



Texas College of Osteopathic Medicine

Our 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 medicine to provide comprehensive health care.

2022-2023 FAMILY MEDICINE CLERKSHIP SYLLABUS MEDE 8809

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Purpose of the Clinical Clerkship

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams. The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

Family Medicine Clerkship Description

The Family Medicine Clerkship is an eight-week primarily outpatient experience with the Department of Family and Osteopathic Manipulative Medicine. Students will gain experience applying osteopathic principles and practices using the framework of the behavioral-biopsychosocial model, as well as appreciate patients in the context of their family, community, and culture. Along with learning how to diagnose, explain, treat, and manage a broad scope of common acute and chronic conditions, emphasis will be placed on prevention and health maintenance within a context of continuity, comprehensive whole person care, and coordination of care within teams and with other parts of the health care system including other medical specialties, disciplines, and insurers.

This clerkship offers an excellent opportunity to develop in all core ACGME competency domains. Students should proactively use the Family Medicine Rainbow Card to track progress and elicit specific constructive feedback from supervising providers and team members, including both positive and negative feedback to advance competency. Students should demonstrate self-directed behavior in patient care with pre-visit planning, functioning at the top of current training level during visits to manage as much of the visit as possible while also balancing appropriate help-seeking behaviors, and participating in post-visit coordination of care. It is important to reflect on knowledge and skill gaps each day to guide study and development of action plans for improvement.

The Department of Family and Osteopathic Manipulative Medicine hopes students leave this clerkship with an glimpse of how rewarding family medicine can be as career pathway and a genuine appreciation of how health care systems with a strong primary care infrastructure that is aligned with population and public health produces better medical outcomes, lower medical costs, improved access, and decreased health disparities. This clerkship has been designed to create meaningful learning experiences, and we value students input during and at the end of the clerkship for continuous process improvement.

General Clerkship Competencies

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

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

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. Health Promotion/Disease Prevention (In FM Milestones, this is incorporated into Patient Care domain).

Family Medicine Competencies and Milestones

The core clinical clerkship in family medicine provides students with the opportunity for advancement of the [ACGME Family Medicine Milestones](#). The outline below is an abbreviated summary for outpatient milestones from the [ACGME Family Medicine Supplemental Guide](#). The Core Entrustable Activities for Entering Residency (EPAs) and the Clerkship Goals and Objectives may be simpler guides for most learners and preceptors to reference in clinic; however, these milestones are ideal for communicating competency in residency applications, interviews, and preceptor evaluations.

1. Osteopathic Principles and Practices (*AOA/ACGME milestones for this competency are in development; tentative milestones provided below)
 - 1.1. Treat each patient as a whole person (mind, body, spirit); Recognize the biopsychosocial model as a foundation for clinical skills training at TCOM and a reference model to explain the osteopathic approach to allopathic physicians and interprofessional colleagues
 - 1.2. Identify indications/contraindications to OMT
 - 1.3. Incorporates evaluation of somatic dysfunction in differential diagnosis
 - 1.4. Incorporate OMT into treatment plan for patient
2. Medical Knowledge – Demonstrates Medical Knowledge, Critical Thinking and Decision Making
 - 2.1. Describes the pathophysiology of common conditions and applies knowledge with intellectual curiosity for treatment of patients with common conditions (MK1, L1 – 2)
 - 2.2. Describes how behaviors impact patient health and identifies and engages in learning behavioral strategies to improve health and address patient care needs (MK1, L1 – 3)
 - 2.3. Incorporates key elements of a patient story into an accurate depiction of their presentation and develops an analytic (*e.g., using Epi-logical Approach*), prioritized differential diagnosis for common presentations (MK2, L1 – 2)
 - 2.4. Describes common causes of clinical reasoning error (*e.g., using concepts from Epi-logical Approach*) and with guidance identifies types of clinical reasoning errors within patient care (MK2, L1 – 2)
 - 2.5. Interpret common diagnostic testing (MK2, L1)
3. Patient Care – Acute and Chronic Illness, Wellness/Prevention, Undifferentiated Problems, & Procedures
 - 3.1. Generates (PC1, L1) and prioritizes (PC1, L2) differential diagnosis for acute presentations
 - 3.2. Recognizes common signs/symptoms as potential initial presentation of a chronic illness (PC2, L1) and identifies variability in presentation and progression of chronic conditions (PC2, L2)
 - 3.3. Develops management plans for patients with common acute conditions (PC1, L2)
 - 3.4. Identifies and accesses appropriate clinical guidelines to develop and implement plans for management of chronic conditions (PC2, L2)
 - 3.5. With management of undifferentiated signs/symptoms and procedural care, acknowledge the value of continuity and avoid reflexive referral to specialist if next steps in work-up or procedural care are within scope of practice (PC4 &5, L1)
 - 3.6. Recognizes that chronic conditions have an impact beyond the disease process (PC2, L1) and identifies the interplay between psychosocial factors and acute illness (PC1, L2)
 - 3.7. Identifies the impact of chronic conditions on individual patients and the others involved in their care (PC2, L2) and develops collaborative goals of care and engages the patient in self-management of chronic conditions (PC2, L3)
 - 3.8. Identifies screening and prevention guidelines by various organizations, identifies opportunities to maintain and promote wellness in patients (PC3, L1), and incorporates screening and prevention guidelines in patient care outside of designated well visits (PC3, L4)

