Syllabus Psychiatry Clerkship

<table>
<thead>
<tr>
<th>Course No.</th>
<th>OM 7080</th>
<th>Course Title:</th>
<th>Psychiatry</th>
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<tbody>
<tr>
<td>Credit Hours</td>
<td>4 weeks, 4 credit hours for each rotation</td>
<td>Course Director:</td>
<td>Yadi Fernandez Sweeny, PsyD</td>
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<tr>
<td>Term - Dates</td>
<td>Variable in OMS III academic year</td>
<td>Department Chair:</td>
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<td>Level:</td>
<td>OMS III</td>
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**Department of Clinical Education Contact Information**

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**Educational Goal**

**Purpose of the Rotation**
The purpose of the clinical psychiatric rotation is to provide the student both didactic and practical experience in the recognition and management of the patient with psychiatric illness. This rotation is meant, not only to enhance the student’s knowledge and abilities in the field of psychiatry, but also to allow him or her to understand personal limitations and when to consult and refer when appropriate. It is hoped that this rotation will allow the student to apply and reinforce basic and more advanced psychiatric concepts so that he/she more properly treat future patients in whatever specialty he/she may choose, more competently. Specific expected competencies include development of interviewing and assessment skills, development of diagnostic and management plans, and inter-professional communication.
Description
The rotation in Psychiatry office/hospital setting will be offered during the third year and may, in rare instances, be taken later, or as an elective. Successful completion will be required for graduation with the D.O. degree. This will be a four-week office/hospital rotation during which the student will demonstrate and apply concepts of diagnosis and treatment to patients with mental/emotional disorders. The course is intended as a practical application and demonstration of concepts covered in the first and second year courses of classroom study in behavioral science and psychiatry. The student will also be instructed in more detailed discussion of basic clinical psychiatric issues in the office and/or hospital setting.

Goals
The goals of this rotation are to develop, in each student, competence in the basic areas of clinical psychiatry which are applicable and important to the functioning of any physician practicing medicine.

Core Psychiatry Clerkship Learning Objectives
The student will be expected to:

Attitudes:

1. Develop and demonstrate respectful attitudes toward patients with psychiatric disorders, and be able to connect with their underlying humanity. (COMP/AOA core competencies 1,3,4; Institutional outcomes 2,3,8)
2. Demonstrate effective communication strategies and professional behaviors with patients, families, and other members of the health team caring for the patient. (COMP/AOA core competencies 1,3,4,5; Institutional outcomes 3,4,5,8)
3. Develop ongoing awareness of and ability to discuss professional boundary management in the context of doctor-patient relationship. (COMP/AOA core competencies 3,4,5; Institutional outcomes 1,3,4,5,8)
4. Identify and understand the importance of self-reflection. Develop appropriate management skills in working through internal feelings (countertransference) while maintaining a therapeutic stance toward the patients. (COMP/AOA core competencies 1,3,4,5; Institutional outcomes 1,3,5,6,8)

Skills:
At the end of the rotation the student should be able to:

