

Clinical Clerkship Syllabus 2024-25

GENERAL INFORMATION

COURSE DETAILS & INFORMATION

Course Name:	General Surgery
Graduating Class Year:	DO26
Discipline:	Clinical
Course Option Type:	CORE
Grade Scheme:	Honors, High Pass, Pass, Fail
Department:	Specialty Medicine
Credit Hours:	4
Duration:	4 weeks
Dates:	8/5/24 – 5/25/25

Role	Name	Email	Phone
Clerkship Director	Dominic Formaro, Jr. D.O., FACOS, FACS	Dominic.Formaro@dmu.edu	515-271-1090
Co-Director	Steven Goldstein, D.O., FACOS	Steven.Goldstein@dmu.edu	515-271-1377
Academic Assistant	Lisa Grunzweig	Lisa.Grunzweig@dmu.edu	515-271-7809

GENERAL COURSE DESCRIPTION

This core rotation of no less than four (4) weeks in a hospital-based service is intended to be a structured clinical experience under direct supervision. Upon completion of the rotation, the student should be able to elicit a surgical history, perform a physical examination, obtain appropriate laboratory studies, assess the results, develop a diagnosis, formulate a management plan, and assist in implementation of appropriate therapy for common surgical principles and practices. The College of Osteopathic Medicine, Department of Specialty Medicine will administer a post-rotation examination when the student has completed this required rotation.

The COMAT Clinical Subject Exam is a Standardized National Exam developed by the National Board of Osteopathic Medical Examiners (NBOME), specifically designed for end of surgery clerkship assessment. Refer to Resources Required for Learning, Assigned Reading and Cases, and the Assigned Weekly Reading and Cases table under the Student Responsibility section. All online Required WISE-MD Cases and Case Questions must be completed before taking the COMAT exam. Students should access the Surgery Clerkship D2L site for detailed instructions

on accessing the cases and uploading reports. It is required that the student meet with their preceptor at the beginning of the rotation to discuss the learning objectives outlined in this document.

Notes: Students should understand that even though they have been checked off in a skill, this DOES NOT allow them to perform that skill without supervision by an attending or resident.

OSTEOPATHIC CORE COMPETENCIES AND COURSE SCHEDULE

The table below explains the seven osteopathic core competency areas outlined in this syllabus.

Osteopathic Core Competency Domains < https://www.aacom.org/docs/default-source/core-competencies/corecompetencyreport2012.pdf?sfvrsn=4 >	
I. Osteopathic Principles and Practices	Students will provide osteopathic care to patients that supports the promotion of health and delivery of compassionate, appropriate, and effective treatment of disease based on patient information and preferences, evidence-based medicine, and clinical judgment.
II. Medical Knowledge	Students will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and psychosocial/behavioral concepts and their application to patient-centered care.
III. Patient Care	Students will demonstrate best practices in the delivery of patient-centered care with respect to data gathering and documentation, determination of differential diagnoses and treatment planning, implementation of clinical procedures, and the provision of clinical services consistent with health promotion and disease prevention.
IV. Interpersonal and Communication Skills	Students will demonstrate effective listening, speaking, writing, and nonverbal communication skills with patients or other members of the health care and academic environment.
V. Professionalism	Students will conduct themselves with poise, courtesy, honesty and responsibility when dealing with patients or other members of the health care and academic environment. Students will engage in self-care and regulation in order to maintain a productive career in medicine.
VI. Practice-Based Learning and Improvement	Students will appraise, assimilate, and apply scientific evidence to the care of their patients. They will engage in self-evaluation and life-long learning to ensure optimal patient outcomes.
VII. Systems-Based Practice	Students will demonstrate a knowledge of health care systems and the resources available to provide comprehensive quality patient care and processes to deal with impediments to patient safety, quality, and access to care.

This course assesses associated core competencies and sub-competencies as noted in the table below.

COURSE GOALS, OUTCOMES & COMPETENCIES

The goals of this course are to develop a general competency regarding: elicit a surgical history, perform a physical examination, obtain appropriate laboratory studies, assess the results, develop a diagnosis, formulate a management plan, and assist in implementation of appropriate therapy for common surgical principles and practices.

Learning Outcome	Competencies/Sub-competencies	EPAs	Instructional Methods	Assessment Methods	Resources
Demonstrate competency in basic surgical protocols (e.g., basic aseptic technique, maintaining sterility, operating room etiquette and behavior, proper usage of common surgical instruments) and procedures, including: <ol style="list-style-type: none"> Suturing wounds and lacerations Securing operative drains Incision and drainage of abscess Insertion of Nasogastric tube Insertion of urinary catheter Wound care basics Skin staples/suture for wound closure and removal Peripheral IV access 	III.3.d, III.3.g, III.3.k, III.3.l, III.3.m, III.3.n, III.3.q, III.4.d, IV.1.n, IV.4.a, IV.4.c, IV.4.d, IV.4.g, V.2.f	EPA 11, 12, 13	Clinical Experience - Ambulatory Clinical Experience - Inpatient Demonstration Independent Learning Laboratory Preceptorship Simulation	Clinical Performance Rating/Checklist Multisource Assessment Narrative Assessment	Clinical Correlation Task Trainer Printed Materials (or Digital Equivalent) Real Patient Film/Video
Develop a treatment plan for common surgical conditions including: <ol style="list-style-type: none"> Pancreatitis Gallstones Acute Cholecystitis Small bowel obstruction Large bowel obstruction Perforated gastric/duodenal ulcers Diverticulitis Assessment of the trauma patient Abdominal aortic aneurysm Common postoperative complications Surgical infections Abdominal and inguinal hernias Benign and malignant breast lesions 	II.1.b, II.1.c, II.1.d, II.1.f, II.1.g, II.1.h, II.1.i, II.3.a, II.3.c, II.3.g, III.4.a, III.4.b, III.4.d, III.4.e, III.4.f, III.4.g, III.4.h, III.4.i, III.4.j, III.5.e	EPA 4, 7, 10	Clinical Documentation Review Exam - Institutionally Developed, Written/Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation	Clinical Documentation Review Exam - Institutionally Developed, Written/Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation	Clinical Correlation Printed Materials (or Digital Equivalent) Real Patient Film/Video

