



Texas College of  
Osteopathic Medicine

*Mission: Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic health care.*

**2022-2023**

**OSTEOPATHIC MANIPULATIVE MEDICINE  
CLERKSHIP SYLLABUS**

**MEDE 8417**

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## **PURPOSE OF THE CLINICAL CLERKSHIP**

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine provide supervised, high-quality clinical opportunities for third-year medical students. Student doctors have the opportunities to apply and transform their medical knowledge and clinical skills while functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence, emphasizing the core competencies beyond medical knowledge alone. In addition, clerkships are encouraged to seek opportunities for students to provide health and wellness counseling, develop improved interpersonal and communication skills, professionalism, and practice-based learning and improvement.

## **CLERKSHIP DESCRIPTION**

The Osteopathic Manipulative Medicine (OMM) clerkship reinforces the osteopathic philosophy, principles, and practice and provides a snapshot of osteopathic neuromusculoskeletal medicine as a specialty. This clerkship will allow the student doctors to develop the clinical skills required to manage diverse pathology and patient populations, emphasizing the *neuromusculoskeletal* system. This rotation will emphasize integrating osteopathic philosophy and principles with every patient encounter, focusing on utilizing osteopathic manipulative treatment (OMT) as a primary procedure.

## **CLERKSHIP GOALS AND LEARNING OBJECTIVES**

The rotation is based in the UNTHSC Health Pavilion (6th floor), Medical City Fort Worth, and many other outpatient clinics. At the UNTHSC site, each student doctor will have the opportunity to work with many different faculty and residents, allowing ample exposure to variations in style, approach to patients, and the application of osteopathic philosophy and principles. Opportunities to perform OMT will be provided in all clinical settings (both inpatient and outpatient). Student doctors will participate in all patient care responsibilities and be required to see and treat assigned patients.

Clerkship goals:

The primary goals of the Osteopathic Manipulative Medicine rotation are the following:

1. To provide the student doctor with an opportunity to broaden professional understanding and application of osteopathic philosophy, principles, and practices.
2. Expand and improve student doctors' utilization of OMT as a procedure for various pathologies.
3. Provide abroad knowledge of Osteopathic Neuromusculoskeletal Medicine as a specialty

Learning objectives:

By the end of the rotation, the student doctor will be able to:

1. Exhibit proficiency in history-taking and physical exam skills, especially for common musculoskeletal complaints.
2. Incorporate osteopathic manipulative medicine and, specifically, osteopathic structural exam, somatic dysfunction diagnosis, and osteopathic manipulative treatment into the inpatient and/or outpatient setting.
3. Differentiate and apply appropriate OMT to treat common conditions present in the outpatient and/or hospital setting.
4. Demonstrate comprehension of the material covered in the didactics and clinical setting.

### **GENERAL CLERKSHIP COMPETENCIES**

The goals of clinical clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the goals of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the TCOM Clinical Clerkship Competencies, the condensed AACOM 14 Competencies are the following eight:

Osteopathic Principles and Practices OPP  
Medical Knowledge MK  
Patient Care PC  
Interpersonal and Communication Skills ICS  
Professionalism P  
Practice-Based Learning and Improvement PBLI  
Systems-Based Practice SBP  
Health Promotion/Disease Prevention HPDP

### **CLERKSHIP SPECIFIC COMPETENCIES**

Student doctors on the OMM clerkship will acquire and demonstrate the following skills during the rotation:

Obtain a complete and/or problem-oriented history from patients. (PC, ICS)  
Perform a complete physical examination with particular attention to the osteopathic structural exam and/or respiratory-circulatory osteopathic exam. (OPP, PC, ICS)  
Develop confidence in the specific tasks of the neurologic and musculoskeletal examination. (OPP, PC)

Demonstrate professional demeanor and provide empathic, compassionate, and respectful care to patients. (PC, ICS, P)

Review and develop a thorough understanding of anatomy, particularly the neuromusculoskeletal system. (MK, PC)

Document appropriately in medical records (to an allowable extent). (PC, PBLI)

Educate patients on home exercise programs to improve their neuromusculoskeletal health. (PC, ICS, P, PBLI, HPDP)

Identify urgent and emergent conditions that may present neuromusculoskeletal medicine center. (MK, PC)

Demonstrate understanding of urgent and emergent conditions that may require intervention, stabilization, and/or transfer to a hospital facility for further assessment and management. (MK, PC, SBP)

Understand indication for interventional procedures for steroid injections, visco-supplementation, dry needling, and/or acupuncture. (MK, PC, PBLI)

Identify when OMT is indicated and contraindicated. (MK, PC)

Demonstrate proficient Osteopathic Manipulative Techniques. The techniques include *Muscle Energy, Counterstrain, Facilitated Position Release, Still's Technique, High-Velocity/Low-Amplitude, Articular, Balanced Ligamentous Tension, Visceral Techniques, and Osteopathic Cranial Techniques*. (OPP, MK, PC, ICS)

Discover the significance of the biopsychosocial model in a neuromusculoskeletal medicine clinic. (PC, ICS, P, SBP, HPDP)

Recognize the indication for imaging and diagnostic laboratory studies in neuromusculoskeletal medicine practice. (MK, PC)

Recognize the clinical indication for Physical Therapy referral. (MK, PC, P, PBLI, SBP)

Discuss the appropriateness of diagnostics and interventions after reviewing Choosing Wisely topics. (MK, PBLI)

Identify when opioid management is appropriate, its adverse effects, and when to advise discontinuation. (MK, PC, PBLI)

*\*For **OMM specific competencies** please see the Appendix 2 at the end of this syllabus.*

## **INTERPROFESSIONAL EDUCATION/PRACTICE**

Competency Domain 1: Values/Ethics for Interprofessional Service

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork

During the clerkship, student doctors will interact with the Department of Physical Therapy within the School of Health Professions. Therefore, professionalism and appropriate etiquette/netiquette are necessary for this activity.

### **CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS) FOR ENTERING RESIDENCY**

Core EPAs are the skills and behaviors expected of first-year residents on day-one of their residencies. The thirteen EPAs listed below were identified and described by the AAMC drafting panel. Clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

- Gather a history and perform a physical examination. (PC 1, ICS 1)
- Prioritize a differential diagnosis following a clinical encounter (PC 1, MK 1, MK 2, ICS 2).
- Recommend and interpret common diagnostic and screening tests (PC 4, PC 5, SBP 3).
- Enter and discuss orders and prescriptions (PC 5, SBP 3, PBLI 1, ICS 1).
- Document a clinical encounter in the patient record (PROF 2, ICS 3).
- Provide an oral presentation of a clinical encounter (PC 1, MK1, MK 2, ICS 2).
- Form clinical questions and retrieve evidence to advance patient care (PBLI 1, PBLI 2, ICS 2).
- Give or receive a patient handover to transition care responsibility (ICS 2, ICS 3).
- Collaborate as a member of an Interprofessional team (SBP 2, SBP 3, ICS 2, ICS 3).
- Recognize a patient requiring urgent or emergent care and initiate evaluation and management (PC 1, PC 4, ICS 2, ICS 3).
- Obtain informed consent for tests and/or procedures (PC 2, PC 3, PC 5, SBP 3, ICS 1).
- Perform general procedures of a physician (PC 1, PC2, PC3, SBP 3)
- Identify system failures and contribute to a culture of safety and improvement (SBP 1, ICS 2).

