## COMP Clinical Faculty Handbook

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Doctor of Osteopathic Medicine Program

ACCREDITATION
The academic program of the College of Osteopathic Medicine of the Pacific (COMP) is accredited by the Commission on Osteopathic College Accreditation of the American Osteopathic Association, which is recognized by the US Department of Education (USDE).

THE OSTEOPATHIC PHILOSOPHY
Osteopathic medicine is a contemporary school of medical thought and practice, founded on the concept that the normal state of a person is health. The philosophy of osteopathic medicine has its roots in antiquity, long before the life of its founder, Dr. Andrew Taylor Still. The philosophy of Dr. Still can be directly related to the concepts and teaching of the Greek physician-philosopher, Hippocrates. This “father of medicine” taught that disease is a natural process and that natural powers are the healers of disease. The physician must assist nature, said Hippocrates, but attention should be focused on the patient rather than on the disease. Dr. Still revived this concept and gave it a new meaning and implementation with a system of diagnosis and treatment that made it the cornerstone of osteopathic medicine.

There are four fundamental principles of osteopathic diagnosis and treatment:
1. The body tends to be self-healing and self-regulatory in the disease process. The ability to maintain integrity in a continually changing external environment is mediated through an elaborate communication network. The communication network embraces the circulatory and neuromusculoskeletal systems.
2. Intimate interrelationships exist between structure and function at all levels of biologic organization.
3. Health is an equilibrium state and maintaining this state requires constant biological adjustment.
4. Abnormalities of the neuromusculoskeletal system are invariably present during disease. When subjected to manually applied forces, these abnormalities are ameliorated coincidentally with the clinical improvement of the patient.

While employing osteopathic manipulation, the osteopathic physician utilizes other recognized modalities for diagnosis and treatment. All modalities of treatment are based upon an evaluation of the patient’s personal developmental stage, and family and social environment.

COLLEGE MISSION
The mission of the College of Osteopathic Medicine of the Pacific (COMP) is to prepare students to become technically competent, culturally sensitive, professional and compassionate physicians who are life-long learners and will serve society by providing comprehensive, patient-centered health care with the distinctive osteopathic philosophy.

This is accomplished through excellences in curriculum, translational research, service and osteopathic clinical practice.
About Western University of Health Sciences

Founded in 1977, Western University of Health Sciences is a nonprofit, graduate university for the health professions located next to Southern California’s historic downtown Pomona. With nine colleges and approximately 2,500 students studying towards advanced degrees in Osteopathic Medicine, Pharmacy, Graduate Nursing, Physical Therapy, Physician Assistant Studies, Health Professions Education, Veterinary Medicine, Optometry, Dental Medicine, Podiatric Medicine and Biomedical Sciences. Western University is one of the largest graduate schools for the health professions in California.

Degrees and certificates offered by Western University of Health Sciences are:

- Doctor of Osteopathic Medicine (DO)
- Doctor of Pharmacy (PharmD)
- Doctor of Veterinary Medicine (DVM)
- Master of Sciences (MS) in Health Professions Education
- Master of Science (MS) in Physician Assistant Studies
- Doctor of Physical Therapy (DPT)
- Master of Science in Nursing/Family Nurse Practitioner (MSN/FNP)
- Master of Science in Nursing (MSN)
- Post-Master’s Family Nurse Practitioner (FMP) Certificate
- Doctor of Optometry (OD)
- Doctor of Dental Medicine (DMD)
- Doctor of Podiatric Medicine (DPM)
- Biomedical Sciences (GCBS)

Vision Statement

Western University of Health Science’s Vision Statement is to be the graduate University of Medical Sciences of choice in the western United States.

Mission Statement

Western University is a graduate University of Medical Sciences that educates health professionals to practice and teach with excellence and compassion. Within a learner-centered environment, the University encourages lifelong learning, supports faculty and student scholarly and research activities, provides patient care in support of clinical training, and enhances the quality of life in the region through community service.

Our Core Values

The people of Western University are dedicated to caring as they pursue their educational, scholarly, patient care, and public service activities. The University encourages the diversity and interdisciplinary of its programs, students, faculty, staff, and administrators. The ideals of continuous quality improvement, lifelong learning, long term planning, fiscal strength, adaptability, and agility in the rapidly changing worlds of healthcare and education are realized through innovation, teamwork, and collaboration within the University as well as its network of academic health centers and community partners.
Rotation Expectations
**Preceptor Responsibilities**

**Integrating Medical Students Into Your Practice**

We encourage you to take the student on hospital rounds, nursing home visits, committee meetings, and have the student participate in calls.

Student rotations are designed to provide the student with experience. Students are not expected to have in-depth knowledge with regard to each specialty going into the rotations.

**Before The Rotation Begins**

**Student Responsibility**

Expect the student to contact you at least one week before the rotation begins to confirm:

- Start time & Date
- Location
- Dress Code: See section on ‘Expectations of Student Behavior’
- Orientation and introduction to office, hospital site(s) with any site specific instructions

**Preceptor Responsibility**

- Present your expectations to your student.
- Preview objectives, reading and additional assignments with student.
- Plan daily and weekly schedule for office practice, hospital rounds, etc.
  - To maximize continuity of student education during your days off or in the event of illness, please provide alternate activities for the student in advance so the student will be aware of these plans.
- Determine student’s clinical skills and ability to handle different types of patients
- Prepare receptionists, schedulers, and nursing staff for the student’s arrival by explaining the student’s role in patient care and any effect the student’s schedule will have on patient scheduling.

