OMM Clinical Clerkship Syllabus

GENERAL INFORMATION

COURSE DETAILS & INFORMATION

Course Name: OMM Clerkship
Graduating Class Year: DO-21, DO-20
Discipline: Clinical
Course Option Type: Elective
Grade Scheme: Pass/Fail
Department: OMM
Credit Hours: 2 or 4
Duration: 2 weeks or 4 weeks
Dates: 6/11/19-5/15/20

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Course Director</td>
<td>Kate Heineman, DO</td>
<td><a href="mailto:katherine.heineman@dmu.edu">katherine.heineman@dmu.edu</a></td>
<td>515-271-1429</td>
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<td>Lacey Knobbe</td>
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<td>515-271-1429</td>
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GENERAL COURSE DESCRIPTION

This elective rotation is to be either a two (2) week or four (4) week experience in an osteopathic manual medicine clerkship. It is intended to be a structured clinical experience, under direct supervision, in clinical osteopathic manual medicine. This clinical experience is a time to build/reinforce clinical problem-solving and decision-making skills and a time to gain clinical experience and build on the student’s foundation of didactic information.

Clinical experiences are intended to assist the student’s transition from didactic to integrated clinical evaluation and patient management. The student will develop skills in systematic medical problem-solving and patient management. We expect the experience will reinforce patterns of independent learning and self-evaluation and improve skills in communication and medical record keeping. Students are expected to assist in the management of acute and chronic problems and by performing osteopathic manual medical procedures under direct supervision.

Notes: The Department of Osteopathic Manual Medicine will administer a post-rotation examination when the student has completed his/her rotation. Please refer to the section on Evaluations and Post-Rotation Exam Policy.
AOA COMPETENCIES AND COURSE SCHEDULE

The table below defines each of the seven competency domains set forth by the AOA.

| 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 AOA competencies and sub-competencies as noted in the table below.
**COURSE GOALS, OUTCOMES & COMPETENCIES**

- Develop a general competency and knowledge base of palpation skills regarding practice using osteopathic manipulative medicine in an outpatient setting under supervision.
- Develop a core knowledge of general disease processes in adult and child patient medical care in an osteopathic manipulative clinic.
- Recognize how to apply osteopathic manipulative medicine as both a diagnostic and treatment modality.

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>AOA/AACOM Competencies</th>
<th>EPAs</th>
<th>Instructional Methods</th>
<th>Assessment Methods</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the signs and symptoms, differential diagnosis, management and treatment of the diseases and medical conditions in an OMM specialty clinic</td>
<td>I.1.a, I.1.b, I.1.c, I.1.d, I.1.e, I.2.a, I.2.b, I.2.c, I.3.b, I.3.c.1, I.3.c.2, I.3.d, I.3.g, I.3.h, I.3.i, I.3.j, I.5.b, I.5.c, II.1.a, II.1.d, II.1.f</td>
<td>EPA 2</td>
<td>Clinical Experience - Ambulatory</td>
<td>Exam – Institutionally Developed, written/computer-based; Participation; Oral Patient Presentation</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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<tr>
<td>Collaborate with other health care professionals to provide patient-centered care</td>
<td>III.6.f, III.6.g, III.6.h, IV.4.g, IV.4.h, IV.4.k, IV.4.l, VII.2.a, VII.2.b</td>
<td>EPA 9</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
</tr>
<tr>
<td>Elicit a record of an organized, focused medical history.</td>
<td>III.1.b, III.1.e</td>
<td>EPA 1</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
</tr>
<tr>
<td>Conduct and record an osteopathic structural examination and document findings using acceptable osteopathic terminology under supervision</td>
<td>I.2.a, I.2.b, I.2.c, I.2.d, I.2.e, I.2.f, I.2.g, I.2.h, I.2.i I.3.a, I.3.b, I.3.c.1, I.3.c.2, I.3.d, I.3.e, I.3.f, I.3.g, I.3.g.1, I.3.h, I.3.i, I.3.j, I.4.d, I.5.a, I.5.b, I.5.c, I.6.e I.7.b, I.7.d</td>
<td>EPA 1</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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## Learning Outcome | AOA/AACOM Competencies | EPAs | Instructional Methods | Assessment Methods | Resources |
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<tr>
<td>Identify common structural patterns generated by medical pathology.</td>
<td>I.3.b, I.3.c1, I.3.c2, I.3.g, I.4.d, III.1.g</td>
<td>EPA 7</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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<tr>
<td>Apply osteopathic manual medicine techniques to effectively address common medical problems.</td>
<td>III.3.b, I.3.g, I.3.g-1</td>
<td>EPA 12</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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<tr>
<td>Formulate a logical differential diagnosis.</td>
<td>III.2.a, III.2.b, III.2.c, I.4.b I.4.g</td>
<td>EPA 2</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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<tr>
<td>Recommend and interpret common diagnostic and screening tests</td>
<td>III.1.k, III.2.a,</td>
<td>EPA 3</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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<tr>
<td>Formulate an appropriate plan for confirming and treating the diagnosis.</td>
<td>III.4.a, III.4.b, III.4.d, III.4.f, I.4.c</td>
<td>EPA 7</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation; Clinical Documentation Review</td>
<td>Electronic Health/Medical Record</td>
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<td>Integrate the use of recognized osteopathic treatment modalities into patient care. These may include: muscle energy, high velocity/low amplitude, strain/counterstrain, myofascial release, cranial, soft tissue, facilitated positional release and Still technique</td>
<td>III.4.d, I.5.b</td>
<td>EPA 12</td>
<td>Clinical Experience - Ambulatory</td>
<td>Participation; Oral Patient Presentation;</td>
<td>Patient—Receiving Clinical Care; Electronic Health/Medical Record</td>
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### Learning Outcome

