



Emergency Medicine Clerkship OM8114 Rotation Syllabus

CLASS OF	2026
DATES	2025-2026
CREDIT HOURS	4
CONTACT HOURS	160
ASSESSMENT TOOLS	Clinical Performance-Preceptor Evaluation(s) Professionalism Cognitive Performance – COMAT
TRANSCRIPT CATEGORIES	Honors/Pass/Fail
LOCATION	Rotation Site
INSTRUCTOR OF RECORD	Oliver W. Hayes, DO
COURSE Coordinator	Valerie Morales

Course Description

This clerkship provides experience in caring for patients who present to the Emergency Department with a variety of acute and subacute problems. The emphasis is on learning to stabilize and correctly triage critically ill and injured patients, as well as common emergent conditions. The Emergency Medicine rotation is designed to introduce students to the principles of acute care medicine, and provide students an opportunity to evaluate patients as well as formulate effective testing and treatment strategies. Active participation in patient care and procedural skills is emphasized. The course consists of experiences in patient care, assigned readings from emergency medicine references, weekly case reviews and a final evaluation.

Introduction

Welcome to the Emergency Medicine Service. This rotation is a balance of clinical encounters, clinical case reviews and reading assignments. This blend of experiences will provide you with a foundation in the approach to urgent/emergency conditions. You will find our emergency department physicians to be easily approachable and readily available, but you ultimately will determine what your experience will be. The more interest you demonstrate in learning, the more teaching you will receive.

Traditionally, the majority of medical schools offer clinical emergency medicine rotations for medical students who have completed their core third-year rotations which is consistent with Burrell College of Osteopathic Medicine Emergency Medicine Clerkship. As an acute care rotation, the emergency medicine clerkship will provide you with the opportunity to draw from all of your past clinical experiences when caring for patients. Rotating through a busy emergency department can be a daunting task for any medical student. New residents, faculty, ancillary staff, or even perhaps a new hospital can all add to the unease associated with starting a clinical rotation. The emergency department is at times chaotic, with numerous unexpected emergent patient presentations and distractions. Emergency medicine specialty operates in an environment that is different from both the ambulatory care and inpatient settings; in that the doors to the emergency department (ED) never close. The patient volume, high acuity, and varied pathology all add to the challenge of practicing emergency medicine. In addition, the shift work scheduling of students can lend itself to educational challenges. On the one hand, you may have limited continuity with your preceptor; on the other hand, your clinical schedule usually affords you the opportunity to work with many different physicians. Every shift is different and can bring with it a wealth of educational and patient care–related opportunities. Because of the hectic and sometimes frenzied pace of the emergency department, it is important to understand your role while caring for patients. Many clinical rotations allow a medical student to function in a role similar to that of a junior house officer (also known as a first-year resident) with additional guidance and supervision. In the emergency department, you will have the opportunity and responsibility to provide patient care in a structured environment under the direct supervision of an attending physician.

As in other clinical rotations, it is imperative to understand your limitations. First and foremost, remember that your attending physician is ultimately in charge of and responsible for the care the patient receives. That being said, it is still likely that as a “student doctor,” you may examine a patient before the attending physician does. This level of autonomy also brings with it inherent responsibility. If during any of your patient encounters, you feel that your patient is “very sick or potentially very sick” (e.g., abnormal vital signs, shortness of breath, chest pain, abdominal pain with peritoneal findings, change in mental status), alert your supervisor immediately. In addition, certain aspects of the physical examination are usually performed in the presence of the attending. Find out whether your supervising physician has a policy or guideline regarding the participation of medical students.

