

## SECTION II: YEAR 3 AND 4 CURRICULUM

### 2.1 CLINICAL CURRICULUM

- 2.1.1 *Assigned Services*
- 2.1.2 *Student-Scheduled Required Clerkships - Electives*
- 2.1.3 *Limitations on Rotations in Medical Specialties*
- 2.1.4 *Scheduling Clerkships for Internship and Residency Exposure*
- 2.1.5 *Student-Scheduled Optional Clerkships*
- 2.1.6 *Mandatory Time Off and Vacation*
- 2.1.7 *CORE Special Petition requests for Curricular, Scheduling, and Policy Exceptions*
- 2.1.8 *Curricular Exceptions*
- 2.1.9 *Research Electives*

### 2.2 DIDACTIC COURSES COMPONENTS AND ACTIVITIES

- 2.2.1 MEDICAL ETHICS
- 2.2.3 DIDACTICS

### 2.3 GENERAL OBJECTIVES

## SECTION II: YEAR 3 AND 4 CURRICULUM

The Year 3 and 4 Curriculum consists of 59 weeks of assigned services and 20 weeks of Clinical Electives for a total of 79 weeks of required clinical coursework. In addition, various types of didactic components are considered requirements throughout Years 3 and 4.

### 2.1 CLINICAL CURRICULUM

#### 2.1.1 Assigned Services

These rotations are prearranged by the CORE office with physicians at the CORE hospital and/or in affiliated clinical training sites. All assigned rotations must be completed at your assigned CORE hospital unless your assigned CORE hospital cannot provide you with a particular assigned rotation. In that case, you will be assigned to an affiliated training site. Any alterations to this schedule must be cleared through various offices; therefore, changes to this schedule are not permitted unless it is *absolutely necessary* and cleared by the CORE administrator and CORE assistant dean. See Section 3.1.6 of this manual regarding schedule changes.

When initially building schedules, the CORE administrator takes into consideration:

- 1) individual student requests;
- 2) service/physician availability;
- 3) the number of pre- and postdoctoral trainees on service at any given time;
- 4) rotation scheduling guidelines established by the college and individual institutions; and
- 5) other factors unique to each clinical training site.

The assigned-services are as follows (go to

<http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2007-2009/index.htm>

and click on Clinical Rotations Syllabi for course descriptions):

Up to 1 week of Introduction to Hospital Care/Orientation	(OCOM 860)
6 weeks of Family Medicine Clerkship	(OCOM 819)
4 weeks of General Internal Medicine	(OCOM 861)
8 weeks of either General Internal Medicine or Subspecialty	(OCOM 861)
4 weeks of General Surgery	(OCOM 862)
4 weeks of Selective Surgery	(OCOM 862)
4 weeks of Pediatrics	(OCOM 863)
4 weeks of Women's Health	(OCOM 864)
4 weeks of Emergency Medicine	(OCOM 865)
8 weeks of CORE Assistant Dean's Clinical Selectives	(OCOM 867)
4 weeks of Psychiatry/Psychology	(OCOM 868)
4 weeks of Family Medicine	(OCOM 892)
2 weeks of Geriatric Medicine	(OCOM 893)
2 weeks of Health Care Management	(OCOM 895)

Assigned services must be scheduled in consecutive weeks as indicated above except for the rotations as described in the following sections.

### Surgery Selective(s)

After completing one four-week assigned general surgery rotation, you will be assigned to one of the following to complete your assigned four-week surgery selective requirement:

1. One four-week rotation in one of the surgical specialties approved for assigned surgical rotations:

- General surgery
- Breast surgery
- Cardiothoracic surgery
- Neurological surgery
- Obstetric and Gynecological surgery
- Ophthalmologic surgery
- Orthopedic surgery
- Otorhinolaryngology: Ear, Nose, and Throat surgery
- Plastic surgery
- Proctology
- Trauma surgery
- Urology
- Vascular surgery

**Important note:** OU-COM policy dictates that in order to receive credit for any surgical rotation, you must spend at least 50 percent of your time in the operating room. Rotations in which you spend more than 50 percent of your time anywhere else are not approved for assigned surgical rotations.

2. Two two-week rotations in one of the following surgical specialties if acceptable to the assigned preceptor:

- Obstetric and Gynecological surgery
- Ophthalmologic surgery
- Orthopedic surgery
- Otolaryngology: Head and Neck surgery
- Proctology
- Urology

The same requirement of at least 50% of the time spent in the operating room applies.

### Internal Medicine Selectives

After completing one four-week rotation in General Internal Medicine, you will be assigned to an additional eight weeks of internal medicine selectives. These selectives may consist of two-, three-, or four-week rotations in the following approved internal medicine specialties.

- Adolescent medicine

Allergy and immunology  
Cardiology  
Critical Care/ICU/Surgical ICU  
Endocrinology  
Gastroenterology  
General internal medicine  
Geriatrics  
Hematology  
Hospitalist  
Infectious disease  
Nephrology  
Oncology  
Pulmonology  
Rheumatology  
Sports medicine

#### CORE Assistant Dean Selectives

CORE Assistant Dean Selectives may range from one to four week rotations. Check with your CORE administrator to find out which CAD Selectives are available at your CORE hospital.

#### Geriatrics

If a four-week geriatric rotation must be scheduled to meet the two-week Geriatric Medicine (OCOM 893) curricular requirement, the additional two weeks will be credited as OCOM 867 - CORE Assistant Dean's Clinical Selective.

#### 2.1.2 Student-Scheduled Required Clerkships - Electives

Your schedule of assigned services is constructed so that open blocks of time are available for you to complete student-scheduled clerkships (electives). In order to receive credit for an elective rotation, it is your responsibility to schedule courses with approved preceptors at training sites in accordance with the guidelines in this section. The guidelines regarding the necessity of faculty status for preceptors, and affiliation or educational agreements with training facilities are mandated by the Commission on Osteopathic College Accreditation.

You may schedule elective clerkships at other CORE hospitals or hospitals outside of OU-COM's CORE System. If you do so, it is **your** responsibility to insure that the preceptor is either OU-COM/CORE Faculty or has a completed OU-COM/CORE Faculty Profile form on file in the Office of Academic Affairs. Before you schedule an elective rotation, check with your CORE Administrator to determine whether or not this is so. If a preceptor you would like to rotate with is not OU-COM/CORE Faculty or does not have an OU-COM/CORE Faculty Profile form on file in the Office of Academic Affairs, you must make sure that the preceptor completes and submits the appropriate paperwork. The OU-COM/CORE Faculty Profile is available from your CORE Administrator.

