Western University of Health Sciences

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College of Osteopathic Medicine of the Pacific

Syllabus Child Neurology

Department of Clinical Education Contact Information

Course No.:	OM 7550A-G	Course Title:	Child Neurology
Credit Hours:	2-4 weeks, 2-4 credit hours for each rotation	Chair: Clerkship director:	Elisabeth Guenther, MD, Chair
Term - Dates:	Variable in OMS IV academic year	Level:	OMS III (if approved), IV

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Rotation Faculty

Physician/Specialist Support:
Elisabeth Guenther, MD, Chair
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Educational Goal

This elective rotation is a two-four (2-4) week introductory, structured clinical experience under direct supervision designed to provide the student experience diagnosing, treating and caring for patients with child neurological disorders. There is no post-rotation exam for the elective. Most students electing to take this rotation will be in the fourth year of osteopathic medical school.

Purpose of Rotation

Clinical experiences are intended to assist the student's transition from didactic to integrated clinical evaluation and patient management. The goals of this rotation are to prepare the student to recognize common acute and chronic child neurological disorders. The student should further understand the causes, prevention, and appropriate treatment options for those disorders. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

Child Neurology Clerkship Learning Objectives

The College recognizes that two-four (2-4) weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic material to assist the student in preparing for national Board examinations and other evaluation measures.

The following AOA competencies have been incorporated into the objectives: Osteopathic Principles and Practice, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

The student will be expected to:

1. Apply basic knowledge of the anatomy and physiology of the organ systems to the care of the acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patients. (COMP/AOA core competencies 2; Institutional outcomes 1, 2)

2. Apply basic knowledge of the molecular, biochemical, and cellular mechanisms for maintaining homeostasis in the care of the acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patients .. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 7)

3. Refine skills to obtain appropriately comprehensive history and physical examination on acute care patients presenting to the Emergency Department. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 3, 4, 7)

4. Formulate and communicate a focused differential diagnostic problem list on each psychiatric, surgical, obstetrical/gynecological, pediatric and medical patient. (COMP/AOA core competencies 2, 4; Institutional outcomes 1, 2, 3, 4, 7)

5. Identify knowledge deficits and search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patient. This will be supported by ACEP on-line material such as guidelines review. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 6, 7)

6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance, with the support of ACEP on-line guidelines and the United States Preventative Task Force Recommendations. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 7, 8)

7. Integrate concepts of epidemiology and population-based research methods into the care of the individual acutely and chronically ill or injured medical, psychiatric, surgical, obstetrical/gynecological, and pediatric patient. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

8. Formulate diagnostic and treatment plans taking into consideration a cost-benefit analysis and access to healthcare. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 4, 5, 6, 7, 8)

9. Skillfully present patient history, physical and diagnostic information in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and supports a logical assessment. (COMP/AOA core competencies 2, 3, 4; Institutional outcomes 2,3)

10. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their emergent medical care. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 2, 3, 4, 5, 6, 8)

11. Display honesty, integrity, respect, and compassion for patients and their families. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 23, 4, 5, 6, 8)

12. Participate in the education of patients, families, and other students. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2, 3, 4, 5, 8)

13. Participate in an inter-professional team to enhance patient safety and improve patient care. (COMP/AOA core competencies 1, 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4, 5)

14. Display collegiality, professionalism and respect toward all members of the healthcare team. (COMP/AOA core competencies 4, 5, 7; Institutional outcomes 3, 4)

15. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA). (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

16. Obtain a greater understanding of the patient-physician relationship and consistently apply the "bio psychosocial model." (COMP 1,2,3,5,7; Institutional Outcomes 1,2,3,4,5,6,8)

17. Apply Osteopathic Principles and Practice as an integral part of patient treatment and care. (COMP 1,2,3,4,5, 6,7; Institutional Outcomes 1,2,3,4,5,6,7,8)

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

- Assist in the evaluation, treatment, and disposition of patients.
- Complete an accurate History and Physical
- Write accurate, organized and legible progress notes
- Establish a differential diagnosis for patients
- Recommend to the intern/resident or attending physician a treatment plan for assigned patients
- Demonstrate a knowledge of library use quoting references on patients
- Identify abnormal laboratory values, then create an appropriate treatment plan and present it to your resident or attending.
- Demonstrate knowledge of specific medical procedures (indications and contraindications)

