



Clinical Clerkship Syllabus 2021-22

GENERAL INFORMATION

COURSE DETAILS & INFORMATION

Course Name:	Internal Medicine
Graduating Class Year:	DO23
Discipline:	Clinical
Course Option Type:	Required
Grade Scheme:	Pass/Fail/Honors/High Pass
Department:	Family & Internal Medicine (FIM)
Credit Hours:	4
Duration:	4 weeks
Dates:	August 9, 2021 to May 22, 2022

Role	Name	Email	Phone
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GENERAL COURSE DESCRIPTION

This required rotation is a four (4) week introductory, structured clinical clerkship under direct supervision designed to provide experience in diagnosing, treating and caring for adult patients.

Clinical experiences are intended to assist the student's transition from didactic to integrated clinical evaluation and patient management. In addition to gaining specific skills, the student should also develop skills in systematic medical problem-solving and patient management abilities; establish or reinforce patterns of independent learning and self-evaluation; and advance verbal and written clinical communication skills. The student should also develop fundamental *psychomotor* skills by performing routine basic procedures under direct supervision.

The College of Osteopathic Medicine, Department of Family & Internal Medicine will administer a post-rotation examination when the student has completed the required internal medicine rotation. Please refer to the section on Post-Rotation Examination and the Desire2Learn (D2L) site, 21/YR OSTE 3103NC DO 23 INTERNAL MEDICINE CLERKSHIP.

AOA COMPETENCIES AND COURSE SCHEDULE

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

AOA Core Competencies	
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 AOA 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 outpatient and inpatient Internal Medicine practice. We wish for each student to develop a core knowledge of general disease processes and to observe and participate in the coordination of adult patient medical care.

Learning Outcome	AOA/AACOM Competencies	EPAs	Instructional Methods	Assessment Methods	Resources
1 – Obtain and record an appropriately complete, cogent and organized medical history	I.3.a, III.1.b, III.1.c, III.1.e, III.1.f, III.1.h, III.1.i, III.1.j, III.6.a, III.6.b, III.6.d, III.6.e, IV.1.a, IV.1.b, IV.1.c, IV.1.d, IV.1.e, IV.1.f	1, 5	Clinical Experience - Ambulatory Clinical Experience - Inpatient Patient Presentation - Learner Preceptorship Self-Directed Learning Ward Rounds	Clinical Performance Rating/Checklist Oral Patient Presentation	Real Patient, EMR
2 – Conduct and record an appropriately complete and accurate physical examination.	I.3.b, I.4.a, I.4.b, III.1.d, III.1.e, III.1.f, III.1.h, III.1.i, III.1.j, III.3.a, III.6.a, III.6.b, III.6.d, III.6.e	1, 5	Clinical Experience – Ambulatory Clinical Experience – Inpatient Patient Presentation – Learner Preceptorship Self-Directed Learning Ward Rounds	Clinical Performance Rating/Checklist Oral Patient Presentation	Real Patient EMR
3 – Formulate a reasoned differential diagnosis for each problem.	I.4.g, II.3.a, II.3.c, II.3.d, III 1.g, III.1.k, III.2.a, III 2.b, III.2.c, III.6.e, IV.1.b	2, 3	Clinical Experience – Ambulatory Clinical Experience – Inpatient Patient Presentation – Learner Preceptorship	Clinical Performance Rating/Checklist Exam - Nationally Normed/Standardized, Subject Oral Patient Presentation	Real Patient