- 3.9. Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population and recommends management plans to maintain and promote health (PC3, L2)
4. Interpersonal and Communication Skills - Patient- and Family-Centered Communication, Interprofessional and Team Communication, and Communication within Health Care Systems
 - 4.1. Identifies barriers to effective communication – language, disability, health literacy, cultural; and identifies the need to individualize communication strategies (ICS1, L1 – 2)
 - 4.2. Uses clear language, non-verbal behavior, and active listening skills to establish rapport and a therapeutic relationship (ICS1, L1 – 2)
 - 4.3. Participates in setting visit agenda, identifying patients’/families’ values, goals, preferences, uncertainty, and conflict (ICS1, L2 – 3)
 - 4.4. Communicates well with and uses language that values all team members (ICS2, L1 – 2)
 - 4.5. Communicates feedback, concerns, and constructive criticisms to team, including peers and supervisors (ICS L3 – 4)
 - 4.6. Respectfully, clearly, and concisely requests referrals (ICS2, L1 – 2)
 - 4.7. Appropriately uses documentation shortcuts to document timely, organized notes on diagnostic and therapeutic reasoning (ICS2, L1 – 2)
 - 4.8. Respectfully communicates concerns about the system through appropriate channels (ICS2, L1 – 2)
 - 4.9. Appropriately selects communications channels for patient care based on context and protects PHI (ICS2, L1 and L3)
5. Professionalism – Professional Behavior, Ethical Principles, Accountability, Conscientiousness, Self-awareness and Help-Seeking
 - 5.1. Applies knowledge of ethical principles in straightforward situations (P1, L1 – 2)
 - 5.2. Describes potential triggers for professional lapses, demonstrates professionalism in routine situations, and takes responsibility for professional lapses (P1, L1 – 2)
 - 5.3. Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations, while recognizing situations that may impact own ability to do so (P2, L2)
 - 5.4. Independently recognizes limits in the knowledge /skills of self and team, demonstrates appropriate help-seeking behaviors, and proposes a plan to remediate or improve limits in the knowledge/ skills of self, with guidance (P3, L2 – 3)
 - 5.5. Independently recognizes status of personal and professional well-being and proposes a plan to optimize personal and professional well-being, with guidance (P3, L2 – 3)
6. Practice-Based Learning and Improvement - Evidence-Based and Informed Practice, Reflective Practice and Commitment to Personal Growth
 - 6.1. Demonstrates how to access, categorize, and analyze clinical evidence (PBL1, L1)
 - 6.2. Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care (PBL1, L2)
 - 6.3. Identifies, self-reflects and analyzes factors which contribute to gap(s) between expectations and actual performance and institutes behavioral change(s) to narrow the gap(s) (PBL2, L1 – 3)
 - 6.4. Accepts responsibility for personal and professional development by establishing goals, demonstrates openness to performance data (feedback and other input) in order to inform goals, and consistently seeks performance data with adaptability and humility (PBL2, L1 – 4)
 - 6.5. Designs and implements a learning plan, with prompting (PBL2, L3)
7. Systems-Based Practice - Patient Safety and Quality Improvement, System Navigation for Patient-Centered Care, Physician Role in Health Care Systems, and Advocacy
 - 7.1. Demonstrates knowledge of basic quality improvement methodologies and metrics and describes and participates in local quality improvement initiatives (SBP1, L1 – 3)
 - 7.2. Demonstrates knowledge of common patient safety events, how to report them, and identifies system factors that lead to patient safety events (SBP1, L1 – 2)
 - 7.3. Demonstrates knowledge of care coordination and coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional team member (SBP2, L1 – 2)

- 7.4. Demonstrates knowledge of population and community health needs and disparities, identifies specific population and community health needs and inequities in their local population, and uses local resources effectively to meet the needs of a patient population and community (SBP2, L1 – 2)
- 7.5. Describes key components of the complex healthcare system (e.g., hospital, skilled nursing facility, finance, personnel, technology) and how components are interrelated, and how this impacts patient care (SBP3, L1 – 2)
- 7.6. Describes basic health payment systems, (including government, private, public, uninsured care) and practice models and delivers care with consideration of each patient’s payment model (e.g., insurance type) (SP3, L1 – 2)
- 7.7. Identifies that advocating for patient populations and family medicine is a professional responsibility and describes how stakeholders influence and patients are affected by health policy at the local, state, and federal level (SBP4, L1 –3)

Interprofessional Education Competencies

Competency Domain 1: Values/Ethics for Interprofessional Service

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork

The Mock Code Scenario occurs in the Spring and Fall. This is an IPE collaboration between TCU Harris School of Nursing, Texas College of Osteopathic Medicine, UNT System College of Pharmacy, and Chaplaincy Program at JPS hospital. The activity focuses on communication between members of a medical team in the context of a cardiac arrest. Students from the above professions will respond to a Mock Code. Each student will be given a role with regards to their field of study. Students will be debriefed after the initial scenario on what went well and what went wrong. Students will then again reenact the code scenario with their new skill set obtained from the prior debriefing.