Learning Outcome	Competencies/Sub-competencies	EPAs	Instructional Methods	Assessment Methods	Resources
n. Endocrine gland disorders and Multiple endocrine neoplasia o. Acute appendicitis					
Explain the indications, contraindications, benefits, and side effects of common anesthetic agents.	I.1.c, I.1.e, I.2.f, II.1.b, II.1.c, II.1.f, II.1.g, II.1.h, III.3.d, III.4.d, III.4.e, III.4.g, III.4.j, IV.1.h	EPA 11	Case-Based Instruction/Learning Clinical Experience - Inpatient Independent Learning Preceptorship	Exam - Institutionally Developed, Written/ Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment	Clinical Correlation Printed Materials (or Digital Equivalent) Real Patient
Exhibit facility in applying informatics to critical appraisal of the surgical literature, and to making surgical diagnostic and therapeutic decisions.	I.4.a, II.2.d, II.3.c, III.4.b, III.6.a, VI.1.a, VI.1.b, VI.1.d, VI.1.e, VI.1.f, VI.2.a, VI.2.b, VI.2.c, VI.3.a, VI.3.c, VI.3.e, VI.3.f, VI.4.a, VI.4.b, VI.4.c, VI.4.d	EPA 7, 13	Conference Independent Learning Journal Club Reflection Research Self-Directed Learning	Exam - Institutionally Developed, Written/ Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation Participation Research or Project Assessment	Clinical Correlation Real Patient Printed Materials (or Digital Equivalent) Film/Video
Effectively and respectfully communicate with colleagues, residents, patients, and families emphasizing patient centered care.	I.6.b, III.6.d, III.6.e, III.6.f, III.6.g, III.6.h, III.6.i, IV.3.b, IV.4.a, IV.4.b, IV.4.d, IV.4.e, IV.4.f, IV.4.g, IV.4.h, IV.4.k, V.2.d, V.2.e, V.2.f	EPA 9	Case-Based Instruction/Learning Clinical Experience - Ambulatory Clinical Experience - Inpatient Conference Independent Learning Patient Presentation - Learner Ward Rounds	Clinical Documentation Review Multisource Assessment Narrative Assessment Oral Patient Presentation Participation	Clinical Correlation Real Patient
Conduct a preoperative evaluation of a surgical patient.	I.3.a, I.3.b, I.4.a, I.4.b, I.4.c, III.1.b, III.1.c, III.1.d, III.1.e, III.1.h, III.1.i, III.1.j, III.1.k, III.3.a, III.6.a, III.6.b, III.6.c, III.6.d, III.6.e, III.6.f	EPA 1, 10	Case-Based Instruction/Learning Clinical Experience - Ambulatory Clinical Experience - Inpatient Independent Learning	Clinical Documentation Review Exam - Institutionally Developed, Written/ Computer-based Exam - Nationally	Clinical Correlation Real Patient Film/Video

Learning Outcome	Competencies/Sub-competencies	EPAs	Instructional Methods	Assessment Methods	Resources
			Patient Presentation - Faculty Patient Presentation - Learner Ward Rounds	Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation	
Assist with the post-operative management of a surgical patient in recovery.	III.1.g, III.1.h, III.1.i, III.1.j, III.1.k, III.4.a, III.4.b, III.4.c, III.4.d, III.4.e, III.4.f, III.4.g, III.4.h, III.4.i, III.4.j, III.4.k, III.4.l, III.5.d, III.5.e, III.5.f, III.5.g	EPA 3, 7, 9	Clinical Experience - Inpatient Independent Learning Patient Presentation - Faculty Preceptorship Ward Rounds	Clinical Documentation Review Exam - Institutionally Developed, Written/ Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation Participation	Clinical Correlation Real Patient Film/Video
Describe the most prevalent ethical, cultural, and religious issues encountered during the delivery of care to surgical patients.	I.1.f, I.4.h, II.3.e, III.1.f, III.2.a, III.4.h, III.4.l, III.5.d, III.5.e, III.5.f, III.5.g, III.6.d, III.6.i, IV.1.f, IV.1.j, IV.1.k, IV.2.f, V.7.a, V.7.b, V.7.c, V.7.d	EPA 5	Clinical Experience - Inpatient Conference Independent Learning Journal Club	Exam - Institutionally Developed, Written/ Computer-based Multisource Assessment Narrative Assessment	Clinical Correlation Real Patient
Describe the assessment and management of common surgical emergencies. Examples of this may include acute abdomen, perforated viscus, the injured trauma patient, massive GI bleeding, acute cholangitis.	I.1.c, II.1.b, II.1.f, II.1.g, II.1.h, III.1.a, III.1.b, III.1.c, III.1.d, III.1.g, III.1.k, III.2.a, III.3.a, III.4.b, III.4.c, III.4.d, III.4.e, III.4.f, III.4.h, III.4.i, III.4.j, III.4.l	EPA 10	Case-Based Instruction/Learning Clinical Experience - Ambulatory Clinical Experience - Inpatient Independent Learning Patient Presentation - Faculty Patient Presentation - Learner Ward Rounds	Clinical Documentation Review Exam - Institutionally Developed, Written/ Computer-based Exam - Nationally Normed/Standardized, Subject Multisource Assessment Narrative Assessment Oral Patient Presentation	Clinical Correlation Printed Materials (or Digital Equivalent) Real Patient Film/Video

