



Student Clerkship Manual

2025-2026

Procedures for OMS III and OMS IV Courses

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Overview

This manual provides an overview of the current policies and procedures of Burrell College of Osteopathic Medicine (the College) that pertain to OMS-III and OMS-IV clinical/non-clinical rotations and courses. The College reserves the right to make changes at any time in educational policies, schedules, training sites, evaluation procedures, or any other aspects of the clinical training program. Changes will occur as needed to maintain educational requirements and accreditation standards. Every effort will be made to notify students in a timely manner when changes are implemented, and new or revised policies are instituted. Any conflicts regarding the application or interpretation of the policies contained in this manual will be resolved by the Dean or her/his designee, whose decision is final. The [Student Handbook](#) is the primary student guide, and the *Student Clerkship Manual* is a supplement to be used for OMS III and OMS IV clinical rotations.

Office of Clinical Education

Purpose and Procedures

The Office of Clinical Education is dedicated to providing students with the highest quality clinical education services. Each student is assigned to a Regional Academic Center (RAC). Each RAC is staffed by a Regional Assistant Dean (RAD) and a coordinator, who serve as the student's primary contact during OMS-III clinical rotations. During the OMS-IV academic year, the student's primary contact is the designated fourth-year coordinator. In concert with campus-based staff, the coordinators schedule clinical rotations and monitor student progress. Clinical assignments are determined based on several factors including availability of preceptors, verification of credentials, and the individual student interests and preferences. Students are encouraged to communicate with the Office and their coordinator regarding their clinical interests and preferences for locations and types of facilities for each area of clinical education. Please note that specific name requests for in-RAC preceptors will not be reviewed or accommodated.

Only clinical rotations scheduled through, and confirmed by, the Office of Clinical Education will fulfill the requirements of the clinical curriculum. No clinical rotation will be accepted for credit unless approved by the Office of Clinical Education and confirmed in advance.

A syllabus is available for each clinical rotation including reading assignments and grading criteria. All syllabi were created by the College faculty and are posted on Leo. The designated Clerkship Director for each clinical rotation will assign final grades. Preceptors are able to access syllabi through the website (preceptor tools) in order to guide student learning. It is recommended that on the first day of the rotation, the student take a hard copy of the syllabus and discuss the goals and expectations of the rotation with the preceptor. Additionally, the College requires a Residency Readiness Course, which includes information and resources regarding educational activities such as Journal Club, Clinical Didactics, Case Presentations, Interprofessional Education, and the COMSAE Phase 2.

It is the responsibility of each student to review the Student Clerkship Manual and the syllabus for each course. Students will be solely responsible for achieving the learning objectives and

meeting all course requirements.

Office Hours

The Office of Clinical Education is available Monday through Friday, from 8:00 AM to 5:00 PM Mountain Time on the New Mexico campus, and from 8:00 AM to 5:00 PM Eastern Time on the Florida campus. These hours exclude days when the College campus is officially closed. Students are encouraged to use their College email account for all non-urgent communication with the Office. It is important that students check their College email daily to stay informed of critical updates and information. Please note that messages will not be sent to personal email addresses.

Failure to monitor and respond to emails received from staff, faculty, and clinical teaching sites in a timely manner or by a specified deadline, may result in findings of unprofessional conduct of which the College reserves the right to address..

In order to ensure that you are using the most current contact information, please refer to the online College directory for phone numbers and email addresses.

<http://burrell.edu/directory/>

The Office of Clinical Education utilizes a “ticketing system” to answer student questions regarding a variety of topics. The [link](#) to the portal can be found on the Burrell website.

General Guidelines

New Innovations - Clinical Rotations Management Software

The College uses New Innovations to schedule clinical rotations, record student evaluations and manage the clinical experiences of students. Students will be given instructions from the Office of Clinical Education on how to access their clinical schedule, review evaluations and complete evaluations of their preceptors and rotation sites. Preceptors will have access to complete assessments of students at the end of each rotation.

Contact Information

It is essential that the College and Office of Clinical Education be kept up to date on each student’s current contact information. Failure to promptly report a change in mailing address, telephone number or other contact information can result in failure to receive information important to the successful completion of clinical rotations. Please review contact information in New Innovations and notify the Registrar of any corrections.

Title and Professional Demeanor

In clinical settings, students may be referred to as “Student Doctor” or “Student Physician” however, they must not represent themselves as licensed physicians. Students will refer to other professionals in the clinical setting by their appropriate title, such as “Dr. Smith,” “Ms. Jones,” etc. Students who hold a doctoral degree in any field, may not use the title ‘Doctor’ in any clinical setting related to their education, regardless of the environment. Students must conduct themselves professionally, ethically, and respectfully in all interactions and, in turn, may expect to be treated as professionals

by all clinical personnel at all times. The College reserves the right to hold students accountable for their actions at any time and in any venue or activity.

Professional Attire

Students are expected to wear clean, wrinkle-free white coats and ID badges at all times when engaged in patient care activities. In addition to the ID badge issued by the College, students may also be issued an ID badge by the clinical training site to give them access to secure areas. Students must wear one or both badges, as directed, to identify themselves as Burrell students. Clothing worn by students should reflect their role as professional members of the health care team. Shirts, dresses, tailored pants, slacks (ankle length), blouses, skirts, and sweaters should be clean, neat, and non-wrinkled. Dresses and skirts must be of sufficient and modest length. White coats must be waist length, kept clean, pressed and in good repair. White coats shall be used for only Burrell sanctioned activities and in the clinical setting. Footwear should include casual dress or dress shoes with closed toes. Good personal hygiene is expected. Students should not wear perfume or aftershave. Jewelry should be kept to a minimum. Long hair should be tied back during patient care activities.

If an affiliated hospital or a clinical site has a dress code that differs from the College, the student must follow the dress code of that training facility. On rotations where scrubs are permitted, these scrubs must be provided by the training facility. Scrubs are to be worn ONLY when street clothes are not permitted according to hospital and preceptor judgment. Scrubs that are loaned by the hospital or facility must be returned before leaving the rotation.