1. Obtain a complete psychiatric history in a manner that facilitates formation of a therapeutic alliance. Recognize relevant physical findings, and perform a complete mental status examination. (COMP/AOA 3 Institutional outcomes 1,2,3)
2. Use osteopathic medical knowledge best medical evidence, and osteopathic principles and
practices in the diagnosis and management of mood and anxiety disorders and of childhood
developmental disorders. Use osteopathic practices as an additional management tool for
patients with psychiatric complaints. (COMP/AOA 1,3; Institutional outcomes 1,2,3)
3. Identify psychopathology, formulate differential diagnoses, and develop assessment and
treatment plans for psychiatric patients. Explain the importance of Osteopathic principles
and philosophy in diagnosis and treatment plan development. (COMP/AOA 1, 2,3; Institutional
outcomes 1,2,3,4,8)
4. Demonstrate the ability to present pertinent initial history, physical examination, and mental
status examination in work rounds and be able to present pertinent changes in their patient’s
health status during subsequent work rounds. (COMP/AOA core competencies 1,2,3,4,5,7; Institutional
outcomes 1,2,3,4,8)
5. Use laboratory testing, imaging tests, psychological tests, and consultation to assist in the
diagnosis of persons with neuropsychiatric symptoms. (COMP/AOA 3; Institutional outcomes 1,2,3,4)
6. Assess and begin emergency management and referral of a person with neuropsychiatric
symptoms. (COMP/AOA 3; Institutional outcomes 1, 2,3 )
7. Identify, clinically evaluate, and treat the neuropsychiatric consequences of substance abuse
and dependence. (COMP/AOA 3; Institutional outcomes 1, 2,3, 7)
8. Recognize, evaluate, and discuss management options for persons with major mental illnesses
commonly seen in outpatient and inpatient settings. (COMP/AOA 2,3; Institutional Outcomes 1,2, 3)
9. Discuss the structure of the mental health system and legal issues important in the care of
psychiatric patients. (COMP/AOA 7; Institutional outcomes 1,2,3,5,8)
10. Summarize the indications, basic mechanisms of action, common side effects, and drug
interactions of each class of psychotropic medications and explain how to select and use
these agents to treat mental disorders. (COMP/AOA 2,3; Institutional outcomes 1,2,3, 7)
11. Develop an awareness of and understanding of the evidence-based psychotherapies as of
Cognitive Behavioral Therapy, and other individual or group therapies. (COMP/AOA core competencies
1,3,4,6,7; Institutional outcomes 1,2,4,7)
12. Show a proficiency in the ability to research literature in psychiatric patient care (COMP/AOA core
competences 6; Institutional outcomes 1,2,7)
13. Work effectively with other health professionals in settings including group therapy,
inpatient psychiatric wards. Collaborate with other inpatient teams and clinics to offer
psychiatric consultation on patients with organic diagnoses. (COMP/AOA 3,4; Institutional outcomes
1, 2, 3, 4)
14. Demonstrate an understanding of restraints and limitations imposed on both the doctor and the
patient by financial, insurance, and medical-legal issues (including issues of confidentiality,
obtaining informed consent in a patient with a psychiatric disorder, involuntary treatment, and
Tarasoff issues). (COMP/AOA core competencies 2, 3, 5; Institutional outcomes 1, 2, 8)
15. Demonstrate knowledge with the ability to state the indications, mechanism of action (where known), and major side effects of the following psychopharmacological treatments: (COMP/AOA core competencies 1,2,3,6; Institutional outcomes 1,2,7)
   A. Antipsychotics
   B. Antidepressants
   C. Anxiolytics/Sedatives-Hypnotics
   D. Mood Stabilizers
   E. Medications for Substance Use Disorders
   F. Cholinesterase Inhibitors and Related Anti Dementia Drugs for the Elderly
   G. Electroconvulsive Therapy
   H. ADHD drugs
16. Demonstrate knowledge and understanding regarding consultation-liaison issues and how psychiatry impacts other medical specialties and how other medical specialties impact psychiatry in particular case presentations. (COMP/AOA core competencies 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4)
17. Demonstrate proficiency in the knowledge of the major DSM 5 signs and symptoms for the Disorders listed under Psychiatry Diagnosis. Be able to apply these major criteria in diagnostic interviews, as well as when developing a differential diagnosis for their patient. (COMP/AOA core competencies 1,2,3,6; Institutional outcomes 1,2,7)
18. Apply evidence-based medicine to determine whether it is appropriate to use psychotherapy, pharmaceuticals or osteopathic treatments in various clinical encounters with patients who have psychiatric disorders. (COMP/AOA 6; Institutional outcomes)

**Rotation Expectations**

During this rotation, the student is expected to do the following:

1. Function as an essential member of the Psychiatry team
2. Report to the facility daily. If you are going to be late or absent, you must notify the attending that you are assigned to in addition to the COMP Rotations Office.
3. Clothing- Professional attire, white coats at all times.
4. Report to the attending physician or resident that you are assigned to daily. They will assign patients for you to take care of during your rotation.
5. Have a current required textbook in psychiatry. The preceptor may require or recommend a particular text. The text should be reviewed prior to the rotation and used as ready reference during the rotation.
6. Be familiar with a wide range of patient issues and be prepared to be involved in the treatment of the patient as appropriately directed by the preceptor.
7. Attend lectures arranged for or given by the preceptor, as directed.
8. Attend group therapy session, treatment planning sessions, adjunctive therapy sessions, and any meetings pertaining to the psychiatric patients, as directed by the preceptor.
9. Be prepared to provide a formal evaluation and treatment plan of various patients that you observe.
10. Be prepared to answer questions and have working knowledge of various medications, 
treatments modalities, and psychiatric conditions.
11. Be prepared to answer questions regarding all phases of psychiatric treatment in both informal 
questioning and formal written testing throughout the clinical rotation.
12. Complete the assigned symptommedia clinical cases.
13. Complete the assigned reading.
14. Perform a history and mental status exam on psychiatric patients.
15. Apply osteopathic principles and practices to every psychiatric patient.