In addition, by the end of the child neurology, the student will be able to:

The student will be expected to:
1. Apply basic knowledge of the pathology and physiology of the organ systems into the care of the medical patient.
2. Apply basic knowledge of molecular, biochemical, and cellular mechanisms to the care of the medical patient for maintaining homeostasis.
3. Perform an appropriately comprehensive history and physical examination on both hospitalized and ambulatory medical patients.
4. Formulate and communicate a focused differential diagnostic problem list on each medical patient.
5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient.
6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance.
7. Integrate concepts of epidemiology and population-based research methods into the care of the individual medical patient.
8. Formulate diagnostic and treatment plans taking into consideration a cost-benefit analysis and access to healthcare.
9. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their medical care.
10. Display honesty, integrity, respect, and compassion for patients and their families.

11. Participate in the education of patients, families, and other students.
12. Perform as part of an inter-professional team to enhance patient safety and improve patient care.
13. Display collegiality and professionalism toward all members of the healthcare team.
14. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA).

By the end of the child neurology elective, the student will have basic knowledge and skill:

1. In the diagnosis and management of both common and rare neurological conditions affecting neonates, children and adolescents.
2. In basic neurological science including but not limited to neurophysiology, neuropharmacology, neuroanatomy, neuroendocrinology, neuropathology and neurogenetics.
3. In specific skills needed in the practice of neurology, including, but not limited to clinical electrophysiology (EEG, EMG, NCVs, evoked potential studies), neuroradiology, neuropathology, psychiatry, neuroophthalmology.
4. In the appropriate management and application of ancillary therapies such as pediatric neurorehabilitation, neuropsychological and psychometric testing, physical therapy, occupational therapy, speech therapy, behavior modification.
5. In understanding the ethical issues involved in the care of pediatric patients, including end of life issues, termination of support in severely brain injured individuals, and choices regarding palliative care.
6. In normal, variant normal and abnormal child development.
7. In use of community resources, particularly for handicapped children and adolescents, including, but not limited to schools, Regional Centers, public programs for supportive care and therapy, and community voluntary organizations.
8. In understanding how health care financing impacts upon both the practice of child neurology and upon resources and services available for our patients, and to have them learn skills to negotiate this increasingly challenging system. The Child neurology resident will learn to informally assess cost-effectiveness of various modalities of care, particularly to be able to decide between various options.
9. In developing exceptionally good communication skills, both with patients, parents, hospital staff and colleagues in and out of the hospital.

Core Topics of Study

During the two-four (2-4)-four-week elective, the student will be exposed to a wide variety of common child neurological disorders. These exposures will occur both during patient sessions and through didactic sessions and outside reading assignments. At a minimum, it is expected that each student will learn to diagnose and treat the following child neurological disorders:

Paroxysmal disorders: The student will develop a basic understanding of the diagnosis including history, physical and neurological examination, use of laboratory testing, and interpretation of results of electrophysiological testing such as EEG, EKG, neuroimaging.
Including but not limited to: Symptomatic seizures (febrile, other) Epilepsy, with particular emphasis on conditions specific to childhood Neonatal seizures Infantile Spasms Age-specific epilepsies such as childhood absence, benign focal epilepsies, JME Symptomatic secondary epilepsies Genetic syndromes such as tuberous sclerosis, malformations, Angelman's syndrome, Rett Syndrome, progressive myoclonic

epilepsies Degenerative diseases with epilepsy as a major feature Syncope, including differential diagnosis and distinction from seizures Breath holding spells

Developmental disorders: The student will develop a basic understanding of the diagnostic and evaluation techniques which apply to the following clinical problems, will be able to select appropriate diagnostic laboratory tests, and interpret results. The student will gain exposure to the various patterns of both normal, variants of normal, and abnormal development, differentiating "delayed" from abnormal patterns of development. The student will gain knowledge in the uses of psychometric and neuropsychological testing, but is not expected to be able to interpret test data independent of the psychologist's reports. Including but not limited to: Mental retardation, whether of diagnosable or non-specific cause, including the common brain malformation syndromes, chromosomal syndromes, dysmorphologic syndromes Cerebral palsy and related disorders Autism and related disorders Neurodegenerative diseases Learning and language disabilities Attention deficit disorder

