



Internal Medicine

OM7154

Clerkship Rotation Syllabus

CLASS OF	2025
DATES	2023-2024
CREDIT HOURS	8.0
CONTACT HOURS	320
ASSESSMENT TOOLS	Clinical Performance-Preceptor Evaluation(s) Professionalism Cognitive (COMAT) Performance
TRANSCRIPT CATEGORIES	Honors/Pass/Fail
LOCATION	Rotation Site
CLERKSHIP DIRECTOR	Muneer Assi, DO
COURSE COORDINATOR	Whitney Cano

Course Description

The Internal Medicine core clerkship is an eight (8) week experience served in both ambulatory and inpatient settings. The clerkship is divided into two four-week rotations. One four-week experience will be served in an inpatient setting hospitalist practice or in a general internal medicine practice that has a significant inpatient component. The second four-week rotation will offer the opportunity to select one or two subspecialty experiences. This will be determined by the RAC site in which the experience is served but may include cardiology, gastroenterology, critical care medicine, pulmonology, hematology, oncology, endocrinology, infectious diseases, neurology, nephrology, rheumatology, geriatrics, and others. Students will have the opportunity to participate in the care of patients presenting with acute or chronic conditions commonly seen in an adult medical practice. Experience will be gained in diagnosis and case management including participation in minor diagnostic and therapeutic procedures such as endoscopy, thoracentesis and lumbar puncture depending upon the service assignment. Each practice may have a unique profile of patients that will offer greater insight into a particular entity.

Course Goals

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

For the purposes of the Burrell College of Osteopathic Medicine Clinical Clerkship Competencies, the AACOM Competencies have been condensed into the following:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention

The clinical clerkships affiliated with the Burrell College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support Burrell College of Osteopathic Medicine students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice based learning and improvement.

Our goal at Burrell College of Osteopathic Medicine is to provide clinical encounters and learning experiences that offer our students the opportunity to acquire an appropriate database and skills training in the specialty of Internal Medicine. Our faculty is committed to guiding our students in the development of a clearer understanding of the pathophysiology of commonly encountered problems in general Internal Medicine and its subspecialties. It is the overall goal of the medicine clerkship to provide learning experiences enabling the student to develop and to perfect skills in order that he or she may function with confidence as a competent and compassionate osteopathic physician.

The learning experience is based upon a close working relationship with other members of the patient care team, nursing staff, residents, attending physicians and consultants. The majority of the day is spent with your preceptor working with the problems of the assigned patients. In addition, formal educational

conferences, lectures, or online education is scheduled regularly. The core of an osteopathic physician's knowledge and treatment of disease entities is found in internal medicine. The basics learned here pervade primary care, surgery, and the subspecialties of medicine. Internal Medicines taught in hospital and clinic settings. Because much of the teaching in medicine is one- on-one or with small groups, the members of the department are able to provide individualized instruction for the medical students. This enables the faculty to ascertain whether or not the medical students can incorporate the material mastered in the basic sciences into their practice of clinical medicine.

The members of the Department of Internal Medicine, all of whom are highly trained specialists, subspecialists, or general internists, may be engaged in clinical as well as basic research. The specialty sections of internal medicine are actively involved in research and investigative pharmaceutical studies. The medical students may assist in these projects by monitoring the patient's progress and helping to analyze the data collected for these studies.

In these rotations, medical students participate in daily teaching rounds and attend all teaching lectures and conferences. The medical students also conduct in-depth studies on assigned cases. The medical students are evaluated, in part, on their ability to collect and analyze data and solve problems. On-line teaching material is offered such as clinical cases, instructional physical examination videos as well as lectures from the internal medicine course.

Course Objectives

Objective:	AOA Core Competencies	Programmatic Level Educational Objectives
1. Formulate a prioritized list of the 8-10 most common differential diagnoses for each of the problems/diseases specified by combining clinical information and outside resources effectively (literature search readings, etc.)	3	1, 5
2. Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses	3	1, 4, 7
3. Define therapies for common disease processes encountered in Internal Medicine	2	1
4. List common risks vs. benefits to be considered when selecting treatments and management therapies	3	1
5. Perform a thorough history and physical exam.	3	1, 3, 4
6. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem	3	1, 4
7. Recognize urgent/emergent situations and alert appropriate health care providers	3	1, 4

8. Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members	5	3
9. Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document	3	1, 3, 4
10. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members	3	1, 4, 6
11. Exhibit a capable and professional demeanor by concern for patients and in interactions with team members	5	3, 4
12. Exhibit the ability to recognize the patient is a whole person, and promote and integrate OMT into the clerkship.	1	1, 4

By the end of the four-week Internal Medicine clerkship, the student is expected to have achieved, at a minimum, the following objectives through reading, conference attendance, observation, discussion, and hands-on clinical experience.