Professional Liability Insurance

The College provides professional liability (malpractice) insurance for students during core clinical rotations, and most electives, in amounts that are in agreement with its core clinical affiliates. Professional liability insurance is in effect only for the approved clinical activities that are scheduled by the Office of Clinical Education.

Health Care at Regional Academic Centers

The College has arranged for all students to have access to TimelyCare Telehealth, a student assistance program that provides 24/7 confidential access to a full range of physical and behavioral telehealth services. The TimelyCare Telehealth app can be accessed on the Apple App Store and Android Google Play by searching “TimelyCare” as one word. Information regarding RAC resources may be obtained from coordinators or found online at the website:

<https://burrell.edu/students/resources/health-services/>

Providers who establish a patient care relationship with a student may not render an academic assessment of that student. It is the student’s responsibility to immediately notify the Office of Clinical Education or their RAC coordinator if they are inadvertently assigned to a provider who has participated or is currently participating in their health care.

Campus Safety and Special Environments

The [Student Handbook](#) has important information regarding campus security and special environments. Please review this information and be familiar with the associated processes and procedures.

Students on clinical rotations are required to acquaint themselves with routine radiation safety protocols covered during the Introduction to Clinical Rotations course. Students who have questions regarding their participation in rotations where there may be exposure to radiation should address their concerns to the supervising faculty, the Office of Clinical Education, or the Office of Institutional Effectiveness.

Pregnant students participating in clinical rotations such as radiology, interventional radiology, pain management, nuclear medicine, vascular surgery, and radiation oncology, should be aware of the risks of radiation exposure to a developing fetus. Special monitoring may be considered for these types of rotations for a pregnant student in accordance with the National Council on Radiation Protection and Measurements recommendations. Pregnant students are asked to contact the Office of Clinical Education who will assist working with your preceptor to ensure appropriate radiation safety practices can be implemented and radiation exposure to the student and fetus are kept as low as reasonably achievable.

Needle Stick and Blood Borne Pathogen Exposure

If a student experiences a needle stick, sharps injury, or is otherwise exposed to patient bodily fluids the student must notify her/his preceptor or RAC coordinator immediately and follow the local protocol in place. In general, the following is required:

- Immediately wash the exposed area, scrubbing the skin with soap and water. If a splash occurs to eyes or mucous membranes, the exposed area should be rinsed with copious amounts of clean water.
- Your preceptor or designated official at your training site (emergency room physician, nursing supervisor) will determine what additional steps are needed. This may include local wound care and/or initiation of antibiotic or antiviral prophylaxis.
- Additional measures and instructions for follow-up care will be provided by the clinical site providing initial care of the incident.
- Notify the Office of Clinical Education as soon as the incident has been addressed locally by ***filing an incident report***. The reporting form is available online on the College's [website](#). Your training site may require completion of an incident report as well.
- Some training sites provide post-exposure treatment to students free of charge. If there are charges for services, the student must file all medical claims with his or her personal medical insurance. Students are responsible for their portion of co-pay.

Management of exposures to blood-borne pathogens has been planned with every core training site. If for any reason, prompt care cannot be provided at your local training site contact your RAC coordinator or the Office of Clinical Education immediately.

Health Insurance Portability and Accountability Act (HIPAA)

Students are reminded to observe all rules established by HIPAA with a focus on maintaining privacy of Protected Health Information (PHI). While informal case discussions enhance experiential learning, patients must not be identified outside of direct management planning with participating providers. No protected health information should ever be posted to social media. Students should review HIPAA training provided during the Introduction to Clinical Rotations (ICR) course or refer to the federal regulations at:

Duty Hours

Medicine is not a field that follows a 9-5 schedule. Patients require care 24 hours a day and on weekends and holidays. The following considerations apply to Burrell students while on clinical rotations:

- Duty hours will vary depending on the specialty and the location.
- Varying start and end times
- Students are likely to be scheduled to work clinically on weekends and holidays.

Work hours while on clinical rotations are patterned after guidelines for residency training provided by Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA). Affiliated clinical sites have been authorized to modify these guidelines to assure continuity of care while promoting opportunities for adequate study time and rest for all trainees. Students may be required to participate in night calls, weekend coverage and holiday assignments at the discretion of the training site. Students should expect the following:

- Work hours are at the discretion of the supervising physician.
- All rotation periods are four (4) weeks, begin on Monday and end on Friday. Rotations cannot be shortened by working extra time in fewer weeks.
- A complete work week is no less than forty (40) hours but is customarily sixty (60) to seventy-two (72). Averaged over a four-week period the work week can extend to eighty (80) hours.
- Students may work twenty-four (24) consecutive hours but must then have fourteen (14) hours free of patient care responsibilities.
- Students shall be given a minimum of two days off out of every fourteen (14) days.
- Students are provided a winter break. The specific winter break dates can be found in the [academic calendar](#) as well as New Innovations.

Attendance

- Attendance is required at all patient care activities and educational programs. The supervising preceptor will provide a full description of how each rotation is conducted including daily inpatient rounds, ambulatory clinic hours, scheduled meetings and lectures and any other training experiences that may be unique to that rotation.
- Attendance is required at any mandatory sessions. The dates for mandatory sessions can be found in Leo.
- Planned absences, for any reason must be approved by the Office of Clinical Education by completing an [excused absence form for OMS-III and OMS-IV](#) located on the College's [website](#). The request should be submitted at least two weeks prior to the requested day. Absence for illness or other unexpected emergencies may be excused at the discretion of the Office upon receipt of the excused absence form.
- **Students will not be approved for more than two (2) days from any OMS-III and OMS-IV course, irrespective of cause.**
- **Exceptions to the two (2) day allotted number of allowable excused absences apply to**

residency interviews during the OMS-IV academic year. Students may request up to four (4) excused days during a four-week rotation period.