<table>
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<th>Required Educational Assignments</th>
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<tr>
<td>1. Patient Encounters: students should see as many patients as possible.</td>
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<td>2. COMAT and OSCE examination at end of block</td>
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<td>3. Symptommedia.com: online clinical examples.</td>
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| **Required: Symptommedia Assignment** (symptommedia.com): Online mental health education 
and training film library – clinical cases (DSM 5 diagnostic criteria). Must view all 
of the following case film clips during the rotation. Completion of all film clips is on the honor 
system. Please see Blackboard for instructions on access to symptommedia. |

**Mental Status Exam Series**
MSE

B-1, Virgil – anxious, worried, downcast
B-2, Joseph – anxious, insomnia, substance abuse
B-3, Barbara – mildly anxious and calm
B-4, Peter – anxious and fidgety
B-6, Franklin – calm, restriction in affect - depression

**Anxiety Disorders**
- Generalized Anxiety Disorder – Mrs. Resnick – panic, anxiety, cannot stop worrying
- Panic Disorder Ron – visit to emergency room with physical symptoms (SOB, sweating “having a 
heart attack”)

**Bipolar and Related Disorders**
- Bipolar I disorder with Mood-Congruent Psychotic Features Mr. Loman
- Bipolar Disorder with Mood-Congruent Psychotic Features (After Treatment) – Mr. Loman

**Depressive Disorders**
- Major Depressive Disorder with Melancholic Features: Mrs. Houston
- Major Depressive Disorder with Anxious Distress: Mrs. Carson

**Non-Adherence to Medical Treatment**
- V65.2 Malingering – Ms. Garrett – mandatory evaluation for upcoming trial

**Personality Disorders**
- Antisocial PD (Version 1 – Candy Johnson (aka Mary Ruth Dunbar; Version 2 – Marilyn)
- Borderline PD Mr Rice
- Schizotypal PD – Larry

**Trauma**
- Post-Traumatic Stress Disorder: Car Accident
- Post-Traumatic Stress Disorder: ER doctor
- Post Traumatic Stress Disorder: Sexual Assault
**Schizophrenia Spectrum and Other Psychotic Disorders**
- Brief Psychotic Disorder – Bethany
- Delusional Disorder – Erotomanic, Sarah
- Delusional Disorder – Jealous – Darrell
- Delusional Disorder – Persecutory – Ray
- Delusional Disorder – Somatic, Charlie
- Schizophrenia (with delusions, disorganized speech of derailment type, and negative symptoms of diminished emotional expression) – Mr Feldman

**Substance – Related and Addictive Disorders**
- Alcohol Use Disorder – Parker
- Opioid Use Disorder, Moderate – Joe
- Opioid Use Disorder, Severe – Chris
- Cannabis Use Disorder, Opioid Use Disorder, Alcohol Use Disorder, Stimulant Use Disorder, Cocaine, and Sedative, Hypnotic, Anxiolytic Use Disorder, Tobacco Use Disorder, Rule/Out - Jen

**Child & Adolescent Series**
- Disruptive Mood Dysregulation Disorder (DMDD) Katie and her mother
- Conduct Disorder Mrs. Margo and her son Shane
- Oppositional Defiant Disorder – Emma