**During Rotation**

- Students are expected to report on time for all educational opportunities. They must:
  - Be in proper attire
  - Bring any required medical equipment (i.e. stethoscope), reading materials, and objectives for the rotation and be prepared for the day.
- Students are expected to follow all office protocol including how the preceptor would like them to present patients and interact with office staff.
- Patients need to be informed they are being seen by a medical student.
  - The student should include this information in his/her introduction to the patient: “Hi, my name is ________. I am a 3\textsuperscript{rd}/4\textsuperscript{th} year medical student and I am working with Dr. ________.”
- The preceptor MUST see the patient during each and every medical visit.
- Student continues to review learning objectives and preceptor gives on-going feedback. Ask questions such as:
What did you learn this week or today about diagnosing and managing common problems?
What do you feel you need additional help with?

- If possible, preview the next day’s schedule in order to select patients for students, and suggest reading assignments.
  - Reinforce and add to the reading requirements as needed.
- Be available to provide mentoring/counseling assistance to the student.
- Provide proper referrals for academic assistance.
- Provide an area for the student to store belongings, write notes, and conduct research as needed.
- Discuss mid-rotation evaluations with your student.

Full Time Attendance At All Rotations is Mandatory

Poor attendance or repeated tardiness is justification for a failing grade.

- Students are expected to follow the preceptor’s schedule including:
  - Office hours, hospital rounds, clinic or nursing home visits, on-call schedule
- At the discretion of the preceptor, the student may be expected to work with other partners in the practice. Residents must adhere to all AOA duty hour rules.
- Students are expected to keep up with reading about patient cases and procedures.
- Students should ask the preceptor to recommend reading materials for current and upcoming cases and diseases they will see in the office or clinic.

Any deficiencies and progress should be noted and pointed out.

“Wave” Model Example Scheduling (see Lesky 1995 and Ferenchick 1996)

8:00 a.m. to 8:20 a.m.  Student sees patient 1, while preceptor sees patient 2
8:20 a.m. to 8:40 a.m.  Patient 1 is seen by student and preceptor together
8:40 a.m. to 9:00 a.m.  Student charts on patient 1, while preceptor sees patient 3
9:00 a.m. to 9:20 a.m.  Student sees patient 3, while preceptor sees patient 5
9:20 a.m. to 9:40 a.m.  Patient 4 is seen by student and preceptor together

(Scheduling pattern continued throughout the day)

End of Rotation

- Preceptors are required to complete a performance evaluation of the student at the end of the rotation.
- Evaluations should be discussed with the student.
  - Discuss areas of increased competence.
  - Have student discuss what he/she has learned.
  - Discuss areas for improvement
- Suggestions and comments are encouraged.
- Students are required to complete an evaluation of the rotation. The feedback is provided to preceptors on a regular basis.
Expectations for Student Behavior

Professionalism
Students must act in a professional manner at all times and comply with all the rules and regulations of the rotation site. Professionalism includes (but is not limited to) attitude, willingness to learn, teamwork, attendance, dress, honesty, and interpersonal relationships.

Appearance
COMP officials and preceptors are the final arbiters of appropriate student appearance. If a student’s dress or appearance is not appropriate, he or she may be immediately removed from clinical duties and asked to correct the problem before continuing.

Students must dress in a neat and professional manner all times while on rotations:
A white clinic jacket (short coat) displaying the COMP patch and a COMP name badge are required at all times by all students when in a clinical environment.
- Men: As a minimum standard, men shall wear clean dress slacks, a clean shirt and tie, socks, and dress shoes.
- Women: Women shall maintain a similar professional appearance in their manner of dress.
The student will maintain a critical awareness of personal hygiene.
Some facilities may require students to wear or display a site name badge or ID, in addition to that required by the school.
For situations where institutions require “scrubs” or other alternative or protective attire, the alternative attire will be provided by the institution, remain the institution’s property, and remain at the institution at all times.

**DO NOT remove any property (including scrubs) from the site. SCRUBS MUST NOT BE WORN ON THE COMP-NORTHWEST CAMPUS.**

Titles:
Students should be referred to as “Osteopathic Medical Student (Last Name)” or “Student Doctor (Last Name)”. Students must never refer to themselves or allow others to call them “Doctor”. Students will refer to other professionals in the clinical setting by their appropriate title, such as “Doctor Smith”, “Nurse Jones”, etc. or as invited by the other person. Students should not assume that they are allowed to call someone (including the patient) by their first name unless invited.
Students should never use familiar terminology at the rotation site (ex. Dude, Bro, etc).

Supervisors:
Hospital-based rotations may require the student to work with a variety of instructors at various levels including interns, residents and attending physicians. The student is responsible to the person to whom he or she is assigned. Assignments of students to a specific preceptor are made at the discretion of the site’s Director of Medical Education, Clerkship Director, Attending, and/or Resident. Students should not request to work with a specific preceptor at a site unless invited by the site to do so.

In accordance with state law, COMP’s policy states that students must be supervised for all rotation activities. Also, a student can NEVER substitute for a licensed physician and/or other licensed/certified healthcare provider for any procedure including, but not limited to surgeries and deliveries.
Students may not represent their work on the chart as being done by a physician and students cannot sign into an electronic medical record using a physician’s (or other healthcare provider’s) credentials. All medical records must be co-signed by a licensed physician. Students may not independently initiate patient orders including phone orders.
If a student feels that he or she is being asked to provide patient care or enter documentation in the medical record in a way that conflicts with the policy above, the student must immediately contact COMP Rotations to get guidance and resolution regarding the situation.

**Involvement/Duties:**
The preceptor or institution is responsible for determining the degree of student involvement during the rotation. This includes access to the facility and areas within the facility, clinical access to patients, access to and contribution to the medical record, and observation and participation in procedures. If a licensed physician is not on the physical premises, a student is not to conduct patient care of any kind.