If you are scheduling an elective outside of the CORE system, it is also **your** responsibility to insure that the clinical training facility has an affiliation or educational agreement with OU-COM. Before you schedule an elective rotation, check with your CORE Administrator to determine whether or not this is so. If you would like to complete a rotation at a clinical training facility that does not have an affiliation or educational agreement with OU-COM, you must make sure that the following information is provided to your CORE Administrator:

- name of clinic, practice, or hospital
- street address
- name of contact person at that site
- phone number
- signatory name(s) – optional
- title of signatory(ies) – optional

It is important for you to have completed at least one Internal Medicine assigned service, if possible, before going on "out" rotations. It is best to schedule clinical electives to gain additional experience in an area of professional interest or perceived clinical deficiencies.

#### 2.1.2.1 Clinical Electives

For the 20 required weeks of Clinical Electives (OCOM 891), the following guidelines apply (go to <http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2007-2009/index.htm> and click on Elective Rotation Syllabi for course descriptions).

At the beginning of each elective rotation, you must complete (in consultation with your preceptor) the *CORE Clinical Rotation: Elective* syllabus and submit it to your CORE office. In order for the syllabus to be complete, you must:

- fill in all the necessary details on the first page
- identify up to ten common diseases/conditions to focus on during this rotation (The student and preceptor should agree that this would be most beneficial focus for this student's medical education.)
- identify up to ten skills or procedures that the student and preceptor agree will be most beneficial for the student to observe, assist with and/or approach mastery during this rotation
- identify resources recommended for this rotation by the preceptor

At the end of each elective rotation, you must submit a 1-2 page summary describing how you met the established objectives. This evaluation activity will serve as an alternative to the standard post-rotation exam.

For the 20 weeks of elective rotations:

- 1) No more than eight of the 20 weeks may be spent out-of-state.
- 2) Any medical specialty or subspecialty may be taken as an elective.
- 3) Electives must be scheduled in blocks of two or more weeks except for those disciplines listed that have been approved as one-week rotations (see next item).

4) The following rotations may be scheduled in one-week blocks as long as they are with a physician preceptor:

EKG reading	nuclear medicine	radiology
anesthesiology	laboratory medicine	podiatry
house nights	substance abuse	pain management
osteopathic manipulative medicine (OMM)		pharmacy
physical medicine and rehabilitation (physiatry)		

5) A one-week elective may be completed if scheduled consecutively with an assigned service of the same clinical specialty/subspecialty at the same clinical training site resulting in a five-week rotation.

6) The CORE assistant dean has the authority to require you to complete more than two weeks of any Clinical Elective as well as limit the total number of weeks permissible to schedule for a Clinical Elective.

7) During your 4<sup>th</sup> year, students in the class of 2009 planning to attend the American Osteopathic Association (AOA) Convention or the Ohio Osteopathic Association (OOA) Convention (see section 5.2.4 Absences Due To Special Event) may schedule the week of the event for OCOM 891 credit instead of vacation with PRIOR approval from the CORE assistant dean and must be *participating in the conference as a presenter*. (Prior is defined as before the rotation submission form is due.)

8) Individual preceptors may require more than the two-week minimum for their particular practice.

9) All 20 weeks may be completed in family medicine, general pediatrics, or general internal medicine; however, a maximum of ten weeks may be spent with the same preceptor.

### 2.1.3 Limitations on Rotations in Medical Specialties

OU-COM expects you to obtain clinical experience in a variety of medical disciplines to ensure that you receive a well-rounded pre-doctoral clinical education. Therefore, the number of weeks permitted in any given medical discipline is limited to no more than 12 weeks except for those disciplines traditionally recognized as primary care (i.e., family medicine, general internal medicine, or general pediatrics). This limitation applies whether the weeks of rotation are to be completed totally as electives or as a combination of an assigned service and elective rotations.

This policy means that Clinical Electives must be scheduled keeping in mind the number of weeks required for each assigned service. Based on the required assigned services, you may schedule no more than 12 weeks in the same specialty or subspecialty.

If you have any questions about the specifics of this 12-week limit, please discuss it with your CORE Administrator or Judith Edinger, Director of Pre-Doctoral Education ([edinger@ohio.edu](mailto:edinger@ohio.edu) or 740/593-0157).

If you wish to be considered for a waiver from this limitation, you must submit a CORE Special Petition form explaining in detail the unique and/or extenuating circumstances that apply to your situation.

#### 2.1.4 Scheduling Clerkships for Internship and Residency Exposure

You may use open blocks of time, especially from the end of the third year through fall of the fourth year, to schedule rotations that will allow you to assess institutions other than your CORE hospital for Graduate Medical Education (GME) programs. In addition to your CORE hospital, you are encouraged to complete rotations at no less than two other hospitals.

You are advised to contact the directors of medical education (DMEs) at hospitals of choice no later than spring quarter 2008 to inquire about deadlines for internship and residency program applications as well as interview schedules.

#### 2.1.5 Student-Scheduled Optional Clerkships

You are not required, but may opt to complete Noncredit Electives (OCOM 891N) during additional open blocks of time in the schedule. These rotations may be scheduled in any medical discipline of choice and are not subject to the 12-week limitation policy (see Section 2.1.3) or the eight-week out-of-state limitation (see Section 2.1.2.1).

You may schedule Noncredit Electives after all 79 weeks of Year 3 and 4 curricular requirements are scheduled. However, you are expected to use some of the time for vacation and automatically are scheduled off for certain weeks (see Section 2.1.6).

Noncredit Electives are reflected on the permanent Ohio University transcript as audit courses with a grade of audit (AU) since they are not Year 3 and 4 curricular requirements.

#### 2.1.6 Mandatory Time Off and Vacation

**Mandatory Time Off. It is mandatory that you schedule vacation the last two weeks prior to graduation (May 22 – June 6, 2009).** If you are not graduating with your matriculation class because of an extended curriculum or individualized educational program, you may submit a CORE Special Petition form to request to complete a rotation during the two weeks prior to the 2009 graduation.

**Vacation.** Throughout Years 3 and 4 you will have 11 weeks to schedule either vacation (OCOM 900) or noncredit elective (OCOM 891N) rotations. This is in addition to the two weeks of mandatory vacation prior to graduation.

At the discretion of the CORE assistant dean, you may have been scheduled automatically for vacation (OCOM 900) during the last two weeks in December 2007. You may request approval from the CORE assistant dean to use this time to schedule rotations.

