

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

Monitoring COCA Requirements During Rotation (6.10)

SOP #: CE.19.00

Effective Date 9/1/2023

Last Revision/Review

1. Purpose

The purpose of this procedure is to provide guidelines to the OCE staff for maintaining internal control and oversight of COCA requirements during clinical rotations.

2. Related Policy/Authority

BCOM Policy: B6060

BCOM SOP: CE.006.03

3. Faculty/Staff Responsibilities

RAC Coordinator

Regional Assistant Dean

Assistant Director of Clinical Education

RAC Liaison

Director of Clinical Education

Associate Dean of Clinical Education

4. Definitions/Abbreviations

OCE – Office of Clinical Education

RAC – Regional Academic Center

RAD – Regional Assistant Dean

5. Procedural Steps

5.1. Rotation with a Resident:

Every third-year student is scheduled to rotate with a resident during at least one core rotation by the RAC coordinators. The RADs identify the clinical teaching site(s) and preceptor(s) where these rotations will meet the requirement. The schedules are reviewed and approved by RAD and RAC Liaison prior to posting on New Innovations. During the first week of this rotation, the RAC Coordinators will confirm with an email or phone call to the student that a resident is present at this rotation. The resident rotation will be monitored through the year to ensure no changes occur to the confirmed resident rotations.

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

5.2 Rotation with a DO:

Every third-year student is scheduled to rotate with an Osteopathic Physician during at least one core rotation by RAC coordinators. The schedules are reviewed and approved by RAD and RAC Liaison prior to posting on New Innovations. The DO rotation will be monitored through the year to ensure no changes occur to the confirmed DO Rotations.

5.3. Rotation in an inpatient setting:

Every third-year student is scheduled to rotate in an inpatient setting during Internal Medicine I and Surgery I rotations by RAC coordinators. The schedules are reviewed and approved by RAD and RAC Liaison prior to posting on New Innovations. The inpatient rotation will be monitored through the year to ensure no changes happen to the confirmed Rotations.

5.4. Process for Internal Control of the COCA Requirements:

5.4.1. Two weeks after each rotation, the RAC liaison will confirm that the completed rotations met the following COCA requirements:

- a) Rotation with a DO
- b) Rotation with a Resident
- c) Rotation in an inpatient setting

The confirmation will happen by reviewing the evaluation responses in the SSR reporting system (this also may include reviewing the responses in New Innovations system). Assistant Director will ensure that evaluations are submitted by the 2-week mark.

5.4.2. Upon the start of the second semester (January), the RAC Liaison will identify deficiencies and alert the Associate Dean of Clinical Education if there is a need to reschedule any students to meet all of the above COCA requirements.

5.4.3. The OCE will make necessary schedule changes to ensure all the requirements are met. If the student is required to move to another RAC, the housing will be provided to the students, or the preapproved amount will be reimbursed upon submission of the receipt.

5.4.4. 120 days before the end of academic year (March 1), Director of Clinical Education will start working on finalizing the report for the compliance office.

5.4.5. 60 days before the end of an academic year (May 1), The final report will be presented to the Associate Dean of Clinical Education. After his/her review and approval the report will be filed in the shared drive (K: Clinical Affairs), under the specific cohort folder. An email notification will be sent to the compliance office, notifying that the final report has been filed and placed in the shared folder. The final report will include the rotations with an Osteopathic Physician, rotations with a resident, and rotations in an inpatient setting.

6. Reports/Charts/Forms/Attachments/Cross References

Identify if any reports are required to include data elements.

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

[Place Hyperlinks or Attachments Here]

7. Maintenance

The policy will be maintained by the Office of Clinical Education and reviewed as needed.

8. Signature

Approved by

9/7/2023

Department Head of Clinical Education

Date

9. Distribution List

Internal/External

10. Revision History

Revision Date	Subsection #	Summary of Changes	New/Cancellation/Replacement Procedure? (if applicable)	Approval Date
1	[e.g., 3.1]			