**Medical Record:**
The medical record must be an accurate reflection of what has transpired in the care of the patient. Students must be honest when recording in the medical record. Electronic medical records can present additional challenges and the student must be careful to follow all rules and procedures according to the hospital or rotation site policy. Students may never sign in to electronic medical records using another person's credentials to make entries or perform any other tasks. If instructed to do so by the preceptor, the student must state that this is against COMP’s policy and the preceptor should contact COMP Rotations if further clarification is needed. If the preceptor continues to insist that the student do this, the student must refuse and should contact COMP Rotations immediately. COMP will support a student who is doing the right thing concerning medical records and will move the student to another site if a resolution cannot be obtained.

**Procedural Skills:**
Part of COMP’s expectation is that students will gain a knowledge and understanding of various procedural skills during rotations. In addition to proficiency in the psychomotor aspects of procedural skills, COMP expects that the student will understand the indications, contraindications, risks, benefits, and alternatives for various procedures.

Students must be under direct supervision of the assigned preceptor or preceptor’s licensed/certified designee when doing any kind of procedures. However, if a licensed physician is not on the physical premises, a student is not to conduct patient care of any kind.

**Clinically-Related Experiences:**
Non-clinical experiences (e.g., conferences, tumor board, QA meetings, hospital committees, etc.) are important to help students understand and appreciate the full spectrum of activities expected of physicians. Students should attend and/or participate in as many of these experiences as possible as directed by their supervising physician. However, students may not take time off a rotation to attend a conference unless the conference is being attended by the preceptor and is considered to be part of the rotation.

**Osteopathic Philosophy, Manual Diagnosis and Manipulative Treatment:**
COMP expects that students always consider the appropriate incorporation of Osteopathic Principles and Practice (OP&P). Students are expected to perform structural examinations on all patients when clinically appropriate and to discuss their findings with the attending physician. In addition, the student is expected to suggest Osteopathic Manipulative Treatment (OMT), when appropriate, whether the preceptor is a DO or MD. As with all procedures, OMT may only be performed with the expressed permission and supervision of the attending physician.

Each rotation should include the integration of OP&P. When on rotation at a non-osteopathic facility, or when under the supervision of an M.D., OMT treatment is not always appropriate due to
the lack of adequate supervision. However, osteopathic philosophy, including a health-oriented, patient-centered medical approach, with regard for the interrelationship of medical problems within the patient as well as between the patient and his or her social environment, should be a routine approach taken by the osteopathic student. Be prepared to practice and promote your philosophy of medicine in a professional manner.

**Attendance:**

Students are required to attend and be on time to all assigned, scheduled, elective rotations, and related activities including lectures, conferences, clinics, call responsibilities, etc. If a student cannot avoid being late, the facility/clinician must be notified immediately. If there is an emergency, please contact the COMP Rotations Office immediately by phone with a follow-up email to COMP rotations and the staff will contact your facility/clinician and make the necessary arrangements. If a student is dismissed from a rotation due to tardiness, he or she will fail the rotation, will be on academic suspension until the next regularly scheduled rotation begins, and will be referred to the SPC.

Students are required to attend rotations every day according to the schedule outlined by the site. This includes weekend days and on-call. **Students also may be required by the site to work on the weekend prior to the subsequent rotation.** Students are required to work according to the schedule set by the site. Rarely, this may result in the student working more hours than the resident is required to work since resident hours are regulated by law.

The student is expected to rotate with the preceptor full-time during the scheduled time period. **The student must notify the medical school of any absences during the rotation.** Students are not to be granted vacation time when a preceptor is on vacation. **There are no “automatic” days off from rotations.**

If a student will be absent from a rotation for more than three days (including holidays and any combination of the situations listed below), the student will be required to either make up the time during a different work week (if the site allows) or will need to take a LOA for the rotation period. If only part of a rotation is completed prior to the student leaving, the student may be required to restart the rotation (or a similar rotation) and complete the rotation in its entirety to assure adequate training.

**Excused Absences:**

COMP Rotations will notify the site if an absence is excused. However, the site has the discretion to accept or decline this excused absence. If the site declines, the student is required to work. If it is impossible for the student to work, the student must contact COMP Rotations immediately. COMP Rotations will make a final decision as to whether the student will be required to discontinue the rotation and take an alternative rotation at the same or another site at a later date.

A student may be excused from a rotation due to significant or serious illness. If a student is ill and cannot come in for the rotation, he or she should inform the site immediately and then notify the COMP Clinical Rotations Department by phone or email. A student will need to provide medical documentation of illness for any absence longer than one day.

COMP Rotations will provide an excused absence if a student is required to remediate a failed OSCE or shelf examination.

A temporary absence is defined as a short period (i.e., 1-2 hours) during work hours in which the student is not engaged in rotation activities; students can be excused for no more than 4 hours for this purpose. Permission from the student’s supervisor (attending and/or resident) must be
obtained in writing (and kept by the student) for such an absence. In some cases the Graduate Medical Education Office (GME Office) of the site must also be notified. Additionally, the student is required to notify the COMP Clinical Rotations Department by phone or email prior to the absence.

Students with an unexcused absence from a rotation will fail the rotation and may be subject to dismissal from COMP.

COMLEX Examinations:
One 24-hour absence is allowed for students to take COMLEX II CE and for those students who need to retake COMLEX I or II CE. A 72-hour absence will be allowed for a student to take COMLEX II PE. This includes one 24-hour period for travel to Philadelphia, one 24-hour period for the examination, and one 24-hour period for travel back to the rotation. Students should send notification and documentation to Student Affairs through https://mydocs.westernu.edu/Students/osa/loa at least 5 business days in advance so that the COMP Rotations Office can notify the facility of the excused absence. If a student needs to be absent from the rotation more than 72 hours for this purpose, he or she will be required to take an LOA. An excused absence will be given for taking the USMLE and students should follow COMLEX time off policies.