- Students granted an excused absence from any component of the ICR course must complete a make-up of the missed activity to the satisfaction of the course director before beginning clinical rotations.
- Exceeding the allotted number of allowable excused absences may result in Failure of the Course or Corrective Action. The required remediation of the missed days, or repeating the entire rotation, is at the discretion of the Clerkship Director.
- Students must complete an excused absence form if they are scheduled to take any part of COMLEX-USA[®]. Students will be given sufficient time to travel to testing sites and sit for the exam. However, the two-day absence rule will not be waived.
- To receive full credit for core Emergency Medicine rotation students are required to complete at least 13 twelve-hour shifts, or 16 ten-hour shifts. For detailed information on scheduling the shifts please see the Emergency Medicine Syllabus.
- **Any absence not reported to the College will be considered unexcused.**
- **Any unexcused absences may result in failure of a course or corrective action.**
- In addition to the criteria listed above, the Office of Clinical Education permits one (1) floating personal day per academic term. This floating personal day may be requested as an excused absence but cannot be approved on a day that includes COMAT/COMSAE exam(s), OMM lab(s), ICR sessions, or any other mandatory College event. Requests to utilize the floating personal day must be made no later than two weeks (10 business days) in advance. Requests not made two weeks (10 business days) in advance will not be approved. Approvals of the floating personal excused absence day is at the discretion of the Office of Clinical Education and based on criteria of the clinical teaching site.

COMLEX -USA[®] Requirements

Students must take and pass COMLEX-USA[®] Level 1, and COMLEX-USA[®] Level 2-CE to meet graduation requirements.

Students who fail any part of the COMLEX-USA[®] Level 1 or Level 2 exams may be removed from clinical rotations and may have a delay in graduation. A student failing any single level of a COMLEX-USA[®] exam for a third time will be Administratively Withdrawn from the College. Please, review the performance requirements and graduation requirements regarding the COMLEX-USA[®] in the College's Student Handbook.

Early completion of licensing examinations will allow students to receive scores before residency audition rotations and interviews begin and will allow time to retake examinations if not passed initially. Having scores in place early strengthens applications for competitive residency programs. Programs may not grant an interview until exam scores are received or may not be willing to place a student on their rank order list if they have an unremediated failure on any part. Please, make sure to review recommended timelines and the performance requirements regarding the COMLEX-USA[®] in the College's Student Handbook.

Clinical Curriculum

All students are required to complete the following rotations and courses:

OMS-III

- Non-Clinical Elective (2 weeks)
- Introduction to Clinical Rotations (2 weeks)
- Family Medicine Core Clerkship (8 weeks; two 4-week rotations)
- Internal Medicine Core Clerkship (8 weeks; two 4-week rotations)
- Surgery Core Clerkship (8 weeks; two 4-week rotations)
- Obstetrics/Gynecology Core Clerkship (4 weeks)
- Pediatrics Core Clerkship (4 weeks)
- Psychiatry Core Clerkships (4 weeks)
- Elective (8 weeks; two 4-week rotations)
- Osteopathic Manipulative Medicine III (Longitudinal)
- Residency Readiness (Longitudinal)

OMS-IV

- Emergency Medicine Clerkship (4 weeks)
- ICU Selective (4 weeks)
- Sub-Internship Selective (4 weeks)
- Electives (24 credit hours)
- Osteopathic Manipulative Medicine IV (Longitudinal)

The sequence of courses will vary. One (1) four-week elective block in OMS-III and OMS-IV can be used as a non-clinical elective. Examples of non-clinical electives include, but are not limited to, research and anatomy. One four-week block in the OMS-IV academic year may be designated as an Independent Study Course to prepare for the COMLEX-USA Level 2 board exams. The non-clinical electives must be approved by the Office of Clinical Education. Student preferences will be accommodated when possible. Students cannot complete two non-clinical blocks consecutively in the OMS-IV academic year. Blocks 1-5 should be dedicated for auditions and clinical rotations, with the exception of the Independent study month and interview weeks. Also, during the OMS-IV academic year, either block 9 or block 10 must be a clinical rotation. The Office of Clinical Education has sole authority in determining each student's final schedule of rotations.

Core Rotation Schedule Changes

The Office of Clinical Education is responsible for scheduling and tracking over 3000 individual clinical rotations each year. Consequently, the Office will be unable to accommodate any change in core rotations once the schedule has been published and distributed to core training sites. On occasion, scheduling changes will be necessary due to unexpected changes in the availability of a preceptor. Such changes will be made by the Office in cooperation with the RAC coordinator and Regional Assistant Dean (RAD). Students affected by any necessary changes will be notified as soon as scheduled revisions are confirmed. If the student's schedule requires a spoke rotation, the housing will be provided, or the preapproved rental amount will be reimbursed by the school (after submitting the receipt) only if the spoke rotation location is at least 60 miles away from the student's home RAC city. There are no additional funds provided for mileage.

Scheduling Emergency Medicine Rotation

OMS-IV students may complete their required Emergency Medicine rotation in a Burrell RAC, or outside of a Burrell RAC. The Emergency Medicine rotation must be a general Emergency Medicine rotation. Pediatric Emergency Medicine and other Emergency Medicine subspecialties are not approvable for this requirement. The College requires Affiliation Agreements for this rotation. Students must work closely with their fourth-year coordinators to schedule this rotation in order to successfully meet the curriculum requirements for graduation, and to ensure preceptors outside of a GME program are board-certified in the specialty they are practicing.

Scheduling Selective ICU and SUB-I Rotations

Students generally complete their required Selective Sub-I rotation outside of Burrell's affiliated hospitals, with a residency program(s) in any specialty. Students may complete their Selective ICU rotation in a Burrell RAC, or outside of a Burrell RAC. The Selective-ICU rotation may include, but is not limited to ICU, PICU, NICU. The College requires Affiliation agreements for both of these rotations. Students must work closely with their fourth-year coordinators to schedule these rotations in order to successfully meet the curriculum requirements for graduation, and to ensure preceptors outside of a GME program are board-certified in the specialty they are practicing

Scheduling Elective Rotations

Electives can be completed in any discipline. Elective rotations may be completed within, or outside of the RACs and with any licensed practicing physician approved by the Office of Clinical Education. Students are not allowed to do any rotations with a family member or any preceptor where there is a conflict of interest. Students may not rotate with the same preceptor for more than one elective (four weeks) in an academic year. All requests for elective rotations must be submitted to the Office no later than sixty (60) days prior to the start of the rotation period. Failure to observe this timeline will result in the student being assigned to a rotation at the discretion of the Office.

