Touro College
of
Osteopathic Medicine

Harlem
New York City

Clinical Rotations Manual

Effective July 1, 2009
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The information herein applies to the Academic Year 2009-2010 and is subject to change at the discretion of TouroCOM.
MESSAGE FROM THE DEAN TO CLINICAL FACULTY

Dear TouroCOM Clinical Faculty,

Thank you for your willingness to contribute to the medical education of the next generation of physicians. It is an honor and privilege to join those who have come before us in this task. Medicine, as it is practiced today, is the result of scientific study, clinical observation and experimental design conducted over thousands of years. No one has ownership to medical education. Those of us engaged in the education and training of physicians owes a debt of gratitude to the medical faculties that have come before us and more importantly, we are grateful to the patients from whom knowledge and caring have come forth.

The concept of a clinical rotation manual is not new. I am grateful for the work of my mentors, the Touro College family and our faculty at TouroCOM in the design and preparation of this manual.

I trust that this manual will serve as a supplement to you as you engage our students in the exciting and rewarding clinical portion of their osteopathic medical education. At the same time, this manual provides you with the evaluation tools needed to measure the performance of the students in your charge. We also hope you will find the experience both enjoyable and fulfilling.

Prepare well to assume your position actively engaged in clinical education as you become role models and examples for our students. We demand that our students become prepared to serve a diverse patient population including the underserved in a culturally sensitive manner while doing their part to reduce health disparities. Should you have any questions or concerns regarding the clinical training program of TouroCOM, please contact me at (646) 981-4534 or via e-mail at robert.goldberg@touro.edu.

Thank you again,

Robert B. Goldberg, DO, FAAPMR, FAOCPMR, FAANEM
Dean and Professor
OSTEOPATHIC FACTS AND STATISTICS

- There are approximately 66,000 osteopathic physicians (D.O.’s) in the United States, comprising 6% of all physicians.

- Osteopathic physicians handle 10% of all Primary Care visits in the United States.

- The 29 schools of osteopathic medicine graduate approximately 4,000 osteopathic physicians each year. Touro College of Osteopathic Medicine (TouroCOM), will graduate its first class of physicians in 2011.

- There are approximately five applicants for each student who matriculates into the 29 colleges. TouroCOM received approximately 2000 applications for 125 available positions in 2007, and we have received over 3800 applications this year for the September 2009 entering freshman class.

- Over 50% of the osteopathic medical school graduates enter a primary care residency (Family Practice, General Internal Medicine, Pediatrics, Emergency Medicine and OB/GYN) and many end up practicing in underserved or culturally diverse communities.
### FORMATIVE TOOLS FOR ASSESSING AOA CORE COMPETENCIES and OSCEX

#### SUMMATIVE TOOLS FOR ASSESSING AOA CORE COMPETENCIES

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Approved by Touro College Board on 6/15/09
MISSION STATEMENT
TouroCOM is committed to preparing students to become outstanding Osteopathic physicians who uphold the values, philosophy and practice of Osteopathic Medicine. TouroCOM places special emphasis on teaching and learning in the areas of primary care and the holistic approach to the patient. TouroCOM is committed to identify and recruit students who have specific interest in practicing underserved communities, such as Harlem. The College advances the Osteopathic profession and serves the students and society by providing a firm educational foundation, encouragement of research and scholarly activity, and participation in community service.

TouroCOM functions as an integral part of the New York City/Harlem community, and works with the community, local schools, and other colleges and universities, to promote the study of medicine, encourage continuing development, increase educational opportunities, and deliver Osteopathic medical services in a variety of community settings.

Students learn the latest strategies for the management and treatment of patients in a broad range of social and economic settings. In addition to focusing on primary care, the school emphasizes the promotion of wellness from prenatal through Geriatric care.

OVERVIEW OF THE CLINICAL CLERKSHIP PROGRAM
The Clinical Clerkship Program is designed to provide education and training in the general areas of family medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, and surgery; as well as exposure to additional specialty areas not limited to anesthesiology, emergency medicine, geriatrics, pathology, physiatry and radiology.

The Clinical Clerkship Program is under the direct supervision of the Office of Clinical Education at TouroCOM. The rotations provided at each site and the appropriate numbers of students assigned to each site by TouroCOM are determined by mutual agreement of the Hospital Administrators, Directors of Medical Education (DME’s), or Clinical Faculty and the TouroCOM Office of Clinical Education.

During years three and four of a medical student’s education, flexibility is provided to allow students to have some months of elective/selective time. This opportunity will give students ample opportunity to pursue and cultivate their individual interests, and strengthen areas of need.
GENERAL CLERKSHIP GUIDELINES
Students will participate in a well structured, systematic training experience in each particular service. Students will be assigned to a patient care team with one or more attending physicians and, which may, in some circumstances, include residents, interns and/or other students. This structure will provide all participants with clearly delineated responsibilities for meeting education objectives.

1. The student will attend appropriate didactic sessions including, but not limited to, Morning Report, Grand Rounds, and other educational seminars.
2. The student will keep a log of all patient care activities and procedures. Copies of logs will be provided to the Office of Clinical Education at the end of each rotation. The log may be used for measuring student activity, and the educational opportunities available at each site.
3. The student will be evaluated by the responsible individual(s) on the teaching service through periodic oral evaluation, as well as through direct and indirect observations of clinical performance.
4. Supervisors on the teaching service will complete the Clinical Performance Assessment forms provided for the evaluation of student performance. These evaluations are submitted to the Office of Clinical Education within one week following the rotation. We encourage students to seek feedback midway through each rotation and to ask questions as they arise.
5. The student will complete an evaluation regarding the physician, site, and rotation. These must be completed within one week following the rotation. Data from these will be summarized and provided in aggregate form to rotation sites to foster focused faculty development.

Patient Care
Students will comply with all requirements related to patient care as established by the state, federal, and hospital accreditation agencies.

Administrative Functions
The clinical site, in coordination with TouroCOM, will define the degree of student involvement within the institution; however a non-discriminatory policy should apply. Clerkship sites should clearly define whether or not meals, laundry facilities, uniforms and living quarters will be provided.

ORIENTATION GUIDELINES
Students will be provided appropriate orientation to the clinical facilities. This may include sessions at the TouroCOM campus, on-site orientation, and other methods which may include distribution of materials to be reviewed independently, to ensure that students are adequately prepared to begin learning and assisting with patient care at the institution.
A. Hospital Facilities*

1. Patient rooms
2. Safety procedures and announcements (e.g., fire, codes)
3. Nurses’ stations
4. Ancillary services facilities (e.g., x-ray, laboratory, medical records)
5. Rest rooms and locker areas
6. Conference areas
7. Lounges, cafeteria or coffee shop
8. Library/Internet access
9. OMM table locations

B. Procedures*

1. Students should be informed as to whom they are responsible, and how that person or persons may be reached when needed.

2. Students will introduce themselves to the supervising physicians involved in the clinical clerk’s specific program to review the learning objectives provided by TouroCOM. Students are encouraged to arrange meetings with their preceptors to review progress, goals, evaluations and expectations at regular intervals.

3. Students will be provided with detailed information regarding expectations and duties. This may include time commitments (i.e., students may be provided with a schedule of each clinical clerk’s on-duty hours and days and a list of each clinical clerk’s duties and responsibilities). We understand that medicine is not always predictable and that patient needs come first. Schedules may fluctuate and it is not always possible to leave as scheduled.

4. It will be clearly defined early during each rotation, specifics regarding faculty supervision, student chart documentation, whether students may document in the patient’s medical record and, if so, what content students may be permitted to write (e.g. progress notes and H & P).

5. Students should understand what criteria will be utilized to evaluate their performance; a copy of the Clinical Performance Assessment form is in this book.

*Note: if the above mentioned information is not provided at the beginning of the rotation, students are to contact the hospital DME or chief of service for clarification.
GENERAL STUDENT PROTOCOLS

Students are to notify the Office of Clinical Education of any change in contact information (e.g., mailing address, phone numbers) during the clinical years. Students can contact the office at:

Touro College of Osteopathic Medicine
230 West 125th Street
New York, NY 10027
Tel: 646-981-4504
Fax: 212-678-1785
E-mail: clinicaleducation@touro.edu

Dress Code
Clinical clerks will wear clean, white clinic jackets with name tags; tags worn may be provided by the college or as required by the training facility. The clerk shall dress in a manner appropriate for a physician in clinical care settings (business casual). Some affiliated hospitals will have a dress code that differs from TouroCOM, in which case, the rotation facility rule will prevail. Students will be informed of these dress codes, and are expected to follow them. On services where scrub suits are indicated, these suits will be provided by the facility. Scrub suits are NOT to be worn off hospital sites.

CONFIRMATION OF ROTATION ASSIGNMENTS:
It is expected that students will confirm scheduled rotations 2 weeks in advance, particularly for electives. At such time, students should contact their DME’s or preceptors in order to determine the location and time to start the first day. Unless otherwise arranged, on the first day of each rotation students should report to the DME or a designee by 8:00 a.m.

Training Hours
Students are expected to work at least 5 days per week. Working hours for each of the services will be indicated and determined by the physician in charge of that service, in cooperation with the DME of the affiliated hospital. If night duty or weekend duties are required, this will also be indicated. The student must have a minimum of two (2) days out of each consecutive fourteen (14) days free of all clinical duties, although these days will not necessarily be on weekends.

Attendance Policy / Scheduling:

1. The TouroCOM academic calendar does not apply to students on clinical rotations. Each hospital sets their own schedule. Night call, weekend coverage, and holiday assignments are at their discretion. Limited situations present themselves for which permission to attend an event outside of the hospital may come up. These include: board examinations, residency interviews, and serious family issues. Such exceptions are to be discussed with the DME and the Office of Clinical Education at TouroCOM before plans are made. 100% attendance is expected. Under typical circumstances, students are expected to be present at their clinical rotation sites for the entirety of all scheduled shifts.
2. Students may be scheduled to work on weekends, but must be free of all clinical responsibilities for at least two (2) calendar days out of each consecutive fourteen (14) days. These days off may not necessarily be consecutive or on weekends.

3. Students are limited to eighty (80) clinical work hours per week averaged over any consecutive four-week period. Didactic or independent study time is not included in this maximum.

4. Students are not to work more than twenty-four (24) consecutive hours. Extenuating circumstances (e.g. emergent patient care matters) may, on rare occasion, necessitate exceeding this maximum, but responsibilities must not exceed thirty (30) consecutive hours.

5. Students will return to campus for testing and other activities during callbacks each year; attendance is mandatory.

Holidays:

- Students are expected to work as assigned by the institution. (The Hospital Calendar prevails.)
- Students are responsible for notifying their preceptors and the clinical education office at TouroCOM about planned absences for official school holidays – and making arrangements for any make-up time – at least five (5) working days prior to the anticipated absence, but in any event no later than the close of the second work day of the rotation. Absences and make up dates must be approved by the DME and the Office of Clinical Education prior to date of question.

Personal Days and Other Time Off:

Refer to student handbook. Students are responsible for notifying their preceptor and the clinical education office at TouroCOM about planned absences.

Unanticipated Absences: Refer to student handbook.

1. Students needing to miss work time for anticipated (Board Examinations, residency interviews) and for unanticipated reasons (e.g. illness, family emergency) are expected to notify both their preceptor and the Office of Clinical Education at their earliest reasonable opportunity. If the absence exceeds a single day, students should be in contact with both their preceptor and the Office of Clinical Education, at least daily, or as arranged with the Office of Clinical Education.