Content Mapping:

Organ System		Scientific Understanding of Health & Disease Mechanisms		Health Care Delivery
Cardiovascular		Anatomy – normal, abnormal		Examination & Recognition (includes neuromusculoskeletal exam)
Digestive		Biochemistry – normal, abnormal		Gathering Patient Information
Endocrine		Cell & Tissue Biology – normal, abnormal		Medical ethics & medical professionalism
Hematologic		Genetics – normal, abnormal		Physician-patient communication
Immune		Immunology – normal, abnormal		Teamwork & collaboration
Lymphatic		Microbiology – normal, abnormal		
Musculoskeletal		Osteopathic principles – somatic & visceral dysfunction		
Nervous, including sensory		Pathology		
Reproductive		Pharmacology		
Respiratory		Physiology – normal, abnormal		
Skeletal				
Urinary/Excretory				

Patient Conditions: To ensure a comparable and quality experience while on clerkship, rotations may have a list of patient conditions and procedures that students must encounter during the experience. Students document exposure to these conditions and procedures through patient encounter logging (please see case log section below). If a student does not meet the minimum exposure to a condition or procedure, an assignment in the form of a video, module, or reading assignment will be available to the student. Below are the patient conditions for this rotation:

Patient Condition / Clinical Diagnoses
Bowel Obstruction*
Breast Cancer*
Cholecystitis*
GI Bleed*
Pancreatitis*
Soft Tissue Infections*

Procedure
Appendectomy
Bowel resection
Incision and Drainage
Laparotomy
Laparoscopic Cholecystectomy
Lumpectomy
Mastectomy

*Indicates a core, peer-reviewed diagnosis

STUDENT RESPONSIBILITIES

Formative Assessment

Students are required to request mid-rotation feedback from their preceptor (utilizing Entrustable Professional Activities (EPA) where appropriate) and implement at least one of the suggested changes. At the conclusion of the rotation, the student will be required to write a short summary of what change they made and how it enhanced their education. This is part of their personal logs and will occur on the site evaluation. Students who encounter barriers in obtaining their mid-rotation feedback should notify the clerkship director within one week.

Case Logs

One of the mechanisms for monitoring a student's progress, patient load, rotation experience and competency achievement is through the student's case logs.

Students on every clinical rotation are expected to:

- Complete a daily log of all patient encounters
 - Each patient encounter requires a diagnosis
 - Students must ensure the accuracy of the data, including the rotation name. Entering logs under the incorrect rotation name, for instance, may be considered as being in non-compliance with the case log policy. If you have questions regarding the nature of the rotation as required or an elective, contact your clerkship coordinator for assistance.
- Students are required to log all patient encounters. If a student is on a low volume rotation, which is defined as less than 15 encounters per week, their clerkship coordinator should be notified as soon as possible but no later than the halfway point of the rotation.
- Students must log non-clinical activities such as residency interviews, board exams, research, didactic activities and absences.
- If internet access is limited, such as while on an international rotation, paper logs, containing the same information as the electronic logs, must be submitted within 7 days of the end of the rotation. Logs may be submitted either in person or scanned and provided via email.
- Prompt entry of patient encounters is required. Entries must be entered within seven days of the encounter, as the software will not allow late submissions.
- Students not in compliance with the case log policy for the first time, will be sent a letter for that incident of non-compliance, requesting a reply that includes an attestation that the student has reviewed the case log policy in the syllabus, as well a summary of any unlogged activity, within a week from the date of the warning letter. This should be sent to their coordinator and the manager of the Office of Clinical Affairs. There will be no impact on the student's grade as long as the reply is sent within the allotted time. The second incident of non-compliance, (as tracked in E*Value and by the clerkship coordinator) will result in a referral to the clerkship director for discussion of professional concerns. In addition, students not in compliance with the case log policy may not be eligible for high pass or honors for that rotation. Additional episodes of non-compliance will result in a referral to the COM Academic Progress Committee, may affect the clerkship grade and may be noted on the student's MSPE.

Students that have technical difficulties submitting logs may contact the Help Desk at 515-271-1522 for assistance. Students must also notify their clerkship coordinator of logging difficulties.