Students who have been approved for an away rotation by the Office of Clinical Education may not cancel the rotation without first receiving approval from the Office.

If the student is on a rotation outside of the RAC, it is the student's responsibility to secure the evaluation. All evaluations must be completed by an attending physician. If the evaluation is not submitted within two weeks of the end of rotation the student may not receive credit for that particular clerkship and may be required to do an extra rotation. The Office of Clinical Education is available to assist the student in the process of getting the evaluation, upon request.

The College provides liability insurance for students for all approved elective rotations. However, the student is responsible for any additional costs including but not limited to housing, travel, tuition, and any required insurance coverage in excess of that provided by the College.

Alternatives for Elective Rotations

Elective rotations may be served in any field of clinical medicine. Alternatively, students may serve one four-week elective period engaged in non-clinical activities such as research or anatomy subject to approval by the Office of Clinical Education. The supervising faculty must be approved

by the Office of Clinical Education and provide a brief description of the student's proposed activity including the anticipated scholarly product of the experience.

International rotations – the only International Rotations that may be approved for elective credit are the ones offered through the Office of Clinical Education and approved by the Dean's Office.

Choosing the Elective Rotations

In general, the College's core preceptors are not available for elective rotations. For electives within the College's RACs, students must complete the RAC elective request form, the link to which will be sent to the students. Students cannot contact the in-RAC preceptors directly. Preceptors outside of the College's RAC may be contacted directly by the student. Students must submit the name and contact information of the preceptor as well as any hospitals or other facilities in which the preceptor practices, to the Office of Clinical Education. The elective rotation should not be considered approved until the student receives confirmation from the Office of Clinical Education.

Applying for rotations at Medical Schools or GME Programs

Students may apply for rotations at accredited medical schools and graduate medical education programs. These rotations are often used to "audition" the GME programs. Each training site will have its own application guidelines, deadlines, and processes, which typically can be found on the institution's or program's website. Please note that the application process will vary with different programs and can be time-consuming. It is the responsibility of the student to ensure that any application packet is received by the host program. Students are responsible for any application fees.

Visiting Student Learning Opportunities (VSLO)

VSLO program is designed for medical and public health students to pursue short-term learning opportunities in locations away from their home institutions. This service allows students to submit just one application for all participating institutions. Visiting opportunities can provide exposure to new educational experiences and a chance to explore residency opportunities. Students may sign into VSLO after being granted authorization from the Office of Clinical Education. Once granted, students will receive the "VSLO: New User Instructions" email containing a username, sign-in details, and instructions for using the software.

Clinician Nexus

Clinician Nexus is a secure platform to apply for fourth-year rotations at HCA facilities across the United States. Students may search for Electives, Auditions, or Sub-Internships. All students will have to complete a background check and drug screen through Pre-Check at their own cost. This is a one-time cost to the student, and the results will follow the student to all rotations at an HCA facility. There is no cost for students to sign up for an account and no cost to apply for HCA rotations. Students may create their account at any time by visiting <https://app.cliniciannexus.com/>

Procedure/Clinical Skills Log

Students are required to utilize the Procedure and Diagnosis Log (Px Dx) in New Innovations to record procedures as they are performed. The log will serve as a method for students to track their performance of common procedures typically encountered during clinical rotations. Many

residency programs will request a list of procedures performed by students. In addition, the log will serve as a tool to assist the College in evaluating the clinical experiences received by students at various training sites. A list of common procedures is listed in New Innovations under the Px Dx menu.

All courses have minimum performance requirements. Please consult the individual course syllabus to determine these requirements.

Assessment and Grading for Core Clerkships

Assignment of Grades

A grade for each third- and fourth-year rotation/course will be assigned by the Clerkship/Course Director or her/his designee. A letter grade of P-Pass, F-Fail, or H-Honors will be assigned for each core clerkship.

All grades are final as recorded by the department and cannot be appealed or changed unless the student identifies a process error. Please see standard operating procedure AA.004 regarding a request for a grade review.

The following is general information regarding core clerkship grading. Students are encouraged to review individual syllabi for full details as to the grading rubric for courses/clerkships.

Elements of Core Clerkship Grading

Each core clerkship will have three elements contributing to the final grade and each element must be individually passed to Pass the clerkship:

- Clinical Performance-Preceptor Evaluation(s)
- Professionalism
- Cognitive Performance-COMAT

Clinical Performance-Preceptor Evaluation(s) will be graded by the supervising preceptor. This assessment (see Student Assessment Forms) includes eight (8) questions designed to assess academic skills and core competency acquisition. Students are expected to achieve a score of 3, 4, or 5 for each domain. An average score of at least 2.85 on all observed skills and competencies must be obtained to pass this element.

Professionalism is a graded component in every clerkship evaluation. Students must receive a minimum score of three (3) on the preceptor's assessment of Professionalism (Question 5) to pass this element.

Cognitive (COMAT) Performance will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student's raw score. A minimum raw score of 85 is needed to pass this element.