Learning Outcome	AOA/AACOM Competencies	EPAs	Instructional Methods	Assessment Methods	Resources
			Self-Directed Learning Ward Rounds		
4 – Formulate and appropriate plan for confirming the diagnosis	I.4.c, I.4.e, I.4.i, V.5.e, VI.4.a, VI.4.c, VI.4.d, VII.3.b	3, 4, 7	Clinical Experience- Ambulatory Clinical Experience- Inpatient Patient Presentation- Learner Preceptorship Self-Directed Learning Ward Rounds	Clinical Performance Rating/Checklist Exam- Nationally Normed Standardized, Subject, Oral Patient Presentation	Real Patient
5 – Formulate an appropriate initial and ongoing treatment program, taking into account the urgency of the patient’s problems	I.2.a, I.2.c, III.4.g, III.4.h, III.4.i, III.4.j, III.4.k, III.4.l, IV.1.h, IV.2.g, IV.2.h, V.1.e, VII.5.a	4, 7, 10	Clinical Experience- Ambulatory Clinical Experience- Inpatient Patient Presentation- Learner Preceptorship Self-Directed Learning	Exam – Nationally Normed/Standardized Subject	Real Patient
6 – Use Knowledge of the pathophysiology of signs and symptoms to establish clinical correlation with disease processes	II.2.a, II.2.b, II.2.c, II.2.d, II.3.a, II.3.b, II.3.c, II.3.d, II.3.e, II.3.f, II.3.g	2, 3	Clinical Experience- Ambulatory Clinical Experience- Inpatient Preceptorship Self-Directed Learning	Exam – Nationally Normed/Standardized, Subject	Real Patient
7 – Use information from texts, syllabi, and journals to discuss general topics related to patient’s problems	II.2.d, III.4.a, III.4.b, VI.2.b, VI.2.c, VI.4.c	7	Independent Learning Preceptorship Self-Directed Learning	Oral Patient Presentation Participation	Real Patient, Printed Materials, Searchable

Learning Outcome	AOA/AACOM Competencies	EPAs	Instructional Methods	Assessment Methods	Resources
					Electronic Database
8 – Record patient progress in the medical record, and make a verbal report to the health care team in a clear and succinct manner	II.3.a, III.3.a, III.4.a, III.4.b, III.4.d, III.4.e, III.4.f, III.4.g, III.4.i	5, 6	Clinical Experience- Ambulatory Clinical Experience- Inpatient Patient Presentation- Learner Preceptorship	Clinical Performance Rating/Checklist, Oral Presentation Participation	Real Patient, EMR
9 – Communicate in a respectful, effective, efficient, and educational manner with patients and their families	IV.1.a, IV.1.b, IV.1.c, IV.1.d, IV.1.e, IV.1.f, IV.1.g, IV.1.h, IV.1.i, IV.1.j, IV.1.k, IV.1.l, IV.1.m, IV.1.n	6, 11	Clinical Experience – Ambulatory Clinical Experience- Inpatient Patient Presentation- Learner Preceptorship	Clinical Performance Rating/Checklist Oral Patient Presentation	Real Patient, EMR
10 – Order and appropriately interpret the results of commonly used diagnostic procedures. These may include but are not limited to: <ul style="list-style-type: none"> • Perform and interpret an ECG • Perform venipuncture for 	I.1.c, I.6.e, III.1.k, III.3.a, III.3.b., III.3.c, III.3.d, III.3.e, III.3.f, III.3.g, III.3.h, III.3.i, III.3.j, III.3.k, III.3.l, III.4.c, III.4.d	2, 5	Clinical Experience- Ambulatory Clinical Experience – Inpatient Preceptorship Self-Directed Learning Ward Rounds	Clinical Performance Rating/Checklist Exam – Nationally Normalized/Standardized, Subject	Real Patient, EMR

Learning Outcome	AOA/AACOM Competencies	EPAs	Instructional Methods	Assessment Methods	Resources
<p>blood specimens or intravenous therapy</p> <ul style="list-style-type: none"> • Interpret a complete blood count • Interpret common chemistry measurements (e.g., enzymes, electrolytes), • Interpret arterial blood gas measurements • Interpret results of a urinalysis • Interpret chest x-ray findings • Do basic interpretation of pulmonary function tests 					

Content Mapping:

Organ System	Scientific Understanding of Health & Disease Mechanisms	Health Care Delivery
Cardiovascular	Anatomy- normal/abnormal	Biostatistics
Digestive	Behavioral Health – normal/abnormal	Examination and Recognition (includes neuro musculoskeletal exam)
Endocrine	Biochemistry – normal/abnormal	Gathering patient information
Hematologic	Cell & Tissue Biology – normal/abnormal	Health care system overview
Immune	Genetics – normal/abnormal	Information management and technology
Integumentary	Immunology – normal/abnormal	Medical ethics & medical professionalism
Lymphatic	Microbiology – normal/abnormal	Physician-patient communication
Musculoskeletal	Molecular and Cell Biology – normal/abnormal	Population-based care
Nervous, including sensory	Neurology =- normal/abnormal	Practice management
Respiratory	Osteopathic Principles – normal, homeostasis	Teamwork & Collaboration
Urinary/Excretory	Osteopathic Principles – somatic and visceral dysfunction	
	Pathology	
	Pharmacology - normal/abnormal	
	Physiology - normal/abnormal	
	Psychology – normal/abnormal	