Core Entrustable Professional Activities (EPAs) For Entering Residency

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the [AAMC document](#) of the above name. It is hoped that 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.

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

Family Medicine Clerkship Goals and Learning Objectives

The Family Medicine Clerkship Goals and Objectives are adapted from the [Society for Teachers of Family Medicine National Clerkship Curriculum](#), which translates the ACGME competencies into language that is more practical for the outpatient community preceptor. Students are asked to share these goals and objectives with preceptors. At the end of the family medicine clerkship, each student should be able to:

1. Discuss the principles of osteopathic family medicine care.
 - 1.1. Biopsychosocial model
 - 1.1.1. Patient-centered communication skills:
 - 1.1.1.1. Demonstrate an empathic response to patients using active listening skills.
 - 1.1.1.2. Demonstrate the ability to set a collaborative agenda with the patient during any patient encounter.
 - 1.1.1.3. Demonstrate the ability to elicit, prioritize and attend to the patient's specific concerns.
 - 1.1.1.4. Review patient's history, physical examination, and test results using terminology that the patient can understand.
 - 1.1.1.5. Clarify information obtained by a patient from popular media, friends and family, or the Internet.
 - 1.1.1.6. Validate a patient's feelings by naming emotions and expressing empathy.
 - 1.1.1.7. Effectively incorporate psychological issues into patient discussions and care planning.
 - 1.1.1.8. Use empathy and active listening skills to improve patient adherence to medications and lifestyle changes. Explain treatment plans for prevention and management of acute and chronic conditions to the patient.
 - 1.1.1.9. Reflect on personal frustrations and the patient's situation to better understand why patients do not adhere to offered recommendations or plans.
 - 1.1.2. Psychosocial awareness:
 - 1.1.2.1. Explain why physicians have difficulty in situations such as patients' requests for disability documentation, non-adherence, and chronic narcotic use.
 - 1.1.2.2. Describe the influence of psychosocial factors on a patient's ability to provide a history and carry out a treatment plan.
 - 1.1.3. Patient education:
 - 1.1.3.1. Describe mechanisms to improve adherence to and understanding of screening recommendations.
 - 1.1.3.2. Provide patient education tools that account for literacy and cultural factors (e.g., a handout on how to read nutrition labels).
 - 1.1.3.3. Describe the patient education protocols for core chronic illnesses at their assigned clerkship sites.
 - 1.1.3.4. Identify resources in a local practice community that support positive health outcomes for diverse patients and families.
 - 1.1.3.5. Promote the use of support groups and other community resources to assist patients with mental health needs.
 - 1.1.3.6. Identify and distribute current resources for patients with substance abuse problems at their clinic sites (e.g., lists of treatment referral centers, self-help groups, substance abuse counselors, etc.).
 - 1.2. Comprehensive care
 - 1.2.1. Information gathering and assessment:
 - 1.2.1.1. Apply critical appraisal skills to assess the validity of resources.
 - 1.2.1.2. Formulate clinical questions important to patient management.
 - 1.2.1.3. Conduct an appropriate and comprehensive literature search to effectively answer clinical questions.
 - 1.2.1.4. Apply evidence-based medicine (EBM) to determine a cost-effective use of diagnostic imaging in the evaluation of core, acute presentations.

- 1.2.1.5. Demonstrate ability to discriminate between high and low-quality evidence when searching the medical literature.
 - 1.2.1.6. Utilize high-quality Internet sites as resources for use in caring for patients with core conditions.
 - 1.2.1.7. Curate a set of high-quality mobile apps for quick reference when delivering patient care.
 - 1.2.2. Lifelong learning:
 - 1.2.2.1. Demonstrate an appropriate level of meta-cognitive skills to assess and remediate one's own learning needs.
 - 1.2.2.2. Describe an individualized, evidence-based process on how to keep current with preventive services recommendations.
 - 1.2.2.3. Use the Family Medicine Rainbow Card to create an evolving set of learning goals and measures of success for those goals that address areas for improvement.
 - 1.3. Contextual care
 - 1.3.1. Person in context of family:
 - 1.3.1.1. Conduct an encounter that includes patients and families in the development of screening and treatment plans.
 - 1.3.1.2. Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors.
 - 1.3.1.3. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.
 - 1.3.1.4. Demonstrate an awareness of a patient's broader family context when delivering care.
 - 1.3.2. Person in context of community:
 - 1.3.2.1. Incorporate knowledge of local community factors that affect the health of patients into daily patient care.
 - 1.3.2.2. Demonstrate awareness of local, regional and national health disparities and their impact on patient care.
 - 1.3.2.3. Practice interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.
 - 1.3.3. Person in context of their culture:
 - 1.3.3.1. Communicate effectively with patients and families from diverse cultural backgrounds.
 - 1.3.3.2. Identify areas where a patient's cultural context can impact his health through comprehension, cultural perspective, access and utilization of health care.
 - 1.3.3.3. Describe one's own cultural influences and biases as they impact one's ability to effectively deliver patient care.
 - 1.4. Continuity of care
 - 1.4.1. Define social determinants of health and their role in continuity of care.
 - 1.4.2. Describe the social determinants that can affect a patient's ability to access and utilize the health care system at multiple levels:
 - 1.4.2.1. Individual patient barriers
 - 1.4.2.2. Community barriers
 - 1.4.2.3. Health care system barriers
 - 1.5. Coordination/complexity of care
 - 1.5.1. Describe the benefits of interdisciplinary health care teams in patient care (e.g., pharmacy, nursing, social work, and allied health).
 - 1.5.2. Demonstrate skills in effective teamwork (e.g., sharing information, solving clinical problems as a team, etc.).
 - 1.5.3. Define clinical processes established to improve performance of a clinical site.
 2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations. Common acute presentations in alphabetical order include:
 - 2.1. Abdominal pain
 - 2.2. Abnormal vaginal bleeding