Vacation may not be taken during scheduled rotations with time off-service made up on weekends. If extenuating circumstances warrant time off (see Section 5.2.2), this must be approved by the CORE assistant dean, CORE administrator, and preceptor.

**NOTE: Any week that you will miss more than one day of your**

**rotation – no matter what the reason – must be scheduled as vacation.** This policy applies to time devoted to taking COMLEX Level II CCE or COMLEX Level II PE if you will need more than one day to do so.

You are strongly encouraged to schedule your vacation time wisely. You may need that time to repeat any rotation in which you receive a failing grade. You may also need that time to reschedule rotations in case of illness since there is no “sick leave” during your medical education.

#### 2.1.7 CORE Special Petition requests for Curricular, Scheduling, and Policy Exceptions

**A CORE Special Petition form must be completed and submitted for all requests regarding curricular, scheduling, and policy exceptions.** These forms are available in the CORE office and on this website (go to <http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2007-2009/index.htm> and click on Special Petition Form). Any request must be submitted in writing prior to quarterly rotation request form deadlines on a CORE Special Petition form.

Once discussed with and approved by the CORE administrator and CORE assistant dean, the special petition form is to be forwarded to the director of pre-doctoral education for clearance and the associate dean for pre-doctoral education for approval or disapproval.

#### 2.1.8 Curricular Exceptions

National Health Service Corps Rotations. If you are participating in a National Health Service Corps scholarship program or wish to complete a National Health Service Corps rotation, you may schedule up to six weeks of Clinical Electives (OCOM 891) at a National Health Outpatient Clinic (ie., Alaska Area Native Health Service or the Indian Health Service). This rotation does not count toward the eight-week out-of-state limitation.

Military Rotations. If you have a military commitment, you may schedule one assigned service of up to four weeks in addition to eight weeks of Clinical Electives for a total of 12 weeks out-of-state in the military, if necessary. Based on your commitment status, if the government does not require a maximum of 12 weeks in the military, the CORE assistant dean has the authority to limit the number of weeks of out-of-state time to eight weeks in adherence with the stated policy.

Rotations with Relatives. Year 3 and 4 rotations with "relatives" serving as preceptors will be limited as follows:

1. You may complete one rotation for a maximum of six weeks with a relative. This rotation may be completed to meet *elective* curricular requirements (in or out-of-state). *If you have been scheduled by the CORE administrator to complete an assigned service with a relative, it WILL NOT detract from the number of weeks allowed for this curricular exception. A student-scheduled clerkship with a relative may be completed out-of-state only if you have not exceeded the eight-week out-of-state policy when scheduling other Clinical Electives.*

2. The term “relatives” in the context of this policy refers to persons related by blood, marriage, or law.

3. You must discuss a rotation with a relative with the CORE assistant dean or CORE administrator at your CORE hospital prior to making arrangements. After this discussion, you must complete your Rotation Submission Record form to reflect that a rotation is planned with a relative. The form must be submitted by the quarterly deadline to your CORE administrator.

4. The Rotation Submission Record form will be maintained in the permanent file as a record that you have completed the one rotation allowed under this policy.

5. Course credit will not be given if you complete more than one rotation with a relative. You are expected to accurately complete the Rotation Submission Record form when providing information about this curricular exception.

## Special Electives

### 2.1.9 Research Electives

#### **Elective Research Rotation**

##### Guidelines and Requirements:

Interests of the student will determine the specific nature of the research being performed. Clinical, educational, health policy, outcomes, and basic science research, as well as other types of studies, are allowed.

Student research can consist of any of the following types of studies: a single-case study, a multiple-case study, a retrospective study, a prospective study, a survey study or a meta-analysis.

Although no restrictions are placed on the maximum number of research projects in which a student is allowed to participate, a maximum of ten weeks is allowed for an officially registered research elective. All other research activities will need to be conducted during personal time. This time can be divided across two adjacent academic years (for example, 4 weeks in the third year and 3 weeks in the fourth year).

The initial weeks of the Elective Research Rotation (up to four) may be used for didactic instruction and development of the research proposal. If human subjects are to be used in the proposed research, then Institutional Review Board review of the proposal and all associated documents will be required. Prior to submitting any materials to a hospital compliance or research office, students are required to contact the CORE Research Office ([valea@ohio.edu](mailto:valea@ohio.edu); 740-593-2380). If applicable, it is expected that a proposal be ready for submission to the IRBs of the student’s CORE hospital and, subsequently, to Ohio University, as well as to any relevant funding agencies, by the end of this first period.

Approval of a second block of time will be contingent upon several factors, such as successfully clearing the IRB process and obtaining funding for the research proposal, if applicable. Typically, this second block of time is used to initiate the

study's protocol, gather data, perform data analyses, and prepare a final manuscript. For larger studies, this short amount of time may not be adequate to complete all necessary steps of a project. Because research is a longitudinal process, it may be necessary to continue working during your "free time" on the project concurrently during subsequent rotations as well. Approval to remain an active participant in the research is contingent upon research activities not conflicting with rotation requirements. Variations in the rotation schedule will be negotiated with the student's CORE assistant dean.

Students electing to register for a research rotation will be expected to manage all aspects of their study. This may require the student to meet with other students, faculty, or support personnel from the CORE Research Office to discuss progress and problems. If needed, distance-learning equipment can be used to facilitate such meetings. Students will also meet regularly with their research advisor and their CORE assistant dean, to confirm that research goals are being met. Students are responsible for arranging any and all necessary meetings.

### Selecting a Research Advisor

CORE assistant deans and/or personnel from the CORE Research Office can help students to identify and select a research advisor. In some cases, it may be determined that more than one advisor is appropriate (combining a content expert with someone who has research expertise). The choice of a research advisor will be subject to the approval of the CORE assistant dean. The CORE Research Office maintains a centralized research database for the CORE system. Students interested in finding out what projects are currently underway at a given hospital should contact the CORE Research Office ([valea@ohio.edu](mailto:valea@ohio.edu); 740-593-2380).

### Completion Requirement

In order to receive credit for a research rotation, students must submit a final paper to the CORE Office. The purpose of this 3- to 5-page paper is to document the achieved learning objectives and/or pedagogical components of the research elective. In lieu of this paper, a research paper or a poster resulting from the actual research may be submitted.