2. Students may be expected, at the discretion of their preceptor and the Office of Clinical Education, to make up missed work days.

Excessive Absences:

1. There is no specific number of days that entirely defines the adequacy of a clinical experience. Each case will be considered individually when taking into account the amount of any time missed on a rotation, along with any make-up time worked, the reason for absences, the quality of clinical performance, and the knowledge and
experience gained by a student on a given rotation. As a general rule, more than 3 missed days will prompt consideration for repeating the rotation.

2. If it is determined by the Office of Clinical Education, in consultation with the DME, that a student's absences have significantly impaired his/her ability to reasonably meet the educational objectives of the rotation, then remedial work (which may include a partial or complete repeat of the rotation) may be assigned.

3. Students should keep in mind that absences that may not rise to the level of necessitating a repeat of the rotation may still negatively affect their clinical evaluation, and consequently, their grade and the Dean’s Letter of recommendation for residencies.

Responsibilities and Duties

While on rotation service, the student will at all times be responsible to the personnel in charge of the unit involved. In addition, all students will be expected to comply with the general rules established by the hospital, office, or clinic at which they are being trained.

Should any problem or difficulty arise that the DME cannot resolve first, the information should be communicated to the Office of Clinical Education as soon as possible. Any time spent away from the hospital during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be pre-approved by the DME of the rotation hospital. If attendance at these programs will affect assigned hospital duties, such as histories and physicals, attendance at such programs will need to be cleared with the DME and the TouroCOM’s Office of Clinical Education.

Although patient care assignments take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures. Absences from clinical duty must be cleared in advance by the director of the individual clinical service. If attendance of mandatory lectures and conferences is pre-empted by patient care assignments, this absence must be cleared by the DME.

Additional Guidelines:

In addition to the responsibilities listed above, additional guidelines are offered:

1. All evaluations are to be completed, signed and reviewed with the student by a licensed physician.
2. Students are not permitted to accept financial compensation or any form of gratuity for rendering patient care. Their training institution, when possible, may assign suitable housing accommodations and board.
3. Students should be assigned to specific patients. Histories and physical examinations should be completed on those patients whom students will be following on the service to which they are assigned, where applicable.
4. Students should perform “pre-rounds” on patients or chart review, and accompany the preceptor on rounds, conferences and consultations when appropriate.
5. Progress notes, may be written by the students only with permission, and under the supervision of a physician. Progress notes must be countersigned within the time required by the rules and regulations of the training institution.

6. Students shall not order any examinations, tests, medications or procedures without consulting and obtaining the prior approval of the supervising physician. Students shall not write prescriptions for medicine, devices or anything requiring the authority of a licensed physician. Students shall never represent themselves as licensed physicians.

7. Attendance by students is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for students at the clinical site. Each conference should be documented with an attendance record. In addition, students should be encouraged to attend lectures for interns, provided these do not interfere with the clinical clerk’s own program.

8. Students shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction.

Letter of Good Standing and liability coverage:
A “Letter of Good Standing” is sent to each rotation site by the Office of Clinical Education prior to the beginning of each rotation. In order to qualify for a “Letter of Good Standing,” in addition to academic credentials, students require complete and current health records.

All students on approved clinical rotations in the United States are covered by the professional liability insurance of TouroCOM during their OMS III and OMS IV years. Copies of the insurance binder are sent directly to rotation sites and cannot be provided to students directly, as coverage applies only to school-approved activities.

Health Records:
Health records are maintained by TouroCOM. This information includes TB screening (2-step PPD or other TB testing, as defined by the State of New York). PPD must be updated at least annually, and some sites require this as often as every three months. Td must be updated every 10 years. MMR/Varicella/Hepatitis vaccines and/or titers will also be required. Students are responsible to keep their immunizations current.
Students on electives may be required to provide proof of personal health insurance and HIPAA, BLS, ACLS, recent criminal background check, and OSHA training completion by or at a specific training site. Copies of such documentation are available from the Office of Clinical Education. It is the student’s responsibility to keep one’s certifications current.
EVALUATION AND GRADING

A. General Philosophy

While grades are an important part of the clinical education process, and can provide substantial information regarding performance, it is essential that students and preceptors alike recognize that the generation of a grade is not the primary purpose of clinical rotations. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing quality care, and developing clinical and cultural competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

Guidelines for grading:

- Preceptor’s evaluation-70%
- Post Rotation exam-10%
- Completing and submitting student logs-10%
- Completing and submitting student evaluations/self assessment-10%

B. Clinical Evaluations

1. Expectations

At the start of all clinical rotations, each student should meet with his or her preceptor to discuss expectations for clinical performance. The student is responsible for ensuring he or she understands the preceptor’s expectations and should take this opportunity to clarify any issues regarding roles and responsibilities. It is strongly recommended that an additional conversation occur at the midpoint of the rotation to provide the student feedback on performance to date, and to offer suggestions for improvement in the latter half of the experience.

2. Clinical Performance

Near the completion of each clinical rotation, students should remind their preceptors to complete their Clinical Performance Assessment Form. A sample is included as part of this manual. It is important to recognize that the primary intent of the evaluation is to provide feedback to the student as to his or her specific areas of strength and weakness and to offer guidance for improvement in the future. Preceptors should take the opportunity to assess what the student has done.

Each of the seven AOA clinical competencies is evaluated on the form. A general grade should be marked for each competency section, and an overall impression for the rotation should be indicated. Preceptors should add narrative comment to give the most specific guidance possible to the student. Positive and constructive comments may be included in the Medical Student Performance Evaluation (MSPE; formerly the Dean’s letter).
It is important to note that students are evaluated against the standard of what should be reasonably expected from an osteopathic medical student at the same point in training. For example, under Competency 4: Interpersonal and Communication Skills, is an assessment for “Interviewing skills are well developed.” It is expected that this will improve as students progress through clinical training; i.e., that as a general rule fourth year students will be further along than third year students. Preceptors and students should meet face-to-face to discuss the contents of the evaluation, and the evaluation form must be signed by the preceptor.

3. Evaluation of Clinical Assignment

Following each clinical rotation, students are expected to complete an evaluation of the preceptor, site, and rotation. It is only through honest, fair, and frank evaluations that problems can be identified and corrected, and appropriate praise can be offered to those deserving. This is a serious responsibility for students, and appropriate thought and time should be dedicated to this part of the clinical education program.

C. Written Examinations

At the end of each core clerkship experience, students will take a written/online exam. These examinations will be scheduled at the end of the rotation, usually on the last Friday of the rotation. Students are responsible for maintaining awareness of these dates and ensuring that they complete the examinations as required by the Office of Clinical Education. Make-up exams for these students will be scheduled on an individual basis. Successful completion of the clinical rotation is based on a passing preceptor evaluation, the student log and site evaluation, and the student's performance on the core written examinations.

D. Incomplete Grades

If, for any reason, a student is unable to complete all the requirements for a rotation as scheduled, individual arrangements must be made with the Office of Clinical Education to develop a plan to address the deficit. Please see the attendance policy section for additional information. Grades for 2-block courses (IM, FP, and Surgery) are not posted until the second block is complete; transcripts will reflect “IP” in this case and are not considered incomplete.

E. Failures

A student failing any clinical rotation will be referred to the Student Promotions Committee for assessment and recommendations. Unless contrary to these recommendations, any failed rotation must be remediated at the earliest opportunity. Vacation time, if available, may be used to accommodate scheduling of the repeat rotation. If vacation time is not available, completion of the curriculum, and consequently, the student’s graduation, may be delayed. If a student successfully remediates a rotation, he or she will be awarded a grade of U/C.
A student, who fails any two clinical rotations, including remedial rotations, will be referred to the Student Promotions Committee as a candidate for dismissal from the college. Please refer to the Student Handbook for details on dismissal.

F. Disputes
If a student disagrees with the clinical evaluation offered by a DME or preceptor, he or she should first set up a meeting with the preceptor to discuss the matter. Following this discussion, a revised Clinical Performance Assessment may be submitted. In this circumstance, it should be clearly indicated in the comments section following the Overall Clinical Evaluation for Rotation that it represents a revision and supersedes the prior evaluation. The final grade for the rotation will then be recalculated based on the new clinical score.

If the disagreement persists, the student should provide to the Office of Clinical Education a letter describing the area(s) of dispute along with a copy of the evaluation. The Office of Clinical Education will contact the preceptor and/or DME to discuss it, and will then respond to the student with a decision regarding the dispute. If the student remains dissatisfied with the determination, it may be appealed to the Dean of TouroCOM.

CURRICULAR MATERIALS

GENERAL CLERKSHIP OBJECTIVES
The following general objectives are expectations of competencies for clinical rotations. They are designed to help students develop their core competencies.

Students are not expected to be experts in diagnosis and treatment. With progress through the clinical training program, more will be expected of students. When asked for diagnostic and treatment options, responses should flow from the history and physical findings. There should be a clear rationale behind diagnosis and treatment options. Please refer to the Expanded Curricular Objectives that follow this section for a list of topic areas included for each of the specific rotations.

- Osteopathic principles serve as a foundation for the entire curriculum. These principles address the capacity to look at presenting complaints and to see persons in their entirety.

- At the end of each clinical rotation, students should be better able to:
  - Obtain an accurate, logical, and sequential medical history. See below.
  - Perform and record a comprehensive physical examination.
  - Communicate the history and physical examination in a timely manner.
  - Apply basic medical knowledge in formulating a differential diagnosis and a management plan.
  - Function as an effective member of the healthcare team.
• Demonstrate professional behaviors including:
  a. Reliability and dependability
  b. Self-awareness of strengths and limitations
  c. Cultural awareness and sensitivity
  d. Emotional stability and professional demeanor
  e. Enthusiasm
  f. Punctuality
  g. Initiative and self-education

• Demonstrate humanistic qualities
  a. Integrity: the personal commitment to be honest and trustworthy.
  b. Respect: the acknowledgement of patients' choices and rights regarding themselves and their medical care.
  c. Compassion: an appreciation that suffering and illness engender special needs for comfort and help without evoking excessive emotional involvement.

THIRD YEAR ROTATION CURRICULUM

Students will begin their Third Year Clinical Curriculum in July after having successfully completed the second year didactic curriculum. Each student will be required to complete the required set of Third Year Clinical Rotations which are listed below:

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Family Practice</td>
<td>2 months</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>2 months</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>1 month</td>
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<tr>
<td>Pediatrics</td>
<td>1 month</td>
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<tr>
<td>Psychiatry</td>
<td>1 month</td>
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<tr>
<td>Surgery</td>
<td>2 months</td>
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<tr>
<td>Emergency Medicine</td>
<td>1 Month</td>
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<tr>
<td>Electives</td>
<td>1 Month</td>
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<tr>
<td>Vacation</td>
<td>1 Month</td>
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</tbody>
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Core Clerkship Learning Objectives: Family Practice

HISTORY TAKING: obtain accurate, efficient, appropriate, and thorough history. One of the unique aspects of our course is the focused History and Physical Exam (PE), pending the purpose for the visit. Students see patients with one and/or two issues, either health maintenance (yearly checks with comorbid illnesses) and/or acute illness. History and PE need to focus on these. The student will need to understand a patient's concern, the pathophysiology about this complaint, the role of medication and a differential diagnosis relating to the CC. History should guide the physical exam. We expect students to have learned basic history taking in the first two years of medical school. During the clinical rotation the students will see patients with acute and chronic illnesses as well as health maintenance issues.