- 2.3. Chest pain
- 2.4. Common skin lesions
- 2.5. Common rashes
- 2.6. Cough
- 2.7. Dementia (initial presentation)
- 2.8. Depression (initial presentation)
- 2.9. Dizziness
- 2.10. Dysuria
- 2.11. Fever
- 2.12. Headache
- 2.13. Joint pain and Injury
- 2.14. Leg swelling
- 2.15. Low back pain
- 2.16. Male genitourinary symptoms
- 2.17. Pregnancy (initial presentation)
- 2.18. Shortness of breath
- 2.19. Wheezing
- 2.20. Upper respiratory symptoms
- 2.21. Vaginal discharge
3. Manage follow-up visits with patients having one or more common chronic diseases. Common chronic conditions in alphabetical order include:
 - 3.1. Multiple chronic conditions
 - 3.2. Anxiety
 - 3.3. Arthritis
 - 3.4. Asthma and chronic obstructive pulmonary disease
 - 3.5. Chronic artery disease
 - 3.6. Chronic back pain
 - 3.7. Depression (previously diagnosed)
 - 3.8. Heart failure
 - 3.9. Hyperlipidemia
 - 3.10. Hypertension
 - 3.11. Obesity
 - 3.12. Osteoporosis/osteopenia
 - 3.13. Substance use, dependence and abuse
 - 3.14. Type 2 diabetes mellitus
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender. Core health promotion topics for children and adults include:
 - 4.1. Children:
 - 4.1.1. Abuse/neglect
 - 4.1.2. Diet/exercise
 - 4.1.3. Family/social support
 - 4.1.4. Growth and development
 - 4.1.5. Hearing
 - 4.1.6. Lead exposure
 - 4.1.7. Nutritional deficiencies
 - 4.1.8. Potential for injury
 - 4.1.9. Sexual activity
 - 4.1.10. Substance use
 - 4.1.11. Tuberculosis
 - 4.1.12. Vision
 - 4.2. Adults:
 - 4.2.1. Breast cancer

- 4.2.2. Cervical cancer
 - 4.2.3. Colon cancer
 - 4.2.4. Coronary artery disease
 - 4.2.5. Depression
 - 4.2.6. Fall risk in the elderly
 - 4.2.7. Intimate partner and family violence
 - 4.2.8. Obesity
 - 4.2.9. Osteoporosis
 - 4.2.10. Prostate cancer
 - 4.2.11. Sexually transmitted infections
 - 4.2.12. Substance abuse/use
 - 4.2.13. Type 2 diabetes mellitus
5. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
 6. Discuss the critical role of family physicians within any health care system
 - 6.1. Outline the role of the family physician and the specialty of family medicine in the structure and function of the United States health care system.
 - 6.2. Compare medical outcomes between countries with and without a primary care base.
 - 6.3. Compare the per-capita health care expenditures of the United States with other countries.
 - 6.4. Define the relationship of access to care and health disparities.

Required Didactics and Assignment

A handout of the required didactics schedule required meetings, and study assignments will be provided to you at orientation. The following are required of all students including at both local and remote site participating in the Family Medicine Clerkship. Each module will be due on the Friday of each week of the rotation. Failure to complete all assigned modules may result in failure of the rotation.