### Application and Registration Process for a Research Elective

Students planning to register for a research elective rotation are required to complete an application form, located under Item 4 at <http://ohiocoreonline.org//content/view/122/176/>. This application must include clear and explicit objectives that the student plans to achieve during the rotation.

Completed forms should be submitted to the following persons, in this order:

1. A mentor physician or advisor (signature required), and then to
2. The student's CORE Administrator (CA). The CA will process the request and will secure a signature from appropriate CORE assistant dean. If at any time during the registration/review process a request is denied, the student will be contacted. The CA will forward the application to the CORE Research Office, where

a statistician will review the request. If approved, the CORE Research Director will sign the application and forward the submission to the Associate Dean for Pre-Doctoral Education. Upon the approval and signature of the Associate Dean, the student will be contacted by the CORE Research Office and permission to proceed will be granted.

3. The Associate Dean for Pre-Doctoral Education will forward a copy of the approved application to the Records Management Associate so that the student will be appropriately registered for OCOM 891.

4. Upon receipt of approval for a proposed research elective/rotation, students are required to register their projects/papers with the CORE data management system, located at <http://dbms.ohiocoreonline.org/maincrsf.html>. All student-based research projects or scholarly works MUST be registered with the CORE data management system. This simple, online submission process usually requires about five minutes. Failure to do so may limit a student's access to research support services (such as statistical support, funding, poster design, etc.).

### Requirements

In order to receive academic credit for any and all research rotations, students must

1. be in good academic standing,
2. meet all of the requirements for an elective rotation, and
3. submit a 3- to 5-page written paper to the CORE Office, outlining the research experience, objectives achieved, and educational value gained by the rotation. In lieu of this paper, a research paper or a poster resulting from the actual research may be submitted. This paper must be received within 2 weeks of the conclusion of the research rotation. If this paper is not submitted, a grade of "I" (Incomplete) will be earned for the rotation.

Students should begin the application process at least two (2) months prior to the academic quarter in which they intend to register, so that adequate time is allowed for processing, applying for, and registering the research rotation.

### Types of Research

Students are allowed to design and implement retrospective and/or prospective research studies. Such works require the inclusion of a research mentor. A colorful graphic that outlines the various steps involved in clinical research can be accessed at

<http://www.ohiocore.org/research/publications/OCCTICLifeCycleGraph.pdf>.

All research that involves living human subjects is required to be submitted to an institutional review board (IRB) for consideration. Such submission is neither optional nor negotiable. Students are strongly urged to contact the CORE Research Office for guidance regarding IRB submissions.

**Retrospective research** studies are based on data that already exist, such as medical records, surgical records, databases, or registries. Typically, retrospective studies qualify for a level of IRB review known as Exempt Status. Do

not let the name fool you. Exempt Status does not mean that submission to an IRB is not required. Instead, it means that the proposed study will be reviewed in a significantly shorter amount of time than usually required for other studies.

**Failure to properly route human-based research protocols through all applicable IRB offices can result in very serious consequences, such as prohibition of publication or public dissemination of research findings, loss of academic credit, and/or university sanctions.**

The following list of documents usually applies to retrospective studies. All materials should be routed through the CORE Research Office PRIOR to formal submission at any given hospital/site.

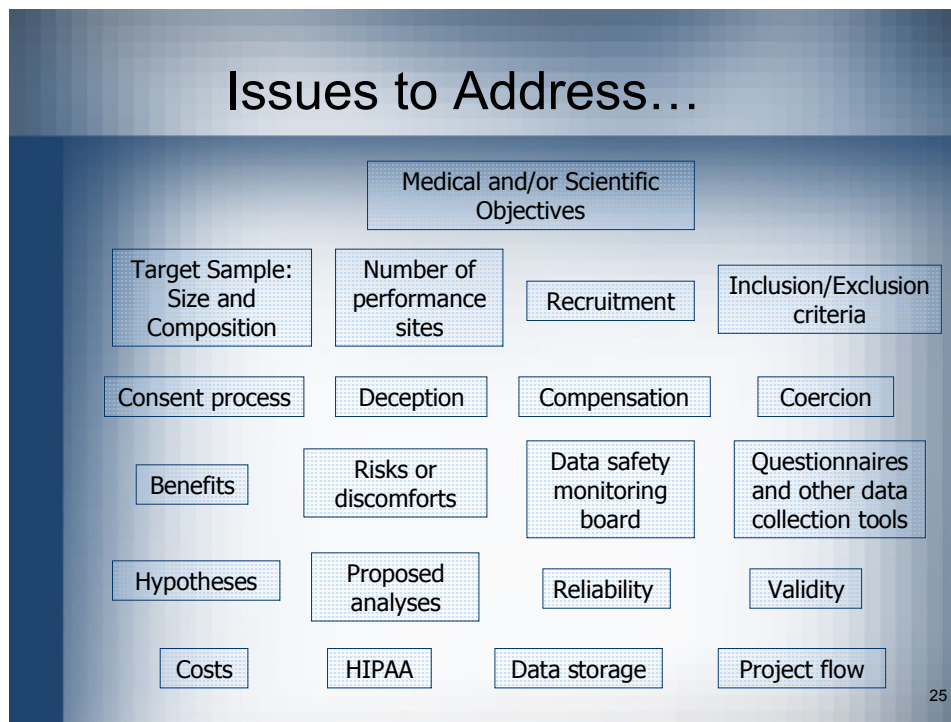
1. A valid and up-to-date certificate of IRB training for each and every member of a given research team is required prior to IRB review. Certificates are awarded upon successful completion of an online training program; the program is located at <http://www.ohiou.edu/research/compliance/citiprogram.html>. Typical time to complete this IRB training program is 2 hours.
2. A research protocol. Some IRBs don't require a formal protocol to be submitted...but many do. It is always better to have this document in place, whether required or not, because it helps guide the development of the planned research. A protocol is to a research project as a blueprint is to a building. It provides written documentation of every aspect of a planned study. Research protocols typically consist of three main sections: Introduction/Background, Methodology, and References. Additional information on these three sections is included later in this document.
3. An IRB application form for the hospital at which the data will be collected. A list of IRB forms for CORE hospitals is available under Section V at <http://ohiocoreonline.org//content/view/121/175/>. If your site is not listed, please contact the CORE Research Office for direction.
4. A data collection sheet. Typically, this document is created either in Excel (with grid lines imposed) or Word (again, in grid format). The top row (along the top of each column) should correspond to each measure or variable mentioned in the protocol.
5. A copy of your hospital's HIPAA statement. This can usually be obtained from your hospital's Admissions Office. It usually is presented in the form of a pamphlet.