PHYSICAL EXAM: perform and interpret findings of a complete and organ-specific exam. Healthy patient examination (infant to elderly), height and weight; for children: plot on growth curve, head circumference in children under the age of 2,
specific screening exam: head and neck exam, thyroid exam, breast exam, skin exam, pulmonary, cardiac and abdominal exams, musculoskeletal exam, neurologic exam, pelvic examination, rectal/prostate exam under supervision, organ-specific examination of the adult or pediatric patient presenting with acute and chronic medical conditions; understanding how the physical exam changed over time in a patient with an acute or chronic medical illness.

**PROCEDURES:** perform routine technical procedures. We expect students to become competent to perform pelvic and rectal exams. If appropriate we will expect students to be able to perform the following procedures: Foley Catheter Insertion, Pap smear, STD cultures, immunizations, suture removal, joint injection/aspiration, PPD placement, and throat culture, all to be performed under supervision.

**DIAGNOSIS:** to articulate a cogent, prioritized differential diagnosis based on initial history and exam. The clerkship is to focus on skills in the initial evaluation of symptoms and chronic illnesses that commonly present in the primary care setting. Students are to learn how to use the initial history and physical exam to articulate a cogent, prioritized differential that provides the framework for appropriate and selective diagnostic testing. Student to be expected to design a rational diagnostic strategy, based on knowledge of pathophysiology as well as evidence from the literature, to narrow an initial differential diagnosis. The nature of the rotation is to afford students the opportunity to follow through on the stepwise evaluation and management of a presenting symptom or chronic illness in the patient. Diagnostic evaluation of the following common primary care problems is to be emphasized when patients present with: Adult patients Cardiovascular/ Respiratory signs and symptoms, chest pain, shortness of breath, cough, pharyngitis/sinusitis GI signs and symptoms, abdominal pain, rectal bleeding, diarrhea, neurologic signs and symptoms, headache, vertigo, confusion/dementia musculoskeletal signs and symptoms, back pain, shoulder pain, knee pain, hip pain, foot/ankle pain, gynecologic signs and symptoms, irregular menses/amenorrhea, abnormal vaginal bleeding, vaginitis, breast mass or pain, genital ulcers/sexually transmitted infections GU signs and symptoms, dysuria, prostatitis, erectile dysfunction, scrotal mass, incontinence, urethritis/sexually transmitted infections dermatologic signs and symptoms, Acne/roacea Ophthalmologic signs and symptoms, Red Eye Psychiatric signs and symptoms, Depression/anxiety genetic systemic signs and symptoms, Lymphadenopathy, unintentional weight loss, peripheral edema, fatigue chronic illness, diabetes, hypertension, osteoporosis, asthma.

Professionalism to be selfless, reliable, honest and respectful to patients, colleagues and staff.

**Core Clerkship Family Practice**

Lectures and conferences to be given:

1. **Ear Nose and Throat Disorders**
   a. Hearing loss
   b. Diseases of the ear canal, middle ear and inner ear
   c. Infections of the nose and paranasal sinuses
   d. Diseases of the oral cavity and pharynx
2. Pulmonary Disorders
   a. Asthma
   b. Chronic obstructive pulmonary disease
   c. Pulmonary infections
   d. Pulmonary neoplasms

3. Heart Disease
   a. Coronary heart disease
   b. Disturbances of rate and rhythm
   c. Congestive heart failure

4. Hypertension
   a. Etiology and classification
   b. Goals of treatment
   c. Complications

5. Blood Disorders/ Rheumatology
   a. Anemias
   b. Leukemias
   c. Disorders of hemostasis and antithrombotic therapy
   d. Arthritic disorders
   e. Connective tissue disorders

6. Gastrointestinal Disorders
   a. Abdominal pain
   b. Upper and lower GI bleeding
   c. Common abdominal conditions, evaluation and treatment

7. Endocrine Disorders
   a. Diseases of the thyroid gland
   b. Diseases of the parathyroids
   c. Diabetes mellitus
      i. Classification and pathogenesis
      ii. Diagnosis
      iii. Treatment
      iv. Complications

8. Lipid Disorders
   a. Lipid fractions and the risk of coronary heart disease
   b. Treatment
   c. Secondary conditions that affect lipid metabolism

9. Depression
   a. Diagnosis
   b. Treatment, counseling and referral

10. Headache
    a. Diagnosis
    b. Tests for different conditions
    c. Treatment

11. Sexually transmitted diseases
12. Pneumonias

13. Antimicrobial therapy
   a. empiric regimen
   b. drug susceptibility testing
   c. drug pharmokinetics
   d. drug reactions and precautions

14. Immunizations

15. HIV/AIDS

16. Hepatitis

Core Clerkship Learning Objectives: OB/GYN

HISTORY TAKING: obtain accurate, efficient, appropriate, and thorough history. Specifically: chief complaint, present illness, menstrual history, obstetric history, gynecologic history, contraceptive history, sexual history, family history, social history

PHYSICAL EXAM: perform and interpret findings of a complete and organ-specific exam. Specifically: perform a painless ob/gyn examination as part of a general medical examination, including: breast exam; abdominal exam; pelvic exam; recto-vaginal exam

PROCEDURES: perform routine technical procedures. Specifically: collect a cervical cytological (pap) smear, obtain specimens to detect sexually transmitted diseases, bladder catheterization

DIAGNOSIS 1: articulate a cogent, prioritized differential diagnosis based on initial history and exam. Specifically: normal obstetrics, abnormal obstetrics, control of reproduction, gynecologic disorders, gynecologic endocrine and infertility issues, gynecologic oncology

DIAGNOSIS 2: design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of path physiology and evidence from the literature.

MANAGEMENT: design a management strategy for life-threatening, acute, and chronic conditions demonstrating knowledge of path physiology and evidence from the literature. Specifically: obstetrical hemorrhage, shoulder dystocia, menorrhagia, pelvic pain, ectopic pregnancy

PREVENTION: plan a strategy for reducing incidence, prevalence, and impact of disease demonstrating knowledge of path physiology, clinical epidemiology, and evidence from the literature. Specifically: preconception planning, contraception, nutritional counseling in pregnancy, premature delivery; understand the health and well being of populations, specifically the social and health policy aspect of women’s health (Example: ethical issues surrounding sterilization and abortion, domestic violence, adolescent pregnancy)
DATA ANALYSIS: interpret data from laboratories and radiology demonstrating knowledge of path physiology and evidence from the literature.

COMMUNICATION 1: present patient information concisely, accurately, and in timely fashion to members of a health care team in a variety of settings and formats including verbally and in writing.

COMMUNICATION 2: keep patient and family involved and informed.

PROFESSIONALISM: be selfless, reliable, honest, and respectful of patients, colleagues and staff.

Core Clerkship Obstetrics and Gynecology

Topics to be discussed

I. Pregnancy
   a. Antepartum Care
   b. Gestational age - fetal growth
   c. Labor - stages and mechanism, normal labor, management of delivery, stages of labor
   d. Abnormal labor
      1. Indications of induction
      2. Breech presentation
      3. Indicators for operative delivery
   e. Fetal monitoring
   f. Isoimmunization
   g. Post partum hemorrhage
   h. Abortion
   i. Preeclampsia – Eclampea
   j. Ectopic pregnancy
   k. Placenta prevea
   l. Placenta abruptia
   m. Medical conditions affecting pregnancy

II. Sexually transmitted diseases
   a. Herpes genitalis
   b. Pelvic Inflammatory Disease-gonorrhea
   c. Human Papillomavirus
   d. AIDS
   e. Chlamydia
   f. Trichormones
   g. Syphilis
   h. Candida

III. Contraception and Menopause

IV. Gynecological Disorders
   a. Vaginal Bleedings
   b. Fibroids
   c. Endometrosis
   d. Carcinoma of cervix
   e. Carcinoma of endometrium
Core Clerkship Learning Objectives: Pediatrics

History and Physical Examinations

The student will complete history and physical examinations on patients across all pediatric age groups including newborns, infants, toddlers, children, and adolescents.

Details, you must:

1. Accurately measure height, weight, and head circumference and plot the data on an appropriate chart.
2. Provide routine post delivery newborn care and recognize unique features of a newborn exam.
3. Obtain a routine diet history on an infant that includes: the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given.
4. Provide anticipatory guidance and prevention regarding home safety.
5. Gather health supervision data on immunizations, sexuality, and/or substance abuse.
7. Elicit age appropriate behavioral concerns during the health supervision visit (such as toilet training, eating problems; enuresis, attention deficit disorder, conduct disorders, and risk taking behaviors).

Data Presentation

The student will effectively and professionally communicate information about the patient, history and physical, diagnosis and treatment plan to other caregivers and to the patient/family.

Details, you must:

1. write a complete history, physical examination, problem list, differential, and a treatment plan with a rationale.
2. orally present a patient’s history, physical examination, problem list, differential, and a treatment plan with a logical rationale.
3. communicate the essential elements of the diagnosis and treatment plan to the patient and family.
4. Recognizing common pediatric conditions and formulate differential diagnoses and management plans

Details

A. A student will recognize and outline an initial evaluation of children with common clinical problems including: in the newborn jaundice, and in the older child

1. In the newborn, you will recognize predisposing factors to newborn jaundice.
2. In the newborn, you will recognize the signs and symptoms of sepsis in a newborn.
3. In the newborn, you will recognize the presentation of congenital heart disease in a newborn.
4. In the newborn, you will recognize the predisposing factors and the signs and symptoms of Respiratory Distress Syndrome.
5. In the newborn, you will recognize the predisposing factors and treatment of hypoglycemia.
6. In the other child, you will recognize abnormalities on a growth chart which warrant future evaluation.
7. You will calculate dietary intake.
8. You will develop a brief differential diagnosis and initial evaluation of failure to thrive.
9. You will interpret the results of commonly ordered laboratory tests such as: CBC, urinalysis, serum electrolytes, BUN/Cr, thyroid functions, and a CXR.

B. The student will evaluate and initiate treatment for children with dehydration.
Details, you must:
1. Recognize the signs and symptoms of dehydration
2. Understand fluid replacement and maintenance requirements for pediatric patients (Oral and IV)
3. Interpret the results of commonly ordered laboratory tests including: urinalysis, serum electrolytes and BUN/Cr).

C. The student will recognize the condition and develop a reasonable differential diagnosis, diagnostic approach, and treatment plan for the common pediatric clinical as they present in the course of the clerkship.
Details, you must:
1. recognize the signs and symptoms of the clinical problems.
2. interpret the results of commonly ordered laboratory tests and radiographs.
3. calculate drug doses for children.
4. write a prescription if required or treatment plan to treat a patient with the common conditions.
5. the student will recognize the impact chronic illness (e.g., Asthma, Diabetes, common genetic disorders) has on the patient and the family.

D. The student will be able to evaluate a patient for child abuse (physical and sexual) and recognize the ethical and legal obligations placed upon the physician.
Details, you must:
1. recognize the risk factors for domestic violence and child abuse.
2. ask the types of questions to assess a child for non-accidental injuries and child abuse.
3. recognize the physical exam findings of physical abuse (including the shaken baby syndrome), sexual abuse, and/or neglect.
4. summarize the ethical responsibilities to identify and report child abuse and the obligations placed on reporters by the community or state.

