systems Based Practice (SBP)

8. Structural Competency (SC)

Course Learning Outcomes (CLOs)

The learning outcomes of the Pediatrics Course are based on the eight TUCOM Program Learning Outcomes. The clerkship learning outcomes are listed with the corresponding core competencies noted in parentheses.

Upon completion of this course, the third-year osteopathic medical student will be able to:

1. Identify normal and abnormal growth and development (physical, physiological, and psychosocial) from birth through adolescence. (AOA; 2)
2. Diagnose and initiate management of common acute and chronic pediatric illnesses, recognizing age-specific epidemiological differences in the care of infants, children, and adolescents. (AOA; 3)
3. Explain the influence of family, community, and society on the child in health and disease. (AOA; 1,3)
4. Demonstrate development of communication skills that will facilitate clinical interaction with children, adolescents, and their families with a focus on obtaining complete and accurate data. (AOA; 4)
5. Perform and document a complete age-appropriate history and physical examination of infants, children, and adolescents. (AOA; 1,3)
6. Use clinical findings and interpretation of laboratory and radiologic testing to generate an appropriate diagnostic and management plan. (AOA; 1,3)
7. Give verbal patient presentations and write encounter notes demonstrating how pertinent findings inform diagnostic reasoning. (AOA; 3,4)
8. Describe high yield pediatric health promotion and disease prevention strategies. (AOA; 3)
9. Behave professionally towards colleagues, staff, and patients and display attitudes appropriate for clinical practice in the care of children. (AOA; 5)
10. Access the primary medical literature and apply principles of evidence-based medicine to the care of children. (AOA; 6)
11. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

More specific Pediatric Course objectives are described in the Clinical Pediatrics Objectives Map.

Instructional Methods

Through completion of the clerkship activities, and the online assignments and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a third-year medical student.

The categories of learning activities are as follows:

- Clinical rotations, associated didactic activities, and tracking of those activities through logs
- Virtual synchronous didactic sessions – eConferences
- Virtual asynchronous activities: Lecturio learning paths, Truelearn quizzes
- Self-Directed PowerPoint presentations and web site links including guidelines and videos
- Recommended reading

Required Assignments and Assessments

All requirements are associated with course learning outcomes (CLOs). For details, review “Section IV: Clinical Curriculum” in the TUCOM Clinical Rotation Manual.

Assignment/Assessment	Timeline
Logs of clinical activities	Submitted in eMedley during the rotation and completed by the last day of the <u>core course</u>
eConferences	Attendance and case presentation required during rotation
Lecturio Learning Path	25% completed by the <u>Last day of the core course</u>
Truelearn quiz	To take on the TrueLearn platform by the <u>Last Friday of the core course</u> and before taking the COMAT
COMAT end of rotation examination	Taken on the <u>Last Friday of the core course</u>
Student Site Evaluation (SSE)	Completed in eMedley within 7 calendar days of the last day of the rotation block
Osteopathic Principles and Practice	PowerPoint Lectures on Osteopathic Principles and Practice and OMT available in Canvas

For each core course students must complete all the requirements listed above.

Textbooks And Supplemental Materials

The following resources are recommended for use on the Pediatric Clerkship. Nelson Essentials of Pediatrics is considered the core text, and the student is expected to be familiar with material in that text. The supplemental resources are suggested as either unabridged compendia of information on pediatric disease, validated education/self-assessment tools, or essential pediatric resources that all osteopathic physicians should be familiar with.

Textbooks

1. [Red Book: 2021–2024 Report of the Committee on Infectious Diseases](#), 32nd Ed. - by the Committee on Infectious Disease, American Academy of Pediatrics. David Kimberlin, Elizabeth Barnett, Ruth Lynfield, Mark Sawyer
2. [Nelson Essentials of Pediatrics](#), 9th Ed. (2023) - Karen Marcante & Robert M. Kliegman [Nelson Textbook of Pediatrics, 2-Volume Set](#), 22nd Ed. (2024) - Robert Kliegman & Joseph Geme III eBook: <https://booktree.ng/nelson-textbook-of-pediatrics-21st-edition-epub/>
3. [The Harriet Lane Handbook](#), 23rd Ed. (2024) - Johns Hopkins Hospital; Camille C. Anderson, Sunaina Kapoor, & Tiffany E. Mark.
4. [AAP Red Book: 2018 Report of the Committee on Infectious Diseases, 31st edition](#) (2018) – David W. Kimberlin, Sarah S. Long and Mary Anne Jackson
5. [Foundations of Osteopathic Medicine, 4th edition](#) (2018) – Michael Seffinger (eBook not available yet through Touro library - only 3rd edition available)
6. [Somatic Dysfunction in Osteopathic Family Medicine, 2nd edition](#) (2015) – Kenneth E. Nelson, Thomas Glonek
7. [An Osteopathic Approach to Diagnosis and Treatment, 3rd edition](#) (2005) - Eileen L. DiGiovonna, Stanley Schiowitz, Dennis J. Dowlong (ebook not available through Touro library)
8. [Pediatric Manual Medicine: An Osteopathic Approach](#) (2009)- Jane E. Carreiro

Online Resources

- [Pediatrics](#) The official journal of the American Academy of Pediatrics
- [Pediatric Care Online](#) An excellent rapid resource for information on a variety of pediatric topics. Has an associated mobile app.
- [Journal of the American Osteopathic Association](#) (JAOA)
- [American Family Physician](#)
- [Primary Care: Clinics in Office Practice](#)
- [UptoDate \(R\)](#)

Other Resources

- [Canvas](#): Osteopathic Principles PowerPoint Presentations in Canvas courses - All assigned lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015)
- [TUC Library](#) (board review materials, textbooks, articles, and more)
- [Truelearn](#)
- [Lecturio](#)

Additional Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under “Clinical Rotation Procedures and Expectations”.
- Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
- Clothing - Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, computer, and internet access.

Assessment And Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass a core rotation, students must satisfy ALL the following criteria at the end of the course:

- Receive a Pass for each element of the rotation listed below.
- Receive a Pass or Honors on the CPE.
- Receive a COMAT Standard score ≥ 87 .

To receive Honors, ALL the following criteria must be met:

- Recommendation for Honors on received CPE
- All assignments must be completed on time AND passed (including eConferences)
- Receive a COMAT Standard score ≥ 107

Grading Grid

All core course components are mandatory to pass the course. Here are the requirements to pass each component of a core rotation.

Assessment	Requirements to receive a Pass	Requirements to receive Honors	Competencies
Clinical Performance Evaluation (CPE)	Pass	Honors	OPP, MK, PC, ICS, PROF, PBLI, SBP, SC
Student Site Evaluation(s) (SSE)	Completed		PROF
Lecturio	25% of the Learning Path completed		OPP, MK, PC, PROF
Logs	Daily entries		OPP, MK, PC, ICS, PROF
eConferences	All attended + case submissions		OPP, MK, PC, ICS, PROF, PBLI
Truelearn quiz	score $\geq 50\%$		OPP, MK, PC, PROF
COMAT exam	standard score ≥ 87	standard score ≥ 107	OPP, MK, PC

Student who fails one of their assignments or does not complete it on time will not be eligible for Honors.

For details on remediation of these requirements, please refer to "Section IV: Clinical Curriculum" in the TUCOM Clinical Rotation Manual. Students who require remediate will not be eligible for Honors.

Pediatrics Topic List and Recommended Reading

Students should try to cover all these topics as they go through their Pediatrics rotation, and keeping in mind that learning is most effective when reading and assignments, reinforce clinical experience as the student progresses through the rotation. It is also recommended to consult a board review book for an overview of all topics to study to prepare for the COMAT and Boards. All these topics are also available in Lecturio under Pediatrics (TUCOM).

Topics	Reading
Developmental Milestones (Gross Motor, Fine Motor, Language, Social/ Emotional)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.8 - Disorders of Development
Normal Growth	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.5 - Normal Growth
Normal Puberty	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.67 - Overview and Assessment of Adolescents o Section: Physical Growth and Development of Adolescents
Immunizations	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.94 - Immunization and Prophylaxis
Pyloric Stenosis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.128 - Esophagus and Stomach, Section: Pyloric Stenosis
Intussusception	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.129 - Intestinal Tract, Section: Intussusception
Failure To Thrive	<ul style="list-style-type: none"> • Primary Care: Clinics in Office Practice: o <u>Overweight and Obesity in Children and Adolescents</u>. Bradford, Nathan F. <u>Prim Care Clin Office Pract</u>, June, 2009, Vol.36, 319–33.
Neonatal Jaundice	<ul style="list-style-type: none"> • Nelson's Essentials: o Ch.33 - Dehydration and Replacement Therapy, Section: Dehydration o Ch.62 - Anemia and Hyperbilirubinemia, Section: Hyperbilirubinemia
Neonatal Skin Conditions (Erythema Toxicum, Transient Pustular Melanosis, Seborrheic Dermatitis)	<ul style="list-style-type: none"> • American Family Physician o <u>Newborn Skin, Part 1. Common Rashes</u>. O'Connor, NR., et al. <u>Am Fam Physician</u>, January, 2008, Vol.77, 47-52.
Atopic Dermatitis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.190 - Atopic Dermatitis
Acne Vulgaris	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.189 - Acne
ADHD (also covered in Psychiatry)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.13 - Attention-Deficit/Hyperactivity Disorder
Autism And Pervasive Development Disorders (including Screening) (also covered in Psychiatry)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.20 - Pervasive Developmental Disorders and Psychoses, Section: Autism

Toxic Ingestion (Acetaminophen, Lead)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.45 - Poisoning
Iron Deficiency Anemia	<ul style="list-style-type: none"> • Pediatrics ◦ <u>Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0-3 years of age).</u> Robert D. Baker, Frank R. Greer. <i>Pediatrics</i>, November 2010, Vol.126.5, 1040-50.
Hemolytic Uremic Syndrome	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.164 - Hemolytic Uremic Syndrome
Nephrotic Syndrome in Children	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.162 - Nephrotic Syndrome and Proteinuria
Neuroblastoma	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.158 - Neuroblastoma
Renal Neoplasms (Wilm's Tumor)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.159 - Wilm's Tumor
Acute Lymphocytic Leukemia	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.155 - Leukemia
Brain Tumor	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.157 - CNS Tumors
Retinoblastoma	<ul style="list-style-type: none"> • First Aid Cases For the USMLE Step 1: ◦ <u>Hematology and Oncology</u> ▪ <u>Case 32: Retinoblastoma</u>
Conjunctivitis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.119 - Ocular Infections
Acute Otitis Media/Otitis Media With Effusion	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.105 - Otitis Media • Foundations of Osteopathic Medicine: Ch.42.B - Child with Ear Pain • Somatic Dysfunction in Osteopathic Family Medicine: Ch.14 - The Patient with Otitis Media • JAOA: ◦ <u>Effect of Osteopathic Manipulative Treatment on Middle Ear Effusion Following Acute Otitis Media in Young Children: A Pilot Study.</u> Steele et al. <i>JAOA</i>, Vol.114, 436
Sepsis in the Neonate	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.65 - Sepsis and Meningitis
Croup/ Epiglottitis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.107 - Croup
Bronchiolitis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.109 - Bronchiolitis
Pertussis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.108 - Pertussis Syndrome
Viral Exanthems (Roseola Infantum, Parvovirus, Varicella, Measles, Molluscum Contagiosum)	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.97 - Infections Characterized by Fever and Rash
TORCH Infections	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.66 - Congenital Infections
Septic Arthritis and Osteomyelitis	<ul style="list-style-type: none"> • Nelson's Essentials: Ch.117 - Osteomyelitis, Ch.118 - Infectious Arthritis
Osteopathic Considerations	<ul style="list-style-type: none"> • Somatic Dysfunction in Osteopathic Family Medicine: Ch.8 The Pediatric Patient (OPTIONAL the OMM Power Point also covers this material) • JAOA:

- [Osteopathic Manipulative Treatment for the treatment of hospitalized premature infants with nipple feeding dysfunction. Lund, G. et al. JAOA, January 2011, Vol.111, 44-48.](#)
- [Effects of Osteopathic Manipulative Treatment on Pediatric Patients with Asthma: A randomized controlled trial. Guiney, et al. JAOA, March 2005, Vol.105, 7](#)
- [Resolution of Dacryostenosis after Osteopathic Manipulative Treatment. Apoznanski, et al. JAOA, February 2015, Vol.115, 110-114](#)
- **Chiropractic and Manual Therapies:**
- [Introducing an osteopathic approach into neonatology ward: the NE-O model. Cerritelli, et al. Chiropractic and Manual Therapies, May 2014, Vol.22, 18](#)
- **Pediatric Manual Medicine: an Osteopathic Approach**
- Ch.2 - head and neck pp. 14-32 (Torticollis and postural asymmetry), pp. 59-61 (plagiocephaly), pp. 72-80 (Dacryostenosis, sucking dysfunction, Otitis Media)
- Ch.3 - The spine, rib cage and sacrum pp. 122-127 (scoliosis)
- Ch.4 - The Shoulder complex, pp. 155-59 (overview, impingement), 180-183 (Brachial plexus injuries)
- Ch.5 - Femur, hip and pelvis, pp. 194-201 (overview, DDH), 204-207 (femoral anteversion) 226-228 (assessment of the innominate in an infant)
- Ch.6 - Lower Leg, pps 274-283 (overview, assessment of the LE), 289-295 (patellar syndromes and assessment of the knee), 322-326 (shin splints)
- Ch.7- Foot, Ankle pp. 330-342 (overview and ankle assessment), 356-357 (ankle sprain)

Pediatrics Logs: Procedures and Diagnoses

Entering daily logs in eMedley is a requirement for each core course. The log should serve as an ongoing record of clinical activities. **Logging must be done during all core rotations and completed by the last day of each core course.**

For each case, students must enter:

1. rotation and clinical setting
2. patient demographic
3. clinical information related to the case
4. competency/ies addressed during the encounter with your specific involvement (Observed, Assisted, Performed)

The list of procedures and diagnoses listed below, are designed to guide students during their clinical clerkship regarding the clinical experience and didactic material they are expected to encounter.

OMM logs are also required and must be entered in eMedley.

Pediatric Procedures

PEDS: Perform a developmental surveillance screen.

PEDS: Graph and interpret a child's height, weight, and head circumference or BMI.

PEDS: Evaluate the results of a screening test for one of the following: Anemia, Lead, Vision, Hearing.

PEDS: Perform an adolescent HEADSS exam, including a discussion of confidentiality - At the discretion of your pediatric preceptor.

PEDS: Using gender, age, and height percentile, determine if a child's blood pressure is elevated.

PEDS: Describe a cardiac murmur.

PEDS: Identify signs of respiratory distress.

PEDS: Calculate the daily caloric intake of an infant.

PEDS: Perform healthy lifestyle counseling for an obese or overweight child- At the discretion of your pediatric preceptor.

PEDS: Use clinical factors to assess the degree of dehydration in a child.

PEDS: Using the appropriate nomogram, determine if a child needs phototherapy based on their bilirubin level.

PEDS: Assess the following primitive reflexes: Moro, grasp, suck, rooting.

PEDS: Perform an infant hip exam including Ortolani and Barlow maneuvers.

PEDS: Assess a child for the presence of strabismus using the corneal light reflex and cover test.

PEDS: Calculate a child's mean parental height.

PEDS: Determine an adolescent's sexual maturity rating (Tanner) stage.

PEDS: Assess an Infant's Red Reflex.

PEDS: Perform a neonatal history including pertinent details of pregnancy, labor, and delivery and problems in the newborn period.

PEDS: Counsel a patient on home safety, firearm safety, car seat or seatbelt use, bicycle safety, smoking risks, or breastfeeding benefits - At the discretion of your pediatric preceptor.

PEDS: Incorporate family and community resources when generating a plan of care for a patient.

PEDS: Present a complete, well-organized verbal summary of the patient's history and physical examination findings, including an assessment and plan.

PEDS: Write a history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g., inpatient admission, progress note, well-child, etc.).

PEDS: Complete a journal article analysis write-up (see syllabus for guidelines).

PEDS: Use the results of a scientific literature search in determining the best diagnostic or therapeutic management for a patient.

PEDS: Obtain a complete history and perform a comprehensive physical exam on an infant.

PEDS: Obtain a complete history and perform a comprehensive physical exam on a child.

PEDS: Obtain a complete history and perform a comprehensive physical exam on an adolescent.

PEDS: Interpret the results of one or more of the following diagnostic tests: CBC, urinalysis, chemistry panel, chest x-ray, abdominal x-ray.