*\*Please note, the **ACGME Milestone for the Osteopathic Neuromusculoskeletal Medicine (ONMM)** are listed in parentheses.*

*\*For the details of each **ACGME Milestone for the ONMM** please see the Appendix 3.*

*\***ACGME Milestones: PC: Patient Care, MK: Medical Knowledge, SBP: System-based practice, PBLI: Practice-based learning and improvement, PROF: Professionalism, ICS: Interpersonal and communication skills***

### **RESPONSIBILITIES**

The clerkship canvas site will open to the student doctors before the first day of the rotation. All clerkship-related learning materials, assignments, and resources will be available on Canvas.

Clerkship orientation – on the RISE platform

Pre-rotation quiz – at the end of clerkship orientation on the RISE platform

Clinical requirements: Student doctors will evaluate and treat patients in the preceptor's practice, the OMM Health Pavilion offices, and/or in a hospital environment. Opportunities for discussion with the attending physician are available and conducted in private.

Weekly Procedure Log: OMT performed is documented in a weekly Procedure Log, submitted by 11:59 p.m. each Sunday.

We expect a minimum of 50 procedures during the 4-week rotation. Therefore, it is advised to aim for 10-20 procedures per week.

Student doctors will not qualify for "Honors" if logs are submitted late.

Case presentation, IPE activity, Choosing Wisely discussion

See below for more details

IHI – Institute for Healthcare Improvement Patient Safety #105

Upload the certificate on canvas (MEDE 8417).

TrueLearn questions

Week 1-3: Each week, student doctors will complete one 25-question quiz on the TrueLearn platform. The quiz completion will be tracked weekly.

Week 4: One **80-question quiz** on the TrueLearn platform will be required for the rotation.

Student doctors are required to meet 70% on the quiz.

COMAT: Topics pertinent to the OMM clerkship, osteopathic philosophy, and principles are evaluated by the COMAT exam. The exam will be held last Friday for all DFW-based clerkships. Student doctors will receive necessary details regarding the COMAT exam from Testing Services before the exam.

Didactics: 2-hours session during the one week of rotation. Student doctors will review physical exams and OMT. Student doctors **must review all the physical exam and OMT videos** posted on canvas.

Teaching opportunities in the **OMM lab** for student doctors rotating at the **health pavilion**:

Student doctors will be assigned year 1 lab, year 2 lab, or both labs.

Student doctors are encouraged to apply the techniques taught in lab in the clinics.

An online survey will complete exit interviews. If requested, an in-person appointment can be scheduled with the clerkship director.

Final clinical evaluation: must be completed with your preceptor during the rotation. It is the student's responsibility to make an appointment with the preceptor to get this completed during the rotation.

The evaluation can be done on paper or eMedley.

Evaluation can be done via scheduled meeting with the clerkship director, should the student request it at the end of the rotation. The coordinator will advise of the scheduled time for each requested appointment.

A professional demeanor with patients and colleagues is always expected.

Completion of all site-specific online training is required.

Strict observance of the dress code established at TCOM is observed in the clinic, hospital, and practice training areas.

At the HSC location, perfume or fragrances are not allowed per clinic policy.

Student doctors will respect the patient's right to privacy, confidentiality, and the physician-patient relationship.

During the rotation, the student doctors will be held responsible for conduct consistent with the TCOM Code of Student Conduct.

(<http://www.hsc.unt.edu/Departments/StudentAffairs/StudentPolicyHandbook/StudentCodeofConductandDiscipline.cfm>)

### ***Case presentation, IPE activity, Choosing Wisely Discussion Session***

2-hour virtual session with faculty

- Five sections – A, B, C, D, and E
- Once groups are assigned, they will choose a case. Each section will have three chief complaints to choose from. Students will **choose one chief complaint** (out of three).
- Each group will pick a character – any movie/TV show/any well-known individual
  - They need to choose a character that convincingly has the chosen chief complaint
- Before the case discussions session, each group will prepare a presentation.
  - Student doctors will pretend that they are "pre-rounding" on the patient.
  - They will consult the PT students on treating this chief complaint.
    - PT student(s) will be assigned to each group.
  - Review choosing wisely based on the chief complaint.
- Each group will "present" the case just like they are on rounds. The presentation should be a 10-minute PowerPoint presentation.
- The presentation will follow the order below:
  - HPI
  - ROS
  - PE
  - Differential
  - Assessment/Diagnosis
    - Must add rationale to the diagnosis
    - How did you rule out your differential?
  - Plan
    - List treatment plan for the patient; this should include osteopathic manipulative treatment (if relevant to the case)
    - Include choosing wisely
    - Include PT recommendation
    - A brief discussion regarding relevant diagnosis.
- After the presentation, a photo of the chosen character will be shared. Then, everyone will participate in an osteopathic/functional discussion as a group. Student doctors should think about this during their preparation for the case presentation.
  - Participation in the discussion will be tracked.

### **Cases:**

The cases are divided into sections:

- A - Low Back Pain
- B - Neck Pain
- C - Headache
- D - Pregnancy
- E - Extremity Pain



Section	Case	CC	Possible Diagnoses
A	1	20 y/o weightlifter with LBP	Herniated nucleus pulposus, acute lumbar strain, somatic dysfunctions
	2	40 y/o couch potato with LBP	Chronic low back pain, myofascial pain, lower cross syndrome, somatic dysfunctions
	3	75 y/o with LBP and leg pain	Degenerative joint disease, spinal stenosis, lumbar myelopathy, somatic dysfunctions
B	4	22 y/o medical student with neck pain	Chronic neck pain, myofascial pain, upper cross syndrome, somatic dysfunction
	5	60 y/o with neck pain	Degenerative joint disease, spinal stenosis, cervical myelopathy, somatic dysfunctions
	6	34 y/o with TMJ pain	TMJ syndrome, degenerative joint disease of the TMJ, myofascial pain, somatic dysfunctions
C	7	32 y/o female with headache	Migraine headache, tension headache, myofascial trigger points, somatic dysfunctions
	8	52 y/o computer engineer with headache	Migraine headache, cluster headaches, tension headache, myofascial trigger points, Somatic dysfunctions
	9	28 y/o with headache and facial pain	Sinus infection, tension headache, somatic dysfunctions
D	10	24 y/o G1P0 at 32-week gestation with LBP	Musculoskeletal pain due to pregnancy, somatic dysfunctions
	11	32 y/o G2P3 at 37-week gestation with anterior pelvic pain	Musculoskeletal pain due to pregnancy, somatic dysfunctions
	12	29 y/o G1P2 at 29-week gestation with "sciatica."	Musculoskeletal pain due to pregnancy, somatic dysfunctions
E	13	44 y/o with hand numbness	Carpal tunnel syndrome, thoracic outlet syndrome, cervical radiculopathy, myofascial trigger points, somatic dysfunctions
	14	54 y/o with shoulder pain	Supraspinatus impingement syndrome, adhesive capsulitis, subacromial-subdeltoid bursitis, rotator cuff tendinopathy, myofascial pain, somatic dysfunctions
	15	23 y/o with lower limb pain	Lumbar radiculopathy, meralgia paresthetica, labral tear, femoral acetabular impingement syndrome, snapping hip, sacroiliitis, myofascial trigger points, somatic dysfunctions

## EVALUATION AND GRADING

After reviewing the required activities **described in the table below**, the student doctors receive their final grade (Honors/Pass/Fail). Student doctors are required to fulfill each component listed in the chart. The requirements to pass the clerkship are also explained in detail in the responsibilities" section above **as well as the table below**. For a sample of the clinical evaluation please see Appendix 6.