Professionalism
The student will demonstrate intellectual curiosity, initiative, responsibility, and reliability in patient care and self-directed learning.
Details, you must:
1. demonstrate a strong work ethic and desire to learn about patient problems.
2. complete literature searches.
Core Clerkship Pediatrics

The material to be presented

- The well child and preventative care, including recommended immunization schedule, interval visits with developmental milestones, growth and development assessment with the use of growth chart and the correct responses to variations presented by patients, appropriate health education and prevention topics for age, and appropriate responses to common abnormalities and problems that present in well child care.
- The approach to and differential diagnosis of the acutely febrile child. Included should be differentiating characteristics between children with severe and potentially life threatening febrile conditions including sepsis, meningitis, infectious diseases, pneumonia, and those with less dangerous self limited conditions such as common viral syndromes. The discussion should include clinical course, historical, physical exam, treatment and behavioral findings that would contribute to increase concern and necessity for further workup. Discussion should also include appropriate health education intervention with parents and children regarding approach to fever and appropriate use of the health care system.
- Acute gastroenteritis presentations in childhood, including vomiting, diarrhea and dehydration. Discuss etiologies of gastroenteritis and entities requiring specific treatment with antibiotics, as well as contraindications to antibiotic therapy. Include strategies for fluid maintenance and rehydration, fluid and electrolyte assessment and management, indications for hospitalization and/or referral.
- Otitis media, diagnosis, etiologies, controversies on treatment and effects of learning and language development, use of antibiotic therapy, myringotomy and cranial therapy in approaching this entity.
- The common viral and bacterial exanthems including roseola, measles, varicella, mumps, fifth disease, and streptococcal rash, including differentiating features on physical exam, presentation and etiologies.
- Asthma assessment and management, indications for hospitalization.
- Diabetes assessment, management and complications

Core Clerkship Learning Objectives: Psychiatry

1) Be able to take an adequate psychiatric history, perform a satisfactory mental status exam, demonstrate an understanding of the terms and concepts and how to apply them.

Outline for the Psychiatric History

I. Identifying data (always age and sex, ethnicity, occupation, and marital status when significant)
II. Chief complaint (in the patient’s own words)
III. History of the present illness
   a. When did the current episode begin? What were the presenting symptoms? How have symptoms progressed?
   c. Pertinent negatives
IV. Past psychiatric history

Approved by Touro College Board on 6/15/09
a. When was the first-ever onset of symptoms (whether treated or not)? Have there been recurrences? If so, what frequency and length of episodes? Changes in symptom pattern?
b. All prior treatments in detail
   1. For medications: Dose, length of treatment, side effects, therapeutic response, patient’s compliance
   2. For psychotherapy: Modality, length of treatment, perceived benefits, patient’s involvement or noninvolvement

V. Medical history (especially current medical problems, current prescription medications, drug allergies)

VI. Family history (Who is in the family? Who else has had psychiatric symptoms or treatment?)

VII. Personal history
   a. Relate the significant events of a patient’s life, and create a picture of functioning over time. Some important elements: early friendships, academic record, job experiences, romantic relationships, sexual experiences, military experience, incarceration experience, drug and alcohol use, recreational pastimes

VIII. Mental status examination

IX. Physical examination

X. Laboratory findings

XI. Differential diagnosis

Outlines of the Mental Status Examination

I. Appearance: Oddities of dress or demeanor, signs of physical illness, behavior with the examiner

II. Speech: The physical production of speech (not the ideas): e.g., slurred, monotone, soft, pressured

III. Emotional expression: Consider the range of emotions, the intensity, lability, and appropriateness of the topics being discussed
   a. Subjective: How the patient feels
   b. Objective: How the patient looks

IV. Thinking and perception
   a. Content: Delusions, obsessions, preoccupations, suicidal and homicidal thoughts
   b. Form: Logical and goal directed versus presence of a formal thought disorder
   c. Perceptions: Hallucinations, illusions

V. Sensorium (cognitive functions)
   a. Alertness
   b. Orientation
   c. Concentration
   d. Memory
      1. Immediate recall
      2. Short term (or recent) recall
      3. Long term memory
   e. Calculations
   f. Fund of Knowledge
   g. Abstract reasoning

VI. Insight and judgment

Some Ways to Test Cognitive Functions for the Mental Status Examination
Always use the whole examination in forming your observations. These tests may help clarify
deficits and the degree or abnormality. In many instances, formal tests will not be necessary because sufficient information was obtained just by talking with the patient.

**Concentration**

“Count backwards from 100 by 7.” (Note that this is not intended to be a test of calculation. What matters is the patient’s ability to sustain focus on the task, not whether she gets all the right answers.)

“Spell ‘world’ backward.”

“Say the letters of the alphabet backward.”

**Calculations**

“How many quarters are in $3.75?”

“If you buy something that costs $1.60 and pay with a $5 bill, how much change should you get back?”

**Memory**

*Immediate:* Ask the patient to repeat a series of five to seven digits after you.

Give the patient three objects to remember and then immediately ask what they are.

*Recent recall:* Ask the patient to repeat three object after 5 minutes.

“What did you have for breakfast this morning?”

“How did you come to the hospital this afternoon?”

*Long Term:* “What grade school did you attend?” (Note that asking a patient her birthday does not test long-term memory; she is not “remembering” being born but rather is reciting information learned by rote.)

“Who was your fifth grade teacher?”

“Where did you first learn to drive?”

**Fund of Knowledge**

“What is a major news story that’s on TV or in the newspapers these days? Tell me about it.”

“Tell me about a recent movie (or book).”

“What countries border the United States?”

“What counties border France?”

**Abstract reasoning**

“Which object doesn’t belong in this group: fish, tree, rock? Why?”

“How are an apple and an orange alike?” (Note that abstract reasoning cannot be assessed by asking differences because the only plausible answers are concrete.)

“What does it mean when people say “A stitch in time saves nine?”

**Some Laboratory Tests Useful for Screening Medical Conditions in Psychiatric Patients**

Complete blood count

Electrolytes (Na, K, Cl, CO2)

Glucose

Calcium

Renal function tests (blood urea nitrogen, creatinine)
Liver function tests (alanine aminotransferase, aspartate aminotransferase, gammaglutamyl Tran peptidase)
Rapid plasma reagin
Thyroid function tests (free thyroxin, thyroid-stimulating hormone)
Vitamin B12 level
Urine drug screen

- Be able to generate a differential diagnosis for the major psychiatric disorders, including substance abuse.
- Outline an initial treatment approach and management strategy, including hospitalization (or not), psychopharmacology, and other treatment modalities.
- Demonstrate an awareness of other relevant medical conditions.

Core Clerkship Psychiatry

Material to be discussed:

- Symptoms, signs, epidemiology and diagnostic criteria for depression syndromes
- Somatic presentations of depression
- Treatment alternatives for depression, including therapy, antidepressant medications (including major classes and their indications and contraindications), electroconvulsive therapy and alternative and complimentary therapy
- Bipolar affective syndromes including signs, symptoms, epidemiology and diagnostic criteria
- Medical and social impacts of bipolar syndromes
- Therapies for bipolar affective syndromes
- Presentation, symptoms and course of the anxiety disorders, panic disorder and agoraphobia
- Somatic symptoms of panic and hyperventilation
- Therapeutic options for anxiety and panic disorders including drug and non-drug therapies
- Signs, symptoms, epidemiology and diagnostic criteria for the schizophrenias, including prominent theories of etiology
- Different forms of schizophrenia
- Treatment options for schizophrenia

Core Clerkship Learning Objectives: Surgery

During the core clerkship in surgery the student will learn about “surgical” illnesses, so that no matter what area of medicine you choose for your career, you will be able to diagnose and plan for the care of patients who need surgery.

By the end of the core clerkship, the student should:

- Gain an overall knowledge of surgical illnesses and the important steps in the decision process for treating these conditions
- Understand the physiology of an acutely injured patient, whether this injury is from trauma, burns, infection, or surgery itself
Learn the basic principles governing wound care, suturing, and management of tissue infections – an example: the decision making involved in determining when an infection needs drainage vs. when antibiotics alone are sufficient. This can only be learned through direct patient care experience.

Learn how to render proper post operative care.

Learn how to assess shock

Learn about nutritional support and its role in treating severely ill patients

Learn about the different surgical subspecialties, about anesthesia, and about the day-to-day practices of the staff surgeons in both academic and private practice settings

Become familiar with some procedures that are important to critical care:
1. Central lines: Watch a carotid endarterectomy and a groin dissection for vascular bypass surgery – you will hit the veins more easily if you have seen where they are
2. Intubations: Be on hand in the OR at the beginning of each case
3. Chest tubes: Observe cardiac and thoracic surgery cases – notice the relationship between internal structures and external landmarks
4. Foley Catheter Insertion

GUIDELINES:
The teams for patient care on the wards are led by the Chief Resident. The responsibilities of each member of the surgical team are determined by the Chief Resident. You are a crucial part of the surgery team; the better able you are to integrate yourself into the team’s daily responsibilities, the more you will get out of your surgery rotation.

Try to learn as much as you can about the patients you care for: do the dressing changes so that you can check wounds. Keep track of the I and O’s. Scrutinize each lab value. See every one of your patient’s x-rays. Be present for special studies such as endoscopies, CT scans, or ultrasounds. Try to know more about your patients than anyone else on the service. Ask about anything that you do not understand.

Learn basic principles as soon as possible so that you can apply them as you go along: fluid & electrolyte management, pre- and post-operative evaluations, wound care, pain management, and how to avoid post-op complications such as atelectasis, DVT, urinary tract infections. Basically, if the team can count on you, you will be a valuable asset to the service. It is also generally true that the more involved you are in what goes on in your service, the more you will learn – you can’t learn most of surgery from a book!

Core Clerkship: Surgery

1. Lectures and conferences to be given:
   a. Fluid and Electrolyte
   b. Body water volumes and distribution
   c. Electrolyte distribution cell water and extra cellular fluid
   d. Electrolyte content of body fluids
   e. Water and electrolyte changes in response to various stress situations
   f. Hormones in fluid and electrolyte homeostasis
   g. Various electrolyte imbalances
2. Acid Base Homeostasis
   a. Hydrogen ion biochemistry and physiology
   b. Buffering systems
   c. Metabolic acidosis “anion gap”
   d. Respiratory acidosis
   e. Respiratory alkalosis
   f. Metabolic alkalosis

3. Nutrition
   a. Risk factors and indicators for nutritional assessment
   b. Calculations of energy requirements
   c. Indications contraindications, complications and benefits of:
      i. Internal feeding
      ii. parental feeding
      iii. special formulations

4. Surgical Infections
   a. Inflammatory response
   b. Mechanisms of infections, surgical hazards and epidemiology
   c. Antibiotics in Surgery

5. Wound Healing
   a. Factors on wound healing
   b. Steps of normal wound healing
   c. Postoperative wound complications
   d. Wound closures

6. Trauma Patient
   a. initial evaluation
   b. secondary survey
   c. shock and resuscitation
      i. types
      ii. treatment
   d. Burns
      i. Evaluations
      ii. treatment plans
      iii. complications

7. Breast
   a. Masses
      i. Evaluation and screening, hereditary breast cancer
      ii. Treatment

8. Endocrine
   a. Pathophysiology, clinical presentation, work up and treatment of the following:
      i. Solitary thyroid nodule
      ii. Multinodular thyroid gland
      iii. Thyrotoxicosis
      iv. Primary, secondary and tertiary hyperparathyroidism
      v. insulinoma/gluconoma/vipoma
      vi. Zollinger-Ellison syndrome
vii. GI carcinoid
viii. Endogenous hypercortisolism
ix. Pheochromocytoma

b. Management of the following
   i. Hypercalcemic cases
   ii. Thyroid storm
   iii. Grave’s disease/ Hashimoto’s disease
   iv. Pheochromocytoma
   v. Hyperaldosteronism
   vi. endogenous hypercortisolism
   vii. insulinoma
   viii. carcinoid

9. Abdominal Surgery
   a. Presentation and complications of the management of the following hernias:
      i. Direct and indirect inguinal, femoral and obturator
      ii. Sliding hiatal hernia
      iii. Paraesophageal
      iv. Incisional
      v. Umbilical
      vi. spigelian
      vii. Richter’s
      viii. Parastromal
      ix. Internal

   b. Essential characteristics of presentation of GI tract diseases
      i. History
      ii. Physical exam
      iii. Radiologic examinations
      iv. Endoscopy
      v. Tests

   c. Medical management and surgical indicators
      i. GERD
      ii. Hiatal hernia
      iii. Peptic Ulcer Disease
      iv. Biliary tract disease
      v. Panreatitus
      vi. Portal hypertension
      vii. Inflammatory bowel disease
      viii. Diverticulitses
      ix. Upper and lower GI bleed
      x. GI malignancies
      xi. Intestinal obstruction

10. Vascular/ Pulmonary
    a. Clinical manifestations and tests for
       i. Obstructive vascular disease
       ii. anuerysmal arterial disease
       iii. thromboembolic disease aterial venous
       iv. aortic aneurysm

    b. therapeutic options
Clerkship Learning Objectives: Emergency Medicine

During the clerkship in Emergency Medicine the student will learn about medical and surgical conditions in an emergency setting.