Interviewing:
Up to three 24-hour absences per rotation will be allowed in the months of August through January for OMS IV students to attend residency interviews. Students should send notification and documentation to https://mydocs.westernu.edu/Students/osa/loa at least 5 business days in advance; the COMP Rotations Office will notify the facility of the excused absence. If more than three days is needed for this purpose during a rotation, the student will be required to take a LOA from the rotation.

Medical Appointments:
Students must submit a request to Student Affairs at least 5 days in advance to be excused from rotations for non-emergency medical appointments through https://mydocs.westernu.edu/Students/osa/loa.

Religious Holidays:
Students may be excused for the following major religious holidays:
Christianity: Christmas Day, Easter
Islam: Eid Al-Fitr, Eid Al-Adha
Judaism: Rosh Hashanah, Yom Kippur
Students must submit a request to be excused from rotations for a religious holiday to COMP Rotations prior to the start of the affected rotation so that the facility can be notified. The site, however, determines whether or not the student will be allowed to be off the rotation for a holiday. The decision of the site is final.

Unexcused Absences:
Unexcused absences will not be tolerated: The student will be removed from the rotation, placed on academic suspension for the remainder of the rotation, be assigned a “Fail” grade for the rotation, and appear before the Student Performance Committee. The student may be subject to repeating an entire academic year or may be subject to dismissal depending on the circumstances.

Leave of Absence (LOA):
A student may take a 30-day leave of absence for academic or personal reasons. Students must be approved in advance for an LOA by submitting a written request to COMP’s Dean of Students. The LOA cannot be taken until approved. The student must also inform COMP Rotations that a LOA is being requested and again when the LOA is approved so that the rotation site(s) can be
contacted. A LOA may have Financial Aid implications (depending on length) and it is the student’s responsibility to contact the Financial Aid office to determine if any issues will arise.

**Jury Duty:**
If a student receives a jury summons, the Registrar’s Office will assist the student by providing a letter describing a clinical student’s duties and obligations and verifying the status of “full time student”, which may or may not suffice for excusal from jury duty. If a student is not excused from jury duty and has to attend for more than 3 days, the student will either have to make up the time at a later date or take a LOA from the rotation. If a jury summons is received, the student must also notify COMP Rotations.

**Honesty:**
All students must hold to the highest professional standards in both word and deed for all academic and clinical matters throughout their entire education and eventual clinical practice. Students must not borrow or remove any items (including documents) from a rotation site without the explicit permission of the owner. Students must never falsify any documentation including sign-in sheets for rotations, didactic weeks, or any other activity.

**MATCH Compliance:**
Students are required to comply with all policies and requirements of the American Osteopathic Association Match and the National Residency Match Program. Students are required to be familiar with all requirements and ignorance of those requirements is not a valid excuse for a match violation. Any Match violation is grounds for dismissal from COMP.

**Alcohol, Tobacco, and Drugs:**
No alcohol or tobacco products of any kind are to be used during clinical rotation hours or at clinical rotation sites. Intoxication of any kind may lead to dismissal from COMP.

COMP, its affiliate hospitals, and its preceptors are committed to maintaining a drug-free environment in compliance with applicable laws. The unlawful possession, use, distribution, sale, or manufacture of controlled substances is prohibited on Western University’s campuses, in any of its medical facilities, or at any of its rotation sites. Violation of this policy may result in the appropriate disciplinary action up to and including dismissal as stated in the Student Handbook. Students may be required to undergo drug testing one or more times prior to or during rotations.

**Inappropriate Conduct:**
Students represent the College to patients, clinical preceptors, site administration, and many other people during clinical rotations. Student behavior is to be above reproach at all times. The Western University catalog including the COMP section provides additional information about appropriate student conduct. Inappropriate conduct by a student will lead to academic consequences up to and including dismissal.

**Sexual harassment of any kind will not be tolerated.**

If a student feels like he or she is being subjected to sexual harassment by a preceptor, hospital staff, or other person associated with the rotation, the student should immediately contact COMP Rotations for consultation and direction as to what to do. COMP will support any student who feels like he or she is being harassed and action will be taken including, but not limited to, contacting the preceptor or moving the student to another rotation. However, if a student feels like he or she is in immediate danger, the student should leave the rotation site and immediately contact COMP Rotations by phone and email for instructions on what to do.
All reports and allegations of sexual harassment will be taken very seriously and will be investigated by COMP and/or Western University Administration. However, due to applicable laws, the student may not be told the exact results or disposition of the investigation.

By the same token, students must never engage in any activity that could be considered by others to constitute sexual harassment. A student’s behavior should be above reproach at all times. Students should refrain from developing relationships with preceptors or other site personnel that go beyond what would be considered to be a typical professional relationship.

**Liability Coverage for Clinical Activity:**
Western University provides liability insurance coverage for students on approved clinical rotations while the student is acting under supervision of the assigned preceptor or designee. Western University’s liability coverage does not apply to unsupervised student clinical activity.

“Shadowing experiences” not associated with the student’s assigned rotation are not sanctioned by COMP and are NOT covered by Western University’s insurance.

In addition, COMP’s liability coverage does not extend to times that a student is on vacation, leave of absence (LOA), or academic suspension.

**Legal Issues:**
Students are required to report any pending legal issues or any issues resulting in a conviction (except for minor traffic tickets).