**Prospective Research** To obtain a list of required documents for a specific prospective research proposal, students are encouraged to contact the CORE Research Office. Required paperwork varies from project to project because of design differences and elements of risk. The following list of documents typically applies to prospective studies. This list is intended to give students an idea of the magnitude of the undertaking and is not complete.

1. A valid and up-to-date certificate of IRB training for each and every member of a given research team. These documents are required prior to IRB review.

Certificates are awarded upon successful completion of an online training program; the program is located at <http://www.ohiou.edu/research/compliance/citiprogram.html>. Typical time to complete this IRB training program is 5 hours.

2. A complete research protocol. Samples of protocols can be requested from the CORE Research Office. Typical protocols consist of three sections: an Introduction, a section on Methodology, and a section of References. Issues that should be addressed in the Methodology section of a research protocol are presented in the following graph.



3. An IRB application form for the hospital at which the data will be collected. A list of IRB forms for CORE hospitals is available under Section V at <http://ohiocoreonline.org//content/view/121/175/>. If your site is not listed, please contact the CORE Research Office for direction.
4. IRB approval letters from all involved hospitals (once the project has been reviewed and approved).
5. An IRB application form for review at Ohio University. This is required for ALL student-based research endeavors.
6. Consent and/or assent forms, if relevant for the proposed research.
7. Recruitment text and/or a recruitment plan, if applicable.
8. Copies of surveys, questionnaires, tests or any other psychometric measurement instrument.
9. A data collection sheet, if applicable. Typically, this document is created either in Excel (with grid lines imposed) or Word (again, in grid format). The top row (along the top of each column) should correspond to each measure or variable

mentioned in the protocol.

10. A copy of your hospital's HIPAA statement. This can usually be obtained from an Admissions Office. It comes in the form of a pamphlet.

### Research Support Services

**Students are encouraged to contact the CORE Research Office to inquire about funding possibilities. Applications for research funds can be made to the CORE Research Committee. For additional information, review Item 6 at <http://ohiocoreonline.org/content/view/123/177/>. Allowable expenses and funding guidelines, as well as step-by-step instructions for requesting funds are provided at this site.**

Poster templates have been created and posted on the CORE Research website. These templates provide standard layout for research posters. Three different templates are located at <http://ohiocoreonline.org/content/view/123/177/>. Before a template can be used, it must first be downloaded and saved to a hard drive or other disk. Once saved, then text, photos, charts, and graphs can be entered into the template. When all additions have been made to the template, the new document must be saved before emailing to [valea@ohio.edu](mailto:valea@ohio.edu). Your poster will be edited, printed, and mailed to you. There is no charge for these services.

The CORE Research Office is staffed to provide methodological, statistical and editorial support to CORE members (students, interns, residents, program directors, and CORE faculty). These services include, but are not limited to, the following: power analyses, research design strategies, statistical analyses and data interpretation, editorial services, and poster production. Students requiring any of these services are requested to contact the CORE Research Office as early into the research process as possible. These and other CORE support services are contingent upon projects being registered with the CORE data management system and being properly routed through the IRB process.

#### 2.1.9.1 International Medicine

These programs will allow participants to explore issues in the delivery of health services in other countries. Participants engage in activities that may have a clinical and/or research focus. The balance between clinical activities, didactic instruction, and investigative activities varies with individual interest and preparation, and the options available at a given site.

Most opportunities are in developing countries and provide a clinical or research rotation for students, interns, residents and other participants that help develop their appreciation for Third World medicine and the impact of culture on health. This experience can be applied to the underserved populations you will see in your future practice.

These experiences are designed not only for students considering careers in

international health, but for increasing the understanding of any future physician practicing in the United States who may care for patients from other countries. The experience is also designed to deepen the awareness of all participants regarding the determinants of health and illness and diverse methods of approaching health problems in settings with varied cultural, socio-economic and political characteristics.

If you are interested in international rotations, you may participate in a number of programs sponsored by OU-COM. You may want to discuss your interests with Gillian Ice, PhD, MPH, Director of OU-COM International Programs.

**Please remember that the CORE Administrator is always the initial gateway for any rotation. You MUST discuss your plans with the CORE administrator.**

*For any international medicine rotation, allow at least four months to one year for planning.* In order to receive credit for an international rotation, you must:

1. Discuss with and obtain the approval of the CORE administrator and the Director of OU-COM International Programs.
2. Submit an International Programs Application, and any required supplemental materials, to the Director of OU-COM International Programs to request her approval. If the rotation is not currently sponsored by OU-COM, additional materials must be submitted as outlined for independent programs on the International Programs website (<http://www.oucom.ohiou.edu/international/independent.htm>). **Please note: The International Programs Application form MUST be approved one month prior to the deadline for the Rotation Submission Record form for the quarter in which the international medicine rotation will be completed.**
3. Once you have received approval from the Director of OU-COM International Programs and the individual program director whose program you are applying to, you must complete all pre-departure paperwork and requirements. This includes immunizations, copies of passport, visa, etc. Without this, you will travel and participate on vacation and will not be covered by OU-COM malpractice insurance or receive credit.
4. Before you request to be registered for this rotation by completing your Rotation Submission Form (after you received approval from the Director of OU-COM International Programs), you must submit a CORE Special Petition Form to be approved by your CORE Administrator, CORE Assistant Dean, the Director of Pre-Doctoral Education, and the Associate Dean for Pre-Doctoral Education.
5. After you return, you must fulfill all requirements for the specific program to the satisfaction of the program director, including evaluations, as well as the Director of OU-COM International Programs before you will receive credit.

Once the plan is approved, you must follow the scheduling and registration procedures (see Section III) as well as the evaluation procedures (see Section IV). As indicated in Section III, a completed Physician Information Form (PIF) must be received by the OU-COM Office of International Programs from the preceptor. These rotations will be credited as a Clinical Elective (OCOM 891) and *will not* detract from the eight weeks permitted for out-of-state rotations.

**You MUST also follow the University guidelines for travel and study abroad.** For more information call the OU-COM Office of International Programs or go to their web site at <http://www.oucom.ohiou.edu/international>. You will be required to participate in an orientation before departure and a debriefing upon return with college administration.

**Immunizations MUST be completed well in advance of travel.** Recommendations from the Centers for Disease Control and Prevention for travelers can be found at <http://www.cdc.gov/travel>. Also NAFSA's "Guidelines for Responsible Study Abroad: Health and Safety" are available on the web at <http://www.secussa.nafsa.org/safetyabroad/guidelines1298.html>.