1. Describe the characteristic, historic, physical, and biopsychosocial features of the following conditions commonly seen on an Internal Medicine Rotation.

- Acute Coronary Syndrome
- Urinary Tract Infection
- Delirium/Dementia
- Meningitis
- Esophageal disease
- Headache
- Sepsis/ Septic shock/ Systemic Inflammatory Response Syndrome
- Acute Renal Failure
- Tuberculosis
- Alcoholism
- Depression
- Osteoporosis
- Congestive Heart Failure
- Valvular Heart Disease
- Hypertension
- Hyperlipidemia
- Pneumonia
- COPD
- Asthma
- Chronic Liver Disease
- GI bleed
- Diabetes
- HIV/AIDS

- Thyroid Disease
 - Anemia
 - Stroke
 - Breast Cancer/ Lung Cancer/Colon Cancer
2. Formulate a prioritized list of the 8-10 most common differential diagnoses for each of the problems/diseases specified by combining clinical information and outside resources effectively (literature search, readings, etc.).
 3. Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses.
 4. Define therapies for common disease processes encountered in Internal Medicine.
 5. List common risks vs. benefits to be considered when selecting treatments and management therapies.
 6. Perform a thorough history and physical exam.
 7. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem.
 8. Recognize urgent/emergent situations and alert appropriate health care providers.
 9. Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members.
 10. Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document.
 11. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members.
 12. Exhibit a capable and professional demeanor by concern for patients and in interactions with team members.
 13. COMAT objectives are located on the website: <http://www.nbome.org/comat>. Each student is expected to review the 10 COMAT objectives on the website prior to starting the course.
 14. For the Internal Medicine hospital clerkship observe at least 2 of each of the following procedures.
 - Central Line
 - Paracentesis
 - Thoracentesis
 - Lumbar Puncture
 - Arterial Line
 - Intubation
 - ACLS Protocol

Required Resources and Equipment

Textbooks:

- Harrison's Principles of Internal Medicine (Vol.1 & Vol.2) 21st Edition, by Dennis L. Kasper et al
- Rapid Interpretation of EKG's, 6th Edition, by Dale Dubin, MD
- The Washington Manual of Medical Therapeutics, 36th Edition, by Washington University School of Medicine Department of Medicine
- Up to Date

Readings:

Required reading will be assigned on certain topics or conditions during clerkship

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 has the responsibility for determining the level of supervision needed.

Equipment:

Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

Resources:

- Students are required to check **Leo** for course materials and information on a daily basis. Students are required to check their Burrell College of Osteopathic Medicine email daily for announcements and assignments.
- Textbooks, journals, online content, etc.
 1. Internal Medicine Essentials for Clerkship Students
 2. MKSAP for Students
 3. Harrison's Principles of IM or Cecil's Textbook of Medicine, newest edition
 4. Sanford Guide to Antimicrobial Therapy, newest edition
 5. Pocket Pharmacopoeia
 6. Boards and Wards
 7. DynaMed Plus &/or Up To Date

Internal Medicine Hospital Clerkship

Work Rounds

Patients should be interviewed, examined and assessed each morning prior to work rounds. SOAP notes should be nearing completion with formulations of diagnostic assessment, management plans and recommendations for changes in treatment, etc. SOAP notes are to be written daily for your assigned patients and completed before attending rounds (see sample note). Specific times for work rounds may vary according to resident, intern, and attending schedules. Some services may not have house-staff, so work rounds may be incorporated into attending rounds.

Attending Rounds

Teaching rounds occur during the morning hours or at the discretion of the attending physician. Activities may include bedside teaching, patient rounds, small group teaching, discussion with sub-specialists, review of x-rays, student presentation, etc. This time is directed to student and house-staff education. Students are expected to remain on rounds until the attending physician has dismissed the team.