Throughout your medical school, you have performed many histories and physical examinations (H&PEs). Typically, it may take 45 to 60 minutes to perform a comprehensive H&PE. Because the nature of emergency medicine is a complaint driven rather than disease-based specialty, most patients can be evaluated in a focused fashion. Focusing your evaluation to the presenting chief complaint is one of the cornerstones of emergency medicine practice. That being said, this task is not as easy as it appears because of the ingrained nature of the comprehensive approach to the H&PE. Realize that by focusing on your patient evaluation and by being thorough, you may actually increase your efficiency when caring for patients. Undoubtedly, your emergency medicine clerkship should provide you with countless opportunities to further your evaluation and management skills, regardless of your intended career path. Another particularly important aspect of your emergency medicine clerkship is the sign in–sign out transition of care. This is the time when one shift ends and the next begins. The attending physician completing his or her shift signs out any outstanding patient-related issues to the incoming attending: pending test results, patients that need to be reevaluated, dispositions that need to be made, and the like. As a student rotating through the emergency department, the shift change can be a complex and confusing time. Most physicians are trying to tie up a number of loose ends during the last 15 or so minutes of their shifts. Therefore, it is a good idea to try to complete all patient-related tasks promptly when you are nearing the end of your shift, especially if your shift coincides with that of the attending. Your physician director may have a policy regarding your sign in–sign out responsibilities. If not, we offer the following general guidelines to ensure a smooth transfer of patient care at the sign in–sign out transition:

- Try to complete all patient-related duties before the completion of your shift.
- Always inform the attending physician before you leave the emergency department at the conclusion of your shift. This will help to ensure that all patient-related matters have been addressed.
- At the end of your shift, do not sign out to an incoming student unless specifically instructed to do so by the senior emergency medicine resident or attending physician.
- When you start a clinical shift, evaluate the next new patient to be seen.

While rotating through the emergency department, you may see attitudes and behaviors that may be foreign to your own personal value system. You should deal with these as a professional. Every patient that you encounter should be treated as you would want a family member treated. You should also treat all staff members (e.g., physicians, nurses, patient care assistants) with respect, and likewise, you should expect the same in return. While rotating through the emergency department, consider the tips for a successful rotation described below.

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Tips for a Successful Rotation

- Use your resources; if you have any questions, ask the nurses, the emergency medicine resident, or the attending physician.
- Be on time for your clinical shifts.
- Ask for help early on if needed.
- Always be professional in your interactions with patients and staff.
- Always be a patient advocate and offer compassionate care.
- Read about interesting cases.
- Contact the site director or clerkship director if you anticipate any scheduling conflicts or if you have any questions

Keep in mind the added level of responsibility expected of you throughout this rotation. Communicate effectively with both your patients and the staff members involved with their care. Pay close attention to the needs of your patients because you may be in a position to greatly affect their care and the perception of the care provided in the emergency department. Follow your patients closely. Are they comfortable? Are their needs being met? What can you do to further assist with their care? Remember, you are an important part of the health care team.

Lastly, if you are contemplating a career in emergency medicine, this rotation is a great opportunity to see if our specialty is a good fit for you. Talk to the attending physician and seek out the residency director (if there is one). Alternatively, if you are interested in any of the other medical or surgical specialties, an emergency medicine rotation is a great opportunity to expose you to a wide variety of patients and an opportunity to perform basic procedures under direct supervision. Most of all, enjoy the experience.

Duty Hours:

- **Students must complete a minimum of 16 10-hour shifts, or 13 12-hour shifts.**
- This syllabus lists the minimum didactic requirements for rotation. However, you may not work more than five shifts in a row, nor do 'double shifts' or be scheduled for more than four consecutive days off in a row. Additionally, you may not work more than one shift in a 24-hour period. Failure to comply with this will result in further time at the emergency department or a letter to your student file stating that you were unable to follow syllabus directions.
- NOTE: Students cannot be absent the first or last calendar day of the Emergency Medicine Clerkship rotation— requests to be absent will be denied for these days.
 - Time off for any COMLEX examination needs to be requested.