All students planning international experiences as part of the OU-COM curriculum MUST be covered by malpractice insurance. All pre-departure requirements MUST be fulfilled before you can leave the country.

There are several OUCOM-sponsored programs. For the most updated information, see the Office of International Programs website at <http://www.oucom.ohiou.edu/international>. Application procedures for both OU-COM-sponsored and independent programs can also be found on the website.

## 2.2 DIDACTIC COURSES COMPONENTS AND ACTIVITIES

### 2.2.1 Medical Ethics

The Medical Ethics Component is intended to enhance your knowledge of the essential concepts of biomedical ethics so that you can take an informed approach to decision making. This component is intended to facilitate the development of awareness of your ethical position by presenting content and cases that assist you to:

- recognize individual critical thinking processes regarding the application of personal ethical positions
- recognize and apply contextual variables from society, culture, the natural environment and the health care setting
- identify similarities and differences between medical ethics and medical jurisprudence.

This course will also provide opportunities for discussion of medical ethics in

the office, in the hospital setting, in long term care facilities, and in relation to the patient's point of view.

The Medical Ethics Course objectives are to enable you to:

- 1) list the essential concepts involved in medical ethics
- 2) distinguish between medical, ethical, legal, and psychosocial issues in a patient case
- 3) identify a course of treatment based on ethical considerations
- 4) describe professional obligations to patients in general and explain why physicians are held to a higher ethical standard
- 5) describe the stance of professional associations and hospitals on medical ethics;
- 6) identify and defend your opinions on a selected medical ethics issue through an essay
- 7) identify and defend your opinions of an ethical question through development of a case presentation

You will be expected to use cases from your own clinical experience when possible, but prepared cases also will be available as a basis for discussion. An appropriate facilitator will guide students through these case discussions. The facilitator's role is to help you recognize the important moral issues in a given clinical case and formulate an ethically justifiable course of action.

*Although individual hospital sites will deliver medical ethics instruction differently, the conceptual model and content outlined below will give students a general idea of the structure of this component.*

Fall Quarter 2007: Eight, two-hour weekly meetings (16 contact hours) that may be offered during Year 3 Family Medicine Clerkship (OCOM 819). The first hour would be dedicated to essential concepts with the second hour focusing on illustrative cases. Topics may include, but are not limited to:

Professional Ethics (w/supporting case study & analysis)

- definition of ethics
- professional code
- how to recognize and approach an ethical situation
- physician / patient relationship / autonomy
- student encountered ethical issues
- self-reflection / critical thinking
- journaling
- team efforts (student/intern/resident/attending)

Ethical Systems (w/supporting case study & analysis)

- sources of ethics
- systems approach (philosophy and theory)
- natural law
- utilitarianism
- deontology
- feminism
- culture
- religious perspectives

Principles (w/supporting case study & analysis)

- beneficence
- justice
- autonomy
- non-maleficence
- fidelity

What it Means to be a Patient (w/supporting case study & analysis)

- patient rights / values
- confidentiality
- truth telling
- communication
- Pathography - accounts of experiences with illness
- role of patient family
- informed consent

Withholding / Withdrawing Care (w/supporting case study & analysis)

- treatment refusals --- competent patient
- assessing competence
- advance directives
- pain management
- holistic care
- religion and culture

Withholding / Withdrawing Care (w/supporting case study & analysis)

- futility
- Do Not Resuscitate (DNR)
- suicide

Reproduction Issues (w/supporting case study & analysis)

- abortion
- assisted reproduction
- surrogacy
- compelled medical treatment
- genetic therapy

Protecting Vulnerable Patients (w/supporting case study & analysis)

- research using human subjects
- abuse
- children
- neonatal
- elderly
- mental health

Winter Quarter 2008: Three, two-hour monthly meetings (six contact hours) that focus on significant or “cutting edge” social issues that pertain to medical ethics. These sessions would be facilitator-led case discussions. Examples of media-generated issues are:

- I. Managed Care
- II. Psychiatric

- III. AIDS / HIV
- IV. Physician-Assisted Suicide
- V. Special Issues With the Elderly
- VI. Extended Care Facilities
- VII. Bias in Delivery of Health Care Services
- VIII. Organ Donation / Allocation
- IX. Genetic Engineering

Spring Quarter 2008: Six (6), two-hour weekly meetings (12 contact hours) that would focus on a list of medical ethics topics outlined by the course facilitator from which students would select, research, and then present a case study. Topics may include, but are not limited to:

- patient autonomy
- quality of life vs. sanctity of life
- informed consent
- making ethical decisions
- emergency room ethics
- advanced directives (do not resuscitate, no code, withhold nourishment, etc.)
- terminating medical care
- ethics and the law
- the obligation to treat patients with AIDS
- the right to die (decisions at the end of life)
- allocation of scarce medical resources
- euthanasia (voluntary vs. non-voluntary/active vs. passive)
- paternalism
- abortion and reproductive medicine

Textbooks and reference materials used in the Medical Ethics component will be determined by the individuals presenting. However, the textbooks entitled Intervention and Reflection: Basic Issues in Medical Ethics by Ronald Munson and Medical Ethics: A Reader by Arthur Zucker, Donald Borchert, and David Stewart are maintained in each CORE office and/or hospital library as references.

You will be provided with an evaluation form to complete at the end of each quarter to provide feedback on the overall medical ethics content and structure of this didactic component offered throughout Year 3 and 4. Because individual hospital sites deliver medical ethics content using different methods of instruction, a standard evaluation form is not used. The facilitators, in consultation with the CORE assistant dean, will evaluate you based on attendance and participation, case presentation, and personal essay/statement of professional beliefs at the end of spring quarter.

### 2.2.3 Didactics

Year 3 and 4 students who are completing assigned services or electives must attend and participate in all required didactic activities in addition to the Medical

Ethics Component sessions during the entire 18 months for the successful completion of Years 3 and 4. These include but are not limited to Lectures, Clinical Case Conferences, Professional Development Seminars, weekly half-day academic programs, and other specified didactic activities. The didactic guidelines are as follows.