Neuromuscular disorders: The student will develop a basic understanding of the differential diagnosis, laboratory evaluation,

understanding of the uses and interpretation of results of specialized testing such as EMG, NCV, muscle biopsy (although not expected to be able to perform these tests at this level of training). The student will be introduced to the uses of DNA diagnostic testing in neuromuscular disorders. The student will develop a basic understanding of the treatment and management techniques appropriate to neuromuscular disorders. Including but not limited to: Muscular dystrophies Acquired and congenital myopathies Acquired and genetic neuropathies Guillain-Barre syndrome Mitochondrial disorders Myotonic dystrophy (congenital and childhood onset forms) Spinal muscular atrophy Myasthenia gravis

Tumors of the CNS: The student will develop a basic understanding of the diagnosis and neurological management of childhood brain and spinal cord tumors, interacting with neurosurgeons, oncologists, neuroradiologists, neuropathologists. Students will gain basic understanding and familiarity with the neuroimaging characteristics of various childhood brain tumors, the neuropathology of common childhood brain tumors. The student is expected to gain some familiarity with chemotherapy and radiation therapy of childhood brain tumors in a generic sense (i.e. which tumor types are treated with each), but is not expected to know specific protocols. The student is expected to be familiar with the neurological complications, both acute and long term, of chemotherapy and radiation therapy.

Neurological emergencies: The student will develop a basic understanding of the diagnosis and management of common neurological emergencies in children presenting to emergency room, as inpatients, and in clinic, including, but not limited to: Status epilepticus and acute seizures Altered mental status, including encephalopathies, intoxications Weakness (diffuse or focal), gait disturbance, myelopathy, Guillain-Barre, etc Acute ataxias Neurological aspects of acute hypoxic-ischemic encephalopathies including drowning, SIDS Neurologic infections including suspected or proven encephalitis, meningitis, abscess, cysticercosis, etc. The student will become familiar with the neurologic aspects of child abuse and neglect, including inflicted injuries and " shaken baby syndrome".

Movement disorders: The student will develop a basic understanding of the diagnostic evaluation, and basic treatment of childhood movement disorders including but not limited to: Tic disorders Tourette Syndrome Choreoathetosis Dystonias

Headache and migraine: The student will develop a basic understanding of the various types of headache and migraine disorders Updated May 2016 in children and adolescents, including understanding the differential diagnosis, evaluation, pharmacological and non-pharmacological treatment.

Neurological aspects of rehabilitation: The student will develop a basic understanding of pediatric acute neurorehabilitation patients including interaction with appropriate specialists and therapists. Diagnostic groups include but are not limited to: Closed head injury Post-infectious neurological dysfunction (encephalopathies, encephalitis, meningitis, etc) Hypoxic-ischemic encephalopathies, such as drowning, SIDS, post-cardiac arrest. Post-operative neurosurgical patients requiring neurorehab including brain tumor patients. Childhood stroke Neurological aspects of acute rehabilitation of child with neuromuscular disease, recent orthopedic procedures, etc. **Childhood stroke:** The student will develop a basic understanding of the evaluation, appropriate interventions and interact with associated services such as rheumatology, neurosurgery, neuroradiology, hematology and coagulation disorders for children with cerbrovascular disease including but not limited to: Ischemic stroke Hypercoagulable states Hemorrhagic stroke Cerebral vasculitis

Neurogenetic/neurodegenerative diseases: The student will develop a basic understanding of neurogenetic diseases. Examples include, but are not limited to: Inborn errors of metabolism such as non-ketotic hyperglycinemia, homocysteinuria, methylmalonic aciduria, PKU Lysosomal storage diseases such as Tay-Sachs, Krabbe, MLD, etc Peroxisomal diseases such as ALD, neonatal ALD, Zellweger's syndrome, Refsum disease, etc. Mitochondrial diseases and conditions suspected to be due to mitochondrial dysfunction including Leigh Syndrome, Kearn-Sayer Syndrome, mitochondrial cytopathies. Disorders of metal metabolism such as Wilson Disease, Menke Syndrome **Developmental disorders, learning disabilities, autism, ADHD** The student will develop a basic understanding of the evaluation and management of complex learning and language disorders, including in the interpretation of psychometric and neuropsychological testing reports.