Eligibility to sit for COMAT

Students must complete the following prerequisites to be eligible to sit for COMAT. Please reference the specialty syllabi, as they contain specific requirements:

- a) Students must pass, with at least 70%, the associated specialty Quiz in Lecturio. This test is timed. In case of failure, the student will have a chance to retake the quiz. The student will not be penalized for failing the quiz for the first time. The passing grade for the quiz must be received **by 11:59 PM on the last Wednesday of the clerkship**. If a student fails the first attempt, one additional attempt will be granted before the deadline.
- b) Completion of all case modules is required to sit for COMAT. The deadline to complete the cases is **11:59 PM on the last Wednesday of the clerkship**.
- c) Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 11:59 PM on the last Wednesday of each rotation**.
- d) Students must submit the completed mid-point evaluation into the learning management system **by 11:59 PM on the second Sunday of each rotation**. This assessment includes eight (8) questions from the Clinical Performance evaluation, designed to assess academic skills and core competency acquisition. The purpose of this evaluation is for the student to receive feedback from the preceptor at the mid-point of the rotation, so they may improve over the course of the second half of the rotation. The student is responsible for obtaining the evaluation from their preceptor at the end of week two of all clinical rotations, and it must be uploaded into the learning management system (Leo) for the Clerkship Directors to review. A sample form is located at the end of this document.
- e) Students must complete clerkship evaluation(s) in New Innovations. Students are required to complete evaluations in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. An annual summary of student comments will be reported **anonymously** to preceptors and training sites to assist them in making improvements to the rotations that they provide. **The evaluations must be completed by 11:59 PM on the last Wednesday of each rotation.**

Failure to complete any of the pre-requisites for COMAT eligibility in a timely manner will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Corrective Action.

Students are required to arrive to their scheduled COMAT exam prior to the designated start time. Failure to adhere to this may result in a finding of non-professional conduct and may lead to a Corrective Action.

Failure of a Core Clerkship

Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism), including two failures of the same element, above will result in a failure of the entire clerkship and

the student will be referred to Student Performance Committee (SPC) with recommendations from Clerkship Director. Remediation for OMS III and OMS IV core rotations entails a repeat of the rotation. Remediation is determined at the discretion of the course director. A failing grade for the rotation remains on the transcript. If remediation is successful, the new passing grade will be applied to the transcript along with the original failure.

Failure of the Professionalism element may result in a Professionalism Corrective Action, or failure of the entire Clerkship, as determined by the Clerkship Director.

Students who fail a clerkship are ineligible for an Honors (H) designation in that specialty.

Corrective Action for a Core Clerkship

Failure of one element of rotation grading generally does not constitute a failure of the entire clerkship. When a student does not meet expectations for a clerkship/course as defined in clerkship syllabi, the College may require a student to engage in corrective action to remedy the deficient academic grading requirements. The opportunity to engage in corrective action for the one element failed is at the discretion of the clerkship director of the specialty. This may occur at the end of a clerkship or in the middle of a clerkship/course.

If a student successfully completes the corrective action process, as determined by the Clerkship Director, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade (from I (Incomplete) to P). If all assignments within the corrective action process are not completed successfully by the deadline the student will receive a failed grade (F) for the clerkship/course and will be referred to SPC for Failure of a Clerkship. Students who are provided a corrective action opportunity are ineligible for an Honors (H) designation in that specialty.

Attainment of Honors

Attainment of Honors (H) for each core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of the academic year when all final assessments have been recorded. The Clerkship Directors will identify the top 10% of students who will receive the honors designation.

For information pertaining to the Honors designation process, please refer to;
<https://burrell.edu/CE016/>

All OMS-III requirements must be successfully completed to advance to OMS-IV. The need to repeat any failed clinical rotation(s) may result in a delay in graduation.

Assessment and Grading for Non-Core Clinical and Non-Clinical Rotations, Elective Courses and Longitudinal Courses

Non-Core Clinical and Non-Clinical Rotations, Elective Courses and Longitudinal courses shall only be graded as P-Pass or F-Fail. There are no Honors (H) designations for these courses. Please refer to individual course syllabi for grading information. Failures are referred to the Student Performance Committee. Remediation for OMS III and OMS IV clinical and non-

clinical rotations entails a repeat of the rotation. Remediation is determined at the discretion of the course director. A failing grade for the rotation remains on the transcript. If remediation is successful, the new passing grade will be applied to the transcript along with the original failure. Successful remediation of OMS III or OMS IV elective courses and longitudinal courses will be applied a designation of “PX” for a Pass/Fail course. If remediation is unsuccessful, the failing grade remains on the transcript.

Please refer to course syllabi for additional information.

Reporting Clinical Rotation Issues

All questions or issues regarding clinical rotations are to be directed by email to the appropriate RAC coordinator or RAD. The Regional Academic Center Office will direct each concern to the appropriate pathway for resolution.

Clinical Education Resources on Leo

The Department of Clinical Education maintains year-specific information in Leo for OMS-III and OMS-IV students. This information is useful for current and future rotations. FAQ documents including important guidelines for OMS-IV, malpractice documents, elective rotation processes, required forms, etc. are posted. Both resources are maintained and updated regularly by the Office of Clinical Education.

Immunization and Compliance

Students are required to maintain and update proof of current immunizations, criminal background check, drug screen, and any other required documentation by the required deadlines. All documentation must be current in order to be considered compliant. Students who are not in compliance with the College’s or clinical teaching site requirements will not be allowed to start and/or continue (students will be pulled off) clinical rotations, which will result in an unexcused absence for each day a student is not compliant. Any unexcused absence may result in a failure of the rotation and may delay graduation. Students who are not in compliance with their immunizations, criminal background checks, or drug screens may be subject to a summary suspension which may result in a delay of graduation.

Hospital Rules and Regulations

Each hospital/health care system has unique rules and regulations. Medical students should familiarize themselves with and adhere to these protocols during clinical rotations. Students must respect and follow all policies regarding the use of hospital facilities, dress codes, housing, and any other hospital resources. All hospital equipment including identification badges, pagers, keys, and library materials must be returned before leaving a clinical rotation. Students are financially

responsible for any damage to or loss of hospital property.

Patient Care Activities and Supervision

Medical students will be required to participate in patient care activities throughout the course of the curriculum. Students engage in clinical rotations as *active participants* in direct patient care under supervision. Supervised patient care activities will be described in individual course syllabi and will occur at a number of different locations where patient care is provided. The College will determine the learning objectives of each activity and ensure that objectives can be reasonably achieved at the assigned venue. The clinical site and supervising faculty, however, retain the authority to stipulate the degree of student involvement in patient care activities. Students must comply with all of the general and specific rules established for health care delivery by the hospital, clinic or facility at which they are being trained.