### **Honors:**

Students may be eligible for "**Honors**," designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

Score 91 or above on the COMAT exam for that clerkship. The score will be set and approved by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.

Achieve an "Exceeds Expectation" on at least one of their clinical evaluation competency areas.

Do not have a "Below Expectation" on any clinical evaluation competency area.

Submission of required procedure log and other required documents on time.

Do not violate any clinical education policy or procedure while on the rotation, e.g., attendance policy.

The final designation for **Honors** is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

### **Failure:**

Student doctors who do not meet the requirements listed in the table below may fail the Osteopathic Manipulative Medicine clinical clerkship. For example, student doctors would be at risk of clerkship failure if they did not meet the "expected" level in one of the clinical clerkship evaluations or fail to meet 70 (scaled) or above on the COMAT exam. Student doctors who fail the clinical clerkship will be required to appear before the Student Performance Committee (SPC). At the discretion of the clerkship director, a student doctor may be given a chance for remediation. If any remediation is needed, the highest overall score a student will be able to achieve for the clinical clerkship is a PASS.

### **Clinical Performance & Skills:**

Clinical Performance and skills are assessed by each attending with which the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student's attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities such as punctuality, honesty, bedside manner, integrity, etc., are essential in your professional development. Each student will practice case presentations until they demonstrate adequate ability to convey relevant patient presentation, history, physical exam findings, appropriate differential diagnosis, and treatment plan. The preceptor must directly observe the student doctor, give feedback, and re-observe until an appropriate skill level is demonstrated.

**COMAT:**

As required by UNTHSC and outlined in the student handbook, all students participating in the core Osteopathic Manipulative Medicine rotation must complete the COMAT exam. Testing services will notify students of the exam date, location, and start time. If the exam is in person, student doctors should arrive approximately 30 minutes early for registration.

If a student cannot take the examination at the scheduled time, it is the student's responsibility to make other arrangements, in advance, through the testing services at 817-735-2693. Student doctors will lose 10 points on the exam for late arrival and will not receive extra time to compensate for the delayed start. If the 10-point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See section 4.2.1 of the Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

A passing score of at least 70 (scaled) on the Osteopathic Manipulative Medicine COMAT exam is a required component of this course. According to the Uniform Policies and Procedures, "failure of a subject exam results in a grade of incomplete in the rotation, and failure of the second COMAT exam in the same rotation results in the failure of the rotation."

**Remediation:**

If remediation is needed, the clerkship director will assign the activities. One or more of the following have been given to student doctors in the past for remediation:

Written case report

Soft tissue clinic

Health fair attendance

Make-up time in the clinic

If a case report is assigned, follow the Case Report Guidelines and Rubric as included in Appendix 4. *Turnitin* or other plagiarism checkers will be utilized to obtain an originality report for any Case Report submitted.

Successful remediation will permit the student to receive a passing grade for that component, pending the successful passing and completion of all other components of the course requirements. Failure of any remediation constitutes a failure in the course. Failure and remediation policy shall be directed by the Vice President for Student Affairs as outlined in the Uniform Policies.

Component	Evaluation Tool	Minimum Score Required
<b>Student Clinical Performance</b>	Faculty feedback & clerkship clinical evaluation form	<p>Student doctors will meet with their preceptor for mid-rotation feedback. It is the student doctors' responsibility to seek the formal mid-rotation feedback.</p> <p>Preceptors may also provide informal feed back throughout the clerkship.</p> <p>Receive the "<b>expected</b>" level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students.</p>
<b>Pre-rotation quiz</b>	Quiz questions on the RISE platform at the end of the orientation.	Completion
<b>Weekly Quizzes</b>	Questions on the TrueLearn platform	<p>Week 1-3: One quiz per week</p> <p>Week 4: Completion of 80 question quiz and score of 70 or above</p>
<b>Case Presentation</b>	Case presentation and Session participation	Completion
<b>IPE &amp; Choosing Wisely</b>	Included in case presentation	Completion
<b>Institute for Healthcare Improvement Patient Safety #105</b>	Completion Certificate	Complete and upload by the end of the rotation.
<b>Procedure Log</b>	Weekly procedure records	<p>OMT performed is documented in a weekly Procedure Log, submitted by 11:59 p.m. each Sunday.</p> <p><u><a href="#">Failure to submit the logs in a timely manner will put student doctors at risk for clerkship failure.</a></u></p>
<b>Standardized Test</b>	COMAT Exam	Scaled Score of 70

## ROTATION SITES & FACULTY

### **DFW Metroplex**

UNT Health – Health Pavilion UNTHSC

855 Montgomery St, 6th Floor, Fort Worth, TX 76107

Faculty (in alphabetical order):

- James Aston, DO, Assistant Professor
- Melinda Hansen, DO, MS, Assistant Professor
- Kendi Hensel, DO, Ph.D., FAAO, Professor and Vice-Chair, Department of Family & Osteopathic Manipulative Medicine
- Yein Lee, DO, MMS, FAAPMR, Associate Professor, Year 3 OMM clerkship director
- David Mason, DO, MBA, FACOFP, Professor, FM/ONMM Residency Director, and Assistant Dean of Osteopathic Clinical Education
- Christopher Medina, DO, Assistant Professor, Year 1 OMM Course Director
- Meaghan Nelsen, DO, MS, FACOOG, Assistant Professor and Year 2 Course Director
- Dante Paredes, DO, Assistant Professor
- Dr. Jay Roop, DO, Assistant Professor
- Dr. Katrina Roop, DO, Assistant Professor, Director of Medical Practice
- Ryan Seals, DO, Associate Professor and Senior Associate Dean
- Sajid Surve, DO, FAOPMR, Professor, Co-Director of Texas Center for Performing Arts Health, Director of Performing Arts Medicine Fellowship, Year 1 Foundations of Osteopathic Manipulative Medicine Course Director
- Stuart Williams, DO, Associate Professor

Private Clinics:

Faculty (in alphabetical order):

- Ben Dagley, DO
- Mark Dirnberger, DO
- Anthony Handoyo, DO
- Mike Martinez, DO
- Ron McDaniel, DO
- Chau Pham, DO

### **Longview, TX**

Christus Good Shepherd Medical Center

700 E. Marshall Ave., Longview, TX 75601

John McDonald, DO

### **Corpus Christi, TX**

Christus Trinity Clinic Thomas Spann

5802 Saratoga Blvd., Ste 200  
Corpus Christi, TX 78414

- Marian Hendricks, DO
- Maurene Hart, DO
- John Hartman, DO

Amistad Clinic  
1533 S. Brownlee Blvd.  
Corpus Christi, TX 78404

**San Antonio, TX**  
Elizabeth Balayakina, DO  
Address?

**Midland, TX**  
TBA

## 5.2 ATTENDANCE

### 5.2.1 Absences

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. Students may not miss the first day or the COMAT exam of any clinical rotation. It is understood, however, that certain situations may arise that will result in absence from required daily participation.