PEDS: Create a differential diagnosis list of at least three items length and explain what clinical factors go for or against the diagnosis.

PEDS: Formulate a therapeutic plan appropriate to the working diagnosis.

PEDS: Write admission and daily orders for a hospitalized patient.

PEDS: Write a prescription specific to a child's weight.

PEDS: Calculate a maintenance IV fluid rate based on a child's weight or body surface area.

PEDS: Counseling regarding pediatric dental Care at discretion of preceptor

PEDS: Interpretation of ADHD screening (such as Vanderbilt)/Depression screening (PHQ9 or other, for patient or postpartum mothers)/Autism screen (M-CHAT or other) forms at discretion of preceptor

Required during Pediatric core rotation:

OMM: Peds Documentation of an Osteopathic Structural Exam (OSE) in an infant/toddler/school aged/teen patient

OMM: Peds Osteopathic Manipulative Treatment (OMT) with Documentation in a child

Pediatric Diagnoses

PEDS: Acute illness requiring emergency stabilization or intensive care (e.g., shock, ALTE, status asthmaticus)

PEDS: Asthma

PEDS: Chronic illness (e.g. congenital heart disease, diabetes, cystic fibrosis, leukemia, sickle cell disease)

PEDS: CNS (e.g. seizures, meningitis, headache)

PEDS: Behavior (e.g. ADHD, autism, enuresis)

PEDS: Dermatologic (e.g. eczema, contact dermatitis)

PEDS: GI (e.g. abdominal pain, gastroenteritis)

PEDS: Growth (e.g. failure to thrive, obesity, short stature)

PEDS: Musculoskeletal (e.g. sprain, fracture)

PEDS: Respiratory (e.g. bronchiolitis, pneumonia)

PEDS: Fever without a focus

PEDS: Neonatal jaundice

PEDS: Non-accidental trauma

PEDS: Somatic dysfunction

PEDS: Well child check – newborn

PEDS: Well child check – infant or toddler

PEDS: Well child check – school age child

PEDS: Well child check – adolescent

Lecturio Learning Path

Lecturio assignments are self-directed learning activities mandatory for each core course. Students will be assigned the appropriate Lecturio Learning Path for DO clinical subjects, that contains videos, quizzes and Qbank questions pertaining to each core rotation. Lecturio videos have their own objectives to guide student's learning while completing the assignment. We recommend that when using Lecturio, students refer also to the course learning outcomes to guide their learning progress.

Lecturio Assignment Grade: These assignments are evaluated on a Pass/Fail basis. To attain a passing grade, students must complete a minimum of **25% of the assigned clinical subject learning path**. This completion benchmark must be met by the last day of the core course, i.e. last day of the 4-week course (for one-block courses), or last day of the 8-week course (for two-block courses).

eConferences Pediatrics

There will be two interactive case conferences during the Pediatrics rotation. Attendance and participation are mandatory.

Pediatrics eConferences will take place virtually on **Monday afternoons at 4:00 PM PST/PDT** (see course calendar in Canvas) on Zooms and will be hosted by TUCOM faculty and Clinical Teaching Students.

All students are expected to submit a case seen on their clinical rotation prior to the first eConference during the block. All cases should include structural competency/social determinants of health and osteopathic principles and practice considerations. Students will be notified if their case is chosen for the upcoming eConference.

Case submission form and eConference zoom link are available on Canvas: [Pediatrics course](#).

Pediatrics COMAT Examination

The Pediatrics examination is designed for end-of-clinical rotation/clerkship assessment for students enrolled at a college of osteopathic medicine (COM). It is required that students pass COMAT. To ensure they are prepared we highly recommend that students select a board review book and study from it throughout the rotation. It is also required that students practice questions using Truelearn and recommended that students pursue more than the required questions as needed.

Pediatrics COMAT Objectives

Based on general learner-centered objectives, as outlined in the Pediatrics Examination Blueprint, the examinee will be required to demonstrate the ability to apply:

1. Foundational content knowledge of situations and patient presentations encountered in clinical settings and important to Pediatrics.
2. Foundational content knowledge and clinical problem-solving ability related to particular physician tasks critical to Pediatrics.
3. Knowledge and clinical problem-solving as related to the Fundamental Osteopathic Medical Competency Domains, including osteopathic principles and practice and OMT, osteopathic medical knowledge, interpersonal and communication skills, practice-based learning and improvement, systems-based practice, professionalism and patient care.
4. Osteopathic principles and practice in commonly encountered patient care scenarios.

For Pediatrics, the examinee will be required to demonstrate the ability to diagnose and manage selected patient presentations and clinical situations involving, but not limited to:

1. **Cardiology/Respiratory:** congenital disorders, neonatal respiratory distress, vascular diseases, and infectious diseases and other inflammatory conditions affecting the respiratory and cardiovascular systems
2. **CNS-Behavior/Psychiatry:** common behavioral problems, including sleep and colic in infants; tantrums, feeding issues, and potty training in toddlers; attention deficit disorder, encopresis, and oppositional defiant disorder in school-aged children; eating disorders, substance use/abuse, and conduct disorders in adolescents; pervasive developmental disorders, mood and anxiety disorders and headache
3. **Endocrine/Metabolism:** nutrition, diabetes, abnormal growth, thyroid disorders and menstrual disorders
4. **Gastrointestinal:** nutrition, obesity, failure to thrive, digestive difficulties, abdominal pain and infectious diseases affecting the gastrointestinal system
5. **HEENT:** allergies, dental health, congenital anomalies, and ophthalmic and otorhinolaryngologic disorders
6. **Hematology/Lymphatics:** common anemias, lymphadenopathy, immune system disorders, bleeding disorders, malignancies and toxicity
7. **Integument:** rashes, lesions and neonatal skin conditions
8. **Musculoskeletal/OPP:** structural disorders, sports medicine, trauma, somatic dysfunction, viscerosomatic relationships, infectious diseases affecting the musculoskeletal system and rheumatology
9. **Normal Growth and Development:** developmental milestones (e.g., Denver Developmental examination), puberty and the sequence of physical changes in development (e.g., Tanner scale), health promotion, variants of normal growth in healthy children, screening and disease and injury prevention, and anticipatory guidance and immunizations for newborns, infants, toddlers, school-aged children and adolescents
10. **Renal/Urinary:** congenital abnormalities, urinary tract infections, laboratory abnormalities, nephropathy and neoplasms affecting the renal system

These objectives are from the NBOME website and do not reflect any changes on the part of TUCOM faculty. For additional information, resources and practice questions: [NBOME Pediatrics COMAT](#)

OSTEOPATHIC CLINICAL INTEGRATION

CLNC 770 A/B/C - 1.5 Units Total (0.5 Units each term)

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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Alecia Lentz, DO (see above) and TUCOM Clinical Faculty and Adjunct Clinical
Faculty at Core Rotation Sites

ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination on the basis of disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

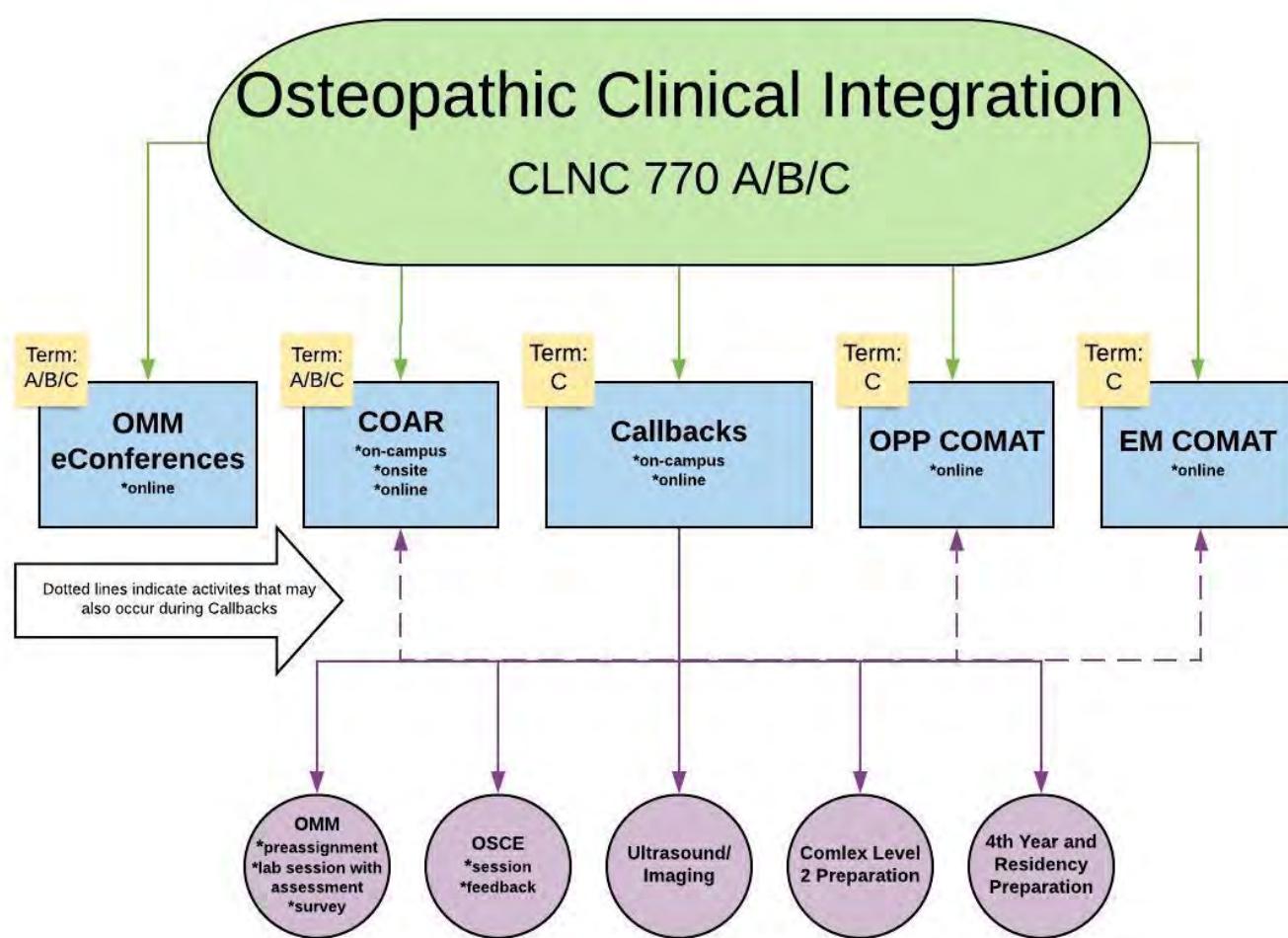
Learning Resources

The syllabus is considered up to date as of the time it is posted to Canvas before the beginning of the semester. However, schedule changes and other important information updates may occur throughout the semester, which may not be reflected in the syllabus. The Canvas course page is the most accurate and up to date resource for this course. All schedule changes, assignments, updates, and announcements will be posted on the Canvas course page. Please refer to the course page daily for updates and announcements.

COURSE DESCRIPTION OSTEOPATHIC CLINICAL INTEGRATION

Osteopathic Clinical Integration is a mandatory longitudinal course that takes place during third year. It is divided into three individual terms (A: Summer, B: Fall, C: Spring) which carry 0.5 units each. This cumulative 1.5-unit course consists of a distance learning program given longitudinally throughout the year, rotation on-site experience(s), on-campus component throughout the year and an on-campus component that takes place during the Spring semester. The distance learning portion consists of online didactics, Clinical, Osteopathic, Anatomic, Radiology (COAR) sessions, osteopathic pain modules, and eConferences. The on-campus portion of the course consists of in-person COARs, didactic sessions, assessments that both summarize learning to date and provide feedback for future performance and advising sessions on Year 4 and residency. All students must participate and satisfactorily complete each component to pass the course.

COURSE MAP



OMM eConferences (Terms A/B/C)

OMM eConferences are offered throughout the year. All students must attend 5 OMM eConferences hours during their 3rd year. They can be attended while on any rotation as long as the student attends 5 hours before the end of their last rotation of 3rd year. All students will deliver a presentation at one or more of their attended OMM eConferences during their 3rd year.

Details of OMM conferences are as follows: Wednesday afternoons, 3:00 PM and 4:00 PM PST/PDT virtually on Zoom. Hosted by TUCOM OMM Faculty, as well as other OMM faculty and fellows. All cases should include osteopathic principles and practice considerations, as well as structural competency considerations. Students are required to submit a case they have seen on their clerkship by the Friday before the eConference. Students will be notified if their case is chosen for presentation during the upcoming eConference. Students are required to attend 5 eConference hours during their third year. A case submission must accompany each of the 5 eConference sessions attended and each student will present a case at least once. Credit will be given as part of the Osteopathic Clinical Integration course grade.

Note: OMM eConferences are counted by the hour so if a student attends two 2-hour and one 1-hour session (3 total sessions, 5 hours), only 3 cases need to be submitted. If a student attends one 2-hour and three 1-hour sessions (4 total sessions, 5 hours), 4 cases will need to be submitted. If a student attends only one hour of 5 eConferences (5 total sessions, 5 hours), 5 cases will need to be submitted.

Each term has a minimum number of eConferences hours needed to pass. For Term A: Summer, students are required to attend a minimum of one hour OMM eConference to pass the Term. For Terms B: Fall and C: Spring, students are required to attend a minimum of 2 hours OMM eConferences each term in order to pass. Failure to complete these requirements will necessitate remediation of the OMM eConference component of the course. If the student is unable to pass the remediation, the student will be sent to the Student Promotions Committee to determine what further actions are necessary.

COAR Sessions and Osteopathic Pain Modules (Terms A/B/C)

There are four types of COAR sessions available to students during their 3rd year with in-person and on-line requirements

- 1) Visiting COAR
- 2) COMAT Day COAR
- 3) On-line COAR/OPM modules
- 4) Callback COAR

In addition to the mandatory on-campus COAR session during clinical callbacks, all third-year students must complete **five** over the course of the academic year.

Two must be completed in-person either on COMAT Day or during visiting COAR events.

- COMAT Day COAR sessions will be offered at TUCOM campus on days scheduled for COMAT examinations and will be offered several times during the 3rd year (up to 10 times during the year). Students rotating in the Northern Greater Bay Area (Northbay, Santa Rosa, Vallejo, Napa...) must attend two on-campus sessions during their 3rd year. This attendance can be in any of the terms (A/B/C) to meet the requirement. Students not local to the Bay Area but on rotation in the Bay Area may attend any of the offered COMAT Day COAR sessions for credit.
- Students who are not local to the Bay Area must attend in-person Visiting COAR events which will be offered at a variety of Clinical Rotation Sites during the 3rd year. Attendance is required if you are on rotation at the Clinical Rotation Site during the time of the visit (2 per year offered in Term B: Fall and Term C: Spring). Students will be provided with an excused absence letter to be given to Preceptors/Attendings for the day of the in-person Visiting COAR event. Date, Time and

Location of the event will be communicated with the students prior to the visit via email and/or Canvas announcement. In the event that a student cannot attend part/full event, an excused absence will have to be approved by the Director of Distance Learning. Excused absence will not necessitate remediation.

Failure to complete the in-person requirements will necessitate remediation of the COAR component of the course with completion of 2 OMM COAR and/or OPM modules. If they are unable to pass the remediation, the student may be sent to the Student Promotions Committee to determine what further actions are necessary.

Three sessions must be completed online either as COARs or Osteopathic Pain Modules (OPM).

For Term A: Summer, students must complete 1 COAR or OPM module. For Term B: Fall and Term C: Spring, students must complete 1 module, COAR or OPM, in each term to complete the 3 required online modules for the year. Online modules shall be completed in their entirety along with the osteopathic assignments embedded within the module(s).

Credit for all COAR and/or OPM modules will be given as part of the Osteopathic Clinical Integration grade and is a required part of the longitudinal course (see Osteopathic Clinical Integration course curriculum). Failure to complete these requirements will necessitate remediation of the course component. If the student is unable to pass the remediation, the student may be sent to the Student Promotions Committee to determine what further actions are necessary.

Callback COAR

Requirements are reviewed below in the On-campus Callback section.

Callbacks (Term C)

Clinical callbacks for 3rd year students are divided in two segments: 1) a virtual event delivered at the beginning of the spring of Year3 and 2) an in-person event that will take place at the end of Year 3.