By the end of the clerkship the student should:

- Be able to evaluate an acutely ill patient in the emergency room
- Gain an overall knowledge of how and when to apply the A.B.C.s in emergency conditions
- Understand how to evaluate and effectively manage all acute or life threatening conditions in an emergency setting
- Gain an understanding of the pathophysiology of shock, it’s categorizations and treatment
- Understand the mechanisms, pathophysiology and treatment of cardiopulmonary arrest
- Understand the pathophysiologic effect and management of blunt and penetrating trauma, and of a patient with complex multi system injuries
- Learn the basic principles governing wound care, suturing, and the management of tissue infections, where drainage is required or when antibiotics alone are sufficient
- Learn what procedures and tests have to be performed
- Become proficient in
  1. starting IV’s
  2. drawing blood
  3. arterial lines
  4. central lines
  5. foley catheter insertion
  6. gastric tube insertion
  7. airway intubation
  8. chest tube
  9. suturing

Clinical Decision Making

Diagnostic Approach

History, physical exam and diagnostic testing using this information plus the experience gained in taking care of patients in an emergency room setting.

Decision Making in Emergency Medicine
Sit at patient’s bedside to collect a thorough history.

Perform an uninterrupted physical examination.

Generate life-threatening and most likely diagnostic hypotheses.

Use information databases and expert systems to broaden diagnostic diagnoses.

Order only those tests that will affect disposition or that will confirm or exclude diagnostic hypotheses.

Include decision rules on diagnostic testing order forms.

Use guidelines and protocols for specific therapeutic decisions to conserve mental energies while on duty.

Allow 2 to 3 minutes of uninterrupted time to mentally process each patient.

Mentally process one patient at a time to disposition.

Avoid decision making when overly stressed or angry. Take 1 to 2 minutes out, regroup, then make the decision.

Carry a maximum of 4 to 5 “undecided” category patients.

Stop – make some dispositions.

Use evidence-based medicine techniques to substantiate decisions with evidence, understand the limitations of the evidence, and to answer specific questions, such as usefulness of diagnostic testing, management plans, and disease prognosis.

**Core Clerkship: Emergency Medicine**

Material to be discussed

I. Multiple Trauma Patient-Priorities in management and resuscitation of the patient
   a. Initial survey 1. ABC
   b. Secondary survey
   c. Shock, classification
   d. Monitoring the patient
   e. Injuries by area

II. Cardiovascular System
   a. Acute M.I.
   b. Congestive heart failure
   c. Dysrhythmias
   d. Percarditis
   e. Valvular disease
   f. Aortic dissection
   g. Aneurysm
III. Dyspnea
   a. Obstructive pulmonary diseases
   b. Asthma
   c. Emphysema
   d. Chronic bronchitis
   e. Alpha 1 antitrypsine deficiency
   f. Corpulmonale
   g. Pneumothorax
   h. Pulmonary embolus i. Psychogenic dyspnea

IV. Syncope
   Hypoperfusion
   a. Outflow obstruction
   b. Reduced cardiac output
      1. tachycardias
      2. brachycardia c. Vasomotor
   CNS dysfunction
   a. Hypoglycemia
   b. Seizure
   c. Toxic
d. Psychogenic

V. Coma

Assessment and Emergency measures
   a. Stroke
      1. Hemorrhage
      2. Infarction
c. Trauma
d. Metabolic disturbances
c. Infections — Inflammatory
d. Hypoxia
e. CO2 Narcosis
f. Exogenous CNS toxins
g. Electrolyte imbalance
h. Hypertension
i. Tumors

VI. Upper and Lower GI Bleeding—Clinical presentation, diagnosis and management

Core Clerkship Learning Objectives: Medicine

HISTORY TAKING: obtain accurate, efficient, appropriate, and through history. This clerkship will emphasize development of history taking skills. It will emphasize strategies and skills for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient and office settings. Particular attention will be given to
identification and elicitation of key historical data pertinent to immediate clinical decision-making.

**PHYSICAL EXAM:** perform and interpret findings of a complete and organ-specific exam. This clerkship will focus on development of physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, and gastrointestinal disease) pertinent to the clinical evaluation of adults presenting with medical problems in the inpatient and outpatient settings. It will emphasize elicitation of physical findings pertinent to differential diagnosis and immediate clinical decision-making.

**PROCEDURES:** perform routine technical procedures. Students will be taught the basic procedures used in inpatient and outpatient care of adult medical patients, including procedure indications, contraindications, techniques, complications, and interpretation of any findings that result. Examples include: venipuncture, peripheral venous catheter insertion, arterial blood gas measurement, lumbar puncture, paracentesis, thoracentesis, nasogastric intubation, Papanicolaou smears, and immunization administration.

**DIAGNOSIS 1:** articulate a cogent, prioritized differential diagnosis based on initial history and exam. A prime learning objective of the clerkship will be the formulation of a prioritized initial differential diagnosis based on the history and physical examination for common medical problems of adult patients presenting in inpatient and outpatient settings. Differential diagnosis of common systemic, cardiac, pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, and infectious disease problems will receive particular emphasis.

**DIAGNOSIS 2:** design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of pathophysiology and evidence from the literature. Another priority learning objective of this clerkship will be formulation of a diagnostic strategy, emphasizing use of the principles of clinical epidemiology (test sensitivity, specificity, pretest probability, predictive value) and cost effectiveness data to guide test selection and interpretation.

**MANAGEMENT:** design a management strategy for life-threatening, acute, and chronic conditions demonstrating knowledge of pathophysiology and evidence from the literature. The rotation will concentrate on basic management of the common medical problems of adults presenting to inpatient and ambulatory settings, with particular reference to the relevant pathophysiology and best scientific evidence.

**THE MEDICAL WORK UP** is a term used to refer to the sequence of history taking, physical exams, laboratory tests and diagnostic inquiries that are implemented during the evaluation of a patient’s medical problems.

**PREVENTION:** plan a strategy for reducing incidence, prevalence, and impact of disease demonstrating knowledge of pathophysiology, clinical epidemiology, and evidence from the literature.

**Core Clerkship: Medicine**
Lectures and Conference Material

I. Pulmonary Diseases
Clinical manifestations, differential diagnosis, pathophysiology, diagnostic tests and treatment.

- Asthma
- Chronic Obstructive Pulmonary Disease
  1. Chronic bronchitis
  2. Emphysema
- Pneumonia
  1. bacterial
  2. microplasma
  3. viral
  4. fungal
- Pulmonary Embolism
- Tuberculosis
- Tumors of the Lung
  1. nodule
  2. non small cell carcinoma
  3. adenocarcinoma
  4. large cell
  5. squamous cell
  6. carcinoids
- Pleural Effusions

II. Cardiovascular Diseases
Clinical manifestations, history differential diagnoses, pathophysiology, diagnostic tests and treatment.

- Ischemic Heart Disease
  1. angina pectoris
  2. myocardial infarction
- Congestive Heart Failure
  1. Cardiomyopathies
  2. Vascular disease
  3. Systemic hypertension
  4. Pulmonary artery hypertension
  5. Pericardial disease
  6. high output states

III. Gastrointestinal Diseases
Clinical manifestations, history differential diagnoses, pathophysiology, diagnostic tests and treatment

- Acute Hepatitis
  1. viral
  2. medication
- Alcoholic Liver Disease
  1. alcoholic hepatitis
  2. alcoholic cirrhosis
- Cirrhosis
  1. alcoholic
2. infectious
3. cardiac
4. primary
5. sclerosing cholangitis
6. hemochromotoses
7. Wilson’s disease
8. alpha, antitrypsine deficiency
9. cryogenic cirrhoses

IV. Gastrointestinal Disorders
   a. Cholecystitis
   b. Cholelithiasis
   c. Cholangitis
   d. G.E.R.D.
   e. Gastritis
   f. Peptic ulcer disease
   g. Inflammatory bowel disease
   h. Colic
   i. Tropical sprue
   j. Diverticular disease, diverticulitis
   k. Ischemic bowel disease
   l. Irritable bowel
   m. GI malignancies
   n. Upper and lower GI bleeding
   o. Acute and chronic diarrhea

V. Hematologic Disease
   Definition, clinical manifestations, history, differential diagnosis, pathophysiology, diagnostic tests and treatments
   a. Bleeding Disorders
      1. thrombocytopenia
      2. inherited coagulation defects
      3. acquired coagulation defects
      4. Vitamin K deficiency
      5. hepatic failure
   b. Anemia
      1. decreased RBC production
      2. peripheral destruction or loss
      3. Hemorrhage
      4. Specific anemias
         a. Iron deficiency
         b. megaloblastic anemia
         c. thalassemias
         d. Marrow aplasia
         e. hereditary spherocytoses
         f. G-6-P-D deficiency
         g. Sickle cell
         h. Autoimmune hemolytic anemia
         i. Leukemias

VI. Neurologic Disease
    Definition, clinical manifestations, history differential diagnoses, pathophysiology, diagnostic tests and treatments
a. Seizure Disorders
   1. focal
   2. generalized
b. Coma
c. Cerebrovascular Disorders
   1. strokes
   2. T.I.A.
d. Meningitis
e. Migraine
f. Headache
g. Movement disorders
h. Multiple sclerosis
i. Alzheimer's Disease

VII. Genitourinary Disease
   Definition, clinical manifestations, history differential diagnosis, pathophysiology,
   diagnostic tests and treatments.
   a. Fluid and Electrolytes
   b. Acute renal failure
c. Glomerulonephritis
d. Nephrotic syndrome
e. Urinary Tract Infection

VIII. Musculoskeletal
   Definition, clinical manifestations, history, differential diagnosis, pathophysiology,
   diagnostic tests and treatments
   a. Gout
   b. Pseudogout
c. Septic arthritis
d. Rheumatoid arthritis
e. Osteoarthritis
f. Systemic lupus
g. Scleroderma
h. Temporal arthritis

IX. Infectious Disease and Antimicrobial Therapy
   Definition, clinical manifestations, general considerations, differential diagnosis,
   pathophysiology, diagnostic tests and treatment
   a. Fever of unknown origin’
   b. The immunocomprimised patient
c. Hospital associated infection
d. Sexually transmitted diseases
e. Pneumonias
f. Antimicrobial therapy
   1. emperic regimen
   2. drug susceptibility tests
   3. duration
   4. response
   5. adverse reactions
g. Immunization against infectious disease

X. hepatitis virus

XI. HIV/AIDS

Approved by Touro College Board on 6/15/09
FOURTH YEAR ROTATION CURRICULUM

Students will begin their Fourth Year Clinical Curriculum after having successfully completed the third year clinical curriculum and passing COMLEX Step 1. Each student will be required to complete 10 months of Rotations which are listed below:

1 Month Medical Subspecialty: These are specialties requiring an IM residency, followed by a fellowship in the subspecialty, such as Pulmonary, ID, Cardiology, GI, Endocrine, Nephrology. Note that pediatric subspecialties also “count” (e.g., pediatric cardiology, allergy & asthma), and that general pediatrics rotations (including inpatient), will not satisfy this requirement. These will usually involve significant inpatient experience.