Course Goals

The overall goal of the Emergency Medicine Clinical Clerkship is to enable Burrell College of Osteopathic Medicine students to achieve basic competence as graduate osteopathic medical students in Emergency Medicine. As such, specific goals of the clerkship are:

1. Provide the medical student with the fundamental knowledge base in emergency medicine.
2. Introduce the medical student to basic procedures relevant to the practice of emergency medicine skills such as wound care, suturing, and splinting; as have exposure to advanced skills such as fracture management, central venous lines, acute airway management, and resuscitation.
3. Facilitate an understanding of the approach to acute care clinical problem solving.
4. Promote the acquisition of skills for the diagnosis and management of common simple emergencies.
5. Encourage the continued development of the student's professional attitude and behavior.
6. To develop the basic attitudes, knowledge, and skills for care of injured and/or infirmed individuals of all ages, socioeconomic statuses, and ethnic backgrounds; including disease prevention, recognition of disease presentation, and promotion of optimal health habits;

Course Objectives

Your learning objectives provide you with an educational template necessary to achieve the goals of your rotation. Clerkship objectives are developed on the basis of a combination of perceived educational need, faculty/institutional resources, and proposed national curricular guidelines. The clerkship objectives should be available to all physicians serving as clinical faculty members and directly involved in medical student education.

Your emergency medicine clerkship objectives will provide you with a framework for the clinical and nonclinical expectations that have been set for you by the clerkship director. In general, the majority of your rotation objectives will be met through direct patient care. Understanding objectives of your emergency medicine rotation will allow you to better understand the expectations that your clerkship director has set for you. Taken one step further, the achievement of your rotation goals and objectives will serve as the basis for your summative evaluation at the conclusion of your rotation and assist the clerkship director in determining your final clerkship grade. Reviewing your rotation objectives should not be viewed as a mere formality. The rotation objectives are presented in a core content area format linked to the core competencies, Burrell College of Osteopathic Medicine Guiding Principles and Entrustable Professional Activities.

Although some objectives could logically fall under multiple competencies, for the purpose of organization and clarity, each is placed in only one category. Common clerkship objectives include

a list of core clinical skills that a student will be expected to complete or in which a student will be able to demonstrate some measure of proficiency by the conclusion of the rotation. These can include, but are not limited to, the following:

- Performing a complaint-directed H&PE
- Developing a case-specific differential diagnosis
- Presenting cases in a clear and concise fashion
- Demonstrating an understanding of use and interpretation of commonly ordered diagnostic studies
- Developing and assisting with implementation of appropriate case management plans
- Demonstrating an adequate fund of knowledge
- Demonstrating proficiency with basic procedural skills

Because of the unique nature of emergency medicine, additional specialty-specific objectives may include evaluating the undifferentiated patient, recognizing an immediate life-threatening illness, being aware of worst-case diagnoses, and undertaking proper patient disposition and outpatient follow-up plans. Furthermore, specific objectives may list expectations regarding student-patient encounters, such as evaluating patients with classic chief complaints (i.e., abdominal pain, headache, chest pain, shortness of breath, and back pain) or performing a specific number of selected procedures [e.g., arterial blood gas (ABG) sampling, insertion of intravenous (IV) catheters, laceration repair, phlebotomy]. It is useful for the student to periodically review the clerkship objectives during the course of the rotation and reflect on his or her areas of achievement as well as on any area requiring further attention. As a medical student, you should also consider your own personal goals and objectives. Individual goals should be straightforward and may be as simple as improving electrocardiogram (ECG) interpretation skills, developing proficiency in phlebotomy, learning how to clinically clear the cervical spine of a patient with neck pain, and the like. Regardless of your intended career path, an emergency medicine rotation can expose you to interesting and diverse pathology. In summary, review your emergency medicine clerkship goals and objectives at the beginning of the rotation. Discuss your personal goals with your supervising physicians so that they may assist you in achieving them. Understanding what is expected of you is the first step in making your clinical experience the best that it can be.