Virtual Callbacks

Virtual Callbacks is a mandatory event that will take place at the beginning of the Spring term of Year3. Virtual Callbacks focuses on the preparation **for Year 4 and Residency**. The Clinical Education Department team and guest speakers will meet with 3rd year students via Zoom to address the following topics:

- Year 4 curriculum and requirements for graduation
- Year 4 timeline, preparation, and scheduling
- Q&A with Residency Program Directors and TUCOM Alumni. Residency program directors from local programs will meet with the class virtually to present their program and advise students on residency. TUCOM Alumni may also be present to share their experience.

On-campus Callbacks

- **OMM Lab Session:** The OMM Department develops a lab for the Callbacks event that gives the students an opportunity to brush up on their OMM skills, rediscover ways in which they can incorporate more OMM into their clinical rotations and reconnect with our OMM faculty. This will be in the form of a Callback COAR and the student will be required to complete a Comprehensive Practical Exam during Callback week. The student will be required to remediate the OMM portion of Callbacks if they fail to pass based on the posted rubric. If they are unable to pass the remediation, the student may be sent to the Student Promotions Committee to determine what further actions are necessary.
- **Objective Structured Clinical Examination (OSCE) and OSCE Feedback:** During Callbacks, students will have one mandatory OSCE involving 2-4 separate OSCE Cases. This OSCE will simulate the COMPLEX Level 2 PE and a standard clinical encounter. The OSCE will help to prepare learners for ongoing clinical rotations, residency, and licensure. Each student will have the opportunity to review their OSCE performance during a video review session, as well as to get faculty

& peer feedback, and a grade on their SOAP notes and their performance on the Standardized Patient (SP) checklists. This will give the students an idea of how they may perform during their clinical. Additionally, it will give students a chance for self-reflection and improvement. These OSCEs (Objective Structured Clinical Examination) are graded by a combination of the following components: 1) Video Review by faculty, 2) Rubric designed to flag any student weaknesses and to improve performance clinically, 3) SP checklists, 4) Post station SOAP notes, and 5) Additional video review by select faculty in the event that any red flags are noted during the OSCE or initial video review session. If the student's performance on the OSCEs reveals multiple red flags or is noted to be significantly poor or concerning after review by a minimum of 2 faculty, the student will be required to remediate the OSCE portion of Callbacks. In the event that they are unable to pass the remediation, the student may be sent to the Student Promotions Committee to determine what further actions are necessary.

- **Didactic sessions:** Didactic sessions designed and selected to best address the clinical students' needs for personal and professional development and clinical learning are offered during Callbacks. These include but are not limited to Imaging and advanced Ultrasound labs such as Rapid Ultrasound for Shock and Hypotension (RUSH Exam).
- **Additional Assignments:** Additional required assignments, such as online modules and evaluations, are expected to be completed independently during 3rd Year. All related information can be found in the Osteopathic Clinical Integration & Callbacks Canvas Organization.

Osteopathic Principles and Practice (OPP) COMAT (Term C)

The OPP COMAT will be taken prior to the completion of Year 3 and must be passed to complete this course. While this required COMAT can be taken any time during Year 3 (with the condition that it is not scheduled at the same time as another COMAT examination), it will be part of the Term C (Spring) grade. This examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Osteopathic Principles and Practice that are essential for the pre-doctoral osteopathic medical student. The exam blueprint, assessment objectives, learning resources and a practice examination can be found online in the NBOME website: [COMAT OPP NBOME](#)

Emergency Medicine (EM) COMAT (Term C)

The Emergency Medicine COMAT emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Emergency Medicine. While this required COMAT can be taken any time during Year 3 (with the condition that it is not scheduled at the same time as another COMAT examination), it will be part of the Term C (Spring) grade. We strongly recommend, taking this test after completion of Surgery and Internal Medicine rotations. Examination blueprint, assessment objectives, learning resources and a practice examination can be found online in the NBOME website learning resources and a practice examination can be found online in the NBOME website [COMAT Clinical-Emergency Medicine- NBOME](#)

For the scheduling of the EM and OPP COMAT examinations, students will have to inform the CED at the beginning of the block their intent to take the examination.

TEACHING METHODS

- Interactive large and small group experiences (in-person and virtually)
- Skills labs
- Objective structured clinical examination (OSCE)
- Webinars, online modules and online assignments
- Shelf Examinations

COURSE LEARNING OUTCOMES (CLOS)

Individuals successfully completing this course will:

1. Have reviewed the foundational concepts involved in being an outstanding osteopathic physician which include expanding their medical knowledge, clinical reasoning and clinical skills, improving

practice-based learning and improvement as it relates to primary care, continuing to refine their professionalism and interpersonal communication skills, and reviewing both osteopathic philosophy and practice and OMM.

2. Describe the osteopathic considerations to a given patient case, specifically, the Autonomics, Biomechanics, Circulation and Screening (ABC'S of Osteopathic Medicine) through case based eConferences presentations, COAR sessions and online osteopathic learning modules.
3. Apply osteopathic considerations to a given patient case, identify indications and contraindications, give examples of useful treatments for a given patient or clinical scenario, diagnose somatic dysfunction, and demonstrate successful use of osteopathic manipulative treatment.
4. Be able to deliver an assessment of their level of mastery of clinical knowledge and skills as demonstrated by their performance on the OSCE.
5. Have had the opportunity to begin planning and preparing for their future including securing the knowledge to be successful in continued 3rd and 4th year rotations, success on board examinations, and to meet all medical school graduation requirements, and be able to successfully navigate the residency interview and match process.
6. Identify and address structural determinants of health outcomes in a patient case of their choosing

AOA COMPETENCIES – TUCOM Program Learning Outcomes ADDRESSED IN THIS COURSE

1. Medical knowledge (MK)
2. Practice Based Learning and Improvement (PBLI)
3. Patient Care (PC)
4. Professionalism (P)
5. Interpersonal & Communication Skills (ICS)
6. Osteopathic Principles and Practices (OPP)
7. Structural Competency (SC)

COURSE MAP

Course Events	Assessments	Competency/Program Learning Outcome						
		MK	PBLI	P C	P	ICS	OPP	SC
OSCE	Standardized Patient Checklist (Humanistic Domain)	✓	✓	✓	✓	✓	✓	✓
	Standardized Preceptor Checklist (Biomedical Domain)	✓	✓	✓	✓	✓	✓	✓
	SOAP Note	✓	✓	✓		✓		✓
	OSCE Video Review	✓	✓	✓	✓	✓	✓	✓
Callbacks Groups Sessions & Didactics	Attendance	✓	✓		✓			
OPP & EM COMATs	Shelf Exam score	✓	✓				✓	
OMM eConferences	Participation/Presentations	✓	✓	✓	✓	✓	✓	✓
Online Assignments	Completion in Canvas	✓	✓	✓	✓	✓	✓	✓
OMM Lab Session	OMM Lab Rubric & Attendance	✓	✓	✓	✓	✓	✓	

ASSESSMENT AND GRADING

This course is Pass/Fail and each component must be satisfactorily completed to pass the course. All components of this course are mandatory.

The following are the requirements for the entire course:

- 1) **OMM eConferences:** attendance and participation at 5 OMM eConferences hours
 - a. Term A: minimum of 1 hour to pass term
 - b. Term B: minimum of 2 hours to pass term
 - c. Term C: minimum of 2 hours to pass term
- 2) **COAR/OPM:** 5 sessions required (2 in-person, 3 online modules)
 - a. Term A: minimum of 1 to pass term
 - b. Term B: minimum of 2 to pass term
 - c. Term C: minimum of 2 to pass term
- 3) **Callbacks virtual & on-campus events:**
 - a. OMM Lab Session – Attendance and completion of Comprehensive Practical, adequate professional behavior and OMM skills as determined by faculty. Participation in in-lab session of a Callback COAR.
 - b. OSCE – attendance and adequate passing performance as determined by video review rubric and associated materials.
 - c. In-person and /or virtual didactics, such as the imaging & ultrasound session - attendance and completion of associated assignments.
 - d. COMLEX Level 2 Preparation - attendance
 - e. 4th year and residency preparation - attendance

- f. Additional assignments online in the course organization in Canvas - completion
- 4) **OPP COMAT**: standard score ≥ 87
- 5) **EM COMAT**: standard score ≥ 87

Successful completion of each term of the course is represented on the student's transcript by the letter grade of P. There are no Honors associated with the Osteopathic Clinical Integration course.

REMEDIATION

- If a student cannot attend part or the full Callbacks event, an excused absence will have to be approved by the Associate Dean for Clinical Education and alternative dates will be discussed for completion of the requirements.
- Any failure through inadequate performance in OSCE, OMM pre-assignment and lab session, the Emergency Medicine COMAT, the OPP COMAT, or through missed attendance of any Callbacks activities, or failure to complete required assignments, will require the student to meet with the course directors to discuss remediation.
- Failure to complete the course (composed of 3 individual terms) will require a meeting with the Student Promotions Committee and may jeopardize a student's progression toward 4th year.
- If a student misses any portions of Callbacks without excused absences or recurrently does not complete required assignment, they will be referred to the Professionalism Committee.

CLINICAL DISTINCTION I AND II

Courses 717 and 718

12 Units

Academic Year 2025-2026

Touro University CA – College of Osteopathic Medicine

Course Directors:

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3rd Year Clerkship and Program Coordinators

Contact: [CED Connect](#)

Course website: ClinicalDistinction.com

Canvas Organization: <https://touro.instructure.com/courses/18789>

Course Description

The Clinical Distinction course takes place twice for two four-week blocks in year 3. It is a time when students are called upon to examine their own proficiency in all competency areas of clinical medicine - and design a study program that allows them to round out their capacities and prepare for successful transition to residency and clinical work.

Students are expected to use this time to develop their professional identity, competence, and entrustability as an Osteopathic physician. Your path to distinction should contribute to your success in clinical rotations and preparation to match into residency.

The Clinical Distinction Courses offer the opportunities to distinguish yourself as you prepare for residency:

- Through a self-selected study program, you can deepen your competence in a chosen area, or broaden your horizons by exploring unfamiliar domains in health care.
- These courses allow individual expression and the development of professional identity. In your narrative evaluation, you are given the opportunity to describe your development and unique experience. You can distinguish yourself in a language that residency directors will be looking for – competency, reflection and entrustability.
- You can enhance your profile by being of service, creating an innovative project or program, or acquiring distinctive skills and knowledge, the result of which informs this key section of your MSPE. As a result, these courses are high yield for your residency application. The description of competency growth and entrustability from your narrative evaluation is featured in the MSPE.

Your route to clinical distinction is up to you. Everything else you need to choose your track, make your contract, and complete your narrative evaluations, is available on [Canvas](#).

TUCOM Mission Statement

The Mission of Touro University Osteopathic Medicine Program is to prepare students to become outstanding osteopathic physicians who uphold the values, philosophy and practice of osteopathic medicine and who are committed to primary care and the holistic approach to the patient. The program advances the profession and serves its students and society through innovative pre-doctoral and post-doctoral education, research, community service, and multidisciplinary and osteopathic clinical services.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curriculum for this course is aligned with the TUCOM Mission. While each track is focused on a specialty or topic, students are expected to examine their developmental progress in our college program learning outcomes (PLOs). Further, the materials chosen for each track should be at a level appropriate to a third year, focused on exploring the breadth of osteopathic primary care medicine. The objective of focusing on a particular specialty or topic is not to achieve the specialist level skill but rather to explore clinical medicine in a personalized way. This allows students the room to engage in their educational and clinical development in a unique way and supports development skills needed for lifelong learning. Some of the skills include the ability to select appropriate study tools, make commitments, balance obligations, accomplish goals and most importantly, to evaluate oneself accurately.

Each track is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important competency areas that outstanding osteopathic physicians committed to primary care should understand. In keeping with the third-year core curriculum, this self-study course allows students to maintain a holistic approach to patient care and consolidate medical knowledge, supported by a framework of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in all types of clinical practice. Students are directed to focus on finding health when engaged in the

clinical reasoning process. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

Course Learning Outcomes

At the end of the Clinical Distinction course, each student should be able to show that they have:

- 1) Acquired medical knowledge in the specialty domain they have selected.
- 2) Documented growth in one or more other Physician Competencies, preferably by performing EPAs at an increased level of entrustability. More information on Competencies and EPAs is available on [Canvas](#) and the [Clinical Distinction Website](#).

Learning Resources:

Learning resources vary according to the learning contract.

Other Course Specific Requirements:

4-week blocks of Clinical Distinction will include a varied set of activities determined by the track chosen.

Each student is required to do at least one Specialty track.

Tracks:

Students may choose from the following three tracks. All students must complete one Specialty Track but may choose any of the three tracks for their other CD course.

- Specialty Track
- Clerkship Style Track
- Board Success Track

All information can be found in the [Clinical Distinction Canvas Organization](#) or on the [Clinical Distinction Website](#).

Deadlines

Rotation request form: **Due 60 days in advance of each CD track.**

- Submit through CED connect
- Must include documented approval from sponsor or back up sponsor and any clinical site approvals.
- For more information on finding a sponsor or back up sponsor, see the Clinical Distinction [Webpage on finding a sponsor](#). <https://touro.instructure.com/courses/18789>

Contract of learning: **Due before the first day of the rotation**

- It is recommended that you begin working on this in advance of your start date so that you can start your coursework when the course begins.
- The contract must be signed and approved by the selected sponsor to receive credit.

Completion Form: **Due on the last day of the rotation or last day of course if it is longitudinal.**

- The link to complete the final form is received by email when the sponsor approves the learning contract.
- Students must save the email until the last day of the rotation or project and complete the form by clicking on the link and following the instructions.
- The completion form must be signed, with a passing grade, by the sponsor to pass the course.
- Students completing longitudinal specialty tracks have until the project end date to complete the final form.

Your signed proposal for study, also called your **Contract** is due by the first day of (CLIN 717, 718) each block of Clinical Distinction. *By failing to complete this on time, students will be at risk of remediating the course or being referred to the student promotions committee.* You are strongly encouraged to solicit

support from faculty and submit your contract as soon as you decide rather than waiting until you have been registered in a track. The Clinical Distinction course directors and coordinator are always available to help with sponsor communication or technical issues. Reach out early and often if you encounter difficulties.

The exit interview can happen virtually and in a worst-case scenario through an email exchange but ZOOM, skype, facetime or a phone call would serve adequately, if you are at a distance from your faculty at the time of completion of your specialty track. Your faculty sponsor should submit the signed evaluation within two weeks of the last day of the rotation.

Deadlines for all other requirements are based on student design as documented in the written contract for the rotation.

For more details on how to design your Clinical Distinction experience, see the [Clinical Distinction Website](#).

Required Assignments

In addition to the primary scaffolding assignment of the contract and completion form for both the board success and specialty tracks, required assignments are based on the track chosen and the student's plan as described in the contract. Assignments, if completed adequately, will allow students to achieve an appropriate level of mastery in TUCOM program learning outcomes, which they may demonstrate through increased entrustability with associated EPAs or through other assessments as described in their contract. By completing the Clinical Distinction track-specific activities and all assignments, students should achieve mastery of the competencies at a level of achievement appropriate for a third-year medical student. Clerkship Track courses have the same requirements as third-year electives.

Selected Didactic Resources

The curricular resources, other than the supportive documentation on the clinical distinction website are selected by individual students to ensure they understand the depth and breadth of the materials with which they should become competent for each track. Students are encouraged to design a course of study that is both engaging and challenging.

Paperwork and Form Requirements for Clinical Distinction

Rotation Request Forms

Rotation request form must be submitted through CED connect, 60 days prior to start of rotation.

This form **must include** track chosen and sponsor. For all tracks, submission of this form implies you have approval from the supervisor listed and documentation in the form of an email or text should be copied and pasted into the form.

Contracts

Contracts must be submitted no later than the first day of each CD course. Both Board Success (CD I) and Specialty Track (CD II) require a contract to be completed by the first day of the course.

- I. Specialty contracts are required for any track or project designed by the student.
- II. The Board Success Track requires a Board Review Contract. This form is only used for the [Board Success track](#). If you are combining board review with specialty subjects or projects, you should not use the Board Review Contract or completion form but instead use [the Specialty Track contract](#).
- III. Contracts are **not required** for the Clerkshipstyle track. The faculty preceptor will complete a CPE which is a pass/fail form, automatically generated by eMedley.

Completion Forms

Board Success: For the board success track an online form is completed at the end of the course – first by the student and then by the academic mentor. The link to this form is received by the student on

approval of their contract. Students should be aware that they need to save the email till the end of the four-week period and that it is due on the last day of the four-week block.