**Student Accident Protocol:**
If during the course of rotation activities, an accident or injury occurs (including needle stick or puncture injuries), the student is to follow the Student Injuries on Rotations Procedure:

1. Student is to report the injury to:
   a. Preceptor/Attending IMMEDIATELY
   b. COMP Clinical Education department IMMEDIATELY
   c. Risk Management within 24 hours of incident

2. Student is to obtain medical attention immediately.
   a. Clinical site’s Emergency Room or Employee Health; Urgent Care, PCP or PCC’s Medical Center
   b. Depending on the type of injury, initial blood work (HepB, HepC and HIV) may be necessary.
   c. Students must present his/her insurance card to the site’s “health coordinator”; treating facility bills student’s health insurance carrier; NOT a worker’s comp claim.
      i. Primary coverage: Student’s health insurance
      ii. Secondary coverage: University’s Student Accident Insurance

3. Students need to complete a Student's Initial Report of Accident/Injury
   a. [http://www.westernu.edu/risk-management-forms](http://www.westernu.edu/risk-management-forms)
      i. Original need to be turned into Risk Management (Chique Magsino)
      ii. Copy of the form needs to be turned into the Clinical Education Department.

4. Student is responsible for obtaining test results and any recommended follow up tests.

5. If you have any additional questions, please contact the Office of Risk Management at 909-469-5452.

**HIPAA:**
Students are required to comply with HIPAA guidelines at all times. Students must complete and pass the HIPAA module posted on Blackboard during Rotations Orientation and subsequently can review the requirements at any time using the HIPAA tutorial available on Blackboard.
The Effective Preceptor

A review of selected literature has revealed the following are characteristics of effective clinical teachers:

Communication

- Possesses and demonstrates broad knowledge
- Explains the basis for actions and decisions
- Answers student questions clearly and precisely
- Open to conflicting ideas and opinions
- Connects information to broader concepts
- Communicates clear goals and expectations
- Captures student’s attention
- Makes learning fun

Careful Analysis of the Learner

- Accurately assesses student’s knowledge attitudes and skills
- Uses direct observation of the student
- Provides effective feedback
- Performs fair and thoughtful evaluations

Skill in Practice and Teaching

- Provides effective role modeling
- Demonstrates skillful interactions with patients
- Presents information with organization and clarity
- Generates interest in the subject matter
- Organizes and controls the learning experience
- Balances clinical and teaching responsibilities
- Gives appropriate responsibility to the student

Motivation

- Emphasizes problem solving
- Translates specific cases into general principles
- Promotes active involvement of the student
- Demonstrates enjoyment and enthusiasm for patient care and teaching
- Develops a supportive relationship with the student

Suggested Resource

Evaluations
The Importance of Evaluations

Your evaluation of the student with whom you will be working is essential. The comments you make will be used to help prepare the Medical Student Performance Evaluations (MSPE) – the letter is prepared during the student’s fourth year and is part of the internship and residency application. In preparation for evaluating students, we suggest the following:

Communication and history-taking skills would include areas such as:
- Appropriate use of open-ended questions, rather than just asking a series of “yes or no” questions
- Appropriate use of clarifying questions to delve deeper into positive responses, rather than just listing positive responses in a review of systems
- Appropriate organization and sequencing of questions, rather than jumping from present illness to past medical history and back to present illness
- Recognize the priority of the material they are collecting, focusing on the factors that affect the presenting complaint
- Use appropriate terminology that is easily understood by the patient, rather than medical terminology, yet translates this back to medical terminology in discussion with you or their note.

Physical exam skills would include areas such as:
- Examination of appropriate regions pertinent to the symptoms
- Appropriate examination skill and technique with sufficient precision to detect abnormality if present
- Logical sequence of the physical examination, rather than requiring the patient to change positions frequently, moving from heart exam to abdomen and then back to heart exam
- Able to distinguish normal from abnormal findings (e.g., knows normal liver span)
- Relates well to the patient during the examination, maintains patient’s modesty, and is aware of patient discomfort.

Diagnosis would include areas such as:
- Ability to prioritize a problem list and construct a differential diagnosis for major problems
- Use of pertinent positive or negative findings in the history and physical to support a reasonable diagnosis.

Evaluations are completed online by the clinical faculty through the New Innovations system. The clinician completing the student rotation evaluation should review the evaluation with the student, have the student sign it (or approve it electronically), and provide the student with a copy. A student’s signature on the evaluation is acknowledgement of receipt and does not necessarily imply that the student agrees with the evaluation.

STUDENTS CANNOT SUBMIT STUDENT EVALUATIONS

Due to repeated complaints from preceptors regarding students “grade grubbing” after an evaluation has been submitted, COMP-Northwest Rotations will adhere strictly to the following: Once an evaluation has been submitted to COMP-Northwest, the student may NEVER discuss the evaluation with the site or preceptor. A student who does this will automatically FAIL the rotation and be referred to the SPC.
New Innovations Quick Start Guide: Evaluating Your Students

New Innovations is a web-based application that COMP-Northwest uses as an organizational tool. This application has the ability to track duty hours and conference attendance, post curriculum, complete evaluations and assist in other areas that are vital to the learning program.

This quick start guide will give you a better idea of how you will be utilizing this application as a faculty member. It will cover the login page, evaluations, confirming procedures and accessing the conference calendar.

The Login Page:

Go to the following website, https://www.new-innov.com/Login/Login.aspx, the page will look similar to the picture above

- The Institutional Login for Western University Students is WESTERNU in all capital letters.
- Your individual username is the first letter of your first name followed by your last name. Please note that this must be in all lower case letters.
  - Ex: John Smith = jsmith
- If this is your first time logging in under the Western University’s site, please contact the clinical education department to receive your password. Note: this is also case sensitive and must be all lowercase.
- After filling in these three fields click the login button and you should taken to the homepage.
Completing Evaluations & Confirming Procedures:

Once you have been redirected to the New Innovations homepage follow these steps:

After logging in there will be a link listed under notifications on the homepage which will state whether or not you have any outstanding evaluations or procedures to confirm. You can easily access these areas by clicking on the link located at the end of the notification.