Objective Core Content Area	AOA Core Competencies	Programmatic Level Educational Objectives**
Adult Resuscitation 1. Describe and perform various types of airway control, oxygenation, and ventilation. 2. Identify and list treatment options for the following dysrhythmias: ventricular fibrillation, asystole, pulseless electrical activity, ventricular tachycardia, first, second and third degree heart block	2, 3, 4	1

Objective Core Content Area	AOA Core Competencies	Programmatic Level Educational Objectives**
<p>Trauma</p> <ol style="list-style-type: none"> 1. Discuss the components of the history and examination in a multiple trauma patient. 2. Discuss the four sequential phases of management of the multiple trauma patient. Outline the components of the primary and secondary trauma survey and discuss the recognition and management of immediate life threatening injuries. 	2-4	1
<p>Shock</p> <ol style="list-style-type: none"> 1. Discuss the etiologies and pathophysiologic mechanisms of shock. 2. Describe the physical findings of patients in varying degrees and types of shock. 3. Discuss the management of the varying degrees and types of shock in adults and children. 	2-4, 7	1
<p>Chest pain</p> <ol style="list-style-type: none"> 1. Discuss the evaluation and management of the patient with chest pain, discussing the differential diagnosis, the relative importance of the history, physical examination and diagnostic studies. 2. Evaluate a patient or simulate various scenarios of patients with chest pain. 	2-4	1
<p>Dyspnea</p> <ol style="list-style-type: none"> 1. Discuss the differential diagnosis of dyspnea. 2. Discuss the initial evaluation and management of the dyspneic patient. 3. Differentiate upper airway, lower airway, and cardiac causes of dyspnea. 4. Evaluate chest radiograph, soft tissue neck x-ray. 	2-4	1
<p>Altered Mental Status</p> <ol style="list-style-type: none"> 1. Discuss the pathophysiology and differential diagnosis of the comatose patient. 2. List the critical actions in management of a comatose patient. 3. Demonstrate evaluation of a comatose patient. 4. Demonstrate/verbalize lumbar puncture. 5. Discuss pathophysiology and differential diagnosis of syncope. 6. Perform history and physical examination pertinent to a patient with syncope. 7. Discuss the management of syncopal patient. 8. Describe evaluation, pathophysiology, and management of seizures 9. Describe mental status examination and psychiatric interview. 10. Discuss evaluation and management of delirium and dementia. 11. Describe evaluation/management of suicidal patient. 	2-4	1

Objective by Core Content Area	AOA Core Competencies	Programmatic Level Educational Objectives**
<p>Headache</p> <ol style="list-style-type: none"> 1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. 2. Discuss the pertinent diagnostic studies and management of the patient with headache. 3. Demonstrate the neurologic and funduscopic exam. 	2-4	1, 2
<p>Fever</p> <ol style="list-style-type: none"> 1. Discuss the evaluation and management of the febrile child and adult highlighting importance of history, physical examination and diagnostic tests 2. Discuss antibiotics use and the decision process of admission versus discharge. 	2-4	1, 2
<p>Abdominal Pain</p> <ol style="list-style-type: none"> 1. List the key points in the history and on the physical examination, addressing the differential diagnosis in adults and children. 2. Discuss the pertinent diagnostic studies and management of the patient with abdominal pain. 	2-4	1, 2
<p>Vaginal Bleeding</p> <ol style="list-style-type: none"> 1. List the causes of ovulatory and anovulatory bleeding and the emergency management. 2. Describe the evaluation and management of the patient with suspected ectopic pregnancy.' 3. Discuss the classifications of miscarriage. 4. Perform pelvic exams under supervision. 	2-4	1, 2
<p>Ophthalmologic Emergencies</p> <ol style="list-style-type: none"> 1. List common causes and management of red eye and the presentation of acute glaucoma and periorbital cellulitis. 2. Discuss the presentation and evaluation and management of corneal foreign bodies, abrasions, ocular penetration, hyphema, dislocated lens, retinal detachment and corneal burns. 	2-4	1, 2
<p>Otolaryngologic (ENT) Emergencies</p> <ol style="list-style-type: none"> 1. Evaluation and management of the patient with epistaxis 2. Discuss the differential diagnosis of pharyngitis, appropriate history, physical examination, diagnostic studies, treatment and complications. 	2-4	1, 2
<p>Musculoskeletal Injuries</p> <ol style="list-style-type: none"> 1. Discuss the mechanisms of injury, presentation and management of orthopedic injuries 2. Describe the clinical finds, evaluation and treatment of dislocation of the shoulder. 3. Discuss the evaluation and management of common sprains. 4. Describe the presentation, evaluation and management of common injuries and infections of the hand. 5. Discuss the Salter-Harris classification of fractures. Discuss the treatment of "sprains" in the pediatric patient with open epiphyses 	2-4	1, 2