Specialty Track: Completion Form/ Narrative Evaluation

Narrative evaluations are required for all students at the end of the specialty track block. In a similar online process to the board success track, the link to this completion form arrives by email when the contract of learning is approved. This happens before, or by the first week of the Clinical Distinction Specialty Track. **If a student is not notified by email that their contract was approved, then it was not approved.** Contact the CD course coordinator for assistance with any technical problems related to this. The approval email has the link for the narrative evaluation form, and the student should know they need to save the email until the end of the Specialty Track project.

The narrative evaluation has two sections: student section and faculty section.

Students must complete the student section no later than the last Friday of each CD specialty block or on the date specified in the longitudinal course contract and rotation request form.

Schedule an exit interview for all contracted CD courses. During this exit interview students should review both their narrative evaluation and get feedback from their sponsor. While it is not a hard requirement, it is suggested that students get their narrative evaluation to their sponsor in advance of their exit interview to allow the sponsor time to complete their portion before the meeting. It is a good idea to go through this same process for Board Success Tracks.

Student Course Evaluation

Students will be prompted by NI to complete an online evaluation of the CD experience. This must be completed by the last day of each scheduled CD course.

Assessment and Grading

Documentation of student achievement of course learning outcomes is dependent on the selected track:

- Specialty Track: contract of learning and narrative evaluations is required to document this growth in any CD Specialty Track course.
- Clerkship Style Track: The CPE form, which is aligned with the competency domains, will serve to document the level of achievement in PLOs in the clerkship style track.
- Board Success Track: A board review contract and completion form is required to document increased medical knowledge and professionalism through commitment to and completion of learning activities.

A signed contract, if part of the selected track, must be completed. All items in the contract must be adequately completed. A narrative evaluation, completion form, or a CPE must be completed, and depending on the block, may use the EPA rubric found in the contracts and narrative evaluation forms. Finally, a student evaluation of the experience must be completed in eMedley.

Grading is Pass/Fail as determined by completion of each component of the track chosen and the evaluation submitted by your faculty sponsor.

Narrative elements will be included in the MSPE (Dean's letter). The importance of the narrative elements and their inclusion in the MSPE cannot be emphasized enough. This affords the students an opportunity to distinguish themselves in a manner that lends itself precisely to the language and needs of residency directors selecting program applicants. Students are strongly encouraged to use this opportunity to distinguish themselves in areas of knowledge, skill, behavioral development and personal character. For more information on this aspect of your grade, see the [Clinical Distinction Website](#) or contact Clinical Distinction Course Director Dr. Hartwig.

Grading for Clinical Distinction Tracks CD I (717) and CD II (718)

All components of each track are listed above. CD is a pass/fail course. To pass you must complete all components listed.

Remediation:

If a student is registered for Clinical distinction and does not complete a contract or completion form, they will have to remediate the course. This may result in delayed graduation, or loss of vacation time.

If a sponsor fails to sign a contract, it is the student's responsibility to communicate with them to get it signed. Without a signed contract, it is impossible to complete the course. The CD team, including course directors and administrative coordinators, are available to help if student encounters difficulties. Reach out to your course director or the CD coordinator as soon as possible.

Additionally, until the completion form is signed, the course cannot be passed.

If a student fails to complete either the contract or completion form on time, or any of the work which they have contracted to do or is given a failing grade, it will prompt the Clinical Distinction Course Directors to determine the appropriate course of action. This will begin with an interview with the student and, as necessary, communication with the course sponsor to determine the most appropriate remediation. Options include repeating all or some portions of the course, being removed from rotations until the situation is resolved, failing the course or documentation being submitted to the professionalism or SPC committees.

Selective (Clerkship) Style Tracks are Pass/Fail. If a student is given a fail on the clinical performance evaluation, or they are removed from the rotation for any reason, it will prompt the CED and Clinical Distinction team to determine the appropriate course of action. The CED and Clinical Distinction team will interview the student and the preceptor(s) in order to determine the most appropriate remediation. Options include but are not limited to repeating all or some portion of the rotation, being removed from rotations until the situation is resolved, failing the rotation, and/or meeting with the Student Promotions Committee.

If the full course has to be repeated, a "NP" will be assigned to the failed event and the new grade will be assigned to the successfully repeated course.

ELECTIVE CLINICAL ROTATION

Year 3 courses: CLNC **715** (2 weeks, 3 units) and **716** (4 weeks, 6 units)

Year 4 courses: **CLNC 814** (2 weeks, 3 units), **820** (3 weeks, 4.5 units) and **813** (4 weeks, 6 units)

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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INSTRUCTORS

TUCOM Clinical Faculty and Adjunct Clinical Faculty at Core Rotation Sites

Introduction to Elective Rotations

Course Description

During the third and fourth year, students can choose learning experiences which enable them to further their education in a self-directed way. Students are encouraged to consider this time as an opportunity to round out areas where they are weak or have had less experience, or to explore career interests. They may also use this time to increase their skills and knowledge in areas complimentary to their clinical practice, such as research, global health, or public health. Students are given opportunities through the CED and are also encouraged to submit proposals to the CED for other learning experiences. In the third year, students complete 4 weeks of elective rotation experience in either 2 or 4-week blocks. In their fourth-year students have more time for electives and will complete 22 weeks (about 5 months) in either 2, 3 or 4-week blocks.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all courses during the clinical years are aligned with the TUCOM Mission. Each course is subject specific, yet students are encouraged to focus on the important concepts that outstanding Osteopathic physicians committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care, and to learn medical knowledge supported by a foundation of Osteopathic principles and practices. Students should understand that basic Osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health, throughout clinical reasoning, and differential diagnoses. During the electives, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one two, and in core rotations in year three, will guide the student in their self-directed learning choices. Exposure to a variety of learning experiences, including research, public health, global health, alternative medicine, traditional Osteopathy and other primary care and specialty rotations, helps future primary care physicians to broaden their skill and knowledge base - a critical aspect of primary care.

Course Learning Outcomes

Clinical experiences will vary greatly depending on the chosen elective. The following course learning outcomes, however, should be achieved in most clinical rotations. Exceptions may include research, language intensives and procedure-focused rotations. In these cases, students should make every effort to understand how the elective they have chosen may utilize the listed skills and knowledge.

At the end of each elective course, each student should be able to show progress in these critical elements of medical practice:

1. Show the ability to determine and monitor the nature of a patient's concern or problem using a patient-centered approach appropriate to the patient's age and culturally sensitive.
2. Provide patient care that incorporates a strong fund of applied Osteopathic medical knowledge and best medical evidence, Osteopathic principles and practices, sound clinical judgment, and patient and family preferences.
3. Demonstrate the ability to effectively perform a medical interview, gather data from patients, family members, and other sources, while establishing, maintaining, and concluding the therapeutic relationship and in doing so, show effective interpersonal and communication skills, empathy for the patient, awareness of biopsychosocial issues, and scrupulous protection of patient privacy.
4. Show the ability to perform a physical examination, including Osteopathic structural and palpatory components, and the ability to perform basic clinical procedures important for generalist practice.
5. Demonstrate analytical thinking in clinical situations and the ability to formulate a differential diagnosis based on the patient evaluation and epidemiological data, to prioritize diagnoses appropriately, and to determine the nature of the concern or problem, in the context of the life cycle and the widest variability of clinical environments.

6. Demonstrate the ability to develop and initiate an appropriate evidence-based, cost-effective, patient-centered management plan including monitoring of the problem, which considers the motivation, willingness, and ability of the patient to provide diagnostic information and relief of the patient's physical and psychological distress. Include patient counseling and education. Management should be consistent with Osteopathic principles and practices including an emphasis on preventive medicine and health promotion based on best medical evidence.
7. Demonstrate the ability to work effectively with other members of the health care team in providing patient-centered care, including synthesizing, and documenting clinical findings, impressions, and plans, and using information technology to support diagnostic and therapeutic decisions. This should include interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams by applying related Osteopathic principles and practices.
8. Demonstrate the ability to describe and apply fundamental epidemiological concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence.
9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records.
10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors.
11. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that will or may be experienced while practicing Osteopathic medicine by properly applying competencies and physician tasks, incorporating applied medical sciences, Osteopathic principles, and best available medical evidence. This would also include, but not be limited to, incorporating the following physician tasks:
12. Using all the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in medical knowledge in the disease states listed in the course topics
13. Systems-based practice is an awareness of and responsiveness to the larger context and systems of health care, and it is the ability to effectively identify and integrate system resources to provide Osteopathic medical care that is of optimal value to individuals and society at large. Students are simply expected to obtain a beginning understanding and awareness of the larger context and systems of health care, and effectively identify systems' resources to maximize the health of the individual and the community at large.
14. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors.

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies

AOA Competencies - TUCOM Program Learning Outcomes

The following competencies may be addressed in this course:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice
8. Structural Competency

Students are provided with resources to address these competencies using the core materials for third year rotations and the online texts available through Touro Library. Additionally, they are encouraged to continue to utilize required texts from third year as resources.

Instructional Methods

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth-year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and core third year materials, Lecturio and Canvas links

Textbooks And Supplemental Materials

Useful Reading Resources

- [UptoDate](#)
- **Foundations of Osteopathic Medicine, 4th edition** (2018) – Michael Seffinger (ebook not available yet through Touro library - only [3rd edition available](#))
- Core texts in the specific specialty - *It is recommended that students ask their preceptor on the first day of rotation what text to use as a primary resource. Students may also contact the Course Director for recommendations.*

Other Resources

The following resources should be used based on their applicable content and materials. They are always available to students and may be utilized for electives.

- TUCOM online Library
- Librarians at TUCOM are available to mail texts and articles and assist with research.
- Canvas and links of core third year courses which provide a foundation for all courses
- [Truelearn](#)
- Lecturio
- Canvas collaborate IM

Other Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations"
- Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
- Clothing- Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, Computer and internet access

Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

To pass an Elective rotation, students must satisfy the following criteria at the end of the course:

- For Clinical Clerkship Elective Receive a Pass on the CPE from the preceptor
- For Research Elective Receive a Pass on the CPE from the Principal Investigator
- For Global Health Elective Receive a Pass on the CPE from the Global Health preceptor

CPE must be submitted by preceptors in eMedley and are due on the last day of the rotation. CPE grades are entered in Canvas by the CED assessment team when received. If they are received within 14 business days after the last day of the rotation, the student will be given an academic pass for the rotation. This grade will be changed to reflect the actual assessment of the preceptor if the CPE is obtained from the preceptor.

- For Professional Development Provide all expected outcomes mentioned in the proposal by the last day of the rotation

To receive Honors, it is necessary to

1. pass the course
2. complete the student site evaluation on time (within 7 calendar days of the end of the rotation)
3. have a recommendation for Honors on the CPE from the primary preceptor.

Note: there is no Honors grade for Professional Development

Elective Rotations Categories

Here are the options offered to students for their **elective** credit requirements:

CLINICAL CLERKSHIP for OMS3 and OMS 4	INTERNATIONAL CLERKSHIP for OMS3 and OMS4
<ul style="list-style-type: none"> Students develop patient care skills and familiarity with the fundamental principles of practicing in a particular specialty The electives require direct patient care and cannot be shadowing experience only. Clinical preceptors need to be credentialed by the CED - a list of already credentialed preceptors is available on the <u>eSpatial interactive map</u> found in Canvas and eMedley 	<ul style="list-style-type: none"> Students develop patient care skills, gain an understanding of health issues on an international scale, and health care delivery systems outside of the United States International rotations are available through TUCOM Global Health Program (GHP) Students must contact Dr. Mahmoud, director of the GHP, to learn about site and rotation availability
RESEARCH ELECTIVE for OMS3 and OMS 4	PROFESSIONAL DEVELOPMENT <u>for OMS4 only</u>
<ul style="list-style-type: none"> Research projects can involve basic science, clinical studies, education, or public health Students can also pursue a review of scholarly research literature in biomedical sciences and explore its relevance in clinical medicine. Students must identify a faculty advisor or the Principal Investigator (PI) who will provide oversight for their research experience. A research proposal must be submitted to the CED via CED Connect for review and acceptance via the rotation request form Students may use this elective to obtain credit for their Master of Public Health field study*. <p><i>* For DO/MPh dual degree, the field study time should be scheduled during the Spring term of Year 4.</i></p>	<ul style="list-style-type: none"> Professional Development electives are offered to 4th year TUCOM students to assist in developing knowledge and skills outside of the traditional medical school clinical setting to further advance students' success in medical practice. Students may use this elective to obtain credit for their military officer training. Professional Development proposal should be submitted to CED via CED Connect for review and acceptance. Proposals should include: <ul style="list-style-type: none"> An outline or introduction to your plan, and how this experience will benefit your future practice Daily schedule with at least 30hrs of work per week (preferably 40hrs+) Expected deliverables at the end of the experience (must be measurable outcomes) and the criteria student will meet to successfully pass this elective <p><i>* Board Study will NOT be approved for Professional Development *</i></p>

* A maximum of **12 weeks** of non-clinical elective rotations, i.e. Research and Professional Development, can be done during 4th year.

PRIMARY CARE YEAR4 CLERKSHIP

CLNC 819 - 6 Units

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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INSTRUCTORS

TUCOM Clinical Faculty and Adjunct Clinical Faculty at Core Rotation Sites

ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination on the basis of disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Primary Care Selective Rotation

Clinical sites for the 4th year Primary Care Selective offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of medicine encompassed by the broad field of Primary Care medicine.

During the fourth year, students must complete one 4-week block of a Primary Care selective rotation. Students will rotate in affiliated clinical settings assigned to services that provide patient care in any of the areas listed below:

- Family Medicine - Outpatient
- Internal Medicine - Outpatient
- Pediatrics – Outpatient
- OB/Gyn – Outpatient
- OMM – Outpatient
- Sports Medicine – Outpatient
- Urgent Care – Outpatient

Primary Care attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience.

In addition to all clinical and didactic activities assigned by the preceptor, students should use the resources provided through the Touro University California online library and through Canvas, the online education software system. These resources should be used to deepen students' understanding of medical decision-making across the medicine subspecialties and settings. This would include applications of physiology, innovations in interventions and areas of controversy. Students should use the suggested reading or the core rotation resources in Canvas daily for independent study after clinical duties are completed and as needed.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all courses during the clinical years are aligned with the TUCOM Mission. Each course is subject-focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding Osteopathic physicians, committed to primary care, should understand. This curriculum aims to allow students to maintain a holistic approach

to patient care and concentrate on learning medical knowledge supported by a foundation of Osteopathic principles and practices. Students should understand that basic Osteopathic tenets, such as understanding normal anatomy and all of its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. During the fourth-year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. The foundation of primary care clinical practice established in years one, two and three will guide the student in their self-directed learning choices.

Course Learning Outcomes

The Course learning outcomes for this course depend on the chosen specialty. Understanding that the work of a primary physician is to continually review and continue to deepen competence in all areas of clinical medicine, third year core curricular materials are appropriate to use for the primary care clerkship in fourth year.

Students should refer to the most current third year syllabi in the following situations:

- For a Family Medicine clerkship, use the most current third-year syllabus for Family Medicine as a guide for course learning outcomes and topics.
- For an Internal Medicine clerkship use the most current third year syllabus for Internal Medicine as a guide for both course learning outcomes and topics.
- For an OB/Gyn clerkship, students should use the most current third year syllabus for OB/Gyn as a guide for both course learning outcomes and topics.
- For a Pediatric clerkship, students should use the most current third-year syllabus for pediatrics as a guide for course learning outcomes and topics.

In all other situations the following course learning outcomes should be appropriate. Students are encouraged to select topics of study specific to their chosen electives:

1. Show the ability to determine and monitor the nature of a patient's concern or problem using a patient-centered approach appropriate to the patient's age and culturally sensitive.
2. Provide patient care that incorporates a strong fund of applied Osteopathic medical knowledge and best medical evidence, Osteopathic principles and practices, sound clinical judgment, and patient and family preferences.
3. Demonstrate the ability to effectively perform a medical interview, gather data from patients, family members, and other sources, while establishing, maintaining, and concluding the therapeutic relationship and in doing so, show effective interpersonal and communication skills, empathy for the patient, awareness of biopsychosocial issues, and scrupulous protection of patient privacy.
4. Show the ability to perform a physical examination, including Osteopathic structural and palpatory components, and the ability to perform basic clinical procedures important for generalist practice.
5. Demonstrate analytical thinking in clinical situations and the ability to formulate a differential diagnosis based on the patient evaluation and epidemiological data, to prioritize diagnoses appropriately, and to determine the nature of the concern or problem, in the context of the life cycle and the widest variability of clinical environments.
6. Demonstrate the ability to develop and initiate an appropriate evidence-based, cost-effective, patient-centered management plan including monitoring of the problem, which considers the motivation, willingness, and ability of the patient to provide diagnostic information and relief of the patient's physical and psychological distress. Include patient counseling and education. Management should be consistent with Osteopathic Principles and Practices including an emphasis on preventive medicine and health promotion based on best medical evidence.
7. Demonstrate the ability to work effectively with other members of the health care team in providing patient-centered care, including synthesizing, and documenting clinical findings, impressions, and plans, and using information technology to support diagnostic and therapeutic decisions. This should

include interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams by applying related Osteopathic Principles and Practices.