In such instances, the following procedures will be observed:

- Students are provided with 5 academic absences to use during third year to attend conferences, RAD, workshops, etc. In the event a student requires more than 5 academic absences, a student may submit request for an extension by contacting the Office of Osteopathic Clinical Education.
- Students are allowed up to 8 absences in each of the fall and spring semesters total (inclusive of all absences: personal, emergent, & academic). Any absences beyond that must be made up in period 13 to complete the third year and before progressing to fourth year. 8-week rotations are considered two separate 4-week blocks.
- **Any combination of time out (including academic) that results in a student missing more than 2 days of a 2-week block, 4 days of a 4-week block, or 6 days of a 6-week block will result in failure of the clerkship.**
- All absences require submission of the electronic 3rd Year Request for Absence via eMedley by the posted deadline (45 days) before the start of the rotation to allow time for schedule adjustments.

- Absence requests entered in eMedley after the posted deadline are considered emergent and require documentation.
- Absences due to emergent reasons, the absence request is due immediately with supporting documentation. Students are required to notify their site/preceptor and clerkship coordinator of all emergent leave. Absences without supporting documentation will be considered neglect of duty.
- Absence due to illness is only for use only in the event of personal illness/health related condition, or to assist a family member who has a verifiable illness/health condition and is needing medical care. Absence, due to illness, for more than one (1) day during clerkship duties requires documentation from a licensed health care provider to support an excused absence due to illness/health condition.
- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require the student to complete an additional assignment or to make up time. Make up days should be completed within the regularly scheduled rotation.
- Students are required to notify their site, preceptor, Clerkship Coordinator, and Clerkship Director of any absences (including pre-approved and emergent).
- Attendance on the first day of the rotation and on-COMAT exam dates is required on all rotations.
- Students are allowed one day for the COMLEX CE. Requests beyond this allowance may be denied by the Executive Director of Clinical Education. You may not schedule your COMLEX CE exam on a date which causes you to miss orientation or COMAT exam for a rotation. COMLEX CE is not considered part of your absences if request is entered within 48 hours of scheduling the exam date. Requests entered more than 48 hours after scheduling the exam will be counted as an academic absence.
- Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Osteopathic Clinical Education and the site/preceptor.

Unapproved absences or absences in excess of the above policy will require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.

**Failure to notify the Clerkship Director, rotation supervisor and Office of Osteopathic Clinical Education of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.**

### **5.1.6 EXPOSURE TO BLOODBORNE PATHOGENS**

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered at risk of occupational exposure to bloodborne diseases can be found at <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>

Bloodborne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). “Exposure Incident” means “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials.” Contact can occur via a splash, needle stick, puncture/cut wound from a sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, or amniotic fluids; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

#### **Post Exposure Protocol**

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- Treatment is critical within the first 2 hours.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact HSC Health Student Health Clinic or appropriate remote site location listed below.
- If SHC or remote site listed is not available, or you are not in the DFW area, go to the nearest ER and use your student health insurance.
- You must notify Student Health and the Osteopathic Clinical Education Office of any care received at another facility.

**Dallas/Fort Worth & Weatherford Area** students with exposures to bloodborne pathogens which occur M-F, 8-5 should report to:

HSC Health Student Health  
855 Montgomery St., 3rd Floor  
Fort Worth, TX 76107



T: 817-735-2273 F: 817-735-0651

For exposures occurring afterhours, students should report to the nearest emergency room and use their student health insurance.

**Longview** remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health  
1621 N 4th St, Suite 1  
Longview, TX 75601  
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department  
CHRISTUS Good Shepherd Medical Center  
700 E Marshall Ave.  
Longview, TX 75601  
903-315-2000

**Corpus** remote site students with exposures to bloodborne pathogens should report to:

Christus Spohn  
CC Health Nurse at Christus Spohn  
Also immediately report to your attending and Dr Hinojosa

Bay Area

Report to charge nurse and medical education office proceed directly to emergency room for treatment

**Methodist San Antonio** remote site students with exposures to bloodborne pathogens should report to:

Employee Health  
Methodist Hospital  
7700 Floyd Curl Dr  
San Antonio, TX 78229  
210-575-0404

**Texoma Medical Center** remote site students with exposures to bloodborne pathogens should report to:

Employee Health

Texoma Medical Center  
5016 South US Hwy 75  
Denison, TX 75020  
903-416-4088

**Midland** remote site students with exposures to bloodborne pathogens should report to:

Vital Care Urgent Care  
Midland and Odessa, TX407 N. Kent Street  
Midland, TX 79701  
432-687-2273

### 5.1.7 Medical Insurance, Immunizations, Screening for Tuberculosis (TB), & Physical Health Services

The Health Science Center requires all students to comply with immunization and health screening requirements. It is the student's responsibility to meet all necessary immunization and health screening requirements of the University and all clinical training sites. All students must obtain and maintain health and hospitalization insurance and be able to show proof of coverage upon request.

The Texas Department of Health requires all students enrolled at institutions of higher education to show proof of all required immunizations prior to matriculation. Proof of immunizations required by the student's academic program must be submitted to Student Health Services prior to enrollment. Any uncompleted series of immunizations can be completed by Student Health Services at the student's expense. Non-compliance with this policy will result in an academic hold being placed on the student's account (i.e. Official Transcript Hold, Registration Hold) and/or removal from clinical training.

Medical students are considered health care workers and, as such, are at risk for exposure to certain diseases. Because of this, TCOM adheres to the guidelines published by the Centers for Disease Control and Prevention relative to immunizations and tuberculosis (TB) skin testing. Students must be screened annually for TB. The Health Science Center will track student compliance with the immunizations and health screenings policy. Students are responsible for demonstrating compliance with UNTHSC and Clinical Training site immunization requirements.

Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **Dallas/Fort Worth and Weatherford Area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic  
855 Montgomery St 3rd Floor North  
Fort Worth, TX 76107  
817-735-5051  
[studenthealth@unthsc.edu](mailto:studenthealth@unthsc.edu)

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

CHRISTUS Trinity Clinical Internal Medicine  
703 E. Marshall Ave Suite 1001  
Medical Plaza II  
Longview, TX 75601  
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

Promptu Immediate Care  
5638 Saratoga Blvd  
Corpus Christi, TX 78414  
361-444-5280

Promptu Immediate Care  
4938 S Staples Ste E-8  
Corpus Christi, TX 78411  
361-452-9620

Students in the **San Antonio area** may access health services at Care Now Urgent Care Clinics.