Site and Preceptor Evaluation

Students are required to complete the site evaluation by the Monday morning after the rotation ends.

Ensuring Accurate Site, Rotation, and Preceptor

Rotation labels and attending physicians cannot be changed once any evaluation has been completed for the clerkship. If the student does not know who will be the attending physician for the clerkship, the student must provide attending information as soon as possible after the rotation begins. If the student's preceptor does not ultimately meet DMU's preceptor credentialing criteria, the student will not get credit for the clerkship.

Required Assignments

Required Reading

To help the student with preparing for the post-rotation exam and the general surgery rotation experience, structured reading assignments and focused reading objectives have been established. This provides a core common knowledge base regardless of clerkship site. Categories have been assigned per week for emphasis during the surgery rotation. This is required reading. See the weekly Assigned Reading and Case Modules table for a list of the required reading. See DMU Library Course Reserves for access to electronic textbooks. (A link is posted on the Surgery Clerkship D2L course site.)

WISE-MD Case Modules

Select online Required WISE-MD Cases have been identified and assigned per week that correspond to weekly reading assignments and objectives for the general surgery rotation. This provides a core common exposure to clinical topics regardless of clerkship site. See the Assigned Reading and Case Modules table for assigned cases per week. It is highly recommended to complete these cases and skills with your weekly reading assignments and not wait until the end of the rotation.

All Aquifer WISE-MD Case Questions within or following assigned case modules are required. Reports of completed cases and questions must be uploaded to the surgery clerkship D2L site in order to receive credit. Detailed instructions on accessing the cases via **Aquifer.org** and fulfilling this requirement are available on the Surgery Clerkship course site on D2L.

- Students must complete all assigned WISE-MD Cases and Questions before taking the COMAT exam.

Assigned Reading and Case Modules

Competency Domain	Subject Area	Assigned Reading	Assigned WiseMD Module(s)
WEEK 1			
I. Osteopathic Principles & Principles		None.	None.
IV. Interpersonal Communication		<p>Current Diagnosis & Treatment: Surgery, Chapter 2: “Training, Communication”</p> <p>Surgical Patient Safety: A Case-Based Approach, Chapter 1: “Communication for Surgeons”</p> <p>Review the Documentation lecture materials on the BSMS D2L course site.</p>	
V. Professionalism		Current Diagnosis & Treatment: Surgery, Chapter 2: “Professionalism”	
VI. Practice-based Learning & Improvement		Surgical Patient Safety, Chapter 8: Good Judgment Comes from Experience, which Comes from Poor Judgment	
VII. Systems-based Practice		Current Diagnosis & Treatment: Surgery, Chapter 2: Systems-Based Practice	
III. Patient Care	Basic Clinical/ Surgical Skills	Review the Clinical and Surgical Skills Resources on the BSMS D2L course site.	
II. Medical Knowledge	<p>Perioperative Evaluation</p> <p>Anesthesia</p>	Essentials of General Surgery: Chapter 1: Perioperative Evaluation & Management of Surgical Patients (pp 1-13)	
	<p>Fluids and Electrolytes and Acid Base Balance</p> <p>Surgical Nutrition</p>	<p>Essentials of General Surgery: Chapter 2: Fluids and Electrolytes and Acid Base Balance (pp 14-22)</p> <p>Chapter 3: Surgical Nutrition (pp 23-38)</p>	Assigned Wise MD Case: “Burn Management”

Competency Domain	Subject Area	Assigned Reading	Assigned WiseMD Module(s)
	Surgical Bleeding: Blood Disorders, Hypercoagulable States, and Replacement Therapy	Essentials of General Surgery: Chapter 4: Surgical Bleeding (pp 39-46)	
WEEK 2			
II. Medical Knowledge cont'd.	Wounds and Wound Healing	Essentials of General Surgery: Chapter 7: Wounds and Wound Healing (pp 69-74)	
	Surgical Infection	Chapter 8: Surgical Infection (pp 75-86)	
	Trauma	Essentials of General Surgery: Chapter 9: Trauma (pp 87-107)	Assigned WISE MD Case: "Trauma Resuscitation"
	Abdominal Wall, Hernia	Essentials of General Surgery: Chapter 11: Abdominal Wall, Including Hernia (pp 125-139)	Assigned WISE MD Case: "Inguinal Hernia"
WEEK 3			
II. Medical Knowledge cont'd.	Esophagus	Essentials of General Surgery: Chapter 12: Esophagus (pp 140-166)	Assigned WISE MD Case: "Appendicitis"
	Stomach and Duodenum	Chapter 13: Stomach and Duodenum (pp 167-192)	
	Small Intestine and Appendix	Chapter 14: Small Intestine and Appendix (pp 193-215)	
	Colon, Rectum, and Anus	Essentials of General Surgery: Chapter 15: Colon, Rectum, and Anus (pp 216-241)	Assigned WISE MD Cases: "Colon Cancer," "Bowel Obstruction," "Anorectal Disease," and "Diverticulitis"
	Biliary Tract, Pancreas, Liver and Spleen	Essentials of General Surgery: Chapter 16: Biliary Tract (pp 242-256) Chapter 17: Pancreas (pp 257-267) Chapter 20: Liver and Spleen (pp 317-344)	Assigned WISE MD Cases: "Cholecystitis" and "Pancreatitis"
WEEK 4			
II. Medical Knowledge cont'd.	Breast	Essentials of General Surgery: Chapter 18: Breast (pp 277-291)	Assigned WISE MD Case: "Breast Cancer Surgery"
	Surgical Endocrinology: - Thyroid Gland	Essentials of General Surgery: Chapter 19: Surgical Endocrinology (pp 292-316)	Assigned WISE MD Cases:

Competency Domain	Subject Area	Assigned Reading	Assigned WiseMD Module(s)
	<ul style="list-style-type: none">- Parathyroid Gland- Adrenal Gland- Multiple Endocrine Neoplasia Syndromes		“Adrenal Adenoma,” “Thyroid Nodule” and “Hypercalcemia”
	Surgical Oncology: Malignant Diseases of the Skin and Soft Tissue	Essentials of General Surgery: Chapter 22: Surgical Oncology (pp 365-387)	Assigned WISE MD Case: “Skin Cancer”

Required Didactic Seminar

During the 4-week surgery clerkship, students will be required to participate in a total of three 60-minute didactic sessions, conducted via Zoom. Student participation is expected unless the student is actively involved in clinical activities at their site and not excused by their preceptor. Preceptors have been informed of the didactic sessions, but they may appreciate a reminder from the student. Meeting schedules will be communicated by the academic assistant at the start of the clerkship.

Participation:

- Students should log into their **DMU Zoom account** when joining the meeting.
- Active student participation in the session is expected with cameras turned on, and student involvement in the discussion.
- Attendance will be taken.

Attendance is considered part of the professionalism expectations. If a student is absent for a session, they are expected to contact the administrative assistant, Lisa Grunzweig, lisa.grunzweig@dmu.edu, with weekly notification and to arrange a makeup assignment.

Makeup assignments will consist of reviewing the didactic session recording and may include additional assignments. Makeups are to be completed the same week of the missed session.

RESOURCES REQUIRED FOR LEARNING

Text resources listed below are available electronically from the DMU Library and can be accessed via Course Reserves. A link to Course Reserves is posted on D2L. An asterisk denotes a hard copy is available in the DMU Library.

If a newer edition of a text becomes available, the new edition will be considered required in lieu of edition listed below.

Required Textbooks and eResources

- *Essentials of General Surgery and Surgical Specialties*, Lawrence PF, Smeds M, O'Connell JB. Wolters Kluwer Health 6e, 2019.* (or 7e scheduled for publication October 2024)
- Basic Surgical and Medical Skills (SPMED 2115) Course resources, 2023-24.
23/FA - <https://dmu.desire2learn.com/d2l/home/39587>
24/SP - <https://dmu.desire2learn.com/d2l/home/40684>
- Required Assigned Wise-MD (Wise 3.0) Cases and Questions (Aquifer.org), NYU Grossman School of Medicine, 2023. <https://dmu-do.meduapp.com/>
- Link to detailed information on the NBOME COMAT Clinical Subject Surgery Exam: <https://www.nbome.org/exams-assessments/comat/clinical-subjects/comat-surgery/>

Recommended Textbooks/eResources

- Online MedEd, Clinical Topics: Surgery (General, Trauma), 2024.
<https://www.onlinemeded.com/>
- *Current Diagnosis and Treatment: Surgery*, Doherty GM. New York: McGraw-Hill Medical, 15e, 2020.* (or 16e scheduled for publication August 2024)
- *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice*. Townsend CM et al., eds. St. Louis, Missouri: Elsevier, 21e, 2022.
- *Schwartz's Principles of Surgery*, Brunicki FC, Andersen DK, Billiar TR, et al., eds. New York: McGraw-Hill, 11e, 2019.
- *Surgical Patient Safety: A Case-Based Approach*, Stahel PF, ed. New York: McGraw-Hill Education, 2018.

COM Clerkship Syllabus Addendum

COURSE POLICIES

SUPERVISION & MEDICAL STUDENT SCOPE OF PRACTICE

In alignment with the Iowa Medical Board, medical students may participate in the care of patients when supervised by a licensed physician. This policy also applies to students outside the state of Iowa.

Participation can only occur after the patient is informed and consents to student involvement in their care. The degree of supervision is dependent upon the type of student involvement.

Direct Supervision requires the licensed physician be in the room with the student. These activities include observing patient treatments, assisting or performing procedures, breast, genital, pelvic, and rectal exams as well as any patient care activity that the student has not been trained in, is unfamiliar or uncomfortable with.

Indirect Supervision requires that the licensed physician be in close physical proximity to the student, immediately available to provide assistance and the supervising physician must see the patient prior to departure. These activities include basic history taking, physical exams (excluding breast, genital, pelvic, and rectal exams), chart review, telemedicine, and communication with other providers.

The student is obligated to disclose to the supervising physician if he or she is unfamiliar, uncomfortable, or has not been trained in any aspect of patient care.

ATTENDANCE

A clinical work week is defined as a 7-day week. Every day of the rotation is considered a workday, including weekends. Clinical time for medical students cannot exceed the 80 hours per week averaged over the duration of the rotation (160 hours of a 2-week rotation, 320 hours for a 4-week rotation).

In-house call will not be more than every 3 days. Call is limited to 24 hours per day plus 4 hours for transition of or completion of patient care responsibilities. Certain rotations, such as Emergency Medicine, require night shift coverage which is not considered “in-house call”.