**PLEASE SEE BLACKBOARD FOR ECM V COURSE REQUIREMENTS:**
Assigned Readings:
  Online:

  * 2013 Alzheimer’s Disease Facts and Figures

UpToDate:
*Schizophrenia: Clinical manifestations, course, assessment, and diagnosis*, Fischer, MD and Buchanan, MD
*Bipolar Disorders in Adults: Clinical Features*, Suppes, MD and Cosgrove, PhD
*Bipolar Disorders in Adults: Assessment and Diagnosis*, Suppes, MD and Cosgrove, PhD
*Substance use disorder: Principles for recognition and assessment in general medical care*, Weaver, MD and Jarvis, MD
  - Med-U
  - fmCASES:
    - Case #3: 65 yo female with insomnia
    - Case #9: 50 yo female with anxiety/panic manifesting as palpitations
    - Case #20: 28 yo female with domestic violence with all of the psych issues that surround that situation manifesting as abd. pain
    - Case #29: 72 yo with dementia

  - 10 Points for attesting to completion of modules/readings.
  - 15 Point Quiz.
Case Conference/Case Presentation/Case Study

Students are required to attend any case conference/presentations/study as requested by their preceptor or site.

Recommended Procedure List (to see or do)

- Written Note: Progress or SOAP Note
- ADHD Assessment
- Assessment of Patient’s decision-making capacity
- Psychiatric history and evaluation
- Comprehensive Mental Status Exam
- Develop a differential diagnosis
- Evidence based Depression Screening (i.e. PHQ-9)
- Evidence based Substance Abuse Screening (CAGE)
- Focused Neurologic Exam (AIMS Test)
- Group Therapy Session (i.e. anger management, support group, pain mgmt.)
- Individual/ Family Psychotherapy Session
- Lifestyle Health Risk Assessment
- Patient Counseling: Lifestyle changes to promote mental health
- Mini Mental Status Examination (MMSE) and/or Montreal Cognitive Assessment (MOCA)

Core Topics of Study

- ADHD/Learning Disorders
- Adjustment Disorder
- Autism Spectrum Disorder
- Bipolar Disorder
- Borderline Personality Disorder and all other PD’s
- Delirium
- Dementia
- Persistent Depressive Disorder (Major Depressive Disorder)
- Eating Disorder
- Factitious Disorder
- Generalized Anxiety Disorder (GAD)
- Grief reaction/Bereavement
- Neuropsychiatric Disorders
- Obsessive Compulsive Disorder
- Psych: Other
- Panic Attacks/Panic Disorder
- Postpartum Depression
- Psychosis
- Post-Traumatic Stress Disorder
- Schizophrenia
- Somatization Disorder
- Substance Use Disorders
Psychiatry Topics List  to be used as a guideline, not a strict schedule of reading.

WEEK 1
1. Interviewing skills
2. Psychiatric history, physical, and the mental status examination
3. Diagnosis, classification, and treatment planning
4. Diagnostic testing
5. Community and forensic psychiatry
6. Psychopharmacology
7. Psychotherapies
8. Osteopathic approach to Psychiatry
9. Osteopathic primary care approach to stress management

WEEK 2
1. Psychiatric emergencies
2. Delirium, dementia, amnestic and other cognitive disorders
3. Substance-related disorders
4. Schizophrenia and other psychotic disorders
5. Mood disorders
6. Anxiety disorders
7. Personality disorders

WEEK 3
1. Somatoform and factitious disorders
2. Dissociative and amnestic disorders
3. Eating disorders

WEEK 4
Child and adolescent psychiatry
Sexual dysfunctions and paraphilias

PLEASE NOTE: Topics are divided by each week of the rotation for simplicity. You should not necessarily use the above sequence of material as a determining factor of when to read about or view a clinical example on symptommedia for each topic. Learning is most effective when you choose reading, or assignments such as symptommedia cases, to reinforce your clinical experience as you progress through your rotation. Try to cover all the topics well, and consult a board review book for an overview of all topics to study to prepare for the COMAT and your Boards.

Recommended Reading List – Reminder: the reading is divided by week for simplicity. Do not let this determine the order in which the material is completed. This list is included to supplement your clinical experience while on rotation and to prepare you for Boards.