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	Orientation Attestation Forms due by 5 pm of the first day of rotation.
	DEI Module
	Telehealth Module
	Opioid Management: Pathways to Safer Opioid Use (Upload as one document with screenshots of the completed Decision Review page for Patient, Physician, Pharmacist, and Nurse to Canvas; 4-5 hours).
	Opioid Management: Post Activity Evaluation (upload screenshot of post-test; 5 mins)
	Principles of Prescribing: Pre-Activity Survey (10 mins)
	Prescription Writing Exercise (Canvas module, attempt completion; 1-2 hours)
	Principles of Prescribing: Post-Activity Survey (10 mins)
	TrueLearn Quizzes due by posted dates in weeks 2, 4, and 6 Minimum score of 60% required to pass
	IHI Institute for Health Improvement (2 online modules) Upload certificates to Canvas <ul style="list-style-type: none"> • QI 105: Leading Quality Improvement (15 mins – 1 hour) • PFC 101: Introduction to Patient-Centered Care (15 mins – 1 hour)
	Journal Club collaborative presentation
	Submit electronic copy of FM Rainbow Card
	Aquifer Cases to replace cases not addressed on FM Rainbow Card
	Exit Surveys: Exit Interview Survey (8 Questions) and Faculty Survey (23 Questions)

To determine the efficacy of each didactic experience, the use of an assessment tool and pre- and post-evaluation survey will be administered. These evaluation instruments are considered a requirement of the clerkship and must

be completed prior to receiving a passing grade for the course.

Evaluation and Grading

Evaluation is an important part of any educational experience. The most important part of the evaluation process is the feedback the student receives during the learning process.

It is a direct conflict of interest for an evaluator to provide medical care to a student for whom they are responsible for evaluating. The same person should not be privileged to both academic and medical information about a student. No preceptor should fill out an evaluation form for a student that they provide medical care. It is best practice for medical students to seek their care from physicians not related to their medical education. Clerkship directors and preceptors should refer students to their own PCP or student health clinic for care.

A mid-rotation feedback interview will be conducted by your clinic director. This is a formative evaluation and is for the purpose of giving you a "progress report" or clinical preceptor feedback of your clinical performance up to that time. Any deficiencies will be pointed out to you at that time. Any number grade given at this time will not be averaged with your final evaluation. A copy of the evaluation form can be found in the Uniform Policies and Procedures. Please review it. Your active participation in your assigned seminar group and other didactic sessions is required. This will be considered in determining your final grade.

The final grade of Honors/Pass/Fail for the core rotation is derived from successful completion of the following components:

Component	Evaluation Tool	Minimum Score Required
Student Clinical Performance	Clinical Clerkship Evaluation	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Family Medicine Shelf	Family Medicine COMAT Exam	Minimum Scaled Score of 70
Didactics and Assignments	Varies by assignment	Complete by posted date.
Quizzes	TrueLearn Quizzes	Minimum score of 60% on each quiz

All above items are mandatory for successful course completion.

Students must achieve the minimum required score in each component area to pass the course.

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 on an annual basis 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.
- 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.

The department will counsel with students who are borderline or not passing at the four- week' evaluation. We would hope this would allow the student ample time to improve his/her performance in the ensuing four weeks. Any student receiving a "failing" grade will be required to remediate the clerkship as directed by the Student Performance Committee and described in the *“Uniform Policies and Procedures for Clinical Clerkships”*.

Written comments are considered vital to the final evaluation and should be included as part of the clinical evaluation given by the clinical preceptor. The clerkship director will determine the final course grade.

If you do not agree with the evaluation, your first appeal is to the clinical preceptor. The next step in the appeal process is to the course director with a request for departmental review. Final appeal would be through the procedure as outlined in the College catalog

At the end of the rotation, your preceptor should go over your clinical performance. A standardized form developed by Clinical Education will be utilized to evaluate your clinical performance. The form covers the AACOM Osteopathic Core Competencies for Medical Students. Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in course failure.

A comprehensive subject (shelf) exam will be given on the final day of the rotation. This will be administered by the Department of Testing and Evaluation. Per TCOM policy, this is a required component of each core clerkship and a scaled score of 70 or greater will be required to pass the clerkship course.

Any student who fails remediation of the COMAT exam and/or receives a “below expected” on clinical evaluation will receive a failure in the course and appear before the Student Performance Committee.

The above items are mandatory for successful course completion. Failure to complete paperwork and/or online evaluations in a timely manner may result in a failing grade and/or withholding of grades sent to the Registrar.

University of North Texas Health Science Center
Texas College of Osteopathic Medicine
Clinical Clerkship Evaluation

Student Name	Period/Dates	Site
Preceptor	Rotation	Core <input type="checkbox"/> Elective <input type="checkbox"/>

PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE
Comments required for **below expected** or **beyond expected**.