Students are required to have 1 day off for every 7-day week, averaged over the duration of the rotation. If a clinical site is closed on weekends or on specific days, those days are considered time off. If a student has any duty hour issues or concerns, they should be reported to the Office of Clinical Affairs who will develop a plan to address duty hour violations.

This policy also underpins the COM Fatigue Mitigation Policy.

End of Rotation Exams: Students will be released from clinical duties at 7 PM the day prior to an examination and may be required to return to clinical duties after the exam.

Holiday Policy: Students are expected to fulfill clinical obligations on holidays unless the facility is closed and/or they are told not to attend by their preceptor. Days off for holidays count as days off for duty hour purposes.

Inclement Weather Policy: Students are not expected to be on duty if the site is closed due to inclement weather. If a student feels that his or her safety is at risk if traveling to rotation in inclement weather, he or she must notify the preceptor, and DMU clerkship coordinator immediately. Days off for inclement weather are considered days off for duty hour purposes.

Minimal Duty Hour Expectations:

The student should anticipate an average of a 60-hour work week. At the preceptor's discretion, the student may work a minimum of 36 hours per week. If for any reason the student cannot meet this 36 hour per week minimum, they must immediately contact their clinical coordinator, so that alternative experiences may be considered.

If a student is scheduled by the preceptor for less than 144 hours of educational time on a 4-week rotation, the student may learn from another preceptor, which preferably would be a physician but could be a physician assistant, nurse practitioner, certified nurse anesthetist, radiology technician, as long as this makes up no more than 25% of total rotation hours.

If no other preceptors are available, the student must notify their clerkship coordinator as soon as possible to arrange for more clinical time elsewhere or an assignment.

If a student does not have an end of rotation exam, he or she is expected to be on clinical duty until the end of the workday on the final day of the rotation.

ABSENCE POLICY

Students may miss rotation time for several reasons, which may include illness, residency interviews, and educational conferences/absences. Regardless of the reason for the absence, the following procedure applies to each specific rotation.

Excused Absences:

Students can miss a maximum of two days during a two-week rotation and four days during a four-week rotation. No more than two days will be approved for a single event or activity and students are not to miss more than two days in a single week.

Planned absences requested over the first two days of the rotation will not be approved. Students missing any time on their rotation must notify the clinical site, the preceptor and the DMU clerkship coordinator as soon as possible.

If the absence is greater than two days and because of illness, students are required to provide their clerkship coordinator with a physician's note. Notes from preceptors will not be accepted. The note must address the following:

- Documentation of the illness
- Documentation of the resolution of illness and release of the student back to duty.

Unexcused Absences:

Absences are considered unexcused if the student fails to communicate their absence with the preceptor, site contact, and DMU clerkship coordinator or if an absence is not approved by Des Moines University. Unexcused absences will be tracked over the course of the clinical years and any pattern of said absences will be addressed by the Associate Dean of Clinical Affairs. For the first unexcused absence, a student will receive a letter of warning. For the second unexcused absence, the student will receive a letter of warning and may be referred to the Academic Progress Committee. If the student has a third unexcused absence during their clinical training, it will result in rotation failure.

Absences for Board Exams: Students may be absent from clinical rotations for board exams. Students must give at least 14 days' notice to their clinical site, preceptor and clerkship coordinator as possible when scheduling national board exams.

Absences for Conference Absences: Each student can be approved for up to one professional development conference absence per academic year. Advanced approval by the preceptor and the Associate Dean for Clinical Affairs is required. All requests should be submitted via Special Circumstance and at least 30 days prior to the date of the requested time off. Failure to adhere to this 30-day policy may result in denial of the request. Approval for an educational absence is subject to the student's overall academic and professional record.

Any educational absence that will be greater than two days may require those days to be made up with another clinical educational activity.

Absences for Residency Interviews: Students are encouraged to give 14 days' notice to their clinical site and clerkship coordinator when scheduling residency interviews. All residency interview absences must be approved by the clinical site. The Office of Clinical Affairs understands the dynamic nature of the residency interview process and will consider issues on a case-by-case basis, balancing the educational requirements with COM's goal of matching students into residency.

Days off for interviews are considered days off for duty-hour purposes.

Leaves of Absence: Any extended absence, including those due to illness or family emergencies, may require the student to take a voluntary leave of absence (LOA). The student would have an opportunity to make up missed clerkship time at a later date. An LOA may delay the student's rotation schedule and subsequent advancement to the next academic year, graduation and/or match and residency.

Make-up Policy: Students will be required to make up excused missed rotation time if they miss more than two shifts in a week or the maximum missed time allowed for rotations as outlined under the "Attendance" heading. Students may make-up missed time by doing one of the following:

- Participate in clinical activity at the site on a weekend. This is the preferred make-up activity and will be the expected make-up plan if the site has weekend or extended weekday hours.
- If the rotation is at a site without weekend hours, the missed rotation time may be made up in the form of an assignment which may include:
 - Online modules
 - Reading assignment
 - Research or practice improvement project
 - Reflection paper

The student's preceptor may be consulted when determining the requirements of the assignment. When notifying their clerkship coordinator of the missed time, the student should include a plan for making up time missed greater than two days. The student may work with their preceptor, clerkship director, clerkship coordinator, Director of Undergraduate and Graduate Development, or Associate Dean for Clinical Affairs if needing assistance in creating a make-up plan. Students who do not make up missed rotation time may delay their progression to the next academic year, graduation and/or match eligibility.