1. You must attend all required academic programming when completing rotations at your base CORE hospital if:
  - (a) you are on an assigned service or elective at your CORE hospital, or
  - (b) you are completing an assigned service or elective at an affiliated teaching hospital that is located approximately 30 miles or less from the base CORE hospital.
2. You must attend all required academic programming when completing rotations at another CORE hospital if:
  - (a) you are on an assigned service or elective at that CORE hospital, or
  - (b) you are completing an assigned service at an affiliated teaching hospital within the CORE System that is located 30 miles or less from a CORE hospital.This does not apply to electives completed at affiliated teaching hospitals within the CORE System.

Permission to be excused must be obtained from the CORE assistant dean. Excused absences for required didactic activities include, but are not limited to, those for personal or family illness/injury, serious personal matters, death of a family member, bereavement, and other legitimate extenuating circumstances at the discretion of the CORE assistant dean (see Section 4.2.1). **Unexcused absences MUST be remediated. Remediation will be an acceptable paper (double-spaced, with a minimum of three typed pages with additional pages added at the discretion of the CORE assistant dean) on the topic presented for each hour of missed content.**

*Your participation and attendance for these required didactic activities will be considered when the CORE assistant dean completes the quarterly progress report (see Section 4.3.1).* Details of when and where these activities are conducted will be supplied by the CORE administrator. The following is a general description of each didactic requirement.

**Lectures:** You are expected to attend all lectures that are a Year 3 and 4 curricular requirement and/or required by the office of the CORE assistant dean. Lecturers may be live or via video conference.

**Clinical Case Conferences:** Conducted approximately once a week at each CORE hospital, the Clinical Case Conference covers topics relative to what you are observing and experiencing in the clinical setting. Sessions will be guided by physicians from the CORE hospital.

You will be responsible for presenting in-depth cases of patients encountered during current or recent clinical rotations as assigned by the CORE administrator. You should select an interesting patient whose case is not overly complex or too simple and has osteopathic, ethical, psychosocial, and biomedical components.

When preparing a case presentation:

- 1) determine the content areas to be covered

- 2) identify learning objectives which the participants should accomplish
- 3) plan the sequence of information for presentation
- 4) make arrangements for use of PowerPoint, handouts, slides, overhead transparencies, flipcharts, radiographs, or other resources as appropriate
- 5) write down thought-provoking questions to ask the other students and references to share.

The number of clinical case presentations required by each student and specific criteria to be followed when presenting cases will be determined by the CORE assistant dean. Case presentation programs are scheduled and conducted at the discretion of the CORE assistant dean for each CORE hospital.

Case-Based Paper: You are required to write a case-based paper between December of your third year and March of your fourth year during one of five quarters (i.e., winter 2008, spring 2008, summer 2008, fall 2008, or winter 2009). You should take into consideration the rigors of your assigned services schedule, medical discipline of interest (particular rotation), appropriateness of a specific patient case for this assignment, and personal commitments when deciding which quarter to write this paper. The CORE administrator may assign the quarter(s) when students based at their respective CORE hospital(s) are to write their case-based papers.

You must be registered for Directed Studies in Osteopathic Medicine (OCOM 785) for the quarter in which you intend to meet this didactic curricular requirement. To receive credit for this course, you must write an acceptable paper adhering to specific guidelines and format developed by the college. The CORE assistant dean will use the “Case-Based Paper Feedback” form provided by the college to critique each student’s paper based on established criteria. If you wish to review the guidelines and formatting instructions or the “Case-Based Paper Feedback” form before starting the assignment, you may go to <http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2007-2009/index.htm> and click on Case-based Paper Guidelines for the Class of 2009. These guidelines for the Class of 2009 will be posted on this website no later than December 2007.

**You are responsible for submitting a well-written paper to your CORE assistant dean no later than the Friday of the eighth week of the quarter in which you are registered for this requirements.** By the first of May 2009, each CORE assistant dean will read and grade all the papers written by students based at his/her CORE Hospital(s).

Selecting a patient case early in the quarter will allow you more time to compose a first draft for review by the CORE assistant dean. Then she or he will be able to give you constructive suggestions before you submit your final paper to be graded.

**If you receive an “unsatisfactory” rating on the paper, you must correct the deficiencies to the CORE assistant dean’s satisfaction before the Instructor of Record will give you credit for OCOM 785.**

After completing the “Case-Based Paper Feedback” form, the CORE assistant dean will sign it. **You are to review the ratings, sign the form, and then**

**submit it along with a hard copy of the graded paper to your CORE administrator before grades are due to the University Registrar's Office for the quarter.**

The CORE assistant deans will select 12 outstanding case-based papers written by students from the total number of students to be forwarded along with the completed "Case-Based Paper Feedback" form to the Office of Academic Affairs in Athens. Papers will be compiled and collectively forwarded to the editorial board of *Ohio Research and Clinical Review (ORCR)* in June 2009. The editorial board will select the top paper for possible publication in an upcoming issue of the *Ohio Research and Clinical Review*. *The chosen paper must be submitted electronically or on a CD in addition to a hard copy.* The editorial board will make its decision based on the best combination of several factors, including:

- relevance of the patient case
- current references and correct style used for citations, both in the body of the paper and in the reference section
- whether the paper is well-written
- whether all required elements have been addressed
- permission to use copyrighted material has been obtained in writing
- when appropriate, osteopathic manipulative treatment is considered and/or utilized

Medical Law: The Medical Law Series is designed to make you aware of legal rules and principles that will be of practical value in the clinical setting and future medical practice. This series of professional seminars introduces the legal and ethical forces acting upon medicine and physicians, such as statutes, court decisions, and regulations. It defines various legal theories under which malpractice suits are brought, and provides an understanding of the causes and prevention of suits as well as the nature of pre-trial and trial processes. The curriculum addresses patients' rights, termination of life support, confidentiality, treatment of minors, determinations of incompetence, and advanced directives. It also addresses professional self-regulation, the legal rights and responsibilities of physicians and physicians-in-training regarding patients, social institutions, hospital privileges, licensing, accrediting agencies, and contracts with third-party payers. Fourth-year students will have the opportunity for case-based discussions after being exposed to practical applications of medical jurisprudence in year three.

Seminar topics include, but are not limited to, the following:

- I. The Nature of Medical Malpractice
- II. Licensing and Regulation of the Medical Profession
- III. General Legal-Medical Practice Issues
- IV. Medical Malpractice Issues
- V. The Standard of Care
- VI. Proof of Professional Negligence
- VII. Statutes of Limitations on Liability

- VIII. Emergency Care
- IX. Informed Consent
- X. Medical Records and Confidentiality
- XI. Litigation and Physician's Testimony
- XII. Physician's Reports
- XIII. Future Issues for Physicians

You will participate in eight hours of Medical Law instruction that covers the objectives listed above. Sessions may be structured as one-day seminars or a lecture series over several weeks.