Texts and Media

It is strongly recommended that students spend approximately 10 hours per week reading independently. Students should not rely solely on the review books to be adequately prepared for the rotation as they do not provide the knowledge base needed to successfully pass the rotation.

Reading Assignments

1. Review all core topics and diseases listed above.
2. Supplemental readings are encouraged to augment pathology seen in a dermatology office. Students must make a concerted effort to read supportive material to assist in achieving the goals and objectives of the rotation.

Implementation

Course objectives are to be accomplished under supervision. Course objectives should be covered during the rotation to assure adequate student preparation for board examinations and clinical practice. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- Reading assignments
- Lectures
- Computer-assisted programs (if available)
- Student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:

- Assignment of limited co-management responsibilities under supervision
- Participation in clinic visits, daily patient rounds and conferences
- Supervised and critiqued clinic work-ups of patients admitted to the service
- Assigned, case-oriented reading and case presentations

Recommended Texts

Pediatric Neurology:
Pediatric Neurology: A Case-Based Review, Tena Rosser, MD
Fenichel GM. Clinical Pediatric Neurology; A signs-and-symptoms-based approach
Journal of Pediatric Neurology
General Neurology
Brazis, PW. Masdeu, JC, Biller, J. Localization in Clinical Neurology.
Glick, T. Neurologic skills: examination and diagnosis
Rowland, L. Merritt's Textbook of Neurology.
Biller J. Practical Neurology
Mayo Clinic. Clinical Examination in Neurology
Rolak L. Neurology Secrets.
Cerebrovascular and Critical Care Neurology
Wijicks, E. The clinical practice of critical care neurology.
Neuroanatomy
Gilman, S. Newman W. Manter and Gatz Essentials of Clinical Neuroanatomy and Neurophysiology.
Neuropathology
Gray F et al. Escourolle & Poirier Manual of Basic Neuropathology
Neuropharmacology
Cooper, J. Bloom, F. Roth, R. The Biochemical Basis of Neuropharmacology.
Rowland, L. Klein, D. Current Neurologic Drugs.
EMG/ Neuromuscular
Preston DC., Shapiro BE. Electromyography and Neuromuscular Disorders. Elsevier
Kimura, J. Electrodiagnosis in Diseases of Nerve and Muscle: Principles and Practice.
Balliere T. Aids to the Examination of the Peripheral Nervous System.
EEG/Epilepsy
Fisch, B. Spehlmann's EEG Primer

Dale, D. Pedley, T. Current Practice of Clinical Electroencephalography

Behavioral Neurology

Mesulam M-M. Principles of Behavioral Neurology,.

Strub, R. Black, F. The Mental Status Examination in Neurology.

Kaplan, H. Sadock, B. Synopsis of Psychiatry, Behavioral Sciences, Clinical Psychiatry.

Evidence-Based Medicine:

- ACP's PIER- Stat! Ref- PIER© is a collection of over 400 evidence summaries published by the American College of Physicians. Each module provides authoritative guidance to improve the quality of care.
- Cochrane Library for Evidence-Based Medicine- The Cochrane Library contains high-quality, independent evidence to inform healthcare decision-making.
- DynaMed- Point-of-care reference resource designed to provide doctors and medical researchers with the best available evidence to support clinical decision-making
- Essential Evidence Plus- A powerful resource packed with content, tools, calculators and alerts for clinicians who deliver first-contact care.
- ACP Medicine- ACP Medicine is a comprehensive, evidence-based reference for fast, current answers on the best clinical care.