Didactic sessions missed will be made up as decided by the clerkship director on a case-by-case basis. Post rotation exam make-up is discussed in the Post Rotation Exam Policy section.

EVALUATION

Examinations and Other Summative Assessment Methods:

A clinical evaluation form must be completed by the attending physician and submitted to the Office of Clinical Affairs at the completion of each clinical rotation in order for a grade to be assigned. For rotations where the student works with residents, a resident may complete the clinical evaluation form, but it must be co-signed by the attending physician. Only one evaluation form will be accepted for each rotation. In order to receive a passing grade in a core rotation that requires a post rotation exam, a student must pass both components: the clinical evaluation and the post rotation exam.

The post rotation exam acts as the other summative assessment for the rotation. The current method of assessment of clinical subject knowledge is via a COMAT as designed and administered by the National Board of Osteopathic Medical Examiners (NBOME).

Grading:

For the core clinical clerkships of family medicine, general internal medicine, psychiatry, general pediatrics, general surgery, obstetrics/gynecology, and emergency medicine, the following grades are possible based on the clinical evaluation and post rotation exam: Honors, High Pass, Pass, and Fail. All other rotations, both elective and required, are graded as Honors, High Pass, Pass, and Fail based on the clinical evaluation.

If the student receives one or more "below expectations" ratings on a single preceptor evaluation, the student will be issued an academic warning letter and should set up time to speak with the Associate Dean for Clinical Affairs to review mid-rotation preceptor feedback, their written response to the feedback, and to further refine an action plan for improving performance. If a

student receives one or more “below expectations” on a single preceptor evaluation a second time, the student will be required to meet with the Associate Dean for Clinical Affairs and the clerkship director, or their delegate, to discuss the student’s areas for improvement and review specific goals and timeframes for improving performance. The student may also be referred to the Academic Progress Committee for poor performance.

Core Clinical Clerkships: Grading for the core clinical clerkships are determined by the preceptor evaluation and post rotation examination scores. Both components must be passed for the student to receive a passing grade. Core clinical clerkships are the required third year family medicine, general internal medicine, obstetrics and gynecology, psychiatry, general surgery, and general pediatrics. The required emergency medicine, which can be completed in either the OMSIII or OMSIV year, is also considered a core clinical clerkship. Criteria for Honors and High Pass for the core clinical clerkships are below.

Score Ranges	Grade
Average rating on the evaluation of ≥ 4.6 AND a COMAT score of ≥ 105	Honors*
Average rating on the evaluation of ≥ 4.6 AND a COMAT score of ≥ 95 OR Average rating on the evaluation of ≥ 4.0 AND a COMAT score of ≥ 105	High Pass*

*To earn an Honors or High Pass grade in a core clinical clerkship, a student must not have any unauthorized absences during the clerkship and must not have failed the COMAT on initial attempt. The student should also comply with the case log policy referenced above.

Clinical Clerkships without a post rotation exam (i.e. elective): Grading for the clinical clerkships without a post rotation exam are determined by the preceptor evaluation scores. Criteria for Honors and High Pass for the clinical clerkships are below.

Score Ranges	Grade
Average score rating of 5.0 across seven (7) competency domains^ and the Overall Global Rating. ^A student may receive a “0” in the OMM domain if not observed thus allowing for an average score of 5.0 across six (6) competency domains and the Overall Global Rating.	Honors*

Score Ranges	Grade
Average score rating of 4.75 across seven (7) competency domains^ and the Overall Global Rating. ^A student may receive a “0” in the OMM domain if not observed thus allowing for an average score of 4.75 across six (6) competency domains and the Overall Global Rating.	High Pass*

*To earn an Honors or High Pass grade in a clinical clerkship without a post rotation exam, a student must not have any unauthorized absences during the clerkship. The student should also comply with the case log policy referenced above.

Clerkship Failure: A failing grade will be issued to any student who receives one of the following during a single rotation:

1. Three confirmed unexcused rotation absences.
2. Failing score on the second attempt of the end of rotation exam.
3. One or more “unacceptable” ratings on any single preceptor evaluation form.
4. Three or more “below expectations” ratings on any single preceptor evaluation form
5. Failure to complete required assignments by the deadline set by the Clerkship Director.

Post Rotation Exam Policy: The following policy applies to all students on their third-year core required rotations which include: Family Medicine, General Internal Medicine, General Pediatrics, General Surgery, OB/GYN and Psychiatry. This policy also pertains to students on their 3rd or 4th year Emergency Medicine or OMM rotations.