1- Osteopathic Principles -			
<input type="checkbox"/> Below expected The student does not regularly consider OPP/OMM in patient care.	<input type="checkbox"/> Expected The student considers OPP/OMT in the evaluation and treatment of the patient. They can develop osteopathic differential diagnoses when appropriate	<input type="checkbox"/> Beyond expected The student applies holistic care, performs osteopathic structural and sympathetic reflex examinations and employs manipulative treatment as necessary	<input type="checkbox"/> Not Observed
<i>Comments:</i>			
2- Medical Knowledge -			
<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 appropriate differential diagnoses.	<input type="checkbox"/> Expected The student <i>demonstrates</i> an adequate knowledge base for specialty and level of training. They are able to <i>apply</i> their knowledge clinically and <i>perform</i> skills appropriate for their level. They can <i>identify</i> differential diagnoses and use investigative thinking in clinical situations.	<input type="checkbox"/> Beyond expected The student demonstrates a superior fund of knowledge for their level of training. They regularly perform skills most others do not at this level. Their differential diagnoses are beyond what would be normally expected at this level.	<input type="checkbox"/> Not Observed
<i>Comments:</i>			
3- Patient Care -			
<input type="checkbox"/> Below expected The student struggles with time management when interacting with patients. Their history and physical skills are not developed. They cannot reliably formulate differential diagnoses, treatment plans. There is no attempt to address wellness and prevention.	<input type="checkbox"/> Expected The student is reliably timely and evaluates patients appropriately with history and physical exam. They can develop thoughtful treatment and management plans. They are aware of the importance of wellness and prevention but may not incorporate it into patient interactions regularly.	<input type="checkbox"/> Beyond expected The student always <i>evaluates</i> assigned patients in a timely fashion, <i>performs</i> an appropriate history and physical exam, can <i>prepare and carry out</i> treatment and management plans. They can <i>provide</i> wellness counseling to patients and can <i>promote</i> disease prevention.	<input type="checkbox"/> Not Observed
<i>Comments:</i>			
4- Professionalism -			
<input type="checkbox"/> Below expected The student has demonstrated unprofessional behavior with little insight or remorse. They do not apply cultural awareness. Their actions are concerning for their future dependability	<input type="checkbox"/> Expected The student <i>applies</i> ethical standards to patient care, <i>demonstrates</i> respect for cultural diversity. They <i>demonstrate</i> concern for others and <i>exhibit</i> dependable, self-directed action.	<input type="checkbox"/> Beyond expected The student advocates for quality care. They are highly self-directed and dependable. prevention.	<input type="checkbox"/> Not Observed
<i>Comments:</i>			

Rotation Sites

Dr. Sherril Durbin

319 Osler Dr, Ste 160
Arlington, TX 76010

Jennifer Trinh, D.O.
Angel's Star Wellness Center

Dr. Harbison
Transcend Medical Group

Dr. Jeremy Everett

THPG Willow Park Family Medicine

Conroe Regional Medical Center
Jonathan Santos, MD
605 S. Conroe Medical Dr
Conroe, Texas 77304

Hector P Garcia Memorial Family Health Center
Dr. Yvonne Hinojosa
Director of Medical Education
7101 South Padre Island Drive
Corpus Christi, Texas

Diamond Hill Community Health Center
Jessica Barreto, MD
3308 Dean Road
Fort Worth, Texas

Methodist Charlton Medical Center
Lawrence Gibbs, MD
Director of Osteopathic Medical Education
3500 W. Wheatland Road
Dallas, Texas

Weatherford Regional Medical Center
Dr. Jessica Williams
Jeremy Everett, DO
891 Eureka St
Weatherford, Tx

Northeast Tarrant Medical Home

Linda Siy, MD, Medical Student Director
Daniel Lum, MD
Dr. Ali
Dr. Navneet Gill

Dr. Badidi, MD
3200 West
Euless Blvd,
Euless, Texas

Polytechnic Clinic

Robert Richard, DO
1650 S. Beach
Fort Worth, Texas

JPS Stop
Six/Walter B.
Barbour Medical
Home
Masheika
Jackson, DO

JPS Azle, JPS
Northwest Iona
Reed Health
Center
Laura Curlee
D.O.

Watauga Clinic

Mohd Uddin, MD
Yue-Qing, Tan, MD
6601 Watauga Road
Watauga, Texas

Dr. Sherril Durbin

319 Osler Dr, Ste 160
Arlington, TX 76010

Christus Good Shepherd

Dr. Benjamin Cameron

General Responsibilities

1. Clinic Hours

Patient care hours and schedules **vary from clinic to clinic**. You are expected to arrive at your assigned clinic no later than one-half hour before the first scheduled patient. This will allow you to tend to any charting, messages, lab results, or other duties and be ready to see your first patient on time.

2. Patient Visits

During the patient visit, the student is responsible for:

- Obtaining an appropriate history and physical. This may be very comprehensive or problem focused, depending on the situation.
- Evaluation of pertinent diagnostic tests.
- Presenting every patient to the faculty supervisor prior to finalizing management plans.
- After appropriate consultation with the faculty supervisor, initiate all necessary treatment and management.

3. Medical Record

The medical record is a vital part of maintaining a continuity relationship with the patient and being able to provide a preventative approach to the health care of your patients. Updating the medical record each visit is expected of all students. This will include:

- Chronic and acute problem lists
- Medication lists
- Immunization status
- Health maintenance charts

All records should be completed the day of the visit and no medical record shall be removed from the clinic.