Professionally approach and examine patients in a confident and non-threatening manner.

<table>
<thead>
<tr>
<th>AO/AACOM Competencies</th>
<th>EPAs</th>
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<tr>
<td>III.5.g, III.5.f, III.5.d, III.5.a, V.7.a, V.7.b</td>
<td>EPA 12</td>
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<thead>
<tr>
<th>Instructional Methods</th>
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<td>Clinical Experience - Ambulatory</td>
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<th>Assessment Methods</th>
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<th>Resources</th>
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<tr>
<td>Patient—Receiving Clinical Care</td>
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### Content Mapping:

<table>
<thead>
<tr>
<th>Organ System</th>
<th>Scientific Understanding of Health &amp; Disease Mechanisms</th>
<th>Health Care Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous, including sensory</td>
<td>Anatomy—normal, abnormal</td>
<td>Examination and recognition</td>
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<tr>
<td>Musculoskeletal</td>
<td>Neurology—normal, abnormal</td>
<td>Gathering patient information</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Osteopathic Principles—normal, homeostasis</td>
<td>Information management and technology</td>
</tr>
<tr>
<td>Lymphatic</td>
<td>Osteopathic Principles—somatic and visceral dysfunction</td>
<td>Medical ethics and professionalism</td>
</tr>
<tr>
<td>Immune</td>
<td>Physiology—normal, abnormal</td>
<td>Physician-patient communication</td>
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<tr>
<td>Digestive</td>
<td>Immunology—normal, abnormal</td>
<td>Teamwork and collaboration</td>
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<tr>
<td>Cardiovascular</td>
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<tr>
<td>Reproductive</td>
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<td>Cardiovascular</td>
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<td>Urinary/Excretory</td>
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**Patient Conditions:** To ensure a comparable and quality experience while on clerkship, rotations may have a list of patient conditions that students must encounter during the experience. Students document exposure to these conditions through patient encounter logging (please see case log section below). If a student does not meet the minimum exposure to a condition, 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:

<table>
<thead>
<tr>
<th>Patient Condition / Clinical Diagnoses</th>
<th>Procedure</th>
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<tbody>
<tr>
<td>Headache</td>
<td>Osteopathic manipulative treatment</td>
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<td>Concussion</td>
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<td>Pregnancy</td>
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<td>Spinal stenosis</td>
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<td>Disc disease</td>
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<td>GERD</td>
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<td>Pulmonary disease (upper respiratory tract infections/pneumonia/ COPD)</td>
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<td>Low-back pain</td>
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<td>Neck pain</td>
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<td>Upper and lower extremity pain (injuries/overuse issues/DJD/radicular symptoms)</td>
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<td>Thoracic pain</td>
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<td>Constipation</td>
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<td>Osteoarthritis</td>
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<td>Fibromyalgia</td>
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<td>Torticollis</td>
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<td>Musculoskeletal pain</td>
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STUDENT RESPONSIBILITIES