A medical student is not legally or ethically permitted to practice medicine or assume responsibility for patient care. A student may be involved in assisting in the care of a patient, but only under the supervision of a licensed health care provider. The attending provider is responsible for the medical care of the patient. A student may not administer therapy or perform procedures, except under the supervision of a licensed provider (preceptor) working within the recognized scope of their training. Depending on the nature of the service being provided, the preceptor will ascertain the student's competence and degree of participation. The preceptor or qualified designee shall always be immediately available to the student when patient care is being provided. Patient interview (history taking) and physical examination may be performed without the preceptor in the room if the student is so directed. Students must have a chaperone in the room for sensitive examinations, treatments or procedures involving breasts, genitalia and rectum. These exams should employ appropriate disrobing and draping procedures that respect the patient's privacy. Such examinations shall only be performed with the knowledge and consent of the supervising physician and permission of the patient. It is also recommended that chaperones are present whenever the student is uncomfortable with a patient's behavior in conjunction with performing a sensitive examination. A clear explanation of the nature of any examination or treatment must be given to the patient.

Medical Records/Charting

Medical record documentation will vary from one clinical training site to another. Nearly all sites use an electronic health record (EHR) but not all EHRs are constructed the same. Students are given access to the record, but some sites may not allow students to enter information into the record. Students will be given an orientation to each site's access policies and be provided with a password where needed.

All entries in the medical record must be dated and timed when the entry is made. Additionally, the date and time that the patient encounter actually occurred should be stated. The person making the entry must be clearly identified (printed name) and must sign or initial the entry as required by the facility. Any corrections should be made by making a single line through the statement that is

in error, followed by initials, date, and time of the applied strikethrough. Any subsequent additions to a previously written note must also have the date and time of the new entry and the initials of the person making the edits.

The medical record is a legal document. Any fraudulent entry will be considered a breach of professional ethics and will subject the offender to disciplinary and, potentially, legal action.

The Centers for Medicare and Medicaid Services (CMS) has published the following requirements for teaching physicians regarding medical record documentation by students:

Any contribution and participation of students to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision-making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

These guidelines are now generally accepted by all third-party payers (insurance companies) and are an expected practice by all hospitals and health centers. Your preceptor will be provided with these guidelines.

To see the detailed Guidelines for Burrell Student Access and Use of Electronic Health Records please see the attachment below.

Letters of Recommendation (LoR)

Students are encouraged to approach every clerkship experience with enthusiasm and professional dedication to their role in delivering the highest level of patient care. As you move from rotation to rotation you will find some that engage you more than others and your view of your future residency training will come into focus.

Each rotation and each preceptor should be treated as though this will be the career of your choice. With this approach, you should feel comfortable requesting letters of recommendation from most of your preceptors and have them ready when it is time to submit your residency applications. The Electronic Residency Application Service (ERAS) requires all such letters to be submitted directly online by the author. You will be provided with instructions on how to extend those invitations and instructions for the author on how to upload the letter as you enter OMS-III. Until then, it is appropriate to ask a preceptor if they will be willing to provide a letter of recommendation towards the end of your time with them. If so, inform them that they will be sent an invitation to submit their letter through ERAS along with documentation that you will be emailing them to assist the letter writer with more information on you.

Student Assumption of Risk

By entering into an agreement with the Burrell College of Osteopathic Medicine to engage in your osteopathic medical education you are voluntarily consenting to participate in educational activities, including required clinical skills experiences, with an understanding of the inherent risks, both known and unknown, associated with your professional training and the practice of medicine. As a medical student at the College, you acknowledge and assume responsibility for the inherent risks of adverse health events due to the nature of the general training and the specific clinical patient care environments. These risks may include, but are not limited to, occupational hazards and injuries, the transmission of communicable diseases, blood-borne pathogen exposure, emotional stress, and bodily injury.

BURRELL COLLEGE of OSTEOPATHIC MEDICINE

Burrell COM Mid-Point Evaluation Form Block # (1-12): _____

Student Name: _____ Preceptor Name: _____

Rotation (circle one) **Core or Elective**

Specialty (circle one) **IM FM Surgery OBGYN Pediatrics Psychiatry EM Other**

STUDENT SELF-REFLECTION

Your Clinical Strengths	Your Clinical Weaknesses
Your Clinical Goals	

THIS PORTION MUST BE COMPLETED BY THE PRECEPTOR

Objective	Needs Significant Improvement	Progressing Well Towards Standard	Definition of outstanding performance
Patient Care			This student demonstrates appropriate time management and patient evaluation (H&P) skills relevant to differential diagnosis and treatment.
Medical Knowledge			This student's knowledge base is as expected for this point in development; the student is committed to learning, and has an understanding of complex problems.
Practiced-Based Learning and Improvement			This student is able to demonstrate an understanding of clinical practice evaluation and evidence-based medicine, and is receptive to relevant feedback.
Interpersonal and Communication Skills			This student is able to communicate effectively with patients, families, and members of the healthcare team, including relaying patient presentations and maintaining appropriate documentation.
Professionalism			This student shows compassion, respect, and honesty, understands their role, and considers needs of others. [Examples: timeliness; teamwork; appropriate dress; pertinent rotation preparation; professional demeanor]
Systems-Base Practices			This student understands cost-effective healthcare, the existence of system complexities, and the need for care coordination.
Osteopathic Principles and Practice			This student can complete a structural exam, employ appropriate osteopathic manual skills, while correlating Osteopathic philosophy into disease entities.
Interprofessional Education			The student as a member of the health care team: This student routinely recognized the contributions of other professionals and allied services and participated in a team approach to providing patient care.

Do you have any concerns about the student?*

NO **YES**

Preceptor Summary: *required if marked "Yes" above

Student Printed Name

Preceptor Printed Name

Student Signature Date

Preceptor Signature Date

*The purpose of this evaluation is to identify the student's strengths and weaknesses so that adequate time remains to correct problems and to give the students the opportunity to improve performance.

*A copy of this evaluation must be on file prior to receiving final grade.