- **Ex:** You have 1 evaluation to complete. Click here to [complete it](#).

The picture below highlights the notifications section of the homepage. The next section of this guide will discuss some of the modules in more detail.

**Evaluations:**

Once you get to the evaluations page, **Main** from the Taskbar > Evaluations
Select the evaluation that you need to complete and click evaluate.
The evaluation will then open allowing you to fill out the proper information.
On the bottom of the page there is a check box which acts as an electronic signature, be sure to check that and click submit final.

If you would like to go back and review any completed evaluations, you can do so by:
Selecting **Main** from the Taskbar > Evaluations > Completed Evaluations
# Osteopathic Medical Student Clinical Rotation Evaluation

<table>
<thead>
<tr>
<th>Student:</th>
<th>Dates of Rotation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Specialty:</td>
<td>Rotation Number:</td>
</tr>
<tr>
<td>Hospital/Preceptor:</td>
<td></td>
</tr>
</tbody>
</table>

Approximately how much time did you work with the student during this rotation? ____________________________

How many other individuals gave input that was used to complete this evaluation? _______________

**PLEASE EVALUATE THE STUDENT BASED UPON YOUR EXPECTATIONS FOR HIS/HER LEVEL OF TRAINING**

<table>
<thead>
<tr>
<th>Medical Knowledge: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exhibits basic medical knowledge (anatomy, physiology, pathophysiology, disease mechanisms, etc.).</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care- History Taking: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Elicits patient history at a depth that is appropriate for the clinical situation. (ex. complete history, interval history, or focused history)</td>
<td>R O M E</td>
</tr>
<tr>
<td>3. Includes psychosocial and health maintenance/risk factor information as appropriate.</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care- Physical Exam (including mental status exam in psychiatry): This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Performs a physical examination that is thorough, technically accurate, and appropriate to the clinical setting.</td>
<td>R O M E</td>
</tr>
<tr>
<td>5. Maintains sensitivity to issues of patient privacy, comfort, and dignity during the examination.</td>
<td>R O M E</td>
</tr>
<tr>
<td>6. Recognizes and correctly interprets abnormal clinical findings.</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care- Documentation: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Accurately records information in an organized and logical fashion and in a way that is appropriate to the clinical situation (SOAP notes, progress notes, complete H&amp;P, etc.)</td>
<td>R O M E</td>
</tr>
<tr>
<td>8. Records information that is free of personal bias or inappropriate comments.</td>
<td>R O M E</td>
</tr>
<tr>
<td>9. Presents information in an accurate, logical, and organized manner.</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care- Clinical Problem Solving: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Generates an appropriate problem list based on the history and physical findings.</td>
<td>R O M E</td>
</tr>
<tr>
<td>11. Effectively prioritizes clinical problems.</td>
<td>R O M E</td>
</tr>
<tr>
<td>12. Creates a differential diagnosis relevant to the presenting complaint(s).</td>
<td>R O M E</td>
</tr>
<tr>
<td>13. Develops a strategy for confirming the diagnosis.</td>
<td>R O M E</td>
</tr>
<tr>
<td>14. Integrates diagnostic test data with the clinical presentation of the patient as appropriate.</td>
<td>R O M E</td>
</tr>
<tr>
<td>15. Formulates a treatment plan appropriate for the diagnosis.</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
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</thead>
<tbody>
<tr>
<td>17. Establishes good rapport with patients.</td>
<td>R O M E</td>
</tr>
<tr>
<td>18. Communicates well with patients, their families, and all members of the healthcare team.</td>
<td>R O M E</td>
</tr>
<tr>
<td>19. Provides disease-specific information and/or prevention education to patients as appropriate.</td>
<td>R O M E</td>
</tr>
<tr>
<td>20. Exhibits empathy toward the patient and the patient’s perspective</td>
<td>R O M E</td>
</tr>
<tr>
<td>21. Communicates in a way that shows sensitivity to cultural and ethnic differences.</td>
<td>R O M E</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Osteopathic Philosophy and Practice: This student</th>
<th>Rarely Occasionally Most of the time Excellent</th>
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</thead>
</table>
22. Approaches the patient as a whole person (i.e. considers the various physical, mental, spiritual, social and other influences that may be influencing the patient’s current condition) | R O M E

23. Helps the patient to use their own self-healing and self-regulatory capabilities (e.g. patient education, exercise, nutrition, lifestyle changes, available community resources) | R O M E

24. Demonstrates competency in the understanding and application of Osteopathic Manipulative Treatment (OMT) to the medical specialty. | N/A (or unable to assess)

**Practice-Based Learning and Improvement/Self-directed Learning: This student**

<table>
<thead>
<tr>
<th>R O M E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely Occasionally Most of time Excellent</td>
</tr>
</tbody>
</table>

25. Identifies gaps in his/her knowledge and abilities and seeks appropriate solutions. And demonstrates initiative in supplementing his/her knowledge about patients on the service. | R O M E

26. Demonstrates the ability to access current and accurate patient care information using a variety of modalities including texts, journals, lectures, and electronic resources. Exhibits critical reading skills. | R O M E

**Professionalism/Ethics: This student**

<table>
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<tr>
<th>Yes No</th>
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</thead>
<tbody>
<tr>
<td>27. Displays a motivation to learn.</td>
</tr>
<tr>
<td>28. Is a reliable, responsible, punctual, and well prepared team member.</td>
</tr>
<tr>
<td>29. Displays professional public demeanor and deportment.</td>
</tr>
<tr>
<td>30. Is honest, trustworthy, and adheres to legal standards.</td>
</tr>
<tr>
<td>31. Appropriately manages relationships with patients and healthcare team members.</td>
</tr>
<tr>
<td>32. Respects the patient’s autonomy, right to privacy, and confidentiality.</td>
</tr>
</tbody>
</table>

**Overall Summary of the Student’s Performance:** Please comment on the student’s strengths. Please also comment on areas that provide opportunities for growth and improvement. Note: These comments WILL be recorded verbatim in the “Dean’s Letter” (MSPE).