Recommended downloads for handheld devices:

- Epocrates
- Medscape
- Medical Calc
- AHRQ ePSS

Electronic Texts

- Cecil Medicine-MD Consult
- Harrison's Online-AccessMedicine
- Current Medical Diagnosis and Treatment 2021 -AccessMedicine
- MD Consult- Provides full-text access to approximately 40 medical textbooks, 50 medical journals, comprehensive drug information, and more than 600 clinical practice guidelines
- Ebsco A-to-Z- Database provides links and coverage information to more than 124,000 unique titles from more than 1,100 database and e-journal packages.
- The Medical Letter on Drugs and Therapeutics- An independent, peer-reviewed, nonprofit publication that offers unbiased critical evaluations of drugs, with special emphasis on new drugs.

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. 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.

Expectations:

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

1. Function as an essential member of the office team.

2. Report to the office daily. If you are going to be late or absent, you must notify the resident or attending that you are assigned to and the WesternU/COMP Rotations Office.
3. Report to the resident or attending physician you are assigned to daily. They will assign patients for you to take care of during your rotation.
4. Write progress notes and orders as allowed by the attending physician.
5. Attend all educational conferences and grand rounds as required by the resident or attending physician.
6. Read about the anatomy, physiology, and pathology of the patients encountered in the required textbooks.
7. Complete the assigned reading.
8. Apply osteopathic principles and practices to every patient.

Evaluations:
The evaluation of the student is based upon, but not limited to the following:
1. Knowledge of the dermatological disease, pathology, and management for assigned patients.
2. Knowledge of the diagnosis and treatment of common dermatological diseases.
3. Presentation of assigned patients.
4. Completion of paperwork (history and physicals, progress notes, orders, etc.) on assigned patients.
5. Performance of an independent presentation as assigned by the resident or attending physician.
6. Professionalism and rapport with patients, residents, attendings, and ancillary staff.
7. Attendance at lectures, conferences, and meetings.
8. Submission of completed case log and procedure log in New Innovations. Failure to submit the logs will count as failure to complete the clerkship.

KEYS TO SUCCESS:

1. READ, READ, READ!!!!!! It is imperative that you read for this clerkship. If you read the required text, it will make it easier for you to understand the medical management of your patients and to answer questions from your resident and attendings.
2. Know your patients well. Read up on the disease process of your patients, which includes diagnosis and treatment. These practices will help you understand the manifestation of the disease process and why certain treatment modalities are being used.
3. Practice and learn how to orally present patients. This will be a skill that you will use for all rotations and will have to master as a physician.

There is no post-rotation examination for this rotation. At the beginning of the rotation, the physician/mentor should review expectations/guidelines of performance with the student. On the last day of service, the supervising physician should review the student's performance with the student and have the student review the evaluation form before submission.

Additional information is located in the Clinical Education Manual at:
https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf

Documentation

A. Patient Encounters

Students are required to document each patient encounter in a case log on T-Res. Failure to submit the log will count as failure to complete the clerkship for every third- and fourth-year clinical rotation.

B. Procedures

Students are also required to document each procedure performed in a procedure log on T-Res application for every third- and fourth-year clinical rotation. **Fourth year students must document 10 OMM procedures over the academic year that were performed and documented on T-Res as a graduation requirement.**

C. T-Res Encounter/ Procedure Resources

Links:
T-Res help Center - https://resilience.zendesk.com/hc/en-us/articles/200113817-Contact-T-Res-Support
T-Res Intro Guide - https://resilience.zendesk.com/hc/en-us/articles/229416407-T-Res-101-T-Res-tutorial-for-Trainees
T-Res Tutorials - https://resilience.zendesk.com/hc/en-us/sections/200386696-T-Res-Tutorials-Troubleshooting
T-Res IOS link - https://apps.apple.com/ca/app/t-res-2/id1062685078
T-Res Android link - https://play.google.com/store/apps/details?id=com.resiliencesw.tres.android.app

D. Evaluating and Documenting the Entrustable Professional Activities During a Student Rotation

Entrustable Professional Activities, or better known as EPA's, are clinical skills that physicians are entrusted to perform independently. EPAs are tasks or responsibilities that can be entrusted to unsupervised execution by a trainee once he or she has obtained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcomes.