*The student must upload the completed and signed form into Leo for Clerkship Director's review. (Due Second Sunday of rotation at 11:59 pm)



Subject Name

Class of ----
Rotation: Location
Evaluation Dates

Evaluated by: **Evaluator Name**

Class of ----

Preceptor Evaluation of Student

1* This student demonstrates appropriate time management and patient evaluation (H&P) skills relevant to differential diagnosis and treatment. (Patient Care)

Strongly Disagree (1) (The student consistently struggles to manage time effectively during patient evaluations and often fails to consider key aspects of differential diagnosis, resulting in inefficient or incomplete patient assessments.)	Disagree (2) (The student occasionally demonstrates time management issues, often missing important steps in the patient evaluation process, which affects the accuracy and thoroughness of the differential diagnosis.)	Neutral (3) (The student demonstrates adequate time management in patient evaluations, but does not always prioritize or identify all relevant aspects of the differential diagnosis.)	Agree (4) (The student manages time well during patient evaluations and is usually able to assess and consider key factors in the differential diagnosis, resulting in effective and appropriate treatment decisions.)	Strongly Agree (5) (The student consistently demonstrates excellent time management and patient evaluation skills. All relevant factors to the differential diagnosis and treatment are thoroughly considered, leading to accurate and timely care decisions.)
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Comment

2* This student's knowledge base is as expected for this point in development; the student is committed to learning, and has an understanding of complex problems. (Medical Knowledge)

Strongly Disagree (1) (The student demonstrates a lack of foundational knowledge for this stage in development and shows little commitment to learning. They struggle to understand basic or straightforward problems, and have difficulty applying concepts to more complex issues.)	Disagree (2) (The student has gaps in their knowledge base, falling behind expectations. While there is some effort to learn, they struggle with understanding and addressing more complex problems and often require additional support to grasp key concepts.)	Neutral (3) (The student demonstrates an adequate knowledge base and shows commitment to learning. They understand some complex problems but may need additional guidance to fully grasp or apply more challenging concepts.)	Agree (4) (The student's knowledge base is solid. They demonstrate a strong commitment to learning and can effectively understand and apply complex problems, though they may need occasional support to navigate especially challenging issues.)	Strongly Agree (5) (The student consistently demonstrates a deep and thorough knowledge base that exceeds expectations. They are highly committed to learning, regularly seek out new knowledge, and can analyze and solve complex problems, with confidence and independence.)
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Comment

3* This student is able to demonstrate an understanding of clinical practice evaluation and evidence-based medicine, and is receptive to relevant feedback. (Practice-Based Learning and Improvement)

Strongly Disagree (1) (Student does not utilize evidence based medicine, is not receptive to associated feedback and does not use it to improve practice.)	Disagree (2) (Student rarely utilizes sources to assist in generating care plans, sometimes accepts feedback, and infrequently modifies practices.)	Neutral (3) (Student utilizes some sources when forming case plans, accepts feedback, and integration improves over time.)	Agree (4) (Student utilizes multiple sources to inform care plans and regularly seeks feedback, showing improvement in practice.)	Strongly Agree (5) (Student integrates multiple sources to develop patient care plans based on current medical evidence, while actively seeking and reflecting on feedback, making significant practice improvements.)
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Comment

4* This student is able to communicate effectively with patients, families, and members of the healthcare team, including relaying patient presentations and maintaining appropriate documentation.

(Interpersonal and Communication Skills)

Strongly Disagree (1) (The student struggles to communicate clearly with patients, families, and team members. They often have difficulty presenting patient information and fail to document key details accurately, leading to misunderstandings or gaps in care.)	Disagree (2) (The student has difficulty communicating effectively with patients, families, and healthcare team members, often failing to relay patient presentations clearly. Documentation is inconsistent, with important details sometimes missing or unclear.)	Neutral (3) (The student communicates with patients, families, and team members. Patient presentations and documentation are generally accurate, though they could be more thorough or consistent at times.)	Agree (4) (The student communicated well with patients, families, and members of the healthcare team. They can effectively relay patient presentations and maintain clear, accurate documentation, though there may occasionally be room for improvement in clarity or completeness.)	Strongly Agree (5) (The student excels in communication with patients, families, and the healthcare team. They consistently present patient information clearly and accurately, and their documentation is thorough, clear, and consistently aligned with the care plan.)
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Comment

5* This student shows compassion, respect, and honesty, understands their role, and considers needs of others. [Examples: timeliness; teamwork; appropriate dress; pertinent rotation preparation; professional demeanor] (Professionalism)

Strongly Disagree (1) (The student displays unprofessional behavior, with little insight or remorse, lack of compassion, respect, honesty, and cultural awareness, and actions concerning for their future dependability.)	Disagree (2) (The student lacks initiative in contributing to teamwork, rarely communicates with team members, and lacks awareness of cultural diversity and an understanding of their role. They rarely displaying compassion, respect, and honesty.)	Neutral (3) (The student generally demonstrates compassion, respect, and honesty and understands their role in most situations. They display overall professional conduct and respect for the health care environment.)	Agree (4) (The student develops a good rapport with staff and colleagues and shows reliability and the ability to be flexible. Communication is bidirectional and the student understands their role, while displaying compassion, respect, and honesty.)	Strongly Agree (5) (The student demonstrates dependability, a high level of ethical and professional conduct, and communication that always incorporates compassion, respect and honesty.)
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Comment

6* This student understands cost-effective healthcare, the existence of system complexities, and the need for care coordination. (System-Based Practices)