History and Physical Examinations

Patients will be assigned by the attending, resident or intern and should be completed and ready for review within the first 24 hours of hospitalization. Completion of the history and physical examination is intended to help students become comfortable with patient interactions, patient-centered interviewing, and developing the skill of identifying normal and abnormal physical findings. This includes genital and

rectal examinations of male patients and breast/bimanual examinations of female patients; speculum exams will be done if clinically indicated. When examining genitalia of the opposite sex, a nurse chaperone should always be present. If a patient declines examination, their decision should be respected, the attending physician advised of this situation and the patient's preference noted in the chart.

Educational Events

- | | |
|-------------------|------------------------------|
| 1. Morning Report | 4. Student Book/Journal Club |
| 2. Grand Rounds | 5. Cancer Conference |
| 3. Tumor Board | 6. OMM |

Covering for Colleagues and Signing Over Care

Inevitably, you will see patients for your colleagues. Consequently, it is essential to monitor the progress of all patients on your service and provide comprehensive off-service sign out data to your fellow students. This includes a verbal summary and a detailed SOAP note with a complete listing of diagnoses, a list of current medications, a brief summary of hospital stay, and the current status of the patient. These summaries or off-service notes should be completed every Friday and on the last day of the rotation (see sample off- service note).

NOTE: • Students cannot be absent the first or last calendar day of the Internal Medicine Clerkship rotations– requests to be absent will be denied for these days. • Time off for any COMLEX examination needs to be requested.

Patient Encounter and Procedure Logs (Refer back to Clinical Manual for details)

The log is one form of evaluation in the Internal Medicine Clerkships, used to assess expected scope and variety of patients and/or conditions seen. Medical students complete their logs to assess their exposure to Internal Medicine diagnoses and procedures. This case log must be entered into the New Innovations no later than **5:00 PM of the last Wednesday of the rotation.**

General Teaching Strategies

Clinical problems encountered during daily clinical activities with the faculty will direct a significant portion of your educational experience. Students will set learning goals based on knowledge deficits identified during patient interactions, pursuing the literature during free time to fill in the expected gaps in knowledge. However, patient problems and diseases encountered are unpredictable. In order to ensure that students are directed to disease and clinical scenarios of importance in the discipline of internal medicine, the content outline defines patient problems of relevance to a third or fourth year student. It is the student's responsibility to address each of these topics during self-study. The topics will be discussed as requested and preparation will facilitate an informed discussion. These daily interactions with the faculty will not be lecture based, but learner-centered, the needs of the student directing the interaction. As with most clinical services, students will be responsible for the initial evaluation of patients on the hospital service by performing a careful interview and physical examination, reviewing pertinent laboratory and radiological studies, and formulating a preliminary diagnosis and plan for further diagnostic study and therapeutic intervention.

I. In the ambulatory clinic, nursing facility visits or home visits (where most patients receive follow-up care), a more abbreviated, focused approach is appropriate, the depth of interview and examination directed by the attending physician prior to patient contact. The case will then be presented in concise fashion to the attending physician, relaying pertinent parameters, diagnostic assessment, differential diagnostic possibilities and pathophysiologic justification for the diagnosis and proposed course of action. Discussion will follow, with clarification and reinforcement of important conceptual knowledge. This should allow the student to identify areas requiring further study to enhance understanding of the problems or diseases under consideration. It is expected that there will be significant gaps in the knowledge base of third and fourth year medical students with limited clinical experience in the specialty of internal medicine. The purpose of probing questions by the attending faculty is not to embarrass or intimidate the learner but to identify prior knowledge and direct the student to important areas of misunderstanding or new data that should be acquired to enhance the learner's conceptual knowledge of internal medicine. After patient assessment and discussion, it is the responsibility of the student to carefully document their findings and impressions in the progress notes in a problem-oriented fashion. An initial assessment requires an in-depth progress note. Additionally, students are expected to write daily progress notes prior to rounds, which will usually be in the late morning or early afternoon, to allow sufficient time for clinical clerks and house-staff to perform work rounds and patient evaluation prior to teaching rounds with the attending physician. All written notes will be reviewed and cosigned by the on-service faculty. Student feedback will be provided frequently, striving to help the student learn as much as possible during the rotation. Any concerns, difficulties or problems should be discussed with the attending or the course director to find solutions that enhance the quality of the student's learning and enjoyment of what the faculty hopes is an enjoyable as well as challenging experience.