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	Procedure
Asthma/Chronic Obstructive Pulmonary Disease*	Arterial line
Cardiac/Ischemic Disease*	Central line
Congestive Heart Failure*	Lumbar puncture
Depression*	Paracentesis
Diabetes*	Thoracentesis
Gastroenteritis*	
Hepatic Cirrhosis*	
Hypertension*	
Pneumonia*	
Renal Failure*	
Substance-related and addictive disorders*	
Genitourinary Tract Infection*	

*Indicates a core, peer-reviewed diagnosis

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 is part of their personal logs and 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. Students should utilize mobile application technology and entrustable professional activities as their mid-rotation feedback.

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, is considered as being in non-compliance with the case log policy.
- 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 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 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.
- Students not in compliance with the case log policy for the first time, will be sent a letter for that incident of non-compliance. The student is to reply to this letter, including 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 director of Undergraduate 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.

No

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

Students are required to ensure that site, rotation, and preceptor information is correct in the clerkship management system. 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, he or she will must provide attending information as soon as possible after the rotation begins. If the student does not provide attending information to the Office of Clinical Affairs by 1700 CST on the Friday before the last week of the clerkship, no credit will be given for the clerkship. If the student's preceptor does not ultimately meet DMU's preceptor credentialing criteria, the student will not get credit for the clerkship.

READING ASSIGNMENTS

Core Diseases and Topics

The Department of Family & Internal Medicine recommends the student review the below listed core diseases and topics in the resources noted below.

1. CARDIOVASCULAR

- a) Ischemic heart disease
- b) Congestive heart failure
- c) Hyperlipidemia
- d) Common cardiac arrhythmias

2. ENDOCRINOLOGY

- a) Diabetes mellitus
- b) Thyroid disease

3. GASTROENTEROLOGY

- a) Gastrointestinal bleeding
- b) Hepatobiliary and pancreatic disease

4. HEMATOLOGY/ONCOLOGY

- a) Common cancers

5. INFECTIOUS DISEASE

- a) HIV infection and complications

6. NEPHROLOGY

- a) Acute renal failure
- b) Acid-base disorders

- c) Fluid and electrolyte disorders
- d) Hypertension

7. NEUROLOGY

- a) Approach to altered mental state
- b) Stroke

8. PULMONARY MEDICINE

- a) Pneumonia
- b) COPD and asthma
- c) Venous thromboembolism

9. RHEUMATOLOGY

- a) Common musculoskeletal complaints

10. GENERAL INTERNAL MEDICINE

- a) Women's health

CORE PRESENTATIONS

The Department of Medicine recommends the student review the below listed core presentations in the *Harrison's-Principles of Internal Medicine, 20th Ed.*, or *Goldman-Cecil Medicine, 25th Ed.*

- ABDOMINAL PAIN
- ANEMIA
- CHEST PAIN
- COUGH
- DEPRESSION
- DYSPNEA
- DYSURIA
- JOINT AND MUSCLE PAIN
- LOW BACK PAIN

RESOURCES REQUIRED FOR LEARNING

Required Textbooks and eResources (all available through Pulse→library)

- *Washington Manual of Medical Therapeutics*, Crees, Z., Lippincott Williams & Wilkens, 36th Edition, 2020 (available at <https://clerkship.lwwhealthlibrary.com/book.aspx?bookid=2663&rotationId=0>)
- *Pocket Medicine: the Massachusetts General Hospital Handbook of Internal Medicine*, Sabatine, M., Lippincott Williams & Wilkens, 7th Edition, 2020 (hard copy available at library)
- *Goldman-Cecil Medicine*, 26th edition by Gravino, Lee, Elsevier, Inc. 2020 eBook through library at <https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20161036684>
- *Harrison's Principles of Internal Medicine 20e*, Jameson, Fauci, Kasper, Hauser, Longo, McGraw Hill Education, 2018- eBook through library at