Objective by Core Content Area	AOA Core Competencies	Programmatic Level Educational Objectives**
Wound Care 1. Discuss the evaluation of a wound. 2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings. 3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis.	2-4, 7	1, 2
Toxicology 1. Discuss initial stabilization and management of the poisoned patient with regard to ABC's, supportive care, formulation of a toxidrome from examination, use of decontamination, prevention of absorption, dilution and enhanced excretion, and antidote use.	2-4, 7	1, 2
Osteopathic Principles and Practice 1. Describe the role of somatic dysfunction in the pathophysiology of pain. 2. Demonstrate a clinical understanding, under emergency conditions of how one might use OMT techniques at the bedside.	1-3	1
Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members	5	1
Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document	4	1
Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members.	1-7	1, 3
Exhibit a capable and professional demeanor by concern for patients and in interactions with team members	4-6	1, 4

**Programmatic Level Educational Objectives: <https://burrell.edu/academics/programmatic-level-educational-objectives/>
 Burrell College of Osteopathic Medicine Guiding Principles: <https://burrell.edu/about-bcom/mission-vision-guiding-principles/>

Unique Educational Aspects of Emergency Medicine

Emergency medicine offers a truly unique educational experience for medical students for several reasons. First, there is an endless stream of patients. In recent years, more than 115 million visits were made annually to emergency departments across the country; half of these visits were categorized as urgent or emergent in acuity. These figures continue to rise, with annual emergency department visits increasing by 26% in the past decade. Second, the emergency department provides health care for patients presenting at any time for any reason. Patient presentations range from the unexpected, life-threatening emergency to the more routine primary care problems encountered by patients with limited access to the health care system. Third, learners are exposed to patients with an undifferentiated complaint instead of a preliminary or confirmed diagnosis. Finally, because the doors of the emergency department never close, unscheduled health care is provided to all regardless of age, ethnicity, economic status, or the ability to speak English.

Because of the unique population, pathology, and patient presentations, you are likely to encounter clinical scenarios with which you would otherwise have little or no direct contact with in other health care settings. You should view all of your patient encounters as educational opportunities. Where else could you encounter the acutely poisoned patient; interact with prehospital care providers; manage acute trauma; encounter environmental emergencies such as hypothermia, frostbite, or burns; treat an acute stroke or myocardial infarction; provide obstetrical care; all in the same shift? Your emergency medicine clerkship will help reinforce your medical interviewing and physical examination skills. Taken one step further, you will have an opportunity to focus and hone your ability to develop a case-specific differential diagnosis and implement patient management plans. The emergency department can also provide you with procedural opportunities that are likely unparalleled in other clinical rotations.

Differences between the Emergency Department and Other Health Care Settings

Traditionally, approximately half of all outpatient encounters are made to primary care physicians, with many of these visits being for preventive care. The majority of diagnostic tests performed in the emergency department by design provide results to the ordering physician within minutes to hours. In addition, the emergency department has both an ethical and legal obligation to evaluate every patient who presents for care to determine whether he or she has a medical emergency, regardless of ability to pay for health care (Emergency Medical Treatment and Active Labor Act or EMTALA).