4. Diagnostic Tests

Laboratory, x-ray, and other diagnostic tests should be viewed as a means to confirm or rule out pathological conditions suspected on the basis of your clinical evaluation. Learning cost-effective health care is an essential part of your medical education. You should be able to justify each test you order. If you cannot give sound reasoning as to why the test should be done, perhaps it is an unnecessary test. **All tests should be approved by the faculty supervisor** prior to ordering or doing them.

Specific orientation on how to order lab and x-rays will be given at the clinic site. You must be specific and follow protocol. There are several managed health care plans that have specific rules. These must be followed. Ask the nursing staff at your clinic if you are unsure of what to do.

5. Lab Procedures Available at the Clinic Site.

What lab procedures are done at the clinic is dependent on whether or not CLIA approval has been obtained. All of the UNTHSC clinics are CLIA approved. At the end of the rotation the student should be proficient in performing the following tests:

- Urinalysis.
- Wet mount.
- KOH prep.
- Urine pregnancy test.
- Finger stick glucose, PT/INR, HgbA1c.
- Obtaining specimens for various cultures.

6. Writing Prescriptions

All prescriptions must be signed by a supervising licensed physician. Keep them in your pocket. Students **may not** call in prescriptions to the pharmacy.

7. Referrals

If you feel that your patient would benefit from a referral to another specialist, you must have pre-approval by the supervising physician. He/she will review with you whether there is sufficient data on the patient's problem, and see if you have done a sufficient work-up before sending the patient to a consultant. It is your responsibility to arrange the consultations on your patients. You will be given specific orientation at each clinic site. There are specific rules to follow and these will vary according to the type of insurance or managed care plan the patient has.

After making the appropriate arrangements for a consultation, the student will be expected to complete a referral form, which shall include all appropriate clinical information necessary to assure continuity of care. This includes copies of all appropriate labs, x-ray and other reports. We encourage the student doctor, whenever possible, to accompany the patient to the consultant in order to determine first-hand what is offered the patient in the way of care. When making the arrangements, ask the consultant's staff if it would be permissible for you to accompany your patient. You are expected to do this as part of the educational experience of this clerkship. Your clinical staff will cooperate in giving appropriate time away from the clinic for this educational activity.

5.1 CLINICAL PROCEDURES

5.1.1 Professional Conduct

Students must conduct themselves in a professional manner at all times. The College's expectations include, but are not limited to:

- adherence to all policies and procedures, professional behavior, and communication.
- exemplary interpersonal relationships with peers, faculty, staff, and the general public.
- the ability to work effectively as part of the academic community and/or health care team.
- refraining from personal use of legal (alcohol/prescription medications) or illegal substances that can impair judgment or motor skills while on clinical rotation, before or during a shift (breaks included).

Personal character traits such as honesty and integrity are facets of professional behavior which will be evaluated by preceptors and the college administration. Professional standards required of a member of the osteopathic profession are a requirement for passing all courses in Year 3 and 4.

In addition to the procedures outlined by the Office of Student Affairs, violation of the UNTHSC Code of Student Conduct may result in:

1. Review by the Student Performance Committee and /or
2. Receipt of a failing grade regardless of other academic performance.

You may access/ obtain a copy of the most recent guidelines in the Student Handbook via the University website.

5.1.2 Dress

You will maintain critical awareness of personal hygiene at all times. You are expected to dress in a neat, clean, and professional manner. Unless specifically required by the hospital or service, you must wear clean white clinical jackets.

Because you are representing UNTHSC, TCOM, the hospital, the preceptor, and the osteopathic profession, **you are required to dress appropriately for all clinical experiences and didactic activities** in Year 3 and 4. Inappropriate dress includes, but is not limited to:

- unclean or un-pressed clothing
- blue jeans
- sweats
- shorts
- tee shirts
- open-toe shoes
- other casual attire

Individual preceptors may impose additional dress requirements.

5.1.3 I.D. Badges and College Patches

You must wear the UNTHSC-TCOM student identification badge when in any clinical setting and during all patient contacts so as not to misrepresent yourself as an intern, resident, or licensed physician. Students are responsible for complying with badging protocols at each clinical site.

5.1.4 Titles & Students as Scribes

It is expected that you will be treated as a professional by hospital and office personnel at all times. In the clinical setting, when being paged or introduced to patients and their family members, you should be referred to as "Student Doctor" followed by your last name so you are not misrepresented as a licensed physician. You are to be courteous to hospital and office personnel at all times and address them by their appropriate names and titles.

TCOM recognizes that there may be occasions when students act as a scribe during a clinical encounter. TCOM considers a scribe to be an individual authorized by a licensed practitioner to transcribe his/her spoken word during a clinical encounter performed by the licensed practitioner. Scribes do not interact directly with patients; they document the activities of the provider. Use of TCOM students as scribes should be limited in occasion and have an educational purpose. For example, there may be complex clinical encounters where using a student as a scribe may be in the best interest of the patient, requiring the student to observe and document the clinical encounter or as initial assessment of a student to demonstrate documentation skills at the start of a training period. Students should not exclusively function in the role of a scribe during their clinical training and are expected to interact directly with patients and document such interaction under the supervision of the teaching practitioner.