Formative Assessment
Students are required to request mid rotation feedback from their preceptor 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 will occur on the site evaluation and is required for passing the rotation. 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
- While all patient encounters should be logged, a minimum of 60 patient encounters logged for each four-week rotation is expected. If a student is at a low volume rotation, their clerkship coordinator should be notified by 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 a student is on international rotation, paper logs must be submitted within 7 days of returning to the United States. Logs may be submitted either in person or scanned and provided via email.
- Entries will not be allowed in the system after seven days after the encounter occurred. Prompt entry of patient encounters is highly encouraged.
- 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.
- Students not in compliance with the case log policy will not be eligible for high pass or honors for that rotation.

Site and Preceptor Evaluation
Students are required to complete the site evaluation by the Monday morning after the rotation ends.
RECOMMENDED RESOURCES FOR LEARNING

- Jenkins, David B., Ph.D., HOLLINSHEAD’S – FUNCTIONAL ANATOMY OF THE LIMBS AND BACK, Saunders, Philadelphia, PA, 2009
- Myers, Haron, D.O., CLINICAL APPLICATION OF COUNTERSTRAIN, Osteopathic Press - a division of Tucson Osteopathic Medical Foundation, 2006
- Schuenke, Michael, THIEME – ATLAS OF ANATOMY, Thieme, Stuttgart, NY, 2006

• Article #1 Structural Pelvic Function; Fred L, Mitchell; Academy of Applied Osteopathy Year Book • 1958 • 71-90.
• Article #2 Syndromes of the Lumbar Spine, Pelvis and Sacrum; Phillip Greenman, Physical Medicine and Rehabilitation Clinics of North America, Volume 7 • No. 4 • November 1996 773-785.
• Article #3 Diagnostic Touch: Its Principles and Application; Rollin E. Becker, DO; Academy of Applied Osteopathy Year Book• 1963 • 32-40.
• Article #4 The Emerging Concept of the Osteopathic Lesion; Irvin M. Korr, Ph.D.; JAOA • Vol 48 • No 3 • November 1948 • 127-138.
• Article #6 Hemodynamic Effects of Osteopathic Manipulative Treatment Immediately after Coronary Artery Bypass Graft Surgery; Albert H. O-Yurvati, DO; Michael S. Carnes, DO; Michael B. Clearfield, DO; Scott T. Stoll, DO, PhD; and Walter J. McConathy, PhD; JAOA • Vol 105 • No 10 • October 2005 • 475-481.
• Article #7 Effect of Osteopathic Manipulative Treatment on Middle Ear Effusion Following Acute Otitis Media in Young Children: A Pilot Study; Karen M. Steele, DO; Jane E. Carreiro, DO; Judith Haug Viola, DO; Josephine A. Conte, DO; and Lance C. Ridpath, MS; JAOA • Vol 114 • No 6 • June 2014 • 436-447.
• Article #8  Multicenter Osteopathic Pneumonia Study in the Elderly: Subgroup Analysis on Hospital Length of Stay, Ventilator-Dependent Respiratory Failure Rate, and In-hospital Mortality Rate; Donald R. Noll, DO, Brian F. Degenhardt, DO, Jane C. Johnson, MA; JAOA • Vol 116 • No 9 • September 2016 • 574-587.

• Article #9  PROMOTE Study: Safety of Osteopathic Manipulative Treatment During the Third Trimester by Labor and Delivery Outcomes, Kendi L. Hensel, DO, PhD; Brandy M. Roane, PhD; Anita Vikas Chaphekar, OMS III; and Peggy Smith-Barbaro, PhD; JAOA • Vol 116 • No 9 • November 2016 • 698-703.