Week 1:
I. Current Diagnosis & Treatment: Psychiatry 2e
   a. Chapter 4: The Psychiatric Interview
   b. Chapter 9: Psychopharmacologic Interventions
   c. Chapter 10: Behavioral and Cognitive-Behavioral Interventions
   d. Chapter 11: Psychodynamic and Social Interventions

II. DSM 5 Handbook of Differential Diagnosis
   a. Chapter 1: Differential Diagnosis Step by Step
   b. Chapter 2: Decision Tree for Etiological Medical Conditions
      Decision Tree for Suicidal Ideation or Behavior

   a. Chapter 1. The Psychiatric Interview and Mental Status Examination
   b. Chapter 2. DSM-5 as a Framework for Psychiatric Diagnosis
c. Chapter 3 Psychological Assessment
   d. Chapter 4 Laboratory Testing and Imaging Studies in Psychiatry
   e. Chapter 6 Clinical Issues in Psychiatry
   f. Chapter 7 Ethical Aspects of Clinical Psychiatry
   g. Chapter 36 Treatment of Culturally Diverse Populations

IV. Foundations of Osteopathic Medicine
   a. Chapter 17 Psychoneuroimmunology – Basic Mechanisms

Week 2
I. CURRENT Diagnosis & Treatment: Psychiatry, 2e
   a. Chapter 48. Emergency Psychiatry
   b. Chapter 14 Delirium, Dementia, and Amnestic Syndromes

II. DSM 5 Handbook of Differential Diagnosis
   a. Chapter 2
      1. Decision Tree for Depressed Mood
      2. Decision Tree for Anxiety
      3. Decision Tree for Panic
      4. Decision Tree for Elevated or Expansive Mood
      5. Decision Tree for Speech Disturbance
      6. Decision Tree for Insomnia
      7. Decision Tree for Aggressive Behavior
      8. Decision Tree for Impulsivity or Impulse-Control Problems

   a. Chapter 23. Substance-Related and Addictive Disorders
   b. Chapter 24. Neurocognitive Disorders
   c. Chapter 9. Schizophrenia Spectrum and Other Psychotic Disorders
   d. Chapter 10. Bipolar and Related Disorders
   e. Chapter 11. Depressive Disorders
   f. Chapter 12. Anxiety Disorders
   g. Chapter 25. Personality Disorders

Week 3
   a. Chapter 15. Dissociative Disorders
   b. Chapter 16 Somatic Symptom and Related Disorders
   c. Chapter 17. Feeding and Eating Disorders

II. DSM 5 Handbook of Differential Diagnosis
   a. Chapter 3 Differential Diagnosis by the Tables
      1. Somatic Symptom and Related Disorders

Week 4
   a. Chapter 5 Normal Child and Adolescent Development
   b. Chapter 8 Neurodevelopmental Disorders
   c. Chapter 20. Sexual Dysfunctions
   d. Chapter 22. Disruptive, Impulse-Control, and Conduct Disorders
   e. Chapter 34. Treatment of Children and Adolescents

Rotation Faculty

Students are assigned to specific credentialed clinical faculty/preceptors at their core clinical site.

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<th>Pomona</th>
<th>Lebanon</th>
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Texts and Media

Required Textbook:
1. CURRENT Diagnosis & Treatment: Psychiatry 2e
   Michael H. Ebert, Peter T. Loosen, Barry Nurcombe, James F. Leckman (Available online)
2. Desk Reference to the Diagnostic Criteria from DSM 5; American Psychiatric Association

Instructions to access DSM 5 online:
2. Click the tab Psychiatry Online
3. Enter username and password

Required Media:
1. Access Symptommedia.com – please see Blackboard for login instructions.

Optional Textbooks: For additional references
1. Diagnostic and Statistical Manual of Mental Disorders 5th Edition (Text Revision) (Available online)
3. DSM 5 Handbook of Differential Diagnosis: Michael B. First M.D.; American Psychiatric Association
5. Foundations for Osteopathic Medicine AOA 3rd Edition
6. Board review book is recommended

Instructional Methods
Scheduled rotation time will be used for supervised patient care, case presentations (onsite) and independent studying.

1. Clinical rotations and associated didactic activities
2. Online interactive cases: symptommedia.com
3. Recommended Reading List
4. Self-Directed PowerPoint/Case Presentation specific to each rotation site
5. Psychiatry Plenary Session during didactic week – recorded lectures; Power Point and live lecture covering foundational concepts along with case study analysis.
6. Objective Structured Clinical Exam (OSCE): Interviewing and diagnostic skills, ability to integrate humanism during patient interaction.
7. Blackboard (Bb) – references for mental status exam and other foundational
material in psychiatry.