Please add other comments concerning the student’s performance that will assist us in his/her further training. These comments WILL NOT be recorded on MSPE. (Please use back of page if you need additional space)

Based on your expectations of students at this level of training, how would you evaluate this student’s OVERALL performance?

- □ Honors  □ High Pass  □ Pass  □ Low Pass  □ Fail

Do you have any reservations about the suitability of this student for the continued study and eventual practice of medicine? | Yes No

If yes, please describe below using specific examples to illustrate your concerns. We may be contacting you for more information.

**Physician information**

- Print Name: ___________________________ Degree: __________
- Mailing Address: ________________________________________________________________
- Phone #: ___________________________ AOA #: ___________________________
- Email: ___________________________

ADDITIONAL DOCUMENTS OR SIGNATURES MAY BE ATTACHED
<table>
<thead>
<tr>
<th>Evaluator’s Signature</th>
<th>Date</th>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Please return the completed form via fax to 541-259-0290.
Western University of Health Sciences, College of Osteopathic Medicine of the Pacific
Office of Medical Education /COMP, 200 Mullins Dr, Lebanon, OR 97355. Phone: 541-259-0200

FOR OFFICE USE ONLY
DB___________ MSPE___________ CME___________ REG___________
Resources
Clinical Faculty Benefits

We would like to take this opportunity to thank you for your interest in the education of Western University's osteopathic medical students. The time and energy you spend in their endeavor helps to ensure the next generation of physicians will be competent, caring and compassionate professionals.

If you are accepting core rotations you will become Clinical Faculty and be able to take advantage of several University resources including the following:

- Access to the Western University Library at http://wsprod.westernu.edu/library/forms/remoteaccess.jsp which includes electronic resources such as:
  - MD Consult
  - Access Medicine
  - Multiple journals such as NEJM, JAMA, Medical Clinics of North America and many more
  - Teachingphysician.org
- Use of faculty appointment title on your business cards and office
- Recruitment opportunities

CME Process

1. When completing student evaluations through New Innovations, CME credit will be given to the physician whose name appears on the form, unless other physicians and the time spent with the student are specified on the form. Physicians are given 1 CME credit for each hour of teaching.
2. CME Reports containing credit for D.O.’s are sent to the AOA four times a year. Allopathic physicians self-report to the AMA.
3. CME notification letters stating the amount of CME credit that has been recorded are mailed to all the physicians who will receive CME credit for the reporting period.

CME Reporting Periods
- January 1 – March 31 (DO reports submitted in April)
- April 1 – June 30 (DO reports submitted in July)
- July 1 – September 30 (DO reports submitted in October)
- October 1 – December 31 (DO reports submitted in January)

Osteopathic and Allopathic CME credit categories:

Osteopathic CME Credit Category 1-A

AOA Category 1-A credits will be granted to attendees for formal educational programs designed to enhance clinical competence and improve patient care. These programs must be sponsored by an AOA-accredited Category 1 CME sponsor and are limited to:
1. **Formal Osteopathic CME**
   Formal Osteopathic CME consists of formal face-to-face programs that meet the Category 1 quality guidelines and faculty requirements and are sponsored by AOA-accredited Category 1 CME sponsors.

2. **Osteopathic Medical Teaching**
   Physicians who deliver formal osteopathic medical education in a didactic format are eligible to receive Category 1-A credit on an hour-for-hour basis. Methods of such education are limited to:
   a. Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine,
   b. Formal delivery of osteopathic medical education to students, interns, residents, and staff of AOA-approved healthcare facilities. Teaching credit must be submitted by the CME Department of an AOA-accredited Category 1 CME college of osteopathic medicine or Category 1 CME hospital.

**Osteopathic CME Credit Category 1-B**

Category 1-B credit may be awarded for the following:

1. **Osteopathic Preceptoring**
   Osteopathic physicians serving as preceptors in any AOA approved osteopathic medical education program may be granted Category 1-B credit. A maximum of 60 hours of AOA Category 1-B for preceptoring may be applied to the 120-hour requirement.

**Allopathic CME Credit Category 2**

1. Physicians may claim category 2 credit towards the PRA (Physicians Recognition Award) for such physician directed learning activities as: the teaching of residents, medical students, or other health professionals; unstructured online study; reading authoritative medical literature; consultation with peers and medical experts, small group discussions, self-assessment activities, medical writing, preceptorships, research and participating in live activities not designated for AMA PRA category 1 credit. In each case, the physician individually determines the education value of those AMA PRA category 2 credits. Physicians should claim credit for appropriate AMA PRA category 2 activities on the PRA application form.
Curriculum: OMS III

Core Rotations
Core rotation sites and preceptors are determined and approved by the COMP-Northwest Director of Clinical Education, Dr. Mike Jaczko. Core rotations must be completed at a Core facility or with a Core preceptor.