<https://accessmedicine.mhmedical.com/Book.aspx?bookid=2129>

Recommended Textbooks/eResources

- Current Medical Diagnosis and Treatment 2021 – eBook through library at <https://accessmedicine.mhmedical.com/book.aspx?bookID=2957>
- *eJournals - Full Text Finder* - Database provides link and coverage information to every ejournal the Library licenses.
- [Cochrane Library for Evidence-Based Medicine](https://dmu.idm.oclc.org/login?url=http://www.cochranelibrary.com)- available through library at <https://dmu.idm.oclc.org/login?url=http://www.cochranelibrary.com>. The Cochrane Library contains high- quality, independent evidence to inform healthcare decision-making.
- [UpToDate®](#)- An evidence-based knowledge system authored by physicians to help clinicians make the right decisions at the point of care. All UpToDate content is written and edited by a global community of 4,800 physicians, world-renowned experts in their specialties.
- Primer to the Internal Medicine Clerkship, 2nd Edition (accessed 10/28/2020 at <https://www.im.org/resources/publications>). This is a downloadable document developed by Clerkship Directors in Internal Medicine and addresses subjects such as obtaining H&Ps, building differentials, working with outpatient preceptors and professionalism.
- [Internal Medicine Clerkship Guide, 3e, by Douglas S. Paauw.](#) Not available electronically, but hard copy available in DMU library. Section 1, pp. 3-54 in Paauw’s guide provides a very helpful review of day-to-day inpatient and outpatient skills, communications, and ethics. Practical skills include how to read EKGs, abdominal and chest films; perform basic procedures and body fluid analysis and the use of antibiotics.
- [The COMAT-Internal Medicine Assessment Objectives, Blueprint, and Practice Examination.](#) The section **Selected Specific Objectives for COMAT-Internal Medicine** lists areas that may be tested in COMAT

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. Maximum educational time on a 4-week rotation is 320 hours, or 80 hours per week averaged over 4 weeks. Students are expected to be on rotation at least 5 days per week. 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 may also be a physician assistant, nurse practitioner, certified nurse anesthetist, radiology technician. 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 a make-up assignment. Students are to be on rotation no more than 6 consecutive days. Students are not to do a shift longer than 28 hours in length, which would be a 24 hour shift plus 4 hours for handing off care and must have at least 8 hours between shifts.

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 may 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 from 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.
- If missing a significant amount of time from a rotation for residency interviews, a student may be required to use time off in order to accommodate the time away from rotations.
- 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 learning opportunities while on clinical rotations. For this reason, all students are allowed one educational absence, up to two days, each academic year. The following provides guidance for students to receive permission and credit for these activities. Each student can be approved for up to one conference absence per academic year. 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

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- Attend a medical conference 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 and 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 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

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- 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 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.

Inclement Weather Policy: Students will likely encounter inclement weather during their clinical years. If a student has been notified by the site that s/he is not expected on rotation due to inclement weather, the student should select a reading topic to do from home. 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 site, preceptor, and DMU clerkship coordinator immediately of the decision to be at home and, in addition, notify his or her coordinator of the topic they will study from home. As with all absences from rotation, regardless of reason, inclement weather 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.

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

If the student receives three 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 clerkship director or their delegate 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 three 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 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. 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 ≥ 4.6 AND a COMAT score of ≥ 105	Honors*
Average rating in both the BMD and PED of ≥ 4.6 AND a COMAT score of ≥ 95 OR Average rating in both the BMD and PED of ≥ 4.0 AND a COMAT score of ≥ 105	High Pass*

BMD: Biomedical Domain on the clinical evaluation

PED: Professionalism and Ethics Domain on the clinical evaluation

*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 should also be in compliance 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. Four or more “below expectations” ratings on any single preceptor evaluation form AND a failure to document mid-rotation feedback and the plan to improve their performance and arrange for a meeting with the clerkship director regarding that plan.
5. Failure to complete required assignments by the deadline set by the Clerkship Director.

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6. Failure to complete the student of site evaluation within 14 calendar days after the rotation ends.

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.
 - 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.

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- 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 MAY 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 who has not returned their preceptor of 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 Aetna Student Assistance Program at 877-351-7889, the 24-hour Broadlawns Medical Center Crisis Team at 515-282-5752, 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.

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DISABILITY

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 (515-271-4452) 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 submit an application and 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 in Educational Programming](#) to access the forms and documentation to support your request.