1 Month Surgical Subspecialty: includes general and specialty surgical specialties, such as orthopedics, ophthalmology, anesthesia, urology, plastic surgery, gynecological surgery. If in doubt, please check with the clinical education office before scheduling.

1 Month Primary Care: FP, Outpatient IM, Pediatrics, OB-Gyn. Students will have the opportunity for exposure to the primary care setting of their choosing, including medically underserved populations. These are settings in which there are both initial presentations of patient problems and the opportunity for follow-up. Though a single rotation is short; students should observe development of longitudinal relationships between doctors and patients.

1 Month Critical Care/anesthesia: Can be any inpatient critical care: Adult, Surgical, Neonatal

4 Months Electives: Includes all of the listed categories and those not listed above.

Fourth Year Core Rotations

<table>
<thead>
<tr>
<th>Category</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>1 Month</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1 Month</td>
</tr>
<tr>
<td>Primary Care</td>
<td>1 Month</td>
</tr>
<tr>
<td>Critical care/ anesthesia</td>
<td>1 Month</td>
</tr>
<tr>
<td>Non-core</td>
<td></td>
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<tr>
<td>Medical Subspecialties/ICU</td>
<td>1 Month</td>
</tr>
<tr>
<td>Surgical Subspecialties/SICU</td>
<td>1 Month</td>
</tr>
<tr>
<td>Elective</td>
<td>4 Months</td>
</tr>
</tbody>
</table>

CURRICULAR OBJECTIVES – EMERGENCY MEDICINE

The evaluation and treatment of medical emergencies. For example: Discuss workup of acute chest pain syndromes, including distinguishing features and degree of overlap of presentations for visceral chest pain, including acute coronary syndromes, chest wall pain, costochondritis, intercostals neuritis, angina pectoris, pericarditis, dissecting aortic aneurysm, esophagitis, peptic ulcer disease and pulmonary embolism. Other causes of chest pain are included, such as pleurodynia, trauma, costochondritis, zoster prodrome, psychogenic chest pain.
For example: Discuss the varieties of clinical presentation for myocardial infarctions, including risk factors, symptoms, effect of anatomic location and co-factors on clinical presentation, electrocardiographic and lab findings in relation to timing of the syndrome, use of immediate interventions including oxygen, aspirin, nitrates and analgesics, use of anticoagulants, thrombolytics and antiplatelet therapies, decision on revascularization options and timing including immediate and delayed angiography, angioplasty and stent placement, and coronary artery bypass graft surgery.

For example: Discuss the differential diagnosis of acute respiratory distress including respiratory tract infection, reactive airway disease, exacerbations of chronic obstructive pulmonary disease, airway obstruction and foreign body, panic disorder, pulmonary edema, myocardial infarction and cardiogenic shock, pulmonary embolus, pneumothorax, pleurodynia, and epiglottitis.

For example: Discuss the evaluation of trauma patients including the use of the pre-hospital history, mechanism of injury; period of time elapsed prior to emergency room evaluation and effect on clinical condition, stages and presentation of hemorrhagic shock, head injury, spinal injuries, and chest trauma. Understand assessment and urgent management of fractures and dislocations, and other common orthopedic problems seen in the emergency room.

For example: Discuss principles of wound management including timing of repair, exploration for involvement of nerve, blood vessel tendon and deep structures and foreign bodies, irrigation and debridement, principles of repair and closure techniques including suturing, staples and adhesives.

For example: Discuss presentation, evaluation, and emergent management of patients with neurological emergencies, including stroke, seizure, and alteration in consciousness.

For example: Discuss presentation and emergent management of patients with metabolic and endocrine emergencies, including (DKA, HHS—hyperosmolar hyperosmotic syndrome, thyroid storm).

**CURRICULAR OBJECTIVES—CRITICAL CARE**

Explore ethical issues presented in the intensive care setting, the interplay between members of the health care team and patients and families. Explore the students’ own feelings and views and how they relate to the provision of patient-centered care. This is a very broad area; we expect students will begin to appreciate the complexity of ethical issues related to care of patients in the critical care setting.

For example: Discuss use of monitoring devices; their uses and limits. Understand that use of monitors is an adjunct to and does not replace evaluation of the entire patient.

For example: Discuss infection in the critical care setting, and sources of infection, including iatrogenic infection. Review antibiotic choices and use of broad vs narrow spectrum antibiotics. Workup of the febrile patient.

For example: Discuss the clinical presentation and differential diagnosis of shock syndromes including blood loss, hypovolemia due to redistribution and third spacing of volume, neurogenic, cardiogenic and septic shock as well as heat shock and neuroleptic malignant syndrome. Discuss assessment, treatment and hemodynamic monitoring for victims of shock syndromes.
For example: Discuss the clinical presentation, signs, symptoms and risk factors for renal failure, including anticipatory management of progressive renal failure syndromes, indications for renal biopsy, use of microalbuminuria screening and ACE inhibitors in diabetes, vascular access, complications of renal failure including hyperkalemia, acidosis, and modification of diet and pharmacologic therapy in renal failure patients.

EXPANDED CURRICULAR OBJECTIVES – ORTHOPEDIC SURGERY
Describe pathophysiology of pathologic vs. traumatic fractures, importance of internal fixation or arthroplasty with early ambulation, signs and symptoms of fat embolism.

For example: Demonstrate elements of history and physical exam in evaluation of acute knee injuries including maneuvers to elicit ligamentous and cartilaginous injury patterns. Describe strategy to rule out fracture, and management of the common types of acute knee injury. Include Medical and lateral collateral ligament strain, meniscus injury, anterior and posterior cruciate ligament injuries, distal femoral and proximal tibial fractures, patellar dislocation and fracture, quadriceps tears, knee dislocation and patello femoral syndromes.

For example: Describe a fracture including parameters and terms such as: closed vs. open, simple, compound, comminuted, displaced, angulated, Salter classification for epiphyseal involvement, pathological fracture, avulsion, greenstick, torus, callous formation.

For example: Describe exam of injured extremity including fracture assessment, distal perfusion and sensation, presence of dislocation.

For example: Describe in general terms fracture management, including open vs. closed reduction, internal vs. external fixation, casting and splinting, timing of cast removal and ambulation or joint use, principles of immobilization.

Describe epidemiology and preventive strategies for hip fracture in the elderly.

Describe mechanism of injury for various sprains, demonstrate evaluation and gradation of sprains, understand basic treatment modalities related to strains and sprains e.g., rest, splinting, ice. Learn physical therapy modalities available for treatment, and describe the role of OMT.

FACULTY DEVELOPMENT TOOLS

PATIENT CHART REVIEW DISCUSSION
Student documentation on patient charts is used to assess student knowledge, organization and problem solving. The student's written presentation of the patient's history and physical and/or progress helps to document the student's clinical competency. Patient charts can serve as a catalyst for teaching discussions.

EDUCATIONAL ACTIVITIES AT CLINICAL SITES MAY INCLUDE ANY OR ALL OF THE FOLLOWING:

A. Academic Programs
   1. Department meetings
2. Journal clubs
3. Morbidity and mortality conferences

B. Conducting case study analyses
   1. Conducting case study critiques of a presentation
   2. Demonstrating diagnostic techniques and procedures
   3. Delegating discharge summary responsibilities to house staff
   4. Doing medical audits with house staff members

C. Lecturing and interpreting content material
   1. Summarizing seminars
   2. Talking to the medical student staff immediately after a problem has occurred
   3. Taking time to plan the logistics and/or medical strategy for the week.

Library Resources for Clinical Rotations

A Listing of Resources Available At the TouroCOM Medical Library Applicable To Clinical Training

The facilities and resources of the Touro-Harlem Medical Library are for research, learning and teaching activities associated with TouroCOM; commercial use of these facilities/resources is prohibited.

THIS LIST IS NOT INTENDED TO BE ALL INCLUSIVE

Review Materials

Below is a list of board study materials in our reserve collection.


Approved by Touro College Board on 6/15/09


USMLE Step 2 CS : complex cases : 35 cases you are likely to see on the exam / Phillip Brottman with Sonia Reichert. New York : Kaplan Pub., c2007. WB 18.2 B874u 2007.

To access the Touro-Harlem Medical Library home page go to http://www.touro.edu/med/ and click on Library. You can then select the tools, resources and information that suits your needs.

**EXAM MASTER** - Take practice exams including more than 16,000 exam questions for USMLE, Medical Specialty Board Preparation for Basic and Clinical Sciences, and PANCE.

**MD CONSULT WITH FIRST CONSULT** - The prime online resource used by faculty, students and preceptors. The service includes approximately 50 online full-text books and 50 online full-text journals plus drug information, patient education handouts, practice guidelines and Medline search capabilities. Included in MDConsult is FirstConsult, a web and PDA-based clinical information system, which provides continuously updated, evidenced-based guidance on the latest in patient evaluation, diagnosis and management – all written and designed for rapid access at the point of care.

**UP-TO-DATE**. The premier point of service clinical medicine database providing current information on over 6,000 topics. Browse evidence-based & peer-reviewed clinical information articles written by nearly 3,000 physicians in 20 medical specialties. Updated daily.

**Academic Search Complete** - Designed for academic institutions. Search articles in over 5,300 publications (over 4,460 peer-reviewed) back to 1865, citations & abstracts for 9,300 journals & 10,900 publications (monographs, reports, conference proceedings, etc.), cited references for 1,000 journals. Covers all areas of academic study (area studies, biology, chemistry, ethnic & multicultural studies, general science, law, mathematics, music, physics, psychology, religion & theology, women's studies, etc.). Updated daily. Use eJournals to link to individual titles.

**Allied and Complementary Medicine Database (AMED)** - Search citations and abstracts of articles from almost 600 journals. Covers complementary medicine, physiotherapy, occupational therapy, rehabilitation, podiatry, palliative care, and speech & language therapy.

**Alt HealthWatch** - Search articles in over 180 international (often peer-reviewed) journals, reports, proceedings, association & consumer newsletters back to 1990. Covers complementary, holistic, integrated approaches to health care & wellness. Includes hundreds of pamphlets, booklets, special reports, original research, book excerpts. Use eJournals to link to individual titles.

**Anatomy.tv** - View 3D rotatable images for 9 anatomical areas including Interactive Head & Neck, Interactive Pelvis & Perineum, and Interactive Spines; quizzes; MRI views.