**Rotation Format, Evaluation, Grading, and Student Feedback**

Additional information is located in the Clinical Education Manual at: http://www.westernu.edu/bin/ime/cem-2014.pdf

**Rotation Schedule**

Each site will provide students with a schedule on their first day of the rotation. These schedules are rarely available prior to the start the rotation. If you are not given a schedule, you should ask your preceptor if there is one available.

It is solely your responsibility to read and understand all information provided to you by the site. Some sites have additional requirements above and beyond those set forth by the College of Osteopathic Medicine.

**Evaluations**

The evaluation of the student is based upon, but not limited to the following:

1. Rapport with patients, staff, treatment team, and attendings
2. Demonstration of medical skills related to patient contact
3. Presentation of case materials for psychiatric patients
4. Knowledge of disease processes and pathogenesis in psychiatric patients
5. Demonstration of consultation skills
6. Knowledge of therapeutics for psychiatric patients
7. Attendance and participation in lectures, conferences, and meetings
8. Ability to relate diagnoses and treatment plans to medical literature
9. Facility of physician/patient, physician/family, physician/physician communication
10. Completion of paperwork assignments (psychiatric assessments, progress notes, orders, etc.) regarding psychiatric patients

**Assessment and Grading**

The grade for the clinical rotations is based on Preceptor evaluation, OSCE, COMAT and Didactic week participation.

**Preparation for COMAT**

It is required that students pass COMAT. Please access a board review book and study from it throughout the rotation. It is also recommended that students do practice test questions using COMBANK or an alternate reputable resource.

**Clinical Resources**

The Boards and the COMAT examination are only one aspect of medical training and assessment. While a board review system is appropriate and important for these examinations, it is not sufficient to ensure students are becoming well-trained physicians.

**Selected Resources**

The listed curricular resources are to ensure students have an understanding of the depth and breadth of the materials with which they should become competent. Symptom Media cases are required and are the basis of a Post Test grade. Every student should read every day
to clarify and/or supplement the patients seen that day. Students should not use a board review book for the their primary reading source. Board review books should be used for board prep and COMAT preparation. Again, the order in which students read the resource list is not important – it should align with individual learning styles, clinical experience and individual student schedules.

General Policies

Policy on Disability Accommodations: To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.


Academic Dishonesty: Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

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<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
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<tr>
<td>1. Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
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<td>2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
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<td>3. Interpersonal Communication Skills</td>
<td>The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.</td>
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<td>4. Collaboration Skills</td>
<td>The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients</td>
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<td>5. Ethical and Moral Decision Making Skills</td>
<td>The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.</td>
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<td>6. Life Long Learning</td>
<td>The graduate should be able to engage in life-long, self-directed learning to validate</td>
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7. Evidence-Based Practice
The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.

8. Humanistic Practice
The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

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<tr>
<th>COMP/AOA CORE COMPETENCIES</th>
<th>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</th>
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<tbody>
<tr>
<td>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
<td>Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</td>
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<td>2. Medical Knowledge</td>
<td>Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</td>
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<td>3. Patient Care</td>
<td>Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</td>
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<tr>
<td>4. Interpersonal and Communication Skills</td>
<td>Graduates are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</td>
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<td>5. Professionalism</td>
<td>Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to provide effective care for patients.</td>
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<td>6. Practice-Based Learning and Improvement</td>
<td>Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.</td>
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<tr>
<td>7. Systems-based Practice</td>
<td>Graduates are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.</td>
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<tr>
<th>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</th>
<th>WU</th>
<th>COMP</th>
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>1</td>
<td>1, 2, 3, 6</td>
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<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
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<tr>
<td>Interpersonal Communication Skills</td>
<td>3</td>
<td>4</td>
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<td>Collaboration Skills</td>
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<td>Ethical and Moral Decision Making Skills</td>
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<td>1, 3, 5, 6</td>
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<td>Life Long Learning</td>
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<tr>
<td>Evidence-Based Practice</td>
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<td>Humanistic Practice</td>
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<td>3, 4, 5</td>
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