The emergency department also differs dramatically from both the inpatient and ambulatory care setting in a few other areas, see below:

Comparison of the Three Patient Care Settings		
Emergency Department	Inpatient	Office/Outpatient
Low–moderate–high acuity	Low–moderate acuity	Low acuity
12% of patients admitted	N/A	1% of patients admitted
Undifferentiated patients with complaint-based presentations	Admitted patients have a preliminary diagnosis	Routine medical & follow-up care account for majority of visits
No prior rapport with patient	Develop rapport with patient	Established rapport with patient
Emergent diagnostic studies	Urgent diagnostic studies	Non-urgent diagnostic studies
Study results within minutes	Study results within hours	Study results within days
No scheduled visits; patients are evaluated in order of acuity	Most admissions are unscheduled	Scheduled visits on first-come-first served basis, occasional unscheduled

Many patients presenting to the emergency department have acute symptoms. These complaints may reflect more serious underlying pathology when compared with the patient who is willing or able to wait several days for an outpatient appointment. In addition, patients choosing to come to an emergency department for an evaluation rather than going to an outpatient office should alert the caregiver that the patient may believe he or she is too sick to wait for a scheduled appointment; at times, they are right. Thus, patient care in the emergency department is quite different from other health care settings. It is important to be aware of these differences so that, as a medical student, you understand that the clinical and bedside skills needed to succeed in the emergency department are different from skills needed to succeed in other settings. Understanding and embracing these differences will allow for a more educational and enjoyable experience.

Enhancing Oral Presentation Skills

The ability to present a case in a clear, concise, and organized fashion is a skill in and of itself separate from the ability to obtain a detailed H&PE. Because few medical interviews are directly observed, the oral case presentation serves as a surrogate assessment of your ability to perform an accurate H&PE, to analyze and synthesize relevant clinical data, and to formulate a well-thought-out treatment plan. From an educational standpoint, your case presentations allow the preceptor to gauge your understanding of the case. This is important to remember because most of the educational discussion with your preceptor revolves around your presentation. Regarding your presentation, your preceptor generally has two fundamental goals. The first will be to focus on patient-related issues to better understand what is wrong with the patient. The second will be to ascertain your understanding of the case to focus his or her teaching points better. Your preceptor will be asking you questions that are patient centered and diagnosis driven. He or she will be functioning as an expert consultant and will focus on areas of the presentation that require further clarification or areas that were missed. Your preceptor will ask questions to further clarify specific aspects of the HPI, such as onset, location, duration, quality, aggravating or alleviating factors, and the like.

Your preceptor may also ask you direct questions to better access your knowledge base. “What antibiotics should we use to treat this patient?” “What is the differential diagnosis of right upper quadrant pain?” Alternatively, your preceptor may inquire about your overall assessment of the case by asking you, “What do you think is wrong with the patient?” or “What diagnostic studies should we order?” Questions such as these are higher order questions and explore your clinical reasoning and problem-solving abilities. Your case presentations in the emergency department should generally be brief and focused.

Required Resources and Equipment

Textbooks:

- Tintinalli's Emergency Medicine A Comprehensive Study Guide, 9th Edition, JE Tintinalli, MD, JS Stapczynski, MD, OJ Ma, MD, DM Cline, MD, RK Cydulka, MD and GD Meckler, MD
- Rapid Interpretation of EKG's, 6th Edition, by Dale Dubin, MD

Student Responsibilities Regarding Patient Supervision:

All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician had the responsibility for determining the level of supervision needed by the student.

Equipment

Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending. You may wear scrubs during the rotation if this is approved by the Emergency Department, but also you must wear your white coat and Burrell College of Osteopathic Medicine identification badge.

First Day of the Rotation:

Students beginning the Emergency Medicine Clerkship in a Regional Academic Center should contact the Regional Academic Center Coordinator who will arrange where to report for the first day of rotation. For Emergency Medicine Rotations outside of the RACs, students should contact the appropriate individual at the Emergency Department where they will be rotating.