<table>
<thead>
<tr>
<th>OMS III Clerkship Requirements</th>
<th>Quantity</th>
<th>Type</th>
<th>Discipline</th>
<th>Duration (Weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the sequence of the blocks is based on the selection of the student during the rotations lottery)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Didactic Week #1</td>
<td>Family Practice, Surgery</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Family Practice</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Surgery</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Internal Medicine—General or Sub-specialty (IM-3)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Didactic Week #2</td>
<td>Internal Medicine, Psychiatry</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Internal Medicine—General (IM-1)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Internal Medicine—General (IM-2)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Didactic Week #3</td>
<td>OB/GYN, Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>OB/GYN</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>Pediatrics</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Elective</td>
<td>Elective</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Didactic Week #4</td>
<td>OMM</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Core</td>
<td>OMM</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Elective</td>
<td>Elective</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>N/A</td>
<td>Vacation</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Didactic Week #5</td>
<td>EM</td>
<td>1</td>
</tr>
</tbody>
</table>

NOTE: The entire rotation must be completed in the same specialty at the same facility.

OMS III Didactic Weeks
Didactic Week activities and examination performance are an essential part of the student’s final core rotation grade.

Didactic Weeks occur every 13th week during rotations and are held on campus in Lebanon, Oregon. The week includes, but is not limited to, the following activities:

- Objective Structured Clinical Examinations (OSCEs) including:
  - Pre-OSCE session
  - Standardized Patient encounter
  - S.O.A.P. note following the patient encounter
  - Post-OSCE video review
- Standardized subject examinations (Shelf exam)
- Completion of New Innovations surveys related to the rotations block and the didactic week
- Case-based preview of the rotations the student will be on during the next block (Prep for Success)
Curriculum: OMS IV

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Type</th>
<th>Discipline</th>
<th>Duration (Weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Core</td>
<td>Emergency Medicine</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>Selective</td>
<td>Sub-Internship- Medicine</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>Selective</td>
<td>Sub-Internship- Surgery</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Elective</td>
<td>Elective</td>
<td>7 x 4 weeks</td>
</tr>
<tr>
<td>1</td>
<td>N/A</td>
<td>Vacation</td>
<td>4</td>
</tr>
</tbody>
</table>

- The **medicine and surgery sub-internships** may be completed in any affiliated facility as long as the student has the following duties:
  - Writing orders
  - Managing cases
  - Supervising trainees
  - Completed at an institution with a residency program

*An office-based or private preceptor rotation will not be acceptable for a sub-internship.*
### Curriculum: OMS I

**College of Osteopathic Medicine of the Pacific**

**OMS I Fall Semester Schedule Outline**

<table>
<thead>
<tr>
<th>Week #</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Anatomy</strong>&lt;br&gt;Gross Anatomy, Head and Neck Anatomy</td>
</tr>
<tr>
<td>2</td>
<td><strong>The Molecular and Cellular Basis of Medicine</strong>&lt;br&gt;Introduction to: Molecular Biology, Biochemistry, Genetics, Developmental Histology, Cellular Physiology and Metabolism</td>
</tr>
<tr>
<td>3</td>
<td><strong>The Physician and Society</strong>&lt;br&gt;History of Medicine, Medical Humanities, Professionalism, Ethics</td>
</tr>
<tr>
<td>4</td>
<td><strong>Service Learning I</strong>&lt;br&gt;Public Health, Biostatistics, Epidemiology</td>
</tr>
<tr>
<td>5</td>
<td><strong>Osteopathic Principles &amp; Practice (OP&amp;P)</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Essentials of Clinical Medicine (ECM)</strong></td>
</tr>
<tr>
<td>7</td>
<td><strong>Interprofessional Education (IPE)</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Winter Break</strong></td>
</tr>
</tbody>
</table>

### College of Osteopathic Medicine of the Pacific

**OMS I Spring Semester Schedule Outline**

<table>
<thead>
<tr>
<th>Week #</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Introduction to Disease, Immunity, and Therapeutics</strong>&lt;br&gt;Introduction to: Microbiology, Immunology, Pharmacology, Pathology</td>
</tr>
<tr>
<td>2</td>
<td><strong>Neuroscience System</strong>&lt;br&gt;(Spring Break during week #12)</td>
</tr>
<tr>
<td>3</td>
<td><strong>Blood and Lymphatic System</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Behavioral Medicine and Psychiatry</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Musculo-skeletal System</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Service Learning II</strong>&lt;br&gt;Public Health, Biostatistics, Epidemiology, Community Service Project</td>
</tr>
<tr>
<td>7</td>
<td><strong>Osteopathic Principles &amp; Practice (OP&amp;P)</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Essentials of Clinical Medicine (ECM)</strong></td>
</tr>
<tr>
<td>9</td>
<td><strong>Interprofessional Education (IPE)</strong></td>
</tr>
</tbody>
</table>
# Curriculum: OMS II

**College of Osteopathic Medicine of the Pacific**

*OMS II Fall Semester Schedule Outline*

| Fall Week # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | Winter Break |
|-------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|-------------|
| **Endocrine System** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |             |
| **Cardiovascular System** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |             |
| **Renal System** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |             |
| **Respiratory System** |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |             |

**The Physician and Society**

*Medical Jurisprudence, Professionalism, Ethics, and Healthcare Systems*

**Osteopathic Principles & Practice (OP&P)**

**Essentials of Clinical Medicine (ECM)**

**Interprofessional Education (IPE)**

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# College of Osteopathic Medicine of the Pacific

*OMS II Spring Semester Schedule Outline*

<table>
<thead>
<tr>
<th>Spring Week</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reproductive System</strong></td>
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<tr>
<td><em>Weeks 1–4</em></td>
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<tr>
<td><strong>Gastrointestinal System and Nutrition</strong></td>
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<tr>
<td><em>Weeks 6–10</em></td>
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</tr>
<tr>
<td><strong>Dermal System</strong></td>
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</tr>
<tr>
<td><em>Spring Break during week #12</em></td>
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**Osteopathic Principles & Practice (OP&P)**

**Essentials of Clinical Medicine (ECM)**

**Interprofessional Education (IPE)**

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*EOC—Expanding the Osteopathic Concept*
Faculty Application