8. Demonstrate the ability to describe and apply fundamental epidemiological concepts, clinical decision-making skills, evidence-based medicine principles and practices, fundamental information mastery skills, methods to evaluate relevance and validity of research information, and the clinical significance of research evidence.
9. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. Maintain accurate, comprehensive, timely, and legible medical records.
10. Demonstrate milestones that indicate a commitment to excellence with ongoing professional development and evidence of a commitment to continuous learning behaviors.
11. Demonstrate an understanding of the important physician interventions required to evaluate, manage, and treat the clinical presentations that may be experienced while practicing osteopathic medicine by properly applying competencies and physician tasks, incorporating applied medical sciences, osteopathic principles, and best available medical evidence.
12. Using all the outcomes listed above as a framework for gathering and integrating knowledge, demonstrate competency in medical knowledge in the disease states listed in the course topics.
13. Systems-based practice is an awareness of and responsiveness to the larger context and systems of health care, and it is the ability to effectively identify and integrate system resources to provide osteopathic medical care that is of optimal value to individuals and society at large. Students are simply expected to obtain a beginning understanding and awareness of the larger context and systems of health care, and effectively identify systems' resources to maximize the health of the individual and the community at large.
14. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors.

*Adapted from the NBOME Fundamental Osteopathic Medical Competencies.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice
8. Structural Competency

Instructional Methods

Through completion of the clerkship activities, and the self-directed use of online resources and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth-year medical student. In addition to daily clinical activities as directed by attending physicians, students should plan to spend about 2 hours after clinical hours reading and utilizing online resources for self-directed learning or to complete assignments given by attendings each day.

The categories of learning activities available are as follows:

1. Clinical rotations and associated didactic activities
2. Online interactive cases – COARs

3. Reading Assignments
4. Self-directed PowerPoint presentation and web site links

Textbooks And Supplemental Materials

Reading Resources

All available through online library access or Canvas

The following will be useful in all Primary Care electives. Students are encouraged to use the reading resources associated with third-year core rotations appropriate to their elective. Additionally, if Urgent Care or Sports Medicine is selected, students should use the online library texts pertinent to the specific subject.

- UptoDate
- [**Harrison's Principles of Internal Medicine, 20th edition**](#) (2018) – Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson
- [**CURRENT Medical Diagnosis and Treatment, 59th edition**](#) (2020) – Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
- [**Foundations of Osteopathic Medicine, 4th edition**](#) (2018) – Michael Seffinger (ebook not available yet through Touro library - only [3rd edition available](#))

Online Resources

- Osteopathic Principles PowerPoint Presentations - All lectures are based on the text: Somatic Dysfunction in Osteopathic Family Medicine – Kenneth E. Nelson, Thomas Glonek – 2nd edition (2015)
- Monogram from NHLBI on Obesity
- National Heart Lung and Blood institute and JAMA - See specific links in the folder on the Canvas site in the didactic materials section
- PDF's JNC 8 And ATP IV updates

Other Resources

- Canvas and links of core third year courses which provide a foundation for all subspecialty courses.
- [Truelearn](#)
- Canvas collaborate IM
- [Lecturio](#)

Other Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations".
- Participation - full participation as directed by Adjunct Faculty and completion of required assignments on time.
- Clothing- Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, Computer and Internet access

Assessment and Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

- **To pass the course rotation**, students must receive a Pass on the Clinical Performance Evaluation (CPE) AND complete the Student Site Evaluation (SSE) in eMedley.
- **To receive Honors**, students must be recommended for Honors on the CPE AND must complete the SSE on time, i.e., seven calendar days after the end of the rotation.

ACUTE OR CRITICAL CARE YEAR4 CLERKSHIP

CLNC 810 - 6 Units

Syllabus 2025-2026 Academic Year

Touro University CA – College of Osteopathic Medicine

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Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description Acute Or Critical Care Selective Rotation

Clinical sites for Critical Care Rotations offer a range of experiences. The overall goal of the rotations is to enable the students to deepen their understanding of aspects of medicine encompassed by critical care. Students will rotate in affiliated clinical settings assigned to services that provide critical care in any of the areas listed below:

- Adult/Medical Intensive Care
- Surgical Intensive Care
- Trauma Management-Acute/Critical Care
- Burn Management-Acute/Critical Care
- Transplant-Acute/Critical Care
- Cardiac Critical Care
- Pediatric Intensive Care
- Neonatal Intensive Care

Critical care attendings will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. In addition to all clinical and didactic activities assigned by the preceptor, students should use the resources provided through the Touro University California online library and through Canvas. These resources should be used to deepen student understanding of critical care decision-making across the various critical care subspecialties and settings. This would include application of the principles of physiology, anatomy, pharmacology, procedural skills, innovations in interventions and areas of controversy. Students should use the suggested reading or the core rotation resources in Canvas daily and expect to spend approximately 2 hours daily in independent study after clinical duties are completed.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all courses during the clinical years are aligned with the TUCOM Mission. Each course is subject specific, yet students are encouraged to focus on the important concepts that outstanding Osteopathic physicians committed to primary care should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and concentrate on learning medical knowledge

supported by a foundation of Osteopathic principles and practices. Students should understand that basic Osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses. During the fourth-year courses, the focus is on self-directed learning, and fosters students to seek their own best practices in lifelong learning and personal development. It is expected that the foundation of primary care clinical practice established in years one, two and three will guide the student in their self-directed learning choices.

Exposure to critical care subspecialties prepares future physicians to support patients who need specialty care and broaden their skill and knowledge base. These rotations MUST take place in an actual longitudinal Critical Care inpatient environment.

Course Learning Outcomes

At the end of the Critical Care clerkship, each student should be able to:

1. Recognize and show understanding of treatment and prevention of infectious causes and complications in critically ill patients. (AOA 2, 3)
2. Understand hemodynamic monitoring and the pathophysiology that may present in critically ill patients. When appropriate observe or perform related procedures. (AOA 2,3)
3. Understand ventilator management and monitoring and intervention in respiratory aspects of critical care. When appropriate observe or perform related procedures. (AOA 3)
4. Demonstrate the ability to perform a history and physical in a critically ill patient. (AOA 3)
5. Demonstrate the ability to develop an assessment and initiate a management plan in a critically ill patient. (2,3)
6. Understand the pathophysiology of respiratory failure, shock, and cardiac arrest. (AOA 2)
7. Develop verbal and written communication skills appropriate to the critical care setting, including interactions with patients, their families and the entire medical team including physicians of various specialties, nurses of all levels of training, specialized therapists such as OT or respiratory therapists, social workers etc. (AOA 3,4,5)
8. Demonstrate the ability to write admission and discharge notes and orders for the rotation specific critical care unit. (AOA 3)
9. Use active listening skills and empathy for patients to elicit and attend to patients' specific concerns. (AOA; 3,4)
10. Explain history, physical examination, test results and management plans in a way the patient understands. (AOA; 3,4)
11. Observe delivery of or if appropriate deliver difficult news to a patient. (AOA 4,5)
12. Observe discussion on, and when appropriate participate in discussions on end-of-life care, code status and emotionally difficult management decision making such as withdrawal of care. (AOA 4,5)
13. Be familiar with and when appropriate use the systems available at the rotation site to record and distribute information, for example electronic medical record system or remote patient care systems. (AOA 7)
14. Observe and, when appropriate, participate in inter-professional meetings regarding both administrative components and patient care. Understand the physician's role in these meetings. (AOA 5, 6, 7)
15. When possible, students should use Osteopathic principles and techniques in the diagnosis and management of common concerns in the critical care setting. Students should be learning from critically ill patients when Osteopathic procedures are helpful and when they are contraindicated. (AOA 1)
16. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients

and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors. (8)

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice
8. Structural Competency

Students are provided with resources to address these competencies using the core materials for third year rotations and the online texts available through Touro Library. Additionally, they are encouraged to continue to utilize required texts from third year as resources.

Instructional Methods

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth-year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library, and core third year materials, including Canvas links

Textbooks And Supplemental Materials

Recommended Reading Resources

- Marino's The ICU Book: Print + eBook with Updates (2013) Author(s): Paul L. Marino MD, PhD, FCCM, ISBN/ISSN: 9781451121186 Publication Date - October 28, 2013
- Harrison's Principles of Internal Medicine, 21st Ed. (2024) - Joseph Loscalzo
- Textbook of Critical Care, 8th Ed. (2023) - Jean-Louis Vincent
- Surgical Critical Care Therapy, 1st Ed. (2018) - Springer Publishers
- [CURRENT Medical Diagnosis and Treatment, 59th edition](#) (2020)– Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
- Foundations of Osteopathic Medicine, 4th edition (2018) – Michael Seffinger (eBook not available yet through Touro library - only [3rd edition available](#))
- Core texts in the specific specialty of critical care - *It is recommended that students ask their preceptor on the first day of rotation what text to use as a primary resource. Students may also contact the Course Director for recommendations.*

Other Resources

- Canvas and links of core third year courses which provide a foundation for all subspecialty courses.
- [Truelearn](#)
- [Lecturio](#)

Other Course Specific Requirements

- Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations".

- Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor.
- Clothing- Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, Computer and internet access

Assessment and Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

- **To pass the course rotation**, students must receive a Pass on the Clinical Performance Evaluation (CPE) AND complete the Student Site Evaluation (SSE) in eMedley.
- **To receive Honors**, students must be recommended for Honors on the CPE AND must complete the SSE on time, i.e., seven calendar days after the end of the rotation.

EMERGENCY MEDICINE YEAR4 CLERKSHIP

CLNC 811 - 6 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

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ADA Notification

Touro University California complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protect persons from discrimination on the basis of disability in all its programming. The College is committed to providing reasonable accommodations to students with disabilities who request them and supply appropriate documentation. Policies and procedures ensure that students with a disability will not be denied full and equal access to our programs or otherwise be subjected to discrimination. Touro University California students with disabilities seeking reasonable accommodations should do so through the TUC Director of Academic Support.

Safe Learning Environment

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Course Description Emergency Medicine Required Rotation

As the clerkship experience varies by rotation site, the environment shapes the course. The following curriculum is designed to allow students and faculty an overview of what should be covered during the four-week rotation. It is expected that students will have an opportunity for observation of procedures and for evaluation of patients. Ideally, they will be able to participate in a hands-on way learning and performing procedures and interacting with staff and patients in a safe and supervised manner. Students should present cases verbally and in written format, including a summary of their findings and recommendations. Other activities can include student presentations, either formal or informal, on topics from the objectives, case reviews using the recommended materials, journal review, attendance at meetings and lectures, working with staff in the emergency department or laboratories and with paramedics. In addition to general emergency medicine, students may also choose to do a pediatric emergency medicine rotation. These rotations MUST be completed in an actual acute care Emergency Department.

The material taught is broken into three different areas: 1) a fundamental set of emergency patient presentations (chief complaints), 2) a set of specific disease entities, and 3) procedural skills. These areas are listed in separate sections, the first two being in the topic by week list and the third area being in a separate section entitled "Emergency Medicine Procedures." Students are expected, however, to cover these areas simultaneously.

These course materials were designed using The Clerkship Directors in Emergency Medicine (CDEM) curriculum as a primary resource.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding Osteopathic physicians should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and learn medical knowledge supported by a foundation of Osteopathic principles and practices. Students should understand that basic Osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical

reasoning and differential diagnoses. This curriculum encourages self-directed learning and fosters students to seek their own best practices in lifelong learning and personal development.

Course Learning Outcomes

At the end of the Emergency Medicine course, each student should be able to:

1. Obtain an accurate problem-focused history and physical examination
2. Recognize immediate life-threatening conditions
3. Evaluate and determine if a patient requires emergent care
4. Evaluate an acutely ill patient and develop a differential diagnosis which includes both the worst-case diagnosis and most likely diagnoses. Students should use the list of most common presenting emergencies and topic list as a guide to this learning outcome. Recognize when a patient presenting in an emergency department is not acutely ill.
5. Initiate treatment of an acutely ill patient
6. Know the initial steps of management of a patient who is in a life-threatening situation, such as cardiac arrest, respiratory failure, overdose, shock and trauma
7. Be able to list the steps of and perform with beginning proficiency basic procedures including, suturing and wound care, sprain and simple fracture management, incision and drainage, phlebotomy and IV placement, Foley tube insertion and airway management.
8. Demonstrate knowledge of the presentation, pathophysiology, and management of common emergency department illnesses, including those listed in the objectives.
9. Develop appropriate disposition and follow-up plans.
10. Show proficiency in interpersonal communication. Student should show proficiency through written and oral methods including H&P, procedure notes, patient presentations, consultations, referrals and disposition plans as well as communication with patients and support staff.
11. Educate patients to ensure comprehension of discharge plan
12. Effectively communicate with patients, family members, and other members of the health care team.
13. Demonstrate a compassionate and non-judgmental approach when caring for patients.
14. Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base. This learning outcome will vary based on clinical site technology.
15. Students should begin to develop an understanding of the functions of the Emergency Department in a larger context including issues such as health care access costs risks and evidence behind ED performed studies, and patient disposition. Students should begin to take a role in arranging appropriate follow up of patients being discharged from the emergency department
16. Demonstrate basic professional behaviors including the following:
 - a. Be conscientious, on time, and responsible
 - b. Exhibit honesty and integrity in patient care
 - c. Practice ethical decision-making
 - d. Exercise accountability
 - e. Maintain a professional appearance
 - f. Be sensitive to cultural issues (age, sex, culture, disability, etc.)
17. After obtaining a history and performing a physical exam, which includes an Osteopathic structural exam, the student should be able to determine if Osteopathic treatment is appropriate
18. Students should be able to explain to attending and patients the risks and benefits of the proposed treatment
19. Students should be able to perform gentle Osteopathic manipulation appropriate for ED patients
20. Connect patient problems to structural factors like socioeconomic status, race, gender, and public policy, when indicated; advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors.

AOA Competencies – TUCOM Program Learning Outcomes Addressed

The following competencies are addressed in this course:

1. Osteopathic philosophy/Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-based Learning and Improvement
7. Systems Based Practice
8. Structural Competency

Instructional Methods

Through completion of the clerkship activities, and the self-directed use of online materials and readings, students will achieve mastery of the CLO's and competencies at a level appropriate to a fourth-year medical student.

The categories of learning activities are as follows:

1. Clinical rotations and associated didactic activities
2. Reading assignments per site specific faculty
3. Self-directed reading and learning using TUCOM online library and Canvas links
4. Logs: While there is not a log created specifically for the Emergency medicine rotation, due to the procedurally focused nature of this area of medicine, students are encouraged to use the existing log software to document the topics and procedures they are exposed to on this rotation.

Textbooks And Supplemental Materials

Recommended Reading Resources

- [UptoDate](#)
- **[CURRENT Diagnosis & Treatment Emergency Medicine](#)** - C. Keith Stone, Roger L. Humphries 8th edition (2017)
- **[CURRENT Medical Diagnosis and Treatment, 59th edition](#)** (2020)– Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
- **[Tintinalli's Emergency Medicine, A Comprehensive Study Guide](#)** – Judith E. Tintinalli, et al., 9th Edition (2019)
- **[Foundations of Osteopathic Medicine, 4th edition](#)** (2018) – Michael Seffinger (eBook not available yet through Touro library - only [3rd edition available](#))

Other Resources

- Canvas and links of core third year courses which provide a foundation for all subspecialty courses.
- [Truelearn](#)
- The Clerkship Directors in Emergency Medicine (CDEM) curriculum and resources online at: <https://www.saem.org/cdem/>
- Log software

Other Course Specific Requirements

- Participation - full participation as directed by Adjunct Faculty and completion of any assignments from the preceptor
- Students can be scheduled for ALL shifts, including nights, weekends, and holidays.
- Attendance - see Clinical Rotation Manual, Section III for Students, under "Clinical Rotation Procedures and Expectations".
- Clothing- Professional attire/scrubs as per rotation requirement, white coats.
- Equipment - Stethoscope, reflex hammer, computer, and internet access.