**CA-plus/SciFinder** - Search more than 27 million document records from nearly 9,500 journals and 150 countries from the late 19th century to the present. Document sources include journals, patents, conference proceedings, research disclosures. Access requires creation of individual online account. Faculty and students should contact the Library for registration URL and instructions.
CINAHL Plus with Full Text - Search articles in over 560 nursing & allied health journals back to 1937. Has National League for Nursing & American Nurses' Association publications on nursing, biomedicine, health sciences librarianship, alternative/complementary medicine, consumer health, 17 allied health disciplines. Includes books, dissertations, conference proceedings, standards of practice, educational software, audiovisuals, evidence-based care sheets, legal cases, clinical innovations, critical paths, drug records, research instruments, clinical trials. Use eJournals to link to individual titles.

Cochrane Central Register of Controlled Trials - Search citations & abstracts of controlled trials identified by contributors to the Cochrane Collaboration & others as part of an international effort to hand search journals worldwide & create an unbiased source of data for systematic reviews. Includes reports in conference proceedings & other sources not in MEDLINE or other databases.

Cochrane Database of Systematic Reviews (CDSR) - Search journal articles & protocols on the effects of healthcare. Reviews are highly structured & based on quality criteria to minimize bias. Data is evidence-based medicine often combined statistically to increase the power of the findings of numerous studies each too small to produce reliable results individually.

Cochrane Methodology Register - Search citations & abstracts of publications that report on methods used in the conduct of controlled trials.

Credo Reference - Was xreferplus. Search over 210 reference sources (biographies, conversions, dictionaries, encyclopedias, quotations) in 16 academic disciplines. Covers art, business, history, literature, medicine, music, philosophy, psychology, science, social sciences, technology, etc.. Use the Books & Media (Library Catalog) to link to individual ebooks.

Database of Abstracts of Reviews of Effectiveness (DARE) - Search abstracts of published systematic reviews on the effects of healthcare worldwide, critically analyzed at the NHS Centre for Reviews and Dissemination at the University of York (England) according to a high standard of criteria, in subjects for which a Cochrane review may not yet exist.

Encyclopedia of Life Sciences (ELS) - Was Embryonic Encyclopedia of Life Sciences (Embryonic ELS) & Nature Encyclopedia of Life Sciences (ESL). Search 3,900 peer-reviewed articles on biology, clinical medicine, diseases & conditions, evolution, morphology, immunology, neuroscience, plant science, science & society, etc. Has a glossary with 4,000 definitions.

EXAM MASTER OnLine - Access USMLE & medical specialty board exams. WHEN YOU LOG IN THE FIRST TIME, REGISTER BY ENTERING A USER NAME & PASSWORD.

Gale Virtual Reference Library - Provided by NOVEL, NY State Library's free public statewide virtual library pilot project funded via a Library Services and Technology Act (LSTA) grant to the NY State Library by the Federal Institute of Museum and Library Services (IMLS). Search & browse 27 works. Covers business, history, law, literature, medicine, science, social science..
GreenFile - Search citations & abstracts of articles in more than 600 periodicals on topics ranging from global warming to recycling to alternate fuel sources and beyond.

Health & Wellness Resource Center (and Alternative Health Module) - Search the Gale Encyclopedia of Medicine; a drug & herb finder (PDR Family Guides (prescription drugs, over-the-counter drugs, natural medicines & healing therapies); Medical & Health Information Directory (organizations); Mosby's Medical, Nursing, & Allied Health Dictionary; health news; Gale Encyclopedia of Alternative Health; health assessment tools. Includes articles from over 630 periodicals back to 1980. Use eJournals to link to individual titles.

Health Sciences: A SAGE Full-Text Collection - Search articles in 26 peer-reviewed journals back to 1982. Covers nursing, autism, psychiatry, psychology, aging & gerontology, public health, administration, pediatrics, family, mental disorders, learning disabilities, research methods & evaluation, etc. Use eJournals to link to individual titles.

Health Technology Assessments - Search nearly 7,000 abstracts (including more than 3,000 descriptive abstracts) of completed and ongoing health technology assessments (studies of the medical, social, ethical and economic implications of healthcare interventions).

International Pharmaceutical Abstracts (IPA) - Search citations and abstracts of over 800 international health journals. Covers information on drug use and development, drug therapy, toxicity, pharmacy practice, legislation, regulation, technology, utilization, biopharmaceutics, information processing, education, economics, and pharmaceutical ethics.

Iowa Drug Information Service (IDIS) - Search citations of over 180 journals concerning human drug therapy, the clinical pharmaceutics of drugs, and the economics of drug use.

JSTOR Arts & Sciences I, II, III & IV and Business II Collections - Browse articles in over 500 arts, sciences & business journals back to the mid-1800s. Covers education, history, Jewish studies, language & literature, law, mathematics, political science, sociology, etc. Use eJournals to link to individual titles.

King Guide to Parenteral Admixtures - Provides up-to-date injectable drug compatibility and stability information with over 460 intravenous drug monographs developed from 2000 primary source references.

Masterfile Premier - Search nearly 1,750 periodicals, nearly 500 reference books, 86,017 biographies, 105,786 primary source documents, and an Image Collection of 341,655 photos and maps. Covers general reference, business, health, education, general science, multicultural issues, etc.
MD Consult (Core Service) - Use the Generic Account to search & browse 85 reference books on clinical medicine; articles in over 100 journals, 35 clinics (search & browse 35 clinics titles (geriatric, sleep, sports medicine; neurologic, orthopedic, psychiatric, etc.), year books; drug information; news; current practice topics, insights, guidelines; patient handbooks on diseases & conditions; etc.. Create a Personal Account to download My PDA/Pocket, use My Folder of bookmarks & saved searches, etc.. Use the Books & Media (Library Catalog) to link to individual ebooks & eJournals to link to individual journals, clinics, year books.

MedicinesComplete - Search over 10,000 drug, poison, interaction and herbal monographs, including Martindale?s, Clarke's Analysis of Drugs and Poisons, and Stockley's Drug Interactions, providing the latest advice on prescribing, dispensing, and administering drugs and medicines, and over 100,000 references to original research, scientific papers, reports and case studies.

Mental Measurements Yearbook - Search information about & reviews of all English-language standardized tests of educational skills, personality, vocational aptitude, psychology, etc.. Data is from the printed Yearbooks 9 to 15 & includes author, publication, scoring information; test materials & time needed; etc.

MICROMEDEX Healthcare Series - Search evidence-based information on over 2,300 FDA-approved and investigational prescription and nonprescription drugs, as well as non-U.S. preparations. Areas covered include dosage, pharmacokinetics, cautions, interactions, clinical applications, adverse effects, comparative efficacy, drug of choice information, and orphan drug status. Can be downloaded to PDA.

Natural Medicines Comprehensive Database - Offers evidence-based information on over 30,000 natural products with 1,100 detailed monographs on individual natural ingredients.

NetAnatomy - Use anatomical and radiological tutorials.

NHS Economic Evaluation Database - Search abstracts of quality-assessed economic evaluations of drugs, treatments and procedures.

OCLC FirstSearch - Search over 30 bibliographic, numeric, full-text specialty databases. Includes Arts & Humanities Citation Index, BasicBIOSIS, Biology Digest, Business and Management Practices, Clare and Periodica, Contemporary Women's Issues, Dissertation Abstracts Online, EconLit, GEObASE, MDX Health Digest, Media Review Digest, PAIS International, ProceedingsFirst, SIRS Researcher, WorldCat, etc.. RESTRICTED to TC (NY) library PCs.


OT Search - Search 34,000 citations of books, proceedings, theses & dissertations, unpublished papers, journal articles on rehabilitation, education, psychiatry, psychology, health care delivery & administration topics & assessment tools.
OTDBASE - Search citations & abstracts of articles in 20 occupational therapy journals.

Ovid eBooks & eJournals - Search & browse over 40 ebooks & 70 ejournals on clinical medicine, the health professions, life sciences, nursing, plus use OVID MEDLINE to search citations & abstracts from over 4,600 biomedical journals. Covers medicine, nursing, dentistry, veterinary medicine, the health care system, pre-clinical sciences, etc.

ProQuest Biology Journals - Search articles in over 250 journals back to 1998. Covers biological chemistry, biophysics, botany, cytology & histology, environmental studies, microbiology, microscopy, zoology. Use eJournals to link to individual titles.

ProQuest Central - Search articles in over 11,300 periodicals and in over 760 full-text newspapers. Encompasses Full Text Dissertations (30,000), Hoover's Company Records, OxResearch, Pharmaceutical News Index, ProQuest Biology Journals, ProQuest Education Journals, ProQuest Health Management, ProQuest Medical Library, ProQuest Nursing & Allied Health Source, ProQuest Psychology Journals, ProQuest Science Journals. Use eJournals to link to individual titles.

ProQuest Health Management - Search articles in over 550 periodicals on all aspects of health administration. Covers public health & safety, hospitals, finance, personnel management, insurance, population studies, labor relations, law. Use eJournals to link to individual titles.

ProQuest Medical Library - Search articles (using MEDLINE indexing) in 800 periodicals back to 1986. Covers all major healthcare specialities (nursing, pediatrics, neurology, pharmacology, cardiology, physical therapy, etc.). Use eJournals to link to individual titles.

ProQuest Newspapers - Search articles in over 40 national, international, minority interest newspapers. Use eJournals to link to individual titles.

ProQuest Nursing & Allied Health Source - Search articles in over 580 journals back to 1986. Covers alternative & complementary medicine, consumer health, cytology, nursing, nutrition, oncology, pediatric care, pharmacology, public health, radiology. Use eJournals to link to individual titles.

ProQuest Psychology Journals - Search articles in over 485 journals back to 1971. Covers clinical & social psychology, genetics, psychology of business & economics, communication, criminology, addiction, neurology, social welfare, etc.. Has charts, diagrams, graphs, tables, photos, other graphical elements. Use eJournals to link to individual titles.

ProQuest Science Journals - Search articles in over 380 journals back to 1986. Covers physics, engineering, astronomy, biology, earth science, chemistry, etc.. Has charts, diagrams, graphs, tables, photos, other graphical elements. Use eJournals to link to individual titles.

Approved by Touro College Board on 6/15/09
PsycINFO - Search nearly 2.3 million citations & summaries of articles (2,100 journals, 97% peer-reviewed), book chapters, books, dissertations back to the 1800s. Covers the psychological aspects of medicine, psychiatry, nursing, sociology, education, pharmacology, physiology, linguistics, anthropology, business, law, etc.

SAGE Premier Collection - Search articles in over 485 journals. Covers business, health science, humanities, social sciences, science, and technology.

Science Reference Center - Provided by NOVEL, NY State Library’s free public statewide virtual library pilot project funded via a Library Services and Technology Act (LSTA) grant to the NY State Library by the Federal Institute of Museum and Library Services (IMLS). Search full-text for nearly 640 K-12 science encyclopedias, reference books, periodicals, etc. Covers biology, chemistry, earth & space science, environmental science, health & medicine, history of science, life science, physics, science & society, etc.. Includes original videotape recordings about scientific research.

ScienceDirect Health & Life Sciences College Edition - Search articles in over 900 journals. Includes over 20 reference works, handbooks, book series. Covers biological chemistry, forensic sciences, human nutrition, immunology, psychotherapy, neurological sciences, etc.. Use eJournals to link to individual titles.

SPORTDiscus with Full Text - Search articles in 230 journals. Covers sports, fitness, sports medicine. Use eJournals to link to individual titles.