Strongly Disagree (1) (The student shows little understanding of cost-effective healthcare and the complexities of the healthcare system. They rarely consider the need for care coordination, lack the ability to identify resources, and may overlook important factors related to cost and system inefficiencies.)	Disagree (2) (The student demonstrates limited understanding of cost-effective healthcare and system complexities. They acknowledge the importance of care coordination, but often fails to apply this understanding and has difficulty identifying appropriate resources.)	Neutral (3) (The student has a basic understanding of cost-effective healthcare and the complexities of the healthcare system. They recognize the need for care coordination and promote resources, but may not consistently prioritize these aspects in their clinical experiences.)	Agree (4) (The student demonstrates a solid understanding of cost-effective healthcare, including the complexities of the healthcare systems and the importance of case coordination. They frequently apply this understanding to their experiences and promote appropriate resources, though there may be occasional room for improvement.)	Strongly Agree (5) (The student consistently demonstrates an in-depth understanding of cost-effective healthcare, the complexities of the healthcare system, and the essential need for care coordination. They routinely consider these factors in their clinical experiences and seek, promote, and coordinate appropriate resources, prioritizing both patient outcomes and system efficiency.)
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Comment

7* This student can complete a structural exam, employ appropriate osteopathic manual skills, while correlating Osteopathic philosophy into disease entities. (Osteopathic Principles and Practice)

Strongly Disagree (1) (The student does not recognize or employ osteopathic principles of health care that support wellness, self-healing, and identification and management of somatic dysfunction. OMT is unsatisfactory and needs significant improvement.)	Disagree (2) (The student rarely recognizes and employs osteopathic principles of health care that support wellness, self-healing, and identification. Management of somatic dysfunction with OMT needs improvement.)	Neutral (3) (The student sometimes recognizes and employs osteopathic principles of health care that support wellness, self-healing, and identification and management of somatic dysfunction, with satisfactory OMT.)	Agree (4) (The student recognizes and employs osteopathic principles of health care that maximize wellness, self-healing, and identification and management of somatic dysfunction, with OMT that is usually appropriate.)	Strongly Agree (5) (The student routinely recognizes and employs osteopathic principles of health care that maximize wellness, self-healing, and identification and management of somatic dysfunction with consistently appropriate OMT.)	Not Observed
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Comment

8* The student as a member of the health care team: This student routinely recognized the contributions of other professionals and allied services and participated in a team approach to providing patient care. (Interprofessional Education)

Strongly Disagree (1) (The student rarely acknowledges the contributions of other professionals or allied services. They tend to work in isolation, showing little interest in collaborating with the healthcare team and contributing to a coordinated approach to patient care.)	Disagree (2) (The student occasionally recognizes the contributions of other professionals and allied services but tends to focus primarily on their own role. They participate in the team activities but may not consistently collaborate or contribute to a team-based approach to patient care.)	Neutral (3) (This student is aware of the several disciplines and supporting professions available to affect complete patient care and is willing to participate in a team approach.)	Agree (4) (The student understands the contributions of other professionals and allied services. They actively participate in a team approach to patient care and collaborate well with other healthcare team members to provide comprehensive care, though there may occasionally be opportunities to further enhance their engagement.)	Strongly Agree (5) (The student routinely and actively recognizes the contributions of other professionals and allied services, consistently promoting a team-based approach to patient care. They engage thoughtfully and effectively with the healthcare team, demonstrating strong collaborations skills and contributing to a coordinated and holistic care plan.)
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Comment

9* Did the student have an opportunity to rotate with a resident or intern during this rotation?

Yes
 No

10* Please, comment on how the student performed in your specialty: (The comment below may be used on the student's Dean's Letter).

11 Please, comment on how the student performed in your specialty: (The comment below will NOT be used on the student's Dean's Letter).

12* By submitting this evaluation I attest that I have NOT established a patient care relationship with this student.

Yes

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

Guidelines for Student Access and Use of Electronic Health Records

The Burrell College of Osteopathic Medicine is committed to developing physicians and physician associates who excel in the patient-centered use of electronic health records (EHRs). Accordingly, students must learn effective and appropriate use of EHRs in order to assume roles of increasing responsibility. The following constitute guidelines for the appropriate use of EHRs by medical and physician assistant students; however, there may be exceptions to these guidelines.

In all cases, it is expected that students will use their best judgment in order to preserve patient privacy and abide by college and hospital policies. Access to patient records for purposes beyond the scope of academic, clinical or research roles is potentially a serious violation subject to discipline under HIPAA policies and disciplinary procedures. Furthermore, students are reminded that college policy prohibits users from logging into, entering data, or using clinical systems under another person's log in credentials.

1. Students should access and use the EHRs of the following patient groups:
 - a. Patients in the care of the student's assigned team, for the purposes of patient care (e.g., documentation, review of pertinent history, preparation for rounds) and educational assignments (e.g., case write-ups).
 - b. Patients in the care of another medical team on the same unit or ward as the student, if directed by their attending or resident for patient care needs (e.g., cross-coverage on weekends).
 - c. Patients who are not in the student's care or the care of the student's assigned team but who have medical findings of high educational value as determined by a senior member (e.g., chief resident, attending) of the patient's medical team. In this case, the student should access only the minimum necessary components of the EHR and always under the supervision of the senior member of the team.
 - d. For research purposes in accordance with an IRB-approved protocol.
2. Students must recuse themselves from accessing the EHRs, or participating in the care of the following patient groups:
 - a. Physician members, residents, or fellows who are known to the student or who have had or may potentially have a professional or supervisory relationship to the student in the future.
 - b. Fellow health professional students or their family members.

- c. Friends or family members of the student.
3. For educational purposes, a student may access the EHR of a patient in his or her care for up to 30 days following completion of the student's involvement in the patient's medical care. This access is limited to:
- a. Academic or educational use (e.g., completion of assigned case write-ups, follow-up on diagnostic tests).
 - b. The minimum necessary components of the EHR, pertaining only to conditions for which the student participated in the patient's medical care.
4. Students should be aware of the effects of EHR use on patient encounters, and should strive to observe, practice, and attain skills in:
- a. Visit organization using an EHR.
 - b. Verbal and nonverbal behavior while using an EHR.
 - c. Patient education, shared decision-making, and sending information to the interprofessional team using an EHR.¹

Reference

¹Wald et al (2014). Electronic Health Record Training in Undergraduate Medical Education: Bridging Theory to Practice with Curricula for Empowering Patient- and Relationship-Centered Care in the Computerized Setting. *Academic Medicine* 89 (3): 380-386.