Care Now Urgent Care Clinic @ De Zavala  
12840 W I-10, Ste 101  
San Antonio, TX 78249

Care Now Urgent Care Clinic @ Leon Valley  
5755 NW Loop 410, Ste 102  
San Antonio, TX 78238

Students in the **Sherman/Dennison** area may access health services at Texoma Care Family Medicine.

TexomaCare Family Medicine  
5012 South US HWY 75  
Denison, TX 75020  
903-416-6025

Students in the **Midland area** may access health services at Vital Care Urgent Care.

Vital Care Urgent Care  
Midland and Odessa, TX  
407 N. Kent Street  
Midland, TX 79701  
432-687-2273

## **PATIENT CARE SUPERVISION**

### **Cross Listed as TCOM Procedure 5.4 Patient Care Supervision**

TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.

TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainee's level of proficiency.

TCOM shall assure distribution of this procedure to students, residents, and faculty as part of the orientation plan for clinical training.

Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.

Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

### **DISCLAIMER**

The OMM clinical clerkship is operated in accordance with the policies and procedures of the academic programs of Texas College of Osteopathic Medicine as presented in the class Clerkship Protocol, Student Handbook and College Catalog.

The provisions contained herein do not constitute a contract between the student and the College. These provisions may be changed at any time for any reason at the discretion of the clerkship director. When necessary, in the view of the College, appropriate notice of such change will be given to the student.

### **APPLICABLE POLICIES**

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class' Clerkship Manual, Student Handbook and College Catalog.

***The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age, or disabilities.***

### **Academic Integrity/Honor Code**

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs>.

### **Academic Assistance**

Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). <http://www.hsc.unt.edu/CAP>

### **Attendance and Drop Procedure**

Course instructors and the school's administration expect students to attend class. It is the responsibility of the student to consult with the instructor *prior* to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases, a perceived problem may be resolved, allowing the student to continue in the course. It is the student's responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at <http://www.hsc.unt.edu/departments/studentaffairs/>.

### **Americans with Disability Act**

The University of North Texas Health Science Center does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment, and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.

### **Course Assessment**

In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding the progress of the course, identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

### **Syllabus Revision**

The syllabus is a guide for this class but is subject to change. Students will be informed of any change in content or exam/assignment dates.

### **Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable**

**NOTE:** UNTHSC has contracted with Turnitin.com for plagiarism detection services. The use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at

<http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin>

### **Zero Tolerance for Sexual Violence and Harassment**

All students should be able to study in an atmosphere free of harassment, sexual violence, and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center's website:

[http://web.unthsc.edu/info/200304/student\\_affairs/355/title\\_ix\\_reporting](http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting)

### **Social Media Policy Statement**

Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct & Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements.

<https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115>

***We reserve the right to make clinical assignments based on needs and availability.***

TCOM shall assure distribution of this procedure to students, residents, and faculty as part of the orientation plan for clinical training.

Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

### **Problem Patients**

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

### **Availability**

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

### **Equipment**

Carry your stethoscope with you during clinic hours.

### **Courtesy Visits**

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your hospital/clinic. Do not see your classmates or fellow students informally. Patients will be assigned by supervising faculty.



## **Care Team**

UNTHSC cares about our students' success, not only academically, but emotionally and physically as well. The UNTHSC Care Team receives referrals and supports students experiencing personal, emotional, and/or medical concerns and is made up of representatives from various departments on campus so that a well-rounded, holistic support system is in place for the UNTHSC campus community. The Care Team serves as a centralized reporting source for any individual who is concerned about a student and would like assistance. To submit a Care Team referral, use the Person of Concern form at [unthsc.edu/personofconcern](http://unthsc.edu/personofconcern). To contact the Care Team directly, call 817-735-2740. More information, including a resource guidebook, can also be found at [unthsc.edu/wellness-services](http://unthsc.edu/wellness-services).

## **APPENDIX 1**

### **Required Textbooks**

Nicholas, Alexander, & Nicholas, Evan A. (2016). *Atlas of Osteopathic Techniques* (3rd Edition). Philadelphia: Wolters Kluwer.

[Atlas of Osteopathic Techniques](#)

Channell, Millicent King & Mason, David C (2009), *The 5-Minute Osteopathic Manipulative Medicine Consult*, Lippincott Williams & Wilkins

[The 5-Minute Osteopathic Manipulative Medicine Consult](#)

### **Recommended Reading**

American Osteopathic Association. (2011). *Foundations for Osteopathic Medicine*. Philadelphia: Seffinger, Michael A. Wolters Kluwer.

[Foundations for Osteopathic Medicine 4th ed., 2018](#)

*The Pocket Manual of OMT: Osteopathic Treatment for Physicians* (Book with Access Code). (2010) Beatty, David R.; Li, To Shan; Steele, Karen M., Lippincott, Williams and Wilkins. 2nd Edition.

[The Pocket Manual of OMT: Osteopathic Treatment for Physicians](#) 3rd ed., 2016

Kuchera, Michael L. & Kuchera, William A. (1991). *Osteopathic Considerations in Systemic Dysfunction* (2nd ed.). Kirksville, MO: Kirksville College of Osteopathic Medicine.

[Osteopathic Considerations in Systemic Dysfunction](#)

## **APPENDIX 2**

### **3rd Year OMM Competencies**

Upon completion, the student should be able to:

Explain the basic principles of the Osteopathic Concept. O P

Identify anatomical landmarks. O P, PC

Perform a neuromusculoskeletal examination. O P, MK

Describe the barrier concept and perform motion on a patient. O P, MK, PC

Define Somatic Dysfunction. O P, PC

Use the proper terminology in describing somatic dysfunction. O P

Recognize tissue texture (T) changes, physiologic asymmetry (A) and deficiencies in ranges (R) of motion as well as elicit areas of tenderness (T) on a patient in the cervical, thoracic, lumbar, sacral, pelvic and upper and lower extremities (TART). O P

List and describe the Performance of three direct methods and three indirect methods used to treat somatic dysfunction. O P, MK

Describe the physiology of each region as it applies to normal motion and somatic dysfunction. O P, PC

Treat somatic dysfunction of each region with direct and indirect methods utilizing a variety of activating forces. O P, MK

Describe how somatic dysfunction of each region can affect or be affected by other structures or organ systems in the body (somato-visceral/viscero-somatic dysfunction). O P, MK, PC, P

### **APPENDIX 3**

#### **ACGME Milestones for Osteopathic Neuromusculoskeletal Medicine**

Following **Milestones** and examples are from the **ACGME** supplemental guide published March, 2022.