Discussions in conjunction with the medical law material may also be guided by physicians currently in practice, the CORE assistant dean, OU-COM faculty, and/or CORE clinical faculty at the CORE hospital.

The presentation format of medical law didactics is at the discretion of the CORE assistant dean.

Additional Didactics At the discretion of the CORE assistant dean, students may be required to attend additional didactics.

### 2.3 GENERAL OBJECTIVES

During Year 3 and 4, under the direct supervision of Group IV faculty (see Section VI), you should attain a level of competency that will qualify you to continue your osteopathic medical education as an intern or resident. Satisfactory levels of accomplishment must be demonstrated in the cognitive, psychomotor, and affective aspects of patient management as reflected in the seven AOA Core Competencies. Upon satisfactory completion of Year 3 and 4, you should be able to demonstrate progress toward mastery in the following areas.

#### **Competency 1: Osteopathic Philosophy and Osteopathic Manipulative Medicine**

- Demonstrate an osteopathic philosophy integrating anatomic, physiological, and psychological considerations.
- Identify appropriate indications for the application of Osteopathic Manipulative Medicine (OMM).
- Demonstrate competency in the application of Osteopathic Manipulative Medicine (OMM).

#### **Competency 2: Medical Knowledge**

- Demonstrate the proper use of medical terminology.
- Assimilate all available knowledge to present a clear clinical picture, verbally and in writing, of the history, physical examination, chief complaint, diagnostic testing, rationale for therapy based on pathophysiology, altered/pathologic anatomy and endocrinology, and anticipated results sequelae.

- Determine and prescribe medications; be familiar with the pharmacology of all agents used, including indications, contraindications, appropriate dosage, possible interactions, and proper routes of administration.
- Determine the indications for the application of basic non-invasive and invasive medical procedures; know the steps involved and the potential complications involved in performing them.

### **Competency 3: Patient Care**

- Obtain patient information accurately, comprehensively, and systematically; obtain a thorough and accurate personal and family history; perform a complete physical examination including a structured examination; and maintain appropriate demeanor and sensitivity to the patient when performing a physical examination.
- Demonstrate logical decision making and clinical problem solving relative to case management; develop a patient problem list and demonstrate the proper use of the Problem Oriented Medical Record (POMR) for recording progress notes and physician's orders (information written in the physician's orders must illustrate a logical association with the information written in the problem list and the progress notes).
- Present succinctly and confidently by organizing and recording data in a concise, legible format; accurately record information shortly after completing an examination; write clearly and legibly to ensure that other members of the health care team can interpret the information.
- Provide health care for acute problems from the initial contact with and assessment of the patient as well as ongoing treatment of chronic problems; follow the patient at appropriate intervals, both in the hospital and on an ambulatory basis, modifying the original patient management plan when necessary; and determine the approximate time for discharging hospitalized patients and necessary post-discharge care.
- Provide care and rehabilitative programs for the chronically ill, permanently disabled, physically challenged, and/or geriatric patient; determine and prescribe the degree of physical activity for the optimum functioning of the patient.
- Differentiate between important, less important and/or unimportant information to be recorded in the patient's medical record.
- Diagnose and treat the most commonly encountered diseases in primary care practice; recognize, diagnose, and treat the acute, life-threatening conditions encountered by the primary care physician; differentiate less common disease entities for diagnosis; and recognize conditions which require referral/consultation.
- Determine the need to perform tests for the purpose of diagnosis and treatment of the patient's current problem; interpret the results of investigative tests as they apply to a patient's condition and/or disease.
- Maintain adequate and up-to-date medical records.

- Select and consult with appropriate allied health professionals (e.g., dietitians, physical therapists, occupational therapists, etc.) to assist in patient care (e.g., nutrition, rehabilitation, activities of daily living, etc.) and propose immediate, necessary steps in the medical management of the patient.
- Demonstrate competency in the performance of basic non-invasive and invasive medical procedures.

#### **Competency 4: Interpersonal and Communication Skills**

- Demonstrate the psychosocial skills needed to develop trusting relationships with individual patients and their family members.
- Establish and maintain a therapeutic and supportive rapport with the patient.
- Communicate effectively with other physicians and allied health professionals to optimize the overall care of the patient.
- Promote positive interrelationships with health professionals in the community.
- Understand how family dynamics and interpersonal relationships affect the health and illness of a patient.
- Understand the impact that illness of any member of the nuclear or extended family has on the function of the family unit.
- Deliver medical care to the family unit by establishing and maintaining rapport as well as recognizing and allaying the fears and anxieties of the patient plus family members, and attempt to understand the impact of the patient's background and environment on his/her illness.
- Identify preventive health measures and demonstrate appropriate teaching techniques to the patient and the patient's family; serve as an educator who instructs patients in preventive medicine, responsibility for personal health care, and community medicine.

#### **Competency 5: Professionalism**

- Exhibit high ethical standards for medical practice; identify, analyze, and respond effectively to ethical problems/issues that arise frequently in the practice of medicine.
- Maintain confidentiality and respect the uniqueness of the patient as a person.
- Respect and advocate for the patient's welfare and autonomy.
- Recognize the inherent vulnerability and trust afforded physicians by patients, and maintain relationships which are open and non-exploitative.
- Develop and maintain appreciation for and sensitivity to diversity in our patient populations in regard to culture, race, color, national origin, religion, gender, sexual orientation, gender identity, age, and disability.
- Maintain awareness of one's own physical and mental health in order to care for patients effectively.

### **Competency 6: Practice-Based Learning and Improvement**

- Interpret statistical data in literature as it applies to patient situations; utilize current medical literature to gain insights into the care of the patient.
- Recognize the value of computers in practice management, literature searches, patient care and education, scholarly writing, and research.
- Utilize current medical literature to gain insights into the care of the patient and continuously update medical knowledge and medical practice skills.

### **Competency 7: Systems-Based Practice**

- Understand basic practice management principles and procedures such as billing, scheduling, and record keeping.
- Participate in community preventive medicine, health screening programs, epidemiology, community health care resources, rehabilitative centers, and care of geriatric patients.
- Assess one's own medical competence; understand legal rules and principles that impact the practice of medicine.
- Understand the impact of an evolving managed health care environment on the practice of medicine.
- Understand how local, state, and national health care systems impact patient care and the practice of medicine.