5.1.5 Student/Preceptor Conflicts

If, at any time during a clinical rotation you feel you have a personality or other conflict with a preceptor, report it immediately to the Clerkship Coordinator or the Office of Osteopathic Clinical Education.

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 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
OCC 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

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

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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

5.1.8 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 faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by the faculty.
- TCOM students and residents may perform additional tasks as 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 trainees 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 their 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.

5.1.9 Emergency Preparedness

In the event of hazardous weather or an emergency situation, students should follow protocols and procedures of their specific clinical site. Hazardous weather advisories/directions from local and county services and the National Weather Service should be followed.

In the event that your rotation schedule is interrupted due to hazardous weather conditions or another emergency situation, please notify the Office of Osteopathic Clinical Education as soon as possible via email. In the case of an emergent situation outside normal business hours that requires you to evacuate or relocate, please call the Office of Osteopathic Clinical Education emergency number 817-735-0431. See also 5.2.6 Inclement Weather.

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. Absences in 3rd Year

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 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.

Absences in 4th Year

The focus of the clinical experience in year 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances, the following apply:

- Students may not miss the first day or COMAT exam of any clinical rotation.
- All absences require submission of the electronic absences request form via eMedley a minimum of 10 business days before the start of the rotation, for planned absences, and within three days of a student's return from absence in the case of an individual or family emergency.
- If absence is due to illness: documentation is required, dates requested must match those missed, and may not be signed by a member of the student's family.
- 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 an additional assignment or for time to be made up from any student who misses time during their service. Make up days should be completed within the regularly scheduled rotation.
- Absence of more than 2 days of a 2-week block or 4 days of a 4-week block, will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.
- Unapproved absences or absences in excess of the above policy may require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.
- Students are required to notify their site, preceptor, and the Office of Osteopathic Clinical Education of any absences (including pre-approved and emergent).
- Failure to notify the Office of Clinical Education & rotation supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the rotation.
- 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.

Absences due to Residency Interviews

Residency interviews are a necessary step in the residency process. Students are advised to avoid rotations in which multiple absences would adversely affect the functions of the clinical team, particularly in patient care and curriculum delivery settings. If a student will miss clinic/rotation days for a residency interview, the following applies:

- Students are required to notify the Office of Osteopathic Clinical Education within 24 hours of accepting a residency interview.
- Students may not miss the first day or COMAT exam of any clinical rotation
- Students should submit an absence request via eMedley to the office of Clinical Education with evidence of interview invitation, agenda for interview, and dates required to be out of clinic.
- Students will be excused for the day of the interview and for travel time if the interview requires an overnight stay away from home.
- Students may be excused a maximum of 6 days from a rotation for interviews.
- Absences of more than 6 days during any 4-week rotation due to residency interviews will result in a grade of INCOMPLETE and repeat of the entire rotation may be required.
- Failure to notify the Office of Clinical Education and rotation supervisor/preceptor of any absence due to residency interviews will be considered neglect of duty and may result in a failing grade for the rotation.

5.2.2 Leave of Absence

A leave of absence (LOA) is defined as an extended period away from clinical course activities that may become necessary due to:

- 1) prolonged illness,
- 2) pregnancy, or
- 3) personal matters.

Requests of this nature are to be made in writing and submitted to the Office of Osteopathic Clinical Education. Leaves of Absence are granted by the Dean and processed through the Registrar.

5.2.3 Work Schedule

All rotations begin on the first Monday of the 4-week, 6-week, and 12-week periods unless it is a designated holiday (see below), in which instance the rotation begins on the first business day following or as designated by the Clerkship Director. Rotations with scheduled COMAT exams end at 5:00pm on the day prior to the exam. Students taking the COMAT exam are required to turn in pagers and all borrowed materials at that time. Students will be off duty following the COMAT exam to prepare for their next rotation, with the exception of exams which are scheduled prior to the end of rotations (i.e. Exams scheduled Thursday and rotation ends on Friday). Deficiencies and absences may be remediated during this period at the discretion of the Clerkship Director. Students completing rotations without subject exams shall remain on-service until the end of the workday as determined by the preceptor.

Some rotations are scheduled with 12-hour shifts (i.e. Emergency Medicine) rather than traditional 8-hour shifts. In that case, a minimum of 14 shifts must be completed to receive credit for the rotation.

Professionalism and Ethics

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 yourself-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 clinic. Do not see your classmates or fellow students informally. They must register with the front desk. Under no circumstances are you to discount any charges without the approval of the supervising faculty.

DISCLAIMER

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.

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 Disabilities 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 and Instructor Evaluation

It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding 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 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. 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 (Link to an external site.)

COMAT Exam

A passing score of at least 70 (scaled) on the Family Medicine COMAT exam is a required component of this course. Testing and Evaluation Services will notify students of exam date, location, and start time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. 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 also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

APPENDIX

**** Appendices are posted to Canvas**

1. Assignments
2. FM Rainbow Card (Feedback Support Tool)
3. Learning Resources