<https://www.acgme.org/globalassets/pdfs/milestones/onmmsupplementalguide.pdf>

#### **Patient care (PC) 1 - Patient management: Osteopathic approach to patient care**

##### **Level 1:**

Integrates history, examination, diagnostic testing and medication management into osteopathic patient care plan, with direct supervision and guidance

Performs osteopathic structural examination and diagnoses somatic dysfunction appropriate to patient condition, with direct supervision and guidance

Incorporates osteopathic principles to promote health and wellness in patients with acute and chronic conditions, with direct supervision

##### **Examples**

While on an inpatient ONMM rotation, evaluating hospitalized patients for an ONMM consult, creates an appropriate assessment and follows a treatment plan set forth by more senior residents and the attending physician

When prompted by a supervising physician, performs an osteopathic structural exam as part of the physical exam portion of patient care

When prompted by a supervising physician or senior-level resident, recognizes and addresses deficits in lifestyle contributing to pathology (lack of exercise, poor posture, smoking, poor water intake)

## **PC 2 - Osteopathic manipulative Treatment (direct technique)**

### **Level 1**

Performs direct OMT for identified somatic dysfunction with direct supervision and guidance

### **Example**

Correctly sets up cervical high-velocity low-amplitude (HVLA) technique with direct supervision, identifying and maneuvering a patient into a position that locks out the appropriate restrictive barriers to achieve a desired treatment response

## **PC3 - Osteopathic Manipulative Treatment (indirect technique)**

### **Level 1**

Performs indirect OMT for identified somatic dysfunction, with direct supervision and guidance

### **Example**

Performs indirect myofascial release on a patient with an acute lumbar muscle strain with the ONMM attending providing direct oversight

## **PC4 - Diagnostic Screening, testing, and interpreting**

### **Level 1**

Explains the rationale risks, and benefits for common diagnostic testing

Interprets results of common diagnostic tests

### **Examples**

Knows the indication of ordering a lumbar x-ray in a patient with acute low back pain

Identifies bony anatomy and recognizes pathology on plain-film imaging of the lumbar spine

## **PC5 - Management of procedural care (trigger point injection, joint aspiration and injection)**

### **Level 1**

Identifies the procedures that osteopathic neuromusculoskeletal medicine physicians perform

Recognizes osteopathic neuromusculoskeletal medicine physicians' role in referring patients for appropriate procedural care

### **Examples**

Discusses treatment options for a patient's identified myofascial trigger point

Informs the patient of the treatment options for knee joint pain

Informs the patient of treatment options for knee joint pain, including a referral to another specialist

## **Medical Knowledge (MK) 1 - Applied foundational sciences**

### **Level 1**

Explains the scientific knowledge (e.g., physiologic, pathologic, socioeconomic, and behavioral) for normal function and common conditions

Examples

Explains the history, symptoms, findings, and common causes of low back pain

Identifies normal gait pattern as well as gross deviations

## **MK2 - Manifestation of systemic disease through neuromusculoskeletal system**

Level 1

Describes the basic interrelationship of structure and function through osteopathic structural findings

Forms an osteopathic treatment plan based on the patient's history and physical exam findings, with guidance

Examples

When a patient presents with pneumonia in the hospital, recalls relevant anatomy and physiology to explain presenting complaints and why the physician would look for somatic dysfunction in the thoracic spine

Discusses the rationale for using indirect techniques in a patient recently involved in a motor vehicle collision, with guidance

## **System-based practice (SBP) 1 – Patient safety and quality improvement**

Level 1

Demonstrates knowledge of common patient safety events

Demonstrates knowledge of how to report patient safety events

Demonstrates knowledge of basic quality improvement methodologies and metrics

Examples

Lists patient misidentification or medication errors as common patient safety events

Describes how to report errors in your environment

Describes a fishbone tool

## **SBP2 - System navigation for patient-centered Care**

Level 1

Demonstrate knowledge of care coordination

Identifies key elements for safe and effective transitions of care and hand-offs

Demonstrates knowledge of population and community health needs and disparities

Examples:

For a patient with low back pain with left-sided radiculopathy, identifies the neurologist, primary care physician, and physical therapist as team

Lists the essential components of a structured tool such as I-PASS for sign-out and care transition and hand-offs

Identifies those patients in rural areas may have different needs than urban patients

## **SBP3 - Physician role in health care systems**

#### Level 1

Identifies key components of the complex health care system (e.g., hospital, skilled nursing facility, finance, personnel, technology)

States factors impacting the costs of osteopathic neuromusculoskeletal medicine care

Identifies basic knowledge domains for effective transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)

Examples:

Demonstrates understanding of the credentialing process, daily work, and financial benefits of a hospital ONMM service during a didactics session

Explains to patients how team-based care with a physical therapist and an ONMM specialist improves patient outcomes for backpain at a reduced cost to the healthcare system

Demonstrates basic knowledge of the Modifier-25 for coding

### **Practice-based learning and improvement (PBLI) 1 - Evidence-based and informed practice**

#### Level 1

Demonstrates how to access, categorize, and analyze clinical evidence Understands how to perform a focused literature review

Examples:

Identifies evidence-based guidelines for osteoporosis screening at US Preventive Services Task Force website

Identifies evidence-based guidelines for knee osteoarthritis

### **PBLI 2 - Reflective practice and commitment to personal growth**

#### Level 1

Accepts responsibility for personal and professional development by establishing goals

Identifies the factors that contribute to gap(s) between expectations and actual performance

Acknowledges there are always opportunities for self-improvement in both character and skill level

Examples:

Initiates personal goals and discuss them with an advisor

Is aware that inadequate sleep may adversely impact performance

Participates in didactic sessions and supplemental readings

### **Professionalism (PROF) 1 - Professional behavior and ethical Principles**

#### Level 1

Describes professional behavior and potential triggers for personal lapses in professionalism

Takes responsibility for personal lapses in professionalism Demonstrates knowledge of ethical principles

Examples:

Understands that being tired can cause a lapse in professionalism

Identifies personal goals related to communicating with patients and families

Understands being late to sign-out has adverse effect on patient care and professional relationships

Articulates how the principle of “do no harm” applies to a patient who may not need a trigger point injection even though the training opportunity exists

## **PROF 2 - Accountability/Conscientiousness**

Level 1

Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future  
Responds promptly to requests or reminders to complete tasks and responsibilities

Examples

Responds promptly to reminders from program administrator to complete work hour logs  
Timely attendance at conferences  
Establishes timely goals for daily chart completion  
Completes end-of-rotation evaluations  
Completes chart documentation on the same day of the visit

## **PROF 3 - Self-awareness and help seeking**

Level 1

Recognizes status of personal and professional well-being, with assistance  
Recognizes one’s own limits in knowledge/skills, with assistance

Examples

Acknowledges their fatigue when pointed out by a colleague  
Recognizes that asking for help is a sign of strength  
Accepts and exhibits positive responses to constructive feedback  
Receptive to attending physician guidance prior to seeing a patient

## **Interpersonal and communication Skills (ICS) 1 - Patient and family centered communication**

Level 1

Uses language and non-verbal behavior to demonstrate respect and establish rapport while communicating one’s own role within the health care system  
Recognizes easily-identified barriers to effective communication (e.g., language, disability)  
Identifies the need to individualize communication strategies

Examples

Introduces self, other learners and faculty members; identifies patient and others in the room, and engages all parties in health care discussion  
Identifies need for trained interpreter with non-English-speaking patients  
Uses age-appropriate language when discussing treatment modalities with pediatric patients

## **ICS 2 - Interprofessional and Team communication**

Level 1

Respectfully requests a consultation, with supervision

Respectfully responds to a consultation request and conveys recommendations, with supervision

Uses language that values all members of the health care team

Examples:

Contacts a psychiatry resident for a consultation for patient who is hallucinating

Appropriately and professionally acknowledges and communicates (i.e., “closes the loop”) with consulting physician once consult is reviewed with supervisor

Correctly identifies individuals in the ONMM program by name and role; acknowledges team approach to care with patients

### **ICS 3 - Communication within health care systems**

Level 1

Records information in the patient record in an accurate and timely manner Learns institutional policy and safeguards patient personal health information

Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager use)

Example

Completes notes promptly with accurate data

Adheres to Health Insurance Portability and Accountability Act (HIPAA) requirements by not discussing patients in common areas

Uses encrypted email systems when including patient data

## **APPENDIX 4**

### **Clinical Applications Competencies**

#### **1. Ear, Nose, Throat**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to common ENT. These include otitis media, sinusitis, vertigo rhinitis, pharyngitis, tonsillitis and allergies (OPP, MK, PC).