• Article #10  Correlation of Somatic Dysfunction With Gastrointestinal Endoscopic Findings: An Observational Study; Karen T. Snider, DO; Robert P Schneider, DO; Eric J. Snider, DO; Jay B. Danto, DO; Charles W. Lehnardt, DO; Christopher S. Ngo, DO; Jane C. Johnson, MA; and Timothy A. Sheneman, DO; JAOA • Vol 116 • No 6 • June 2016 • 358-369.
COM Clerkship Syllabus Addendum

**COURSE POLICIES**

**ATTENDANCE**

The educational hours will be determined by the preceptor and must be in accordance with ACGME work hour guidelines. Educational time/hours include clinical time and required didactic activities. Minimum educational time for a 4-week rotation is 144 hours and maximum educational time on a 4-week rotation is 240 hours. If a student is scheduled by the preceptor for less than the minimum of 144 hours of educational time, the student may learn from another preceptor, which would preferably 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.

The link to the ACGME Common Program Requirements, which addresses duty hours, is https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf.

**ABSENCE POLICY**

*Absences:* 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.

For excused absences, students are allowed to 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 following individuals as soon as possible:

- clinical site and preceptor
- site coordinator, and
- DMU clerkship coordinator.

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. 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 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 Residency Interviews and Board Exams:** Students are allowed to be absent from clinical rotations for board exams and residency interviews. The following guidelines apply for these specific circumstances:

- Students are encouraged to give as much notice to their clinical site and clerkship coordinator as possible when scheduling residency interviews. Des Moines University requests at least 14 days’ notice when scheduling residency interviews. Exceptions can be made if a student is offered a last-minute interview spot, pending the approval of the clinical site.
- Exceptions may be made for maximum number of days missed off of rotation to accommodate residency interviews. This is on a case-by-case basis and factors taken into account include:
  - Total number of planned absences already scheduled during the rotation
  - Number of days already planned to be missed during the same week as the pending request
  - Days already missed from the rotation due to illness
  - Structure of the rotation such as hours scheduled and ability to make up the clinical time
  - Site specific policies regarding the maximum number of missed days allowed during the rotation
- All residency interview absences must be approved by the clinical site. Sites frequently have their own policies for maximum number of days missed from a rotation and minimum notice required for absences. In the case where a site’s policy is more restrictive than the Des Moines University policy, Des Moines University will honor the site’s policy.
- Board exam days are credited as clinical time, but travel days to the board exams are considered days off from rotations.

**Conference Absences:** Students are encouraged to engage in non-clinical opportunities while on clinical rotations. The following provides guidance for students to receive permission and credit for these activities. Some examples of educational activities include:

- OMM-related education activities for OMM Fellows, as approved by the OMM Department Chair
- Participation in national or state osteopathic, medical, or student boards/committees (e.g. AOA, ACOEP, ACOFP, COSGP, UAAO, AMSA, IOMA, etc.)
- Other educational activities as preapproved by the clinical site and Associate Dean for Clinical Affairs
- Students will be allowed to attend one medical conference per year for networking with residencies
- Master’s courses required for dual degree students

Additional items to consider when requesting an educational absence follow:
• All educational absences are subject to the approval of the clinical preceptor, rotation site, and Office of Clinical Affairs
• In addition to the approval process outlined above, any educational absence that will be greater than two days will require any days greater than two days missed to be made up. Make up for educational absences must be clinical time outside time already scheduled on the rotation.
• When requesting the educational absence of greater than two days, the student should outline a plan for making up time otherwise the request may be sent back to the student or denied. If the time greater than two days missed cannot be made up with clinical experience, the request will be denied.
• The student may work with his or her preceptor, clerkship coordinator, Director of Undergraduate and Graduate Development, or Associate Dean for Clinical Affairs if needing assistance in creating a make-up plan.
• 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.
• As with all absences, all educational absences must be logged.
• Approval for an educational absence is subject to the student’s overall academic and professional record.
• Travel to and from any activity is not considered clinical education time, but will be included in the student’s case log.
• Students are responsible for travel and conference expenses.
• Any student absent from clinical rotations for an educational absence without seeking prior approval is in violation of this policy and may be subject to disciplinary action.

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. 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. Clinical activity is required for making up educational absences longer than two days in length.
• 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:
  o Online modules
  o Reading assignment
  o Research or practice improvement project
  o 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 his or her preceptor, 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.