Academic Participation

Student Responsibilities:

- **NEJM Healer:** The medical student will utilize the New England Journal Of Medicine Healer platform to complete the required modules during the clerkship. **Completion of 4 case modules, as assigned, is required to be completed by 11:59 pm the last Wednesday of the clerkship.**
- **Patient Encounter and Procedure Logs:** The Patient Encounter and Procedure Log for the Internal Medicine Rotation is found in the New Innovations Software System. On a daily basis, the student should enter data from their clinical shift into the log. All logged patient encounters should include the following basic information: the date the patient was seen, the patient's age, and patient type if applicable. Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations. **This case log must be entered into the New Innovations no later than 11:59 pm on the last Wednesday of each rotation.**
 - Medical students complete their logs to assess the expected scope and variety of patients and/or conditions and to assess their exposure to specialty diagnoses and procedures.
- **Lectorio Quiz:** The medical student is required to take and pass, with a 70% or higher, the Lectorio Quiz associated with the rotation **by 11:59 pm the last Wednesday of the clerkship.**
- **Mid-Rotation Evaluation by Preceptor:** The medical student is required to meet with their preceptor and have them complete a mid-point evaluation of their performance, for

each rotation. This evaluation must be uploaded into Leo for Clerkship Directors to review **by 11:59 pm the second Sunday of each rotation.**

- **Clerkship Evaluations:** The students must complete clerkship evaluation(s) 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. The evaluations must be completed **by 11:59 pm the last Wednesday of each rotation.**
- **History and Physical Exam Review:** A major portion of your time will be devoted to conducting patient histories and physical exams. This is a tremendous opportunity to learn how to interact, gather information, diagnose the disease, and treat patients.

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

Assessment and Grading

Elements of Clerkship Grading

Each 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 (COMAT) Performance

Clinical Performance-Preceptor Evaluation(s) will be graded by the supervising preceptor. This assessment (see Student Assessment Forms in the Clerkship Manual) 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

The students must complete the following pre-requisites to be eligible to sit for COMAT:

- a. The 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 the last Wednesday of the clerkship**. If a student fails the first attempt, one additional attempt will be granted before COMAT Friday.
- b. Completion of all case modules is required to sit for COMAT. The deadline to complete the cases is **11:59 PM 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, the last Wednesday of each rotation**.
- d. Students must submit the completed mid-point evaluation into the learning management system **by 11:59 PM 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 this 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 the Student Clerkship Manual.

- e. The 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 may result in a finding of non-professional conduct and may lead to a Corrective Action.

Failure of a Clerkship:

Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism), including failure of the same element twice, above will result in a failure of a clerkship and the student will be referred to Student Performance Committee (SPC) with recommendations from Clerkship Director.

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

Corrective Action

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 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 and will be referred to SPC for Failure of a Clerkship.

All Year 4 requirements must be successfully completed to graduate. The need to repeat any failed clinical rotation(s) may result in a delay in graduation.

Course Communication

Students are expected to monitor their Burrell College of Osteopathic Medicine email and are responsible for all communications sent to their official email address. **Students are also expected to monitor E-mail, LEO, New Innovations, and other applicable platforms.**

Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The [Student Handbook](#) may be accessed through the Burrell College of Osteopathic Medicine website.

For information regarding emergency or inclement weather, refer to the [Campus Safety and Security page](#) on the Burrell College of Osteopathic Medicine website.

For information regarding Clerkship Rotations, refer back to the [Student Clerkship Manual](#) on the Burrell College of Osteopathic Medicine Website.

Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their Burrell College of Osteopathic Medicine email. It is the student's responsibility to obtain the changes or notices even if absent from class.

Appendix

A. Programmatic Level Educational Objectives

Graduates of the Burrell College of Osteopathic Medicine Doctor of Osteopathic Medicine degree program will be able to:

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice