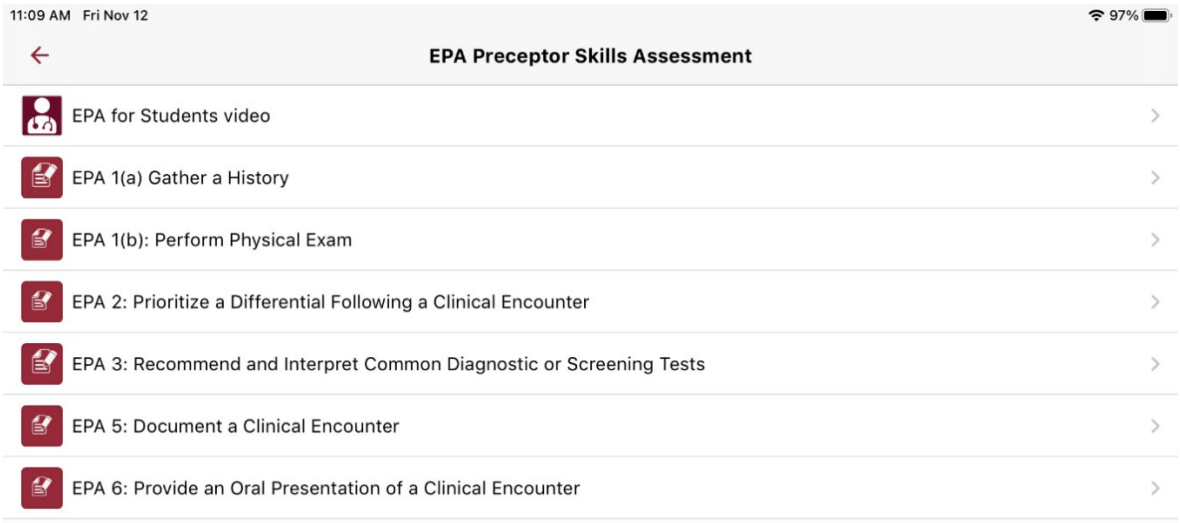
During your rotation you will be required every week to be evaluated on your entrustment to perform a particular clinical skill independently, such as performing a physical exam or documenting a patient encounter in a note. Being entrusted to perform an EPA independently is what is required during your first year of residency. The purpose of this exercise is to allow students to have immediate practical feedback regarding their clinical skills and measure their progress as they develop their ability to be entrusted in performing these skills. As a medical student your "Level of EPA Entrustment" would be expected to be at a beginner's level. Your EPA's will progress in post graduate training, but you will become familiar with the process in your medical school clinical rotations.

Once a week, students will ask a resident (PGY1-5) or and attending to **answer a single question** in the **EPA Preceptor Skills Assessment** that is accessed through the EPA app on COMP Connect using your iPad or iPhone. Following this one question, students will be asked to answer a single self-reflection question. We ask that you select two EPAs in each rotation and repeat these EPAs with the same or different evaluator later in the rotation to see if your skills have improved. You are encouraged to have

some of the same EPAs evaluated on different rotations. This method of evaluation will allow you to start a conversation with your evaluator on ways that you can improve your clinical skills, and because it is "in the moment" of caring for your patient, you will learn practical learning points that will improve your skills and your patient care. Please see the ISSM syllabus for further information.

Directions for Documenting your EPA's

1. Using your iPad or iPhone, go to the Comp Connect App
2. Under Academics, go to the EPA Preceptor Skills Assessment
3. Select an EPA of your choosing.
4. Present your iPhone or iPad to your evaluator to have him or her click on the bar that corresponds to your level of entrustment as indicated above the bar. Then select "next."
5. Ask the evaluator to sign.
6. At this point ask your evaluator for any feedback.
7. Answer the question on how you will improve your performance for your next EPA assessment.
8. Enter your full name as you're registered for your WesternU courses.
9. Enter your student ID number.
10. Enter the evaluators name.
11. Enter the evaluators specialty. If the evaluator is a family medicine resident on a surgery rotation, then the evaluator's specialty would be family medicine.
12. Please select the rotation name. If the name is not present, please select "other".
13. Please select title of the evaluator. Click "submit."



Grading

Evaluation/Grading

Grading for your clerkship will be calculated according to the Clinical Education Manual (https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf)

Please note, your attending/preceptor's evaluation is based on, but not limited to the following:

- Communication skills regarding patients
- Care provided to assigned patients
- Attendance and participation at conferences, morning reports lectures and meetings
- Demonstration of library references on patients
- Completion and accuracy of paperwork on patients (Histories and Physicals, progress notes, treatment plans, presentations, hand-outs, etc.)
- Interaction with attendings, residents, students, medical staff, nursing and ancillary personnel
- General knowledge base and knowledge applied to specific patients
- Motivation in the learning process
- Overall performance, participation, enthusiasm to learn, and effort to improve
- Mid-rotation grades should be given by the intern/resident/attending. The final grade should be given/reviewed with the student on the last day of the rotation.

Evaluation/grading of your performance on the rotation will be based on the following scenarios:

1. **Four-Week In-Person/On-site Clinical Rotation**
   - Clinical rotation site will grade your performance during the rotation (4 credit hours).

2. **Hybrid Clinical Rotation (Part of rotation is in-person and part is virtual)**
   - Clinical rotation site will grade your performance during the rotation (4 credit hours).
   - Student must complete all activities and assignments specified by Department of Pediatrics faculty to receive final grade.

3. **Two Weeks of Virtual Rotation and Two Weeks On-site Clinical Rotation**
   - Department of Pediatrics faculty will grade your performance during the 2 weeks of virtual rotation (2 credit hours).
   - Clinical rotation site will grade your performance during 2 weeks of on-site rotation (2 credit hours).
   - Student must attend all mandatory teleconference learning sessions during the virtual portion of the rotation.

4. **Four-Week Virtual Rotation**
   - Department of Pediatrics faculty will grade your performance during the 4 weeks of virtual rotation (4 credit hours).
   - Student must complete all activities and assignments specified by Department of Department of Pediatrics faculty to receive final grade
   - Student must attend all mandatory teleconference learning sessions during the virtual portion of the rotation.

Osteopathic Principal and Practices - Osteopathic Manipulation

The principal and practices of osteopathic medicine are interwoven in the practice of every osteopathic physician. Many specialties may utilize the osteopathic principals but not provide an opportunity for

osteopathic manipulative medicine. If the provider and specialty lends itself to the use of osteopathic manipulative medicine you are encouraged to provide this treatment option and document your procedure on T-Res. **As a graduation requirement for the fourth-year medical student at WesternU COMP and COMP/NW you must document in T-Res at least 10 patients over the academic year of patients you have performed OMT during your fourth year of medical school. This requirement could be completed on one rotation or distributed throughout the academic year.**

General Policies

General Policies Policy on Disability Accommodations: To obtain academic accommodations for this rotation, students with disabilities should contact the Harris Family Center for Disability and Health Policy and the Clinical Education Department within 10 days of the beginning of the system. The Harris Family Center for Disability and Health Policy can be reached at (909)469-5441 or via email at disabilityaccommodations@westernu.edu

Remediation Policy: Refer to the Clinical Education Manual. (https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf)

Attendance Policy: Refer to the Clinical Education Manual. (https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf)

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. (https://www.westernu.edu/media/osteopathic/pdfs/cem.pdf)

WU INSTITUTIONAL OUTCOMES	Health Professional Education
1. Critical Thinking	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence	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.
3. Interpersonal Communication Skills	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.
4. Collaboration Skills	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.
5. Ethical and Moral Decision Making Skills	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.
6. Life-Long Learning	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.
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.

COMP/AOA CORE COMPETENCIES	Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine	Residents 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.
2. Medical Knowledge	Residents 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.
3. Patient Care	
4. Interpersonal and Communication Skills	Residents 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.
5. Professionalism	Residents 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 effective care for patients.

6. Practice-Based Learning and Improvement	Residents 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.
7. Systems-based Practice	Residents 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.

COMPARISON OF OUTCOMES STANDARDS: WU AND COMP	**WU**	**COMP**
Critical Thinking	1	1,2,3,6
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	1,2,3,4,5,6,7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision-Making Skills	5	1,3,5,6
Lifelong Learning	6	1,2,3,6,7
Evidence-Based Practice	7	1,2,3,6,07
Humanistic Practice	8	3,4,5

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