Assessment and Grading

TUCOM Clinical course grades are issued as **Honors/Pass/No Pass**.

- **To pass the course rotation**, students must receive a Pass on the Clinical Performance Evaluation (CPE) AND complete the Student Site Evaluation (SSE) in eMedley.
- **To receive Honors**, students must be recommended for Honors on the CPE AND must complete the SSE on time, i.e., seven calendar days after the end of the rotation.

Emergency Medicine Topic List

These topics are divided by week so that students may have a general guide to time management. It is expected that when they are on rotation, they will study in an order dictated by the clinical activities rather than an arbitrary division by week.

This portion of the Emergency medicine syllabus, and the procedure section are taken from the CDEM curriculum. (See resources above).

Week 1 Approach to Emergent Patient Presentations

The ability to develop risk-stratified (worst-case scenario) differential diagnoses based on a patient's chief complaint is paramount to emergency physicians and should be part of the armamentarium of all physicians. In the ED, students have the unique opportunity to evaluate patients from the start without the convenience of laboratory data, radiographs, time for disease progression, or opinions of consultants. Students should be aware that while some undifferentiated patients do not require emergent or even urgent attention, others may need immediate life-saving interventions even before a definitive diagnosis is reached.

Develop a differential diagnosis of common emergent causes, describe classic presentation of emergent causes, and describe the initial evaluation and management in a patient presenting with:

1. Abdominal pain
2. Altered mental status
3. Cardiac arrest
4. Chest pain
5. Gastrointestinal bleeding
6. Headache
7. Poisoning
8. Respiratory distress
9. Shock
10. Trauma

Week 2 Specific Disease Entities Exposure

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. If there are other topics suggested by an attending or clinical experience, these can be given more study time.

1. Cardiovascular
 - a. Abdominal aortic aneurysm
 - b. Acute coronary syndrome (IM)*
 - c. Acute heart failure
 - d. Aortic dissection
 - e. DVT/pulmonary embolism
2. Endocrine/electrolyte
 - a. Hyperglycemia
 - b. Hyperkalemia
 - c. Hypoglycemia

- d. Thyroid storm
- 3. Environmental
 - a. Burns/smoke inhalation
 - b. Envenomation
 - c. Heat illness
 - d. Hypothermia
 - e. Near drowning

Week 3 Specific Disease Entities Exposure

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. If there are other topics suggested by an attending or clinical experience, these can be given more study time.

- 4. Gastrointestinal
 - a. Appendicitis (S)*
 - b. Biliary disease (S)*
 - c. Bowel obstruction (S)*
 - d. Massive GI bleed
 - e. Mesenteric ischemia
 - f. Perforated viscous
- 5. Genito-urinary
 - a. Ectopic pregnancy (OB)*
 - b. PID/TOA (OB)*
 - c. Testicular/ovarian torsion
- 6. Neurologic
 - a. Acute stroke
 - b. Intracranial hemorrhage
 - c. Meningitis
 - d. Status epilepticus

Week 4 Specific Disease Entities Exposure

* Topics that are covered in other rotations are marked so that students can use the materials from the other rotations or may determine they need less time on review of those topics previously covered. If there are other topics which are suggested by an attending or clinical experience, these can be given more study time.

- 7. Pulmonary (IM)*
 - a. Asthma
 - b. COPD
 - c. Pneumonia
 - d. Pneumothorax
- 8. Psychiatric (PSY)*
 - a. Agitated patient
 - b. Suicidal thought/ideation
- 9. Sepsis (S)*

Each of the topics listed with an (*) is covered in third year core rotation listed: IM internal medicine, S surgery, PSY psychiatry OB OB/GYN. As a fourth-year student you should review these topics during ER. Using third year core rotation materials for review may serve you well.

Emergency Medicine Procedure List

In addition to proper technique, focus should be given to recognizing the indications, contraindications, and complications associated with each procedure listed. Also, the student should be able to discuss

aftercare and reasons to return for further evaluation with the patient. The medical educator should make the distinction between procedures the students must be able to “perform competently” (e.g., IVs) and those procedures with which students only need to be familiar (e.g., central lines). Many of the procedures will not be performed by every student. Although students may not develop psychomotor skills through hands-on practice, students can acquire knowledge of some procedures through text, pictures, videos, observation, simulation, or other modalities.

Although students are not permitted to obtain informed consent from patients, they should be able to describe the elements of this necessary step for all procedures they perform.

1. Access

a. Peripheral Access

- i. Demonstrate placement of an intravenous line
- ii. Demonstrate basic phlebotomy technique

b. Intraosseous Access

- i. List the indications for an intraosseous line
- ii. Describe intraosseous insertion technique

c. Central Venous Access

- i. List the indications and complications of a central line
- ii. List the steps for the Seldinger technique
- iii. Describe relative advantages and disadvantages of various kinds of lines

2. Airway Management

a. List the indications for emergent airway management

b. Bag-Valve-Mask

- i. Demonstrate effective ventilation
- ii. List the factors that can make BVM difficult or impossible

c. Airway Adjuncts

- i. Describe the roles and indications for various airway adjuncts
- ii. Demonstrate correct placement of a nasal and oral pharyngeal airway

d. Intubation

- i. List the indications for endotracheal intubation
- ii. List the steps in orotracheal intubation
- iii. Describe complications of intubation
- iv. Describe situations when rescue techniques may be used in a failed airway

3. Arrhythmia Management

a. Cardiac Monitoring

- i. Correctly place patient on a cardiac monitor
- ii. Demonstrate the ability to apply leads and obtain a 12-lead electrocardiogram

b. AED

- i. Demonstrate appropriate use of an AED

c. Defibrillation

- i. Recognize ventricular fibrillation and pulseless ventricular tachycardia
- ii. Demonstrate appropriate use of a defibrillator.

d. CPR

- i. Demonstrate effective chest compressions

4. Gastroenterology

a. Nasogastric intubation

- i. List the indications for placement of nasogastric tube
- ii. Describe proper technique for insertion of a nasogastric tube
- iii. Describe complications of nasogastric tube placement

5. Genitourinary

a. GU Catheterization

- i. Demonstrate the correct placement of a Foley (male and female)
- 6. Orthopedic
 - a. Joint reduction
 - i. List the indications for emergent joint reduction
 - ii. Describe initial assessment of suspected dislocated joint
 - b. Splinting
 - i. List several types of extremity splints and their indications
 - ii. Demonstrate correct application of a splint
 - iii. Describe complications associated with splints
 - c. Osteopathic Manipulative Medicine
 - i. Demonstrate or Describe a Structural Exam: For patients with musculoskeletal complaints Looking for viscerosomatic changes in various illnesses and disease processes
 - ii. Describe indications and contraindications to the use of OMT in the ED
 - iii. Demonstrate or describe the use of OMT in patients with various complaints
- 7. Infection
 - a. Incision and Drainage
 - i. List the indications for an incision and drainage
 - ii. Discuss the technique for incision and drainage
 - iii. List the indications for antibiotic therapy for abscess/cellulitis
 - iv. Describe complications of incision and drainage
- 8. Trauma Management
 - a. Initial trauma management
 - i. List of the steps of a primary survey
 - b. Cervical Spine precautions
 - i. Demonstrate maintenance of c-spine stabilization
 - c. Basics of Fast Examination
 - i. List of the components of a FAST ultrasound examination
 - ii. Recognize an abnormal FAST ultrasound examination
- 9. Wound Care
 - a. Preparation
 - i. List factors that go into the decision to close a wound primarily
 - ii. Describe the difference between a clean and dirty wound
 - b. Anesthesia
 - i. Explain local and regional (digital) anesthetic techniques
 - ii. Describe the maximum doses of lidocaine
 - iii. Demonstrate application of local anesthesia
 - c. Irrigation
 - i. Describe the role of sterility in wound irrigation and repair
 - ii. Explain proper irrigation technique
 - iii. Describe how to detect a retained foreign body
 - d. Closure
 - i. Describe different closure techniques (Steri-strips, Dermabond, suturing)
 - ii. List the various suture materials and their appropriate uses
 - iii. Demonstrate proper closure of a wound (simple interrupted technique)
 - iv. List indications for primary v. delayed closure v. healing by secondary intention
 - e. Follow-up care
 - i. Describe the number of days for suture removal
 - ii. List the indications for tetanus prophylaxis
 - f. Lumbar Puncture
 - i. List the indications for a lumbar puncture

- ii. Discuss the technique for a LP
- iii. List the indications for antibiotic therapy for potential meningitis
- iv. Describe complications of a LP
- g. Paracentesis
 - i. List the indications for a paracentesis
 - ii. Discuss the techniques for paracentesis
 - iii. List the indications for antibiotic therapy for possible spontaneous bacterial peritonitis
 - iv. Describe complications of paracentesis
- h. Thoracentesis
 - i. List the indications for a thoracentesis
 - ii. Discuss the technique for thoracentesis
 - iii. List the indications for antibiotic therapy for possible exudative pleural effusions
 - iv. Describe complications of a thoracentesis
- i. Arterial Blood Gas
 - i. List the indications for an ABG
 - ii. Discuss the technique for an ABG
 - iii. List the contra-indications for an ABG
 - iv. Describe complications of an ABG
- j. Slit Lamp Exam
 - i. List the indications for a slit lamp exam
 - ii. Discuss the technique for a slit lamp exam
- k. Pelvic / Genital exams

Emergency Medicine Book and Resource List

Reading Resources

- [UptoDate](#)
- Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9th Ed. (2022) - Judith Tintinalli
- CURRENT Diagnosis & Treatment Emergency Medicine - C. Keith Stone, Roger L. Humphries
- 8th edition (2017)
- [CURRENT Medical Diagnosis and Treatment, 59th edition](#) (2020)– Maxine A. Papadakis, Stephen J. McPhee, Michael W. Rabow
- The Atlas of Emergency Medicine - Kevin J. Knoop, Lawrence B. Stack, Alan B. Storrow and R. Jason Thurman - 4th edition (2016)
- [Foundations of Osteopathic Medicine, 4th edition](#) (2018) – Michael Seffinger (eBook not available yet through Touro library - only [3rd edition available](#))
- Journal of the American Osteopathic Association
- Journal of Emergency Medicine, Annals of Emergency Medicine

Other Resources

1. Canvas and links of core third year courses which provide a foundation for all subspecialty courses.
2. [Truelearn](#)
3. Canvas collaborate IM
4. The Clerkship Directors in Emergency Medicine (CDEM) curriculum and resources online at: <https://www.saem.org/cdem/resources>
5. Lecturio Emergency Medicine: <https://touroca.lecturio.com/#/curriculum/10038762>

There are a considerable number of resources for the emergency medicine rotation including modules on the CDEM website. Students should review these resources and choose the best learning options to round out their clinical experience. The modules on the CDEM website cover the topics and procedures listed in this syllabus.

CDEM website

<https://www.saem.org/cdem/education/online-education>

These Self-Study Modules offer substantial information on all the required topics in Emergency Medicine.

The first section offers students an "approach to" a specific chief complaint. Each one gives you an idea of not only what critical diagnoses to consider, but also what initial actions must be taken even before arriving at a definitive diagnosis.

The second section is disease specific. These modules describe the classic presentation of disease processes (though rarely will something present classically), explanations of diagnostic tests, hints on how to make the diagnosis, treatment options and pitfalls to avoid. Because all the modules are pertinent, they are not listed here, and students should reference the website to review them.

Osteopathy in Emergency Medicine

The following are guidelines for integrating the study of Osteopathy in the emergency department. Students need to have sensitivity when working in allopathic settings. Part of their work on rotation is to educate colleagues and teachers about Osteopathic Medicine. Students should rely on TUCOM Osteopathic Faculty for support in integrating OMM into all rotations.

The following should be approached as a self-study module if you do not have Osteopathic attendings to work with. You are encouraged to contact TUCOM Osteopathic Faculty for support in working through this material.

Required OMM/OPP Reading

1. Eisenhart, A., Gaeta, T., Yens, D. Osteopathic Manipulative Treatment in the Emergency Department for patients with acute ankle injuries. *JAOA*, 2003; 103(9):417
2. McReynolds, T., Sheridan, B. Intramuscular Ketorolac versus osteopathic manipulative treatment in the management of acute neck pain in the emergency department: A randomized clinical trial. *JAOA* 2005; 105 (2): 57

Osteopathic Treatment for Common ER Complaints

For each of the following conditions, list at least one Osteopathic treatment you could use. Be prepared to explain the listed items below to your attending. In addition to talking to your attending and the patient, be ready and able to demonstrate at least one gentle treatment for each condition listed. Finally, be prepared to document your findings and treatment in the patient's chart.

Include the following information:

- a. Discuss why you would choose the technique
- b. Discuss what you would do before treating the patient, including history, physical and any tests or imaging you would order prior to treatment, as well describing how you would obtain informed consent
- c. List contraindications to its use
- d. Describe how the technique is performed
- e. Describe relevant anatomy and physiology
- f. Describe relationships to lymphatic supply, vascular supply and innervation (including autonomic)
- g. Describe potential outcomes
- h. Demonstrate how you would document the assessment, plan and procedure note for osteopathic considerations and OMT

Common ER Complaints

1. Headaches
2. Edema
3. Congestive heart failure

4. Respiratory distress, asthma and pneumonia
5. Otitis media or ear pain
6. Functional or mechanical bowel obstruction
7. TMJ pain
8. Sprained ankle
9. Costochondritis
10. Adolescents with torticollis from exercise
11. Trauma, pain or sprain of cervical, thoracic or lumbar spine
12. Chest pain
13. Abdominal pain

Disorders of Autonomic Dysregulation

1. List functions of the autonomic nervous system
2. List disease states commonly presenting in the ER which have dysregulation of the autonomic nervous system as a primary component of the physiologic basis
3. Describe treatment techniques for managing the dysregulation of the autonomic nervous system.
4. Examples: hypertension, panic attack, arrhythmia

Osteopathic Techniques Employed in the ER

1. For each of the following techniques describe or write:
 - a. Why would you choose the technique based on the patient, the environment, and the condition as well as any other factors?
 - b. Contraindications to its use
 - c. How the technique is performed
 - d. Potential outcomes
2. Be able to demonstrate at least one of each of these groups of techniques

Groups or Types of Techniques

1. Lymphatic drainage techniques
2. CV4 or EV4
3. Functional, myofascial, strain/counter strain and HVLA - spinal segments
4. Cranial treatment - other
5. Rib raising

OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE (ONMM)

CLNC 817 - 3 Units
Syllabus 2025-2026 Academic Year
Touro University CA – College of Osteopathic Medicine

COURSE DIRECTOR:

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PRINCIPAL INSTRUCTORS:

TUCOM Faculty

ADA Notification

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Safe Learning Environment

TUC community members share a commitment to social justice. This commitment includes the need to create safe learning and environments. We recognize that societal biases impact underserved and underrepresented populations in varying ways. As such, we are committed to holding ourselves accountable when it comes to issues of racism, sexism, homophobia, transphobia, ageism, ableism, weightism, and learning ability as it arises in learning, work and social spaces. Therefore, expectations for coursework and in class discussions are concomitant with these values. We (Faculty, Students and Staff) should treat each other with respect and collegiality. It is important that we acknowledge that everyone should be addressed and referred to in accordance with their personal identity and we will be open to conversations and diverse perspectives necessary for full understanding and to create a safe learning environment.

Course Description:

The Osteopathic Neuromusculoskeletal Medicine (ONMM) course takes place during a two-week block in year 4. It builds on the pre-clinical Osteopathic Principles and Practices (OPP) I, II, III, IV coursework, and osteopathic integrated learning in the clinical setting during the OMS III year. Like other OPP courses, it is designed to reinforce the basic tenets, philosophy, principles, and practice of Osteopathic medicine as students prepare for graduation and residency training. This course is primarily designed to provide the student the mechanism by which they can advance and demonstrate their OPP knowledge, skills, and attitudes as it directly relates to patient care. Students should refer to the competency milestones in the Student Guide to Competencies: Milestones, Feedback and Assessment.

This course is founded in and expressed through the cornerstones of the four Osteopathic Tenets. These are:

1. The body is a unit; the person is a unity of body, mind, and spirit.
2. The body can self-regulate, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based on understanding the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

Students are expected to use this time to develop and demonstrate their competence and entrustability as an osteopathic physician with respect to osteopathic manipulative treatment (OMT) and OPP.

Alignment of Course Outcomes and Competencies with TUCOM Mission

The curricula for all the core courses during the clinical years are aligned with the TUCOM Mission. Each course is subject focused, and the curriculum will guide students in gaining a balance between subject specific specialty topics and the important concepts that outstanding Osteopathic physicians, committed to primary care, should understand. This curriculum aims to allow students to maintain a holistic approach to patient care and concentrate on learning medical knowledge supported by a foundation of osteopathic principles and practices. Students should understand that basic osteopathic tenets, such as understanding normal anatomy and all its branches (embryology, physiology, biochemistry, etc.) and reasoning from normal, will guide them to be successful in clinical practice. Students are directed to focus on finding health throughout clinical reasoning and differential diagnoses.

Competency Based Education Plan

All Osteopathic medical training is based on the seven core competencies and each of these competencies will be observed during the student's rotation:

- I. Osteopathic Principles and Practices.
- II. Medical Knowledge,
- III. Patient Care,
- IV. Interpersonal and Communication Skills,
- V. Professionalism,
- VI. Practice-Based Learning and Improvement, and
- VII. Systems-Based Practice
- VIII. Structural Competency*

*TUCOM operates its mission in curriculum with Program Learning Outcomes, which are the 7 AOA Core Competencies plus Structural Competency.

Course Learning Outcomes:

Learning outcomes for this course build on years I and II foundation, techniques and theory, year III clinical exposure, and culminate in the osteopathic supervised clinical practice during this rotation. Objectives are applied directly to clinical encounters with patients. At the end of the ONMM rotation, each student should be able to show that they can:

1. Apply all types of osteopathic manipulative modalities in a variety of settings, patient presentations, and disease processes with an understanding of indications, contraindications, and mechanism of action. Modalities including but not limited to: osteopathic cranial manipulative medicine, soft tissue, myofascial release, counterstrain, lymphatic techniques, muscle energy, facilitated positional release, balanced ligamentous tension, visceral, high velocity low amplitude, Still technique (CC I).
2. Identify relevant diagnosis and treatment opportunities for a given complaint utilizing basic sciences knowledge including but not limited to: joint mechanics, muscular function innervation, autonomic supply, circulation and lymphatic clearance. (CC II)
3. Incorporate osteopathic assessment into their physical exam skills for a myriad of complaints in patients of all ages (CC III)
4. Include identification of past physical and emotional trauma as well as life stressors and the mind, body, spirit unit in their diagnosis and treatment of patients (CC III)
5. Communicate OPP and OMT considerations clearly to their attending physician, patients, presentations, and in medical record documentation (CC IV)
6. Demonstrate professional interactions as a future osteopathic physician with all students, fellows, patients, faculty, hospital attendings, and community preceptors (CC V)
7. Conduct searches and reviews on OPP, OMT, anatomy, and biomechanics literature (CC VI)
8. Teach and advance the understanding of others around the use of OPP and OMT (CC VI)
9. Apply appropriate billing and coding practices for the use of OMT in clinical practice (CC VII)
10. Connect patient problems to structural factors such as socioeconomic status, race, gender, and public policy. when needed advocate for equity in health outcomes, and serve as a resource to patients and communities in the pursuit of equity in health; and demonstrate humility when communicating with patients and the healthcare team about the health impacts of structural factors.

Teaching Methods

Following the AOA core competencies, the Osteopathic Neuromusculoskeletal Medicine Rotation will utilize the following educational strategies as available during the time of the actual student experience:

Clinical time with TUCOM faculty at the Solano County Family Health Services Clinic in Fairfield or other sites as listed on Canvas (I, II, III, IV, V, VII)

- OMM Teaching and Learning Center (TLC) (I, II, III, IV, V, VII)

- Student Run Free Clinic (I, II, III, IV, V, VII)
- SAAO (Student American Academy of Osteopathy) lunchtime Lab (I, II, III, IV, V, VII)
- OMM lab teaching first and second year students (I, IV, V)
- Journal Club (VI, V)
 - Two recent osteopathic articles will be assigned per 2-week rotation for students to read and discuss with clinical faculty
- Individual Presentations during virtual didactics
 - Clinical Case presentation (V, VI, IV)
 - Osteopathic technique teaching (V, VI, VII)
- Complete one of the following enrichment activities
 - Short Osteopathic Clinical Considerations (SOCCs) (V, VI, IV)
 - Create study design in area of special interest
 - Write up a case study in format suitable for publication
 - Create a patient handout for OMMTLC or other clinical settings
 - Write a book review
 - For those on alternative experiences, the preceptor may suggest or assign an activity, which could be another choice in fulfilling the requirement. This must be approved by the course director.
- Participation in research/academic project (V, VI, IV)

ALTERNATIVE TO ON-CAMPUS ROTATION

By special request and permission by the course director, students who are unable to participate in the rotation offered near campus may rotate with a pre-approved community preceptor. The list of OMM preceptors will be found on the course Canvas page. The final Clinical Performance Evaluation will be completed by the community preceptor. Students will be required to participate in didactic activities and complete an enrichment activity. All didactics are virtual, so students can join conveniently

If a student is interested in setting up a rotation with a preceptor who is not pre-approved, they may approach the course director. The preceptor must first be approved by the course director, then credentialed by the CED. The preceptor must use OMT on at least 90% of their patients and must spend a minimum of 8 of the 10 total rotation days in clinical hands-on time. When not in clinic, the student will use their time in independent study. The student will propose their schedule to the course director for approval. If the proposed preceptor does not meet the clinic time requirement, the student may choose to set up their rotation schedule to include more than one preceptor or complete additional enrichment activities, as coordinated with the course director.

Once an alternative experience is approved, the student will submit the rotation and proof of its approval to the CED.

Learning Resources: Canvas, Syllabus, Internet

The syllabus is up to date as of the time it is posted to Canvas before the beginning of the year. However, schedule changes and other important information updates may occur throughout the year, which will not be reflected in the syllabus.

The Canvas course page is the most accurate and up to date resource for this course. All schedule changes, assignments, updates, and announcements will be posted on the Canvas course page. Please refer to the course page daily for updates and announcements.

REQUIRED			
Foundations of Osteopathic Medicine Seffinger, Michael; editor	Wolters Kluwer Health 4 th edition,	ISBN: 9781496368324, 1496368320	\$139.99
Somatic Dysfunction in Osteopathic Family Medicine, Nelson, Kenneth E.; Glonek, Thomas	Lippincott Williams & Wilkins, 2 nd edition, 2007	ISBN 9781451103052	\$70.00
Osteopathic Approach to Diagnosis and Treatment, DiGiovanna, et. al.	Lippincott Williams & Wilkins, 3 rd edition, 2005	ISBN 0781742935	\$94.95
Jones Strain-CounterStrain Jones, Lawrence; Kusunose, Randall; Goering, Ed OR The Counterstrain Manual Glover, John	Jones Strain-CounterStrain Institute John Glover, D.O./SAAO --proceeds benefit students going to Convocation-- DO NOT PHOTOCOPY	ISBN 0964513544	\$98.00 \$see SAAO**
Atlas of Anatomy, Gilroy, Anne	Thieme Medical Publishers, 3 rd edition, 2016		\$75.23
Outline of Osteopathic Manipulative Procedures – The Kimberly Manual, Kimberly, Paul E.	Walsworth Publishing Co., 2 nd Printing, 2006 updated 2008	ISBN 0967133319	\$86.75
The 5-Minute Osteopathic Manipulative Medicine Consult Millicent King Channell David C. Mason	Lippincott Williams & Wilkins 2009, updated 2013	ISBN-13: 978-0781779531	Varies (approx. \$60-80)

***Textbooks and Supplemental Materials:**

Many of the required and recommended textbooks and materials for this course are the same as those for OPP1-4. There is no need to purchase duplicates.

Other Course specific requirements:

This section will include at least the following requirements:

- Attendance: Students are expected to be present for EVERY day of their rotation. No more than 1 day of excused absences will be allowed without the course director's discretion, and this must be cleared at least 2 weeks before the first day of the rotation. Further absence will require the student to make up the days of time or repeat the rotation experience per the discretion of the course director.
- Participation: Clinic & inpatient participation is per the preceptor discretion. When in the OMM lab, students are expected to help first and second-year students. When in the OMM TLC, students are expected to engage in supervised practice.
- Clothing: Professional
- Equipment: none
- Computers: none

Assessment and Grading:

This course is graded as Honors/Pass/No Pass. Each component of the course must be satisfactorily completed to pass the course. Honors is based on the recommendation of at least one faculty member who actively worked with the student.

Feedback for this rotation will be both formative and summative. During the first week, formative feedback will be collected by the student on a form given to each preceptor grading their performance with respect to history and physical exam, osteopathic structural examination, osteopathic manipulative treatment, and oral presentation skills. Time will be afforded the student to review this feedback with faculty and improve their skills with practice during the second week. During the second week of the rotation, the student will again give each preceptor the feedback form that will be used to populate the form of a traditional clinical education preceptor evaluation. The course director will be responsible for synthesizing feedback from all faculty that had contact with the student during their rotation, collating it, and providing a grade for the clinical rotation. Students will be required to complete a post-rotation survey of the comfort level performing an osteopathic structural exam and OMT consistent with other post-rotation surveys.

Each student who participates in the Osteopathic Neuromusculoskeletal Medicine clinical rotation must complete a David Crotty Clinical Case Presentation. This case presentation should be based on an actual patient in which they were a participant in treating with OMT during this rotation. The guidelines for this case presentation will be posted to Canvas.

Required elements to pass:

Clinical Performance Evaluation
Clinical Case Presentation
Technique Teaching
Enrichment Activity
Syllabus Assignment
Pre and Post Rotation Survey

TELEMEDICINE YEAR 4 SERIES: THE BASICS

CLNC 821 A/B/C – 1.5 Units Total (0.5 unit per term)

2025-2026 Academic Year Syllabus

Touro University California College of Osteopathic Medicine

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COURSE DESCRIPTION YEAR 4 TELEMEDICINE SERIES

This course is a required 4th-year longitudinal course divided into three individual terms (A: Summer, B: Fall, C: Spring) carrying 0.5 unit each. This cumulative 1.5-unit course series consists of a telemedicine distance-learning program given longitudinally throughout the year and a spring-term telemedicine OSCE (TeleOsce).

The course consists of 12 asynchronous self-study modules, each of which has a competency assessment assigned to it. The course modules should be completed in the appropriate term as described in the syllabus. Each module correlates to at least one of the AOA/ACGME core competencies and a module on Structural Competency/social determinants of health-related to telehealth/telemedicine.

AOA Competencies – TUCOM Program Learning Outcomes Addressed:

The following competencies are addressed in this course:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems Based Practice
8. Structural Competency

The course is intended to be a longitudinal course throughout the 4th year, with a Telemedicine OSCE during the Spring term. This course is a graduation requirement, meaning a student must pass this course to graduate. To pass this course series, a student must achieve a passing grade (80%) on each module and obtain a Pass on the Telemedicine OSCE in Spring semester. If a student does not complete the requirements for the course series, they will receive an NP or I on their transcript and be referred to the Student Promotion Committee.

Course Learning Outcomes (CLOs)

The learning outcomes of the Year 4 Telemedicine course are based on the eight TUCOM Program Learning Outcomes.

Learning Resources:

Resources are listed above with each module. They will all be direct hyperlinks through Canvas.

Other Course Specific Requirements:

The course will be self-study at the student's pace throughout each term of Year 4. There will be due dates for graded assignments (e.g., the last day of the semester) to allow for completion and grading of the course by the CED faculty.

Assessment and Grading:

Graded activities are noted in each module description above. Activities will be events such as Canvas quizzes, discussion of issues via Canvas with classmates, etc., per modular requirements as well as an OSCE to assess overall understanding of the material as well as those competencies, which are primarily evaluated through direct patient contact.

Provide a short narrative describing each type of scored activity. The course scoring should be presented in the TUCOM grading grid format. This table lists every scored component and shows the percentage it will contribute to each sub-discipline score as well as the total course grade.

Summer Term

Learning Objectives	Learning Activities		
	Read	Watch	Complete
At the end of the module, you will be able to:			
<ul style="list-style-type: none"> Define telemedicine and telehealth Identify the historical and recent events that resulted in the use of telemedicine/telehealth in health care Recognize the importance and use of telehealth in future practice 	<ul style="list-style-type: none"> What is Telehealth? Telemedicine? History of Telehealth & Telemedicine 	<ul style="list-style-type: none"> Telehealth Changes Lives 	<ul style="list-style-type: none"> Telehealth vs. Telemedicine Quiz (CANVAS)
01 - Introduction to Telehealth/Telemedicine			
<ul style="list-style-type: none"> Recognize various applications of synchronous/live video telehealth that physicians and healthcare professionals can utilize in clinical practice Recognize various applications of asynchronous/store-and-forward telehealth that physicians and healthcare professionals can utilize in clinical practice Recognize various applications of remote patient monitoring that physicians and healthcare professionals can utilize in clinical practice Recognize various applications of mobile health that physicians and healthcare professionals can utilize in clinical practice Acknowledge the benefits of telehealth/telemedicine for patients, providers, insurance and healthcare organizations 	<ul style="list-style-type: none"> Types of Telehealth Synchronous or Live Telehealth Asynchronous or Store and Forward Telehealth Remote Telehealth Mobile Telehealth or MHealth Benefits of Telehealth & Telemedicine 		<ul style="list-style-type: none"> Clinical Applications Quiz (CANVAS)
02 - Introduction to Clinical Applications of Telehealth and Telemedicine			
<ul style="list-style-type: none"> Demonstrate the ability to classify types of telehealth technology equipment. Demonstrate the ability to describe the limitations of telehealth Demonstrate different forms of commonly utilized remote patient monitoring tools Demonstrate your capabilities of using your knowledge of digital therapeutics to a peer editing session to give at least three of your classmates' helpful feedback 	<ul style="list-style-type: none"> Equipment Limitations Remote Patient Monitoring Digital Therapeutics 		<ul style="list-style-type: none"> Telehealth Technology Quiz (CANVAS)
03 - Telehealth Technology			

Fall Term

Learning Objectives	Learning Activities		
	Read	Watch	Complete
At the end of the module, you will be able to:			
<ul style="list-style-type: none"> • List and discuss the ethics necessary in telemedicine • Identify the scope of practice in telehealth • Identify how to document a telehealth visit • Discuss patient consent privacy • Identify technology security issues • Offer equitable access to technology • Distinguish professional and interpersonal boundaries in telemedicine 	<ul style="list-style-type: none"> • The Telehealth Appointment Process • Your Professional Setup & Preparing Your Patient • Communicating with Your Patient 	<ul style="list-style-type: none"> • Telehealth Code of Ethics 	<ul style="list-style-type: none"> • Professionalism Quiz (CANVAS)
04 - Professionalism During Telehealth Sessions			
<ul style="list-style-type: none"> • Identify the necessary regulatory requirements for telemedicine/telehealth • Identify items to consider when setting up an office • Recognize important elements in dealing with patient visits • Identify HIPPA rules with telemedicine/telehealth • Discuss waiver of rules due to pandemic • Explain California specific rules, specifically within pandemic 	<ul style="list-style-type: none"> • Telehealth & the Pandemic • How to Introduce Telehealth to a Medical Practice & Obtaining Consent for a Telehealth Visit • Federal Policy Changes Regarding Telehealth • Specific Policy Changes Regarding HIPAA • Telehealth Policy Changes: Services to Medicare Patients • Medicare: Other Types of Telehealth Services • Providing Telehealth Services in California • Telehealth Policies, Legal, & Regulatory Key Points 		<ul style="list-style-type: none"> • Telehealth Policies, Legal, & Regulatory Issues Quiz (CANVAS)
05 - Telehealth Policies, Legal, and Regulatory Issues			
<ul style="list-style-type: none"> • Discuss the necessity of informed consent specifically in relation to providing services via telehealth and describe how to obtain that consent • Assess a patient's environment before commencing a telehealth consultation so that others are not privy to the consultation 	<ul style="list-style-type: none"> • Read Chaet et al. (2017) Ethical practice in telehealth and telemedicine and Pirtle et al.'s (2019) • Telehealth: Legal and ethical 		<ul style="list-style-type: none"> • Ethical Consideration Quiz (CANVAS)
06 - Ethical Considerations in Telehealth Consultations			