SOAP Note Format

The following is an example of an acceptable format for hospital and clinic documentation: Problems:

1. Endocarditis
2. *Staph aureus* bacteremia
3. CHF secondary to #1 – improving
4. Hypokalemia
5. Normocytic anemia
6. Pre-renal azotemia secondary to #3
7. Hyperglycemia – DM vs. stress response

S. Decreased chest pain today. Short of breath with ambulation. Intermittent chills and fevers. Appetite improved.

O. VS: 112/82, T-max last 24h 101.2, RR-20, P-105; I/O-2500/1800; Pulse Ox 95% 2 LNC.

Ampicillin/Gentamicin-day #6; Right subclavian central line-day #3 HEENT-No JVD, central line site clean without erythema.

Heart-tachy with III/VI crescendo/decrecendo systolic murmur heard best at aortic post Lungs-basilar crackles

Abdomen-soft, non-tender with good bowel sounds

Ext-2 mm of pretibial edema to mid-calf. Good pedal pulses Neuro-alert and oriented, CN II-XII intact, no focal deficits

Labs 142| 98 14 156 10.2 10.5 220
3.1 24 1.2 30.2

Blood Culture: Positive-*Staph aureus*

CXR-resolving pulmonary edema

A. Patient clinically improved with resolution of fever and rigors. All data consistent with prosthetic valve endocarditis. No evidence of perivalvular leak or CHF at present.

Plan:

1. Continue IV antibiotics
2. Switch to p.o. furosemide
3. Increase potassium to bid
4. Check H/H and lytes in A.M.
5. Accucheck ac and hs. Sliding scale insulin
6. Transfer to general medical floor

Staff physician's name/your printed name and signature

This is a sample that reflects the type of patient and multitude of problems often encountered in the hospital setting. Accurate and consistent notes are essential to the care of the complicated patient. This note reflects the level of decision-making that should be incorporated into your assessment and plan. It is understood that your diagnostic and treatment plans may not always agree with staff notes. This is an acceptable part of the learning curve and every effort will be made to provide feedback to help improve chart documentation and diagnostic acumen. The "SOAP" note format offers a simple yet consistent method of record keeping.

Academic Participation

- **Aquifer:** The medical student will receive an invitation through “Aquifer” to complete registration and instructions for the course content. Please select “Aquifer Internal Medicine” and complete 8 Internal Medicine cases **per a four-week rotation. Completion of 16 cases in Aquifer Internal Medicine case modules is required to be completed by 5pm the last Wednesday of the rotation, to be eligible to sit for the COMAT exam.**
 - These electronic programs are the basis of educational requirements during clinical rotations. Clinical Modules give structure to protected academic time and independent learning. For this purpose, Burrell College of Osteopathic Medicine makes available several web-based educational resources.
 - The course coordinator will monitor the student’s completion of each required module.
- **Patient Encounter and Procedure Log:** Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 5pm on the last Wednesday of the rotation.**
 - For additional information, refer to the [Student Clerkship Manual](#) and Student Handbook.
 - Grades are not issued until all rotation requirements, including evaluation forms and logs, are received. **This case log must be entered into New Innovations by 5pm on the last Wednesday of the rotation.**

Patient Encounter Log

Student Name: _____

[illegible]

This case log must be entered into the New Innovations by 5pm, the last Wednesday of rotation.

Assessment and Grading

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 (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 COMBANK Quiz in TrueLearn. 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 5:00 PM the last Wednesday of the rotation**. 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 **5:00 PM the last Wednesday of the rotation**.
- c) Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 5:00 PM, the last Wednesday of the rotation**.
- d) Students must submit the completed mid-point evaluation into the learning management system by **5pm the second Sunday of the 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 5:00 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 Professionalism Corrective Action.

Failure of a Core Clerkship:

Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism) 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.

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

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 (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 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.

All Year 3 requirements must be successfully completed to advance to Year 4. 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 Aquifer.**

Clerkship Director

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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

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