The student should be able to identify the major elements of the ENT anatomy and physiology. These include: ear, nose & throat structures and related sympathetic and parasympathetic innervation and lymphatic drainage (OPP, MK).

#### **2. Cardiovascular**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to

common cardiovascular problems. These include: Hypertension, Congestive heart failure, Arrhythmia, and Edema (OPP, MK, PC).

The student should be able to identify the major elements of cardiovascular anatomy and physiology. These include: Coronary arteries, myocardium, pericardium, valves, large arteries and veins, lymphatic drainage, and nerve supply (MK).

### **3. Pulmonary**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to common pulmonary problems. These include: Asthma, COPD, Restrictive Lung Disease, Pneumonia, and Acute Bronchitis (OPP, MK, PC).

The student should be able to identify the major elements of the pulmonary anatomy and physiology. These include: Sibson's fascia, diaphragm, central tendon, thoracic wall (ribs, sternum, vertebrae, and musculature), lungs, bronchi, pulmonary arteries and veins, lymphatic drainage, pleura, pulmonary ligaments, and nerve supply (MK).

### **4. Gastrointestinal**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to common gastrointestinal. These include gastritis and peptic ulcer disease, irritable bowel syndrome and postoperative ileus (OPP, MK, PC).

The student should be able to identify the major elements of the gastrointestinal anatomy and physiology. These include: abdominal wall, esophagus, stomach, small and large intestine, pancreas, liver, spleen, abdominal aorta, inferior vena cava, portal venous system, lymphatic drainage and innervation (OPP, MK).

### **5. Genitourinary**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to common genitourinary problems. These include pyelonephritis, cystitis, dysmenorrhea, pelvic pain, prostate and BPH, low back pain, short leg syndrome (OPP, MK, PC).

The student should be able to identify the major elements of genitourinary anatomy and physiology. These include kidney, bladder, ureter, male/female reproductive system, sacrum/pelvis, psoas/piriformis/pelvic floor muscles and fascia, iliolumbar ligament, diaphragms and ribs, lymphatic drainage, and innervation (OPP, MK).

### **6. Geriatrics**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a geriatric patient as it



relates to common problems within this population. These include low back pain, gait and balance issues, Parkinsonism, and dementia (OPP, MK, PC)

## **7. Neurology**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a patient as it relates to common neurologic problems. These include: headache/migraine, CVA, Parkinsonism, neuromuscular weakness, sciatica, myelopathy, and autonomic disorders (OPP, MK, PC).

The student should be able to identify the major elements of genitourinary anatomy and physiology. These include brain, spinal cord, autonomic nervous system, somatosensory nervous system, lymphatics and glymphatics (OPP, MK).

## **8. Pediatrics**

The student should be able to list and perform key history, physical examination, structural diagnostic and Osteopathic Manipulative Techniques in the care of a pediatric patient as it relates to common problems within this population. These include otitis media, sinusitis, pneumonia, pharyngitis and asthma (OPP, MK, PC).

## **9. Hospital**

The student will learn to perform key history, physical examination, structural diagnostic, and Osteopathic Manipulative Techniques in hospitalized patients (OPP, MK, PC).

## **APPENDIX 5**

*For Reference if needed as remediation assignment only*

### **Guidelines for the OMM Case Report**

#### **An Introduction to the Case Report and Medical Writing**

The OMM Case Report illustrates current practice and treatment issues for osteopathic physicians and medical student. The development and honing of medical writing skills, informed by current and foundational medical literature, supports the exploration of patient care and outcomes, and influences practice within the medical community. A case report is a means of communicating something new that has been learnt from clinical practice. Case reports provide essential sources of information for the optimum care of patients because case reports can describe important scientific observations that are missed or are undetectable in clinical trials, provide insightful information that expands our knowledge and spawns new research, and provide information that strays from the classical textbook case and leads to better and safer patient care.

Your OMM rotation emphasizes the application of manipulative treatment across a broad landscape of specialties – in family practice, physical medicine and rehabilitation, geriatrics,

pain management and others. The case report allows you to focus deeply on the medical history of a single patient, investigate the history, course of treatment, literature, and test findings, discuss failings and best practices – and draw your own conclusions.

It is the expectation of the OMM Department that your training, education and unique OMM rotation experience will have prepared you to craft a case report worthy of consideration for submission to a peer-reviewed osteopathic journal. Student doctor and faculty work is submitted for publication to educate, inform, develop and support manipulative medicine practices in the osteopathic community.

### **The Organization of the Writing**

Scientific writing protocol generally **requires writing in the third-person perspective** and the use of **AMA style for format and citation**. Your paper should be **at least 750 words, but no greater than 1,500 words** (not including citation page), **double spaced, in 12 pt. Times Roman font, formatted with 1" margin on all sides, with a running header after the title page. You must save and submit your work/documents as YourLastName.doc or YourLastName.docx by the date/time due.**

**The paper is divided into five discrete sections** (Title page and Reference pages not included) Incorporate the sections of the paper into your report as subheadings. Each section is weighted and important to the successful construction of the paper as a whole

<p style="text-align: center;"><b>Title of Paper</b></p> <p style="text-align: center;"><b>Student Name</b></p> <p style="text-align: center;"><b>UNTHSC/Texas College of Osteopathic Medicine</b></p> <p style="text-align: center;"><b>Preceptor</b></p> <p style="text-align: center;"><b>Attending</b></p> <p style="text-align: center;"><b>Period # and Date</b></p>
--

### **Sections required:**

**A Title Page** containing the date of submission. The title page should list the full names of all authors according to the author's preferred usage. Authors' names should include all doctoral and master's degrees in the order in which they were earned. For authors without doctoral or master's degrees, their highest earned academic degrees should be listed. In addition, the full professional titles and affiliations of all the manuscript's authors should be included on the title page.

**An Abstract** that delivers a brief, concise description – the essentials- of the article. Article should consist of four distinct sections: Introduction, Literature Review, Discussion and Conclusions/Summary. The abstract is limited to **150 words**.

An **Introduction** to the topic which includes the literature review of relevant publications. Literature review should include osteopathic sources. Introductions should end with a brief objective statement that clearly identifies the purpose of the case report or study.