<ul style="list-style-type: none"> Discuss the ethical challenges of providing telehealth care to patients living in regions and states other than where the provider is located Explain the need for increased training in communication competencies when providing telehealth Describe barriers to cultural competency that can arise when providing telehealth services Analyze an ethical dilemma involving telehealth technology and be asked to formulate a plausible solution while providing thoughtful examination of solutions posed by their colleagues via a discussion board posting 	<p>considerations for success.</p>		
07 Telehealth for Special Needs Populations			
<ul style="list-style-type: none"> Demonstrate understanding of Universal Design and how that applies to telehealth services for special populations Recognize barriers and benefits to telehealth for those with physical and developmental disabilities Identify the practice parameters of client and family consideration for telehealth for autism Identify disability specific modifications and accommodations that can be used to address specific populations such as deaf blind, spinal cord injuries, autism, multiple disabilities, and intellectual disabilities Identify benefits of telehealth to address mental and physical health risks in the LGBTQ community 	<ul style="list-style-type: none"> Universal Design Barriers & Benefits of Telehealth ABA via Telehealth for Autism Services & Developmental Disability Services Recent Research on Telehealth for ABA Providers Telehealth for Mental Health Issues Telehealth for Mental and Physical Health Risks in the LGBTQ Community 	<ul style="list-style-type: none"> Telehealth for Spinal Cord 	<ul style="list-style-type: none"> Telehealth and Special Needs Populations Quiz (CANVAS)
08 Patient Limitations, Structural Components, and Social Determinants of Telehealth Care			
<ul style="list-style-type: none"> Define the social determinants of health and describe how these factors are most responsible for health inequities Describe the most common patient limitations to effective telehealth care Analyze a patient's social determinants of health and be able to strategize how telehealth technology may positively or negatively impact barriers to care, when presented with a vignette. provide thoughtful examination of solutions posed by their colleagues 	<ul style="list-style-type: none"> Social Determinants of Health from the AMA Telemedicine visits rapidly increase Addressing Social Determinants of Health with Technology During Public Health Emergencies 	<ul style="list-style-type: none"> Technology's role in addressing social determinants of health by HIMMS TV Social Determinants of Health by Adirondack Health Institute Understanding Social Determinants of Health 	<ul style="list-style-type: none"> Social Determinants of Health and Telehealth Quiz (CANVAS)

Spring Term

Learning Objectives	Learning Activities		
	Read	Watch	Complete
At the end of the module, you will be able to:			
08 - Telehealth Business Models			
<ul style="list-style-type: none"> Classify the common codes for telehealth technology Correctly describe the forms of reimbursements Identify various forms of referral methods used in telehealth 	<ul style="list-style-type: none"> Standard Codes for Healthcare Services International Classification of Diseases (ICD) Codes ICD Categories, Subcategories, & Codes Current Procedural Terminology (CPT) Codes Healthcare Common Procedure Coding System (HCPCS) Codes and Telehealth Forms of Reimbursement Referral Methods 		<ul style="list-style-type: none"> Coding, Reimbursements, & Referrals Quiz (CANVAS)
09 - Telehealth Across the Lifespan			
<ul style="list-style-type: none"> Discuss the use of telehealth and telemedicine across all ages (i.e., pediatric, adult, geriatric) Distinguish the pros and cons of telehealth and telemedicine use across all ages Introduce and integrate OMM-related activities into telemedicine to serve patients across the life spectrum 	<ul style="list-style-type: none"> The Current Pediatric Landscape Telemedicine: Pediatric Applications Patients' Satisfaction with and Preference for Telehealth Visits Patient Characteristics Associated with Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic The Application of Telemedicine to Geriatric Medicine Virtual Geriatric Clinics and the COVID-19 Catalyst: A Rapid Review An Osteopathic Approach to Telemedicine 		<ul style="list-style-type: none"> Telehealth Across the Lifespan Quiz (CANVAS)

	<ul style="list-style-type: none"> • Osteopathic interventions via telehealth in a pediatric population: a retrospective case series 		
11 - Navigating Clinical Care and Using Clinical Judgment with Telehealth			
<ul style="list-style-type: none"> • Recognize the proper physical exam techniques for a telehealth visit • Identify appropriate charting/documentation for a telehealth visit • Define limitations of telehealth and implement appropriate escalation of a visit 	<ul style="list-style-type: none"> • Clinical Visit • Charting & Documenting Telehealth Visits • Documentation of the Objective Data/Physical Exam • Clinical Limitations of Telehealth Visits 	<ul style="list-style-type: none"> • Adjustments to a Visit for Telehealth 	<ul style="list-style-type: none"> • Telehealth Clinical Care and Judgment Quiz (CANVAS)
12 - Future Directions of Telehealth			
<ul style="list-style-type: none"> • Explain and discuss the future directions of telehealth 	<ul style="list-style-type: none"> • At least two current professional articles about telehealth and telemedicine 	<ul style="list-style-type: none"> • Dr. Elizabeth Krupinsky's presentation 	<ul style="list-style-type: none"> • Post-Course Series Survey (CANVAS)

Grading Grid and AOA Competencies

Modules	Patient Care and Procedural Skills	Practice-based Learning & Improvement	Professionalism	System-Based Practice	Structural Competency / SDOH	Medical Knowledge	Interpersonal and Communication Skills	Passing Criteria (Module Quizzes/Assignment & OSCE)
Summer Term								
Introduction to Telehealth/ Telemedicine				X			X	80%
Introduction to Clinical Applications of Telehealth and Telemedicine		X						80%
Telehealth Technology		X		X				80%
Fall Term								
Professionalism During Telehealth Sessions			X					80%
Telehealth Policies, Legal, and Regulatory Issues				X				80%
Ethical Considerations in Telehealth/Telemmedicine			X		X		X	80%
Telehealth and Special Needs Populations	X			X	X	X		80%
Patient Limitations, Structural Competency, and Social Determinants of Telehealth Care					X			80%
Spring Term								
Telehealth Business Models	X	X		X				80%
Using Telehealth Across the Lifespan	X				X	X	X	80%
Navigating Clinical Care and Using Clinical Judgment with Telehealth	X		X			X	X	80%
Future Directors of Telehealth		X		X				80%
TeleOSCE (Summative Exam)	X	X	X	X	X	X	X	Pass

Module Quiz Remediation

You will be given **three** attempts to obtain a passing score on each of the module quizzes. Those who are not able to achieve an 80% on any module quizzes will be allowed to remediate by answering an essay question – as a remediation quiz -- relating to the content of the module. After passing the remediation quiz, the module quiz grade will then be adjusted to 80%.

Rules for Quiz Completion

- Each module quiz will have a deadline for completion; students who do not complete the quiz on time will be marked as late, and the highest module quiz score for late submission is 80%.
- Due to the asynchronous nature of the course series, a big part of completing this course series is to keep up with the course material. **Three or more late submissions on module quizzes – considered unprofessional behavior -- may result in a referral to the Professional Committee.** It is important to complete assignments/module quizzes on time to complete the course. Failure to complete module quizzes on time or not completing the course work will result in an Incomplete grade for the term and may impact the student's graduation status.

Objective Structured Clinical Examination (OSCE) and OSCE Feedback:

This OSCE will simulate the COMPLEX Level 2 PE and a standard clinical encounter. The OSCE will help to prepare learners for ongoing clinical rotations, residency and licensure. Each student will have the opportunity to review their OSCE performance during a video review session, as well as to get faculty & peer feedback, and a grade on their SOAP notes and their performance on the Standardized Patient (SP) checklists. This will give the students an idea of how they may perform during their clinical. Additionally, it will give students a chance for self-reflection and improvement.

These OSCEs (Objective Structured Clinical Examination) are graded by a combination of the following components:

1. Video Review by faculty (*mandatory – failure to attend the video review will result in a failure on the TeleOSCE*);
2. Rubric designed to flag any student weaknesses and to improve performance clinically;
3. SP checklists;
4. Post-station SOAP notes;
5. Additional video review by select faculty if any red flags are noted during the OSCE or initial video review session.

If the student's performance on the OSCEs reveals multiple red flags or is noted to be significantly poor or concerning after review by a minimum of 2 faculty, the student will be required to remediate the OSCE portion of the Telemedicine course series. If they are unable to pass the remediation, the student will be sent to the Student Promotions Committee to determine what further actions are necessary.

Additional Rules for TeleOSCE

- If a student travels during the week of OSCE and video review and misses the exam and/or the video review due to issues with internet connectivity, the student will result in a failure on the exam.
- If a student needs accommodation and/or requests an excused absence from the TeleOSCE and/or its video review, a doctor's note and/or any application documentation are required to be submitted to the teaching team for approval.
- Requests on switching a TeleOSCE slot and/or a video review slot will only be accepted within the indicated timeframe (more information will be provided on the TeleOSCE page in CANVAS).

Appendices

Appendix A. Clinical Performance Evaluation (CPE)



Osteopathic Medical Student Clinical Performance Evaluation (CPE)

Student: _____ Preceptor: _____
 Course#: _____ Site: _____
 Clerkship Dates: _____ Specialty: _____

Please evaluate this student's performance across the seven AOA core competencies based on your observations during the entire rotation. **If multiple individuals were involved in the student's learning experience, the Primary Evaluator should consider input from all attending physicians and residents for a comprehensive assessment.**

For each item listed below per competency, select the appropriate level of expectation demonstrated by the student or mark as "Not Observed" when appropriate. For each "Below Expectations" mark, please enter a comment to explain your assessment and provide constructive feedback on areas for improvement.

Competencies	Criteria	Below Expectations	Meets Expectations	Exceeds Expectations	Not Observed	Comments (Not to be included in the Dean's Letter)
<i>Professionalism</i>	☐ has a good work ethic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ comports him/herself in a professional and appropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ is respectful toward peers, co-workers, attending and resident physicians, patients, and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Patient Care</i>	☐ can perform H&P as expected for the current level of training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ displays evidence of ongoing awareness of the patient's condition and progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ can perform or explain procedures as expected for current level of training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ is diligent at carrying out plans and communicating changes with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Osteopathic Principles & Practice</i>	☐ demonstrates appropriate use of osteopathic manipulative medicine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ applies osteopathic principles to diagnose and treatment of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Medical Knowledge</i>	☐ is knowledgeable about the patient's condition and differential diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ shows signs of independent learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Practice Base Learning & Improvement</i>	☐ shows signs of significant learning taking place during the rotation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ displays understanding of the use of evidence in clinical decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ refers to bibliographic resources while discussing clinical topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Interpersonal & Communication Skills</i>	☐ can communicate clearly and effectively to patients, families and co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ can perform case presentations in a lucid and focused manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Systems Based Practice</i>	☐ understands and behaves appropriately in their role in the system of medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ can figure out how to accomplish tasks in patient care, at a level commensurate with their degree of advancement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Structural Competency</i>	☐ can connect patient problems to structural factors like socioeconomic status, race, gender, public policy, when indicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ demonstrates humility when communicating with patients and the healthcare team about the health impacts of structural factors like socioeconomic status, race, gender, and public policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	☐ advocates for equity in health outcomes and serves as a resource to patients and communities in the pursuit of equity in health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Attendance</i>	Did the student miss any dates or calls shifts on this rotation?		Yes	No		
Overall, what grade do you recommend for this student?			No Pass	Pass	Honors	
Dean's Letter Summary:	(Please note all comments included in this box will be put into the student's Dean's Letter verbatim)					
Preceptor Signature:				Date:		
Student Signature:				Was this evaluation reviewed with student?	Yes	No

Preceptors – Please email to: TUC.CED.Grades@tu.edu

Students – Please submit via CED Connect

Appendix B. Affiliation Agreement for Adjunct Clinical Faculty



1310 Club Drive
Vallejo, CA 94592
T: 707 638-5200
info@touro.edu
tu.edu

PRECEPTOR AGREEMENT between

TOURO UNIVERSITY CALIFORNIA COLLEGE OF OSTEOPATHIC MEDICINE and

Adjunct Clinical Faculty

Preceptor's Name & Title

This Agreement is intended to define the relationship of Touro University California College of Osteopathic Medicine (TUCOM), Dr. _____ and TUCOM students receiving clinical training under this Preceptor's supervision. The TUCOM Clinical Rotation Manual provides the philosophic framework for clinical rotations as well as further detail regarding duties of all parties and is considered part of this Agreement.

Preceptor will:

- Maintain all necessary licensure, certifications, privileges, and professional liability insurance, and notify TUCOM immediately of any material change.
- At all times maintain oversight, and supervision of students for any patient care, including student-patient interactions, physical exams, and procedures.
- Ensure an appropriate physical and learning environment for Students.
- Preceptors will provide learning opportunities consistent with Touro University's curriculum (see Clinical Rotations Manual).
- Offer constructive feedback to Students, including completion and submission of Clinical Performance Evaluations (CPE) in a timely manner. *Please be advised that if the CPE is not completed and received by Touro CED within 14 business days after the end of each rotation the CED will automatically issue a "PASS" for that rotation. This will serve to timelier complete our regulatory requirements. However, this will prevent students who deserve of grade lower or higher than a "PASS" from receiving those grades. It will also not allow for any comments for the MSPE to be included. Please try your very best to complete them within this time frame.*
- Follow all applicable Local/State/Federal laws/regulations/guidelines related to the practice/teaching of medicine, including vaccine mandates such as COVID 19 as determined by CDPH/US Federal Government. Failure to do so may result in suspension of the Faculty Appointment and Students' participation in the rotation with this preceptor.
- Not to unlawfully discriminate against any participant in the clinical assignment on the basis of race, color, creed, religion, sex, age, national origin, disability, sexual orientation, ability to pay, marital status, legally defined handicap or veteran status, or any other legally protected class.
- Any health professional who provides health services, including clinical faculty, via a therapeutic relationship, must recuse themselves from the academic assessment or promotion of the student receiving those services.

TUCOM will:

- Maintain responsibility for scheduling Students' rotations and publishing this information in a timely manner.
- Provide the Clinical Rotation Manual to Preceptor and Students and notify all parties of any material changes in this document.
- Ensure that Students have completed all curricular and administrative requirements prior to entering into this clinical training, including, but not limited to, satisfactory completion of the preclinical course of study, maintenance of current immunizations, and passage of criminal background check and drug test.
- Maintain professional liability insurance for Students.
- Offer educational support to Preceptor, including access to Touro University California's electronic library resources.

Students will:

- Provide patient care only under supervision of Preceptor.
- Behave and communicate in a professional and respectful manner that represents TUCOM well.
- Offer constructive feedback to TUCOM on their clinical experiences which will be made available to Preceptor only in a summary, anonymous form, including completion and submission of Evaluations of Clinical Assignments in a timely manner.

This Agreement may be terminated at any time by written mutual agreement of TUCOM and Preceptor. *No person in the United States shall, on the basis of race, color, national origin, language, sex, religion, or disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.* Touro University and its adjunct clinical faculty comply by this Federal Standard of non-discrimination.

For Touro University College of
Osteopathic Medicine - California:

For Adjunct Clinical Faculty:

I attest that I have received a copy of the Clinical Rotations Manual, and I understand the responsibilities outlined for my role as a preceptor. I intend to abide by all State Medical Board and Federal regulations.

David L. Coffman, D.O.
Interim Associate Dean for Clinical Education

Date

Signature _____

Date

1310 CLUB DRIVE : VALLEJO CALIFORNIA 94592
T 707-638-5200 : W tu.edu

Appendix C. Adjunct Clinical Faculty Information Sheet



Clinical Education Department Adjunct Clinical Faculty Information Sheet

Name: _____ D.O. M.D. Email: _____ Phone: _____

Primary Hospital/Clinic Name: _____ Other

Address: _____ City: _____ State: _____ Zip code: _____

Other Affiliated Hospital(s) Name(s): _____

Specialty(ies): _____ Medical License Number: _____

American Board Certification(s) & Expiration Date(s): _____

Osteopathic Board Certification(s) & Expiration Date(s): _____

Clinical Teaching Experience:

Medical Student Preceptor
- List medical school affiliation(s) & prior ranking: _____

Intern/Resident Preceptor
- Program Type(s): _____

Other previous teaching position(s): _____

Teaching Availability: _____ medical students/month, for the months of: _____

Signature: _____ Date: _____

PLEASE ATTACH YOUR MOST RECENT C.V. -- REQUIRED TO COMPLETE THIS APPLICATION

Return via email or mail to: Touro University, College of Medicine
Clinical Education Department
1310 Club Drive, Vallejo CA 94592
Phone: 707-638-5206 Email: TUC.ClinEd@tu.edu

For office use only:

Previous Rank (if applicable): _____ Adjunct Rank: Instructor Asst. Professor

Initial Credentialing Date: _____ Professor Assoc. Professor

Notes: _____

CED Evaluator signature: _____ Date: _____

Dean Signature: _____ Date: _____