**Holiday Policy:** Students are expected to be on rotation on holidays unless the facility is closed and/or they are told not to attend by their preceptor or site contact. As with all absences from rotation, regardless of reason, holiday absences must be logged in the case logs.

**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.

**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: Honors, High Pass, Pass, and Fail. All other rotations, both elective and required, are pass/fail.

**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 in order 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. These are the only rotations where a “Honors” or “High Pass” grade is possible. Criteria for Honors and High Pass are below.
Score Ranges | Grade
--- | ---
Average rating in both the BMD and PED of $\geq 4.6$ AND a COMAT score of $\geq 105$ | Honors*
Average rating in both the BMD and PED of $\geq 4.6$ AND a COMAT score of $\geq 95$ | High Pass*
Average rating in both the BMD and PED of $\geq 4.0$ AND a COMAT score of $\geq 105$ | High Pass*

BMD: Biomedical Domain on the clinical evaluation
PED: Professionalism and Ethics Domain on the clinical evaluation

*In order to earn an Honors or High Pass grade in a clerkship, a student must not have any unauthorized absences during the clerkship and must not have failed the COMAT on initial attempt. The student must also be in compliance with the case log policy.

**Clerkship Failure:** A student will fail a clerkship if one of the following occur:

1. For core clerkships where a post rotation exam is required, a student would fail the rotation if he or she fails all of the following in a single rotation: the post rotation exam, the retake of the post rotation exam, and the oral exam
2. Confirmed third unexcused absence from a rotation
3. One or more “unacceptable” ratings on the preceptor evaluation form
4. Six or more “below expectations” ratings on any single preceptor evaluation form
5. If the student receives greater than 2 and less than 6 “below expectations” ratings on a single preceptor evaluation, the student will be placed on academic probation until graduation. While on academic probation, if a student receives 3 or more “below expectations” on a single preceptor evaluation, the student will fail the clerkship.

**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 1st 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 are expected to report to their clerkship following the exam.
- 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.

3. To pass the clerkship, the student must pass the written post rotation exam:
   - If administered in the learning management system, a score of at least 70% is required to pass.
   - If administered through the NBOME – COMAT website, a standard score of 80 is required to pass.
     i. COMAT uses standard scores rather than percentages. For more information please review the NBOME website.

4. 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 the remediation examination.
   - Students who fail the post-rotation retake must contact the department’s academic assistant within 48 hours.
     o The academic assistant will schedule the student for an oral examination.
     o The oral remediation exam will be videotaped/recorded.
     o The clerkship director, as well as other DMU faculty members, will be present for the administration of each oral examination.
     o The student is responsible for making all arrangements, including time off from their current rotation as well as travel back to the University for the oral examination.
     o Failure of the oral examination will result in failure of the rotation.
     o Students must retake the end of rotation exam within 2 weeks of the notification of the initial failure.
     o The oral examination will be taken within 4 weeks of the notification of the failure of the second end of rotation exam.
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.

Post rotation exam failure remediation is discussed in the Post Rotation Exam Policy 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 Integrity Code and to dutifully report any violation of the Code to appropriate officials. Students who violate the Integrity Code will be subject to misconduct penalties as outlined in the current COM Student Handbook.

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DISABILITY

Des Moines University is committed to providing equitable access to learning opportunities for students with documented disabilities who meet the technical standards of the program, with or without reasonable educational accommodations. If you are a student with a disability (e.g. mental health, attentional, learning, chronic health, sensory, or physical) who needs reasonable accommodations to fully access the curriculum and educational services offered at DMU, please contact the Accommodations Specialist in the CTL in person, by phone (515-271-1516) or by email (accommodations@dmu.edu) to begin the confidential conversation and interactive process. Students will be asked to submit an application and appropriate documentation to support their request for accommodations in the classroom and clinical settings. If granted, accommodations are not provided retroactively, and cannot be determined by faculty members directly. Therefore, students are encouraged to request educational accommodations far in advance of the date the accommodations are needed. Please, review the policy and procedure for Accommodations in Educational Programming to access the required forms and documentation to support your request.