1. All students are required to take a post rotation examination after each core rotation. The Family Medicine post rotation exam is to be taken after the 2nd four-week required Family Medicine rotation. The post rotation exam must be taken on the last Thursday or Friday of the clinical rotation.
 - Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, OB/GYN, Pediatrics and Psychiatry examinations will be completed through the NBOME – COMAT website. The minimum passing score is 80.
 - OMM examinations will be completed through the learning management system. The minimum passing score is 70%.
 - Any student on a clerkship with a required post rotation exam will receive an email from the department’s academic assistant mid-way into the rotation to arrange the exam. If a student has not received information on the exam, the student is required to contact the appropriate academic assistant by Tuesday morning of the 3rd week of the rotation to ensure that all students are enrolled for the exam.
 - All exams must be monitored by a DMU-approved proctor.
 - No food, drinks, books, notes, PDAs, i-Touches, cell phones, or other electronic devices are allowed during the exam.

- If students take an end-of-rotation exam on Thursday or Friday morning, they may be required to report back to their clerkship following the exam to fulfill the clinical requirement.
 - Accommodations granted to students by DMU will be honored in the post rotation exam.
2. Extensions for completing these examinations may be authorized due to illness or emergencies. To be considered for an extension, the student must:
- Contact the department academic assistant via phone or email as soon as the student realizes that an extension is required.
 - Explain the circumstances regarding the situation and why it will not be possible to complete the examination within the specified period of time.
 - Granting of extensions will be approved on a case-by-case basis. The clerkship director will make the final decision as to whether or not an extension is granted.
 - If granted an extension, students are expected to take the end of rotation exam by the deadline set by the Clerkship Director or the exam attempt will be recorded as score of 0.
3. Post Rotation Exam Failure:
- Students who fail their post rotation exam will not be eligible for Honors or High Pass for that rotation.
 - Students must contact the department's academic assistant within 48 hours of being notified of an examination failure to arrange a retake of the examination.
 - The post rotation examination must be retaken within 14 calendar days of the notification of the initial exam failure. If a student does not retake the post rotation exam within 14 calendar days of the notification of initial exam failure, the posted score for the second attempt will be recorded as a 0 and the student fails the clerkship.
 - If the student achieves a score of 80 or higher on the retake, the minimum passing score of 80 will be reported to Clinical Affairs.
 - Students who fail the post-rotation retake will fail the clerkship. The Academic Progress Committee will be notified and a plan for remediation will be developed, in consultation with COM administration.

Withdrawal: If a student withdraws from a clerkship prior to the mid-way point, a “W” will appear on the transcript. If a student withdraws from a clerkship after the midpoint of the rotation and is failing will earn a “WF” and if passing the clerkship, will earn a “WP”.

Incomplete: A student whose preceptor has not returned their student evaluation will be assigned an Incomplete.

Remediation: Clerkship failures require remediation as determined by the appropriate college's Academic Progress Committee (APC).

If a student is required to repeat a clerkship that requires passage of a post rotation exam, the student will be required to retake the post rotation exam after the clerkship is repeated, regardless

of previous score. Students are not eligible to earn an Honors or High Pass grade on a clerkship that is being repeated due to clerkship failure.

STUDENT WELLNESS

Student wellness is important to Des Moines University College of Osteopathic Medicine. Students in need of assistance may reach out to their clerkship coordinator, the Director of Graduation and Undergraduate Development, Associate Dean for Clinical Affairs, or the Student Counseling Center at counseling@dmu.edu or 515-271-1392. In addition, students may contact the 24-hour Academic Live Care at 855-850-4301 (or text “hello” to 61295) or the 24-hour National Suicide Prevention Hotline at 800-273-8255.

ACADEMIC INTEGRITY STATEMENT

The faculty of DMU-COM believe that, as future professionals, the students must observe high standards of honesty and integrity and that faculty and students have a shared responsibility to diligently ensure these high standards are upheld. Consequently, the faculty and students agree to abide by the tenets of the University’s Code of Conduct and to dutifully report any violation of the Code to appropriate officials. Students who violate the Code of Conduct will be subject to misconduct penalties as outlined in the current COM Student Handbook.

COPYRIGHT POLICY

Copyright Notice: Information presented within this course may contain copyrighted material used for educational purposes. It is intended for use only by students enrolled in this course. Reproduction or distribution of this Copyright Compliance material is strictly prohibited. Unauthorized use of this material is a violation of the DMU Code of Conduct and may also violate federal copyright protection laws.

DIGITAL ACCESSIBILITY POLICY

Accessible Content & Materials:

The information in this course is available in an accessible format. This includes the availability of captioning for digital content and appropriate color contrast, font sizes, and textures for lectures, recordings, or other course materials.

ACCOMMODATIONS

Des Moines University is committed to providing reasonable access to learning opportunities for students with disabilities who meet the technical standards of the program, with or without reasonable accommodations. If you are a student with a disability who requires reasonable accommodations to reasonably access the curriculum and educational services offered at DMU, please contact the Accommodations and Educational Support Specialist in the Center for Educational Enhancement in person, by phone (515-271-1516), or by email (accommodations@dmu.edu) to begin the individualized, interactive process. Accommodations determinations are not made by faculty. Students that are seeking accommodations must complete an intake meeting, apply, and submit appropriate documentation to support their

request for accommodations in the classroom and clinical settings. Accommodations are not provided retroactively. Students are encouraged to request accommodations at least two weeks in advance of the date the accommodations are necessary. Please review the policy and procedure for [Accommodations & Temporary Assistance in Educational Programming](#) to access the forms and documentation to support your request. For additional information regarding [Accommodations & Temporary Assistance in Educational Programming](#), please refer to the [Academic Catalog](#).