STATRef - Search all 42 standard medical reference ebooks or an individual title. Can search PubMed, etc. Use the Books & Media (Library Catalog) to link to individual ebooks. Includes Harrison’s.

UpToDate Online - Browse evidence-based & peer-reviewed clinical information articles written by nearly 3,000 physicians in 20 medical specialties.


From the Touro-Harlem Library home page be sure to access PubMed with Linkout to search for biomedical articles and then link directly to the full text of almost all of the journals subscribed to by the Touro-Harlem Medical Library. The link from on-campus is: http://www.ncbi.nlm.nih.gov/sites/entrez?holding=nytoharlib_fft


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And please remember you can access the ONLINE CATALOG from the Touro-Harlem Medical Library homepage or directly via http://library.touro.edu/search~S5. Search by title or keyword or subject for books (in print and electronic form), CDs, DVDs, flashcards, and journals - in other words, the entire collection held in our library.

**Borrowing Policies & Fines**
If library materials are not returned by the date due, an overdue notice will be sent to you via e-mail. When you return the late library materials, you will receive a fine notice. Fines should be paid in the library during business hours.

Gentle Reminder: You can access the TouroCOM-Harlem Medical Library electronically from anywhere in the world where you have internet access. Use your remote login and password. If you've forgotten it, call 646-981-4532 or stop by the library.

**Places to Find Recommendations for Books for and Other Resources**
A bibliography that includes major textbooks, handbooks, manuals, clerkship books and a few PDA resources is available through the central TouroCOM library. Access is available to all student, preceptors, research and academic faculty. These may be found on-line. Recommendations for inclusion on this list are welcomed.

Notes:

• The Brandon/Hill Selected List of Print Books and Journals for the Small Medical Library is the main selection tool for libraries and an excellent indication of the value and importance of a medical book or journal. Many preceptors/attendings are familiar with the Brandon-Hill list so it's advantageous to be familiar with the term. Here is a link to the full list http://www.mssm.edu/library/brandon-hill/small_medical/pdf/brandon4.pdf

• All annotations in quotes are from the Majors.com website.

**Sites with Clinical Rotation Book Recommendations**

• Bookmarc.com http://www.bookmarc.com/3rdyears.htm

• UCSD Bookstore http://bookstore.ucsd.edu/books/medical/clinical/index.htm

• http://www.usmle.net/ NOT connected with the National Board of Medical Examiners; nonetheless, this is a wonderful site with thoughtful annotations. Includes books on medical fiction.

**Free Medical Book Sites**

• Free Books 4 Doctors at freebooks4doctors.com. This site provides access to 630 free full-text online medical books in 11 languages. Although many of the books are well known, the primary requirement for inclusion on this list is that the book is free.
Brief Glossary of Library Terms You Should Know

- ILL or interlibrary loan. What you need to ask for when an article or book is not available onsite. Can be called document delivery. DOCLINE is the National Library of Medicine's automated ILL request system.

- Index Medicus - the print version of Medline/PubMed.

- MeSH - medical subject headings. Controlled subject vocabulary used for indexing and cataloging at NLM.

- NLM - National Library of Medicine located in Bethesda, Maryland.

WRITING FOR THE MATCH AND RESIDENCY

Match and Residency Examples: Curriculum Vitae, Personal Statement, Dean’s Letter. University of North Carolina, Chapel Hill Medical School., Office of Student Affairs.

http://www.med.unc.edu/md/residency-match

Strolling Through the Match. American Academy of Family Physicians. Includes strategy, and how to write a curriculum vitae and a personal statement.

Third Year Medical Student Schedule Request
2009-2010
Core Hospital Elective Request Form

Student Name: ______________________________ I.D. No. ____________________________

Electives are very valuable and they should serve a definite purpose to help you in the future. They should be used:

1. To help you make a choice of what area of medicine you may wish to enter.
2. To help you to investigate different programs and pave the way for you to be able to choose the one of your choice.

Please list your elective choice including the hospital site and preceptor. All efforts will be made to place students in the elective of their choice.

If your request is outside of our Core Elective Hospitals, it will require additional approval. A Non-Core Elective Rotation Request Form will need to be completed in addition to this form. The Non-Core Elective will be tentatively scheduled until it has been approved.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Site</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

In making your selection we would like you to explain your choice prior to approval.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Student ______________________________________________________
Date ______________________________________________________________________

Touro College of Osteopathic Medicine
Non-Core Hospital Elective Rotation Request Form
2009-2010

Student Name: ______________________________ Class Year ____________________
ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.
THIS FORM IS DUE NO LESS THAN THIRTY (30) DAYS PRIOR TO THE
ANTICIPATED ROTATION START DATE.

Rotation Requested: ____________________ Requested Month: ________________

Hospital/Office Site
Name: __________________________________________________________
Address: __________________________________________________________________
City: ___________________ State: _______ Zip: __________
Phone: ___________________ Fax: ______________________________________
Email: ____________________________

Preceptor
Name: __________________________________________________________
Address: __________________________________________________________________
City: ___________________ State: _______ Zip: __________
Phone: ___________________ Fax: ______________________________________
Email: ____________________________

AOA/AMA No.: ____________________________ State Licensed: ________________

Note: Student will be given the responsibility to assist in gathering the documentation
necessary for credentialing the preceptor. The preceptor must be properly credentialed
no less than thirty (30) days prior to the anticipated rotation start date or the rotation will
be cancelled. In making your selection we would like you to explain your choice prior to
approval.
Submission of this request does not constitute approval. Plans for travel or housing should not be made until the student is in receipt of a signed copy of this form indicating approval.

___________________________________________     _______________________________
Signature of Student              Date

Approved  Denied

___________________________________________     _______________________________
___________________________________________     _______________________________
___________________________________________     _______________________________

___________________________________________     _______________________________
Signature                 Date

Department of Clinical Rotations
**TOURO COLLEGE OF OSTEOPATHIC MEDICINE**
**STUDENT LOG - [http://www.touro.edu/med/docs/clinical_rotation_log.xls](http://www.touro.edu/med/docs/clinical_rotation_log.xls)**

---

**Student’s Name (print or type)**

**Date**

---

**Service Rotation**

**Location**

---

**Student’s Signature**

**Date**

---

**DME’s Signature**

**Date**

---

**Rotation Director’s Signature**

**Date**

---

**Log Requirements**

At the end of each service, each STUDENT is required to present to the Director of Medical Education (DME), a log of activity performed during that service. Logs should be maintained daily. They must be signed by the supervising physician to verify accuracy of numbers presented. **Use additional pages as needed.**

**Logs will consist of the following:**

1. Name of service and dates.
2. Case participation (by date of birth or diagnosis), history and physical examinations performed level of participation, record of osteopathic manipulative treatment.
3. Required and recommended procedures (as listed in the Medical Student Clerkship Procedures)
4. Surgery attended (by case number, operation, and level of participation).
5. Special procedures (such as endotracheal intubations, cutdowns, liver biopsies, cardiac resuscitations, lumber punctures, and thoracentesis).
6. Lectures, clinical pathological conferences, and clinical conferences attended and presented.
7. Autopsies attended.
8. Obstetrical assists (by case number and type of delivery).

---

Log Addendum 7/10/09

Approved by Touro College Board on 6/15/09
**Evaluation of Clinical Assignment**

**Faculty Trainer:**

**Student Evaluator:**

**Rotation:**

**Site:**

**Inclusive Dates:**

Faculty Trainers will have access to this information only in de-identified summary form. All possible efforts will be made to ensure the anonymity of students completing evaluations.

Please mark the rating that best fits each statement. If unable to assess (UTA), please mark UTA.

<table>
<thead>
<tr>
<th>Evaluation of Faculty Trainer</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serves as a good role model</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Takes advantage of teaching opportunities</td>
<td></td>
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<tr>
<td>Communicates effectively with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively with students</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Rate the three items below for DO Faculty Trainers ONLY**

<table>
<thead>
<tr>
<th>Item</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates application of osteopathic philosophy and principles</td>
<td></td>
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<tr>
<td>Integrates Osteopathic Manipulative Treatment (OMT) into patient care</td>
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<td></td>
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<tr>
<td>Teaches use of OMT</td>
<td></td>
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</tbody>
</table>

**Overall Evaluation of Faculty Trainer**

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments for Faculty Trainer (REQUIRED for ratings 3 or below):

Approved by Touro College Board on 6/15/09
## Evaluation of Site

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes a good scope of pathology</td>
<td></td>
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<tr>
<td>Presents a supportive environment for students</td>
<td></td>
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<tr>
<td>Offers appropriate space for students (work space, storage space, parking)</td>
<td></td>
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<tr>
<td>Provides adequate meal services</td>
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</tbody>
</table>

### Overall Evaluation of Site

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments for Site (REQUIRED for ratings 3 or below):

### Evaluation of Clinical Rotation

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree Strongly</th>
<th>Agree</th>
<th>Agree Somewhat</th>
<th>Disagree</th>
<th>Disagree Strongly</th>
<th>UTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals and objectives are clear</td>
<td></td>
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<tr>
<td>Scope of student activities, including limits, is clear</td>
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<tr>
<td>Scope of activities is appropriate</td>
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<tr>
<td>Didactic sessions are useful</td>
<td></td>
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<tr>
<td>Offers adequate patient contracts</td>
<td></td>
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<tr>
<td>Average number of patient contacts per day</td>
<td>#:</td>
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<tr>
<td>Offers adequate opportunities to perform H&amp;P’s</td>
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<tr>
<td>Average number of H&amp;P’s per day</td>
<td>#:</td>
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<td></td>
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<td></td>
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<tr>
<td>Number of weekend shifts</td>
<td>#:</td>
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<tr>
<td>Number of in-house night calls</td>
<td>#:</td>
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</tbody>
</table>

### Overall Evaluation of Clinical Rotation

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<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
</table>

Comments for Clinical Rotation (REQUIRED for ratings 3 or below):

Additional Comments:

Signature of Student Evaluator: ________________________________  Date: ____________________

Approved by Touro College Board on 6/15/09
STATEMENT OF THE DIRECTOR OF MEDICAL EDUCATION

I hereby certify that ______________________________________________________
(print student name)

Completed _____ weeks in______________________________________________
(name of rotation)

At _____________________________________________Hospital.

_________________________________________Signature of DME

_________________________________________Print of type name of DME

Hospital ________________________________

Address ________________________________

_______________________________
Dear Doctor,

_____________________________ has expressed an interest in serving an elective clinical rotation with you. This letter certifies that the student is in good standing for the academic year 2009-2010.

TouroCOM further certifies that the student meets or exceeds the following requirements:

- Coverage by the College’s professional liability insurance in the amount of $1,000,000.00 per medical incident and $3,000,000.00 annual aggregate;
- Immunization-verification by primary source review and/or serum titers;
- Criminal background check after March 2009;
- Certification of ACLS-BLS Training Course 2009;
- Successful completion of training for mandated NYS Infection Control Training Course on blood-borne pathogens (infectious airborne pathogens) and Barrier Precautions;
- Successful completion of a TouroCOM approved orientation program in compliance with HIPAA;

Please return a signed copy of this letter if the student’s request is acceptable to you.

If you have any questions please contact the Department of Clinical Education, at the Touro College of Osteopathic Medicine, phone number 646-981-4504.

Thank you,

Dean of Student Affairs

Approved ________________________________ MD/DO

Hospital/Physician Practice ________________________________

Address ________________________________

______________________________

An original of this facsimile may be obtained from the Dean of Student Affairs

Approved by Touro College Board on 6/15/09