**Case Report "Patient Presentation & Findings"** This should be in two parts: **HPI** should include a description of the patient's chief complaint, age, gender, medical history both past and present, (past medical history, past surgical history, past social history, past family history) past and present medications, past treatments, current treatment plan, review of systems. **Physical exam portion:** vital statistics, physical exam, osteopathic structural exam with proper nomenclature as indicated in the Glossary of Osteopathic Terminology, osteopathic treatment plan and outcome. OMT used or recommended may be added here or included in the discussion of the case.

**"Discussion"** of the case in the context of relevant medical literature reviewed that shows an exploration and deep understanding of current literature for the pathology regarding best practices, impediments to recovery, other testing, methods of treatment and approaches to improving quality of health/life. This is where you bring it all together. Elaboration of unique techniques, types and goals of treatment and expected outcomes are discussed as related to your case.

**Conclusion** that identifies the study's major findings as they relate to the study's purpose and the clinical applications of those findings, if appropriate. They should not consist of a summary of the study. T is conclusion should be limited to 1 paragraph.

**Acknowledgements** should be limited to people who substantially contributed to either the study or the preparation of the manuscript (optional). Make sure no patient names are included.

**References** are required for all material derived from the work of others and should follow the guidelines described in the 10<sup>th</sup> edition of AMA Manual of Style: A Guide for Authors and Editors (2007). References should include direct, open-access URLs (uniform resource locators) to full-text versions of the reference articles. A URL to an abstract in the National Library of Medicine's PubMed database does NOT meet this requirement. References should reflect recent or current works as well as from osteopathic sources/journals.

Generally speaking, the "A" paper has logical flow from point to point and section to section; the information is credible, take from primary (patient interview, records and test results) and authoritative sources (Such as JAOA, JAMA, and the International Journal of Osteopathic Medicine); all quotes, images, tables and graphs included in the report are given full attribution and in-text citations, used when paraphrasing, acknowledged the original source of information.

## **Resources**

JAOA Information for Authors <http://www.jaoa.org/site/misc/ifora.xhtml>

AMA Manual of Style: A Guide for Authors and Editors (2007)

<http://www.amamanualofstyle.com/view/10.1093/jama/9780195176339.001.0001/med-9780195176339>

APPENDIX 6

Example of the clinical clerkship evaluation form:

University of North Texas Health Science Center Texas College of Osteopathic Medicine Clinical Clerkship Evaluation						
Student Name	Period/Dates	Site				
Preceptor	Rotation	Care	Excuse			
PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE						
Competency is shown to be below expected or beyond expected. Any competency with below expected may result in a failed rotation.						
<b>1. Osteopathic Principles</b> <input type="checkbox"/> Below expected The student does not routinely consider O/C/M/M in patient care.	<input type="checkbox"/> Expected The student considers O/C/M/M in the evaluation and treatment of the patient. They can develop a differential diagnosis when appropriate.	<input type="checkbox"/> Beyond expected The student routinely considers O/C/M/M in the evaluation and treatment of the patient. They can develop a differential diagnosis when appropriate.	<input type="checkbox"/> Not Observed			
<b>2. Medical Knowledge</b> <input type="checkbox"/> Below expected The student has a deficient knowledge base for their level of training. They are unable to apply clinical skills to patient care. They struggle to develop or compare differential diagnoses.	<input type="checkbox"/> Expected Student demonstrates a adequate knowledge base for specialty & type of training. Able to apply their knowledge clinically & perform skills appropriate to their level. Can change patient care & investigate thinking if needed.	<input type="checkbox"/> Beyond expected The student demonstrates a superior knowledge base for their level of training. They regularly perform skills that others do not or do so need. Their differential diagnoses are beyond what would be normally expected of this level.	<input type="checkbox"/> Not Observed			
<b>3. Patient Care</b> <input type="checkbox"/> Below expected The student struggles with time management when interacting with patients. History & physical skills are not developed. Cannot verbally formulate differential diagnoses, treatment plans. There is no attempt to address wellness and prevention.	<input type="checkbox"/> Expected Student is reliable timely & evaluates patients appropriately with history & physical exam. Can develop history, treatment & management plans. Understands the importance of wellness & prevention but not routinely incorporate into patients.	<input type="checkbox"/> Beyond expected Student routinely evaluates patients in history & physical exam. Can develop appropriate H&P exams, can provide & carry out treatment & management plans. Proactive wellness counseling to patients & provide disease prevention.	<input type="checkbox"/> Not Observed			
<b>4. Professionalism</b> <input type="checkbox"/> Below expected The student has demonstrated unprofessional behavior with little insight or remorse. They do not apply cultural awareness. They address concerns for others and exhibit disrespect, self-directed action.	<input type="checkbox"/> Expected The student applies ethical standards to patient care, demonstrates respect for cultural diversity. They demonstrate concern for others and exhibit dependable, self-directed action.	<input type="checkbox"/> Beyond expected The student adheres to quality care. They are highly self-directed and dependable.	<input type="checkbox"/> Not Observed			
<b>5. Interpersonal and Communication Skills</b> <input type="checkbox"/> Below expected The student has difficulty communicating effectively with patients and others. They do not, or are unable to document appropriately in the medical record.				<input type="checkbox"/> Expected The student can communicate effectively with the patient and their family, other members of the healthcare team, and can document appropriately in the medical record.	<input type="checkbox"/> Beyond expected The student is an excellent communicator with patients and others. They document competently in the medical record, beyond what would be expected at their level of training. They ensure complete care for patients and others.	<input type="checkbox"/> Not Observed
<b>6. Practice-Based Learning and Improvement</b> <input type="checkbox"/> Below expected The student does not try to improve evidence based medicine. They do not receive or give feedback in an appropriate manner.				<input type="checkbox"/> Expected The student can discuss current evidence but may not regularly apply it. They are incorporating their skills when it comes to teaching and giving feedback.	<input type="checkbox"/> Beyond expected The student regularly updates current evidence to current practice to improve management. The student actively solicits and provides feedback by appropriate.	<input type="checkbox"/> Not Observed
<b>7. Systems-Based Practice</b> <input type="checkbox"/> Below expected There is no consideration of safety, cost effectiveness. They struggle to work with others effectively for the benefit of patients.				<input type="checkbox"/> Expected The student demonstrates a basic level of consideration of safety, cost effectiveness, and patient care. They are aware of work, can provide culturally appropriate care, participate in a team effort.	<input type="checkbox"/> Beyond expected The student demonstrates an advanced level of patient care effectiveness. They can provide patient care within the available resources. They use appropriate resources in order to benefit patients.	<input type="checkbox"/> Not Observed
General Comments: _____ Number of Days Absent: _____ Preceptor: _____ Date: _____ Student: _____ Date: _____ Clerkship Director: _____ Associate Dean: _____						
You may return this evaluation form via the following: UNTHSC/TCOM Mail: Office of Clinical Education, 3300 Camp Bowie Blvd, Fort Worth, TX 76107 Fax: Office of Clinical Education, 817-795-2406 Email: <a href="mailto:clerk.education@unthsc.edu">clerk.education@unthsc.edu</a>						

Paper form or emedly both acceptable.