Obstetrics & Gynecology
OM7174
Clerkship Rotation Syllabus

<table>
<thead>
<tr>
<th>CLASS OF</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATES</td>
<td>2019-2020</td>
</tr>
<tr>
<td>CREDIT HOURS</td>
<td>4.0</td>
</tr>
<tr>
<td>CONTACT HOURS</td>
<td>160</td>
</tr>
</tbody>
</table>
| ASSESSMENT TOOLS | Clinical Performance-Preceptor Evaluation(s)  
Cognitive (COMAT) Performance  
Completion of Case Modules  
Completion of Case Logs  
Completion of Student Evaluation of Rotation |
| TRANSCRIPT CATAGORIES | Honors/Pass/Fail |
| LOCATION | Rotation Site |
| CLERKSHIP DIRECTOR | Traci Groening, DO |
| COURSE COORDINATOR(S) | Wendy Zuniga |

Course Description

The Obstetrics & Gynecology (OB/GYN) Clerkship consists of one block of OB/GYN. Not all students will have the opportunity to experience all of the learning objectives in the OB/GYN curriculum, but are still responsible for the information and self-directed learning. Learning is an active process that requires student involvement; we encourage a collaborative learning atmosphere and whenever possible, opportunities to acquire the basic core of cognitive knowledge, clinical experience and practical skills in women’s health should be provided. However, the extent of student participation is at the discretion of the clinical faculty and comfort level of the patient. While the faculty can stimulate and enlighten, the primary responsibility for learning rests upon the student. For many students, the OB/GYN clerkship is the final exposure during their medical school career to comprehensive care for women. A gynecological evaluation is an important part of primary health care and preventive medicine for women. A gynecological assessment should be a part of every woman’s general medical history and physical examination. Certain questions must be asked of every woman, whereas other questions are specific to particular problems. To accomplish the purpose of the examination, optimal communication must be achieved between patient and physician.

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Course Goals

1. Provide the medical student a fundamental knowledge base in obstetrics and gynecology.
2. Introduce the medical student to basic obstetrical and gynecological OB/GYN procedures.
3. Facilitate understanding of the approach to clinical problem-solving in obstetrics and gynecology ambulatory and surgical management.
4. Encourage the continued development of the medical student's professional attitude and behavior within obstetrics and gynecology settings.

Prior to the completion of the rotation, the student should demonstrate knowledge of the following: (adapted from Association of Professors of Obstetrics and Gynecology Medical Student Objectives, 9th edition)

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diverse perspectives to provide culturally competent healthcare.
2. Apply recommended prevention strategies to women throughout the life-span.
3. Recognize his/her role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care.
8. Demonstrate knowledge of postpartum care of the mother and newborn.
9. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
16. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with sexual concerns.

Course Objectives

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Osteopathic Core Competencies</th>
<th>Programmatic Level Educational Objectives</th>
</tr>
</thead>
</table>

July 16, 2019
<table>
<thead>
<tr>
<th>Sequence</th>
<th>Description</th>
<th>Learning Objective(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Formulate a prioritized list of the 8-10 most common differential diagnoses for each of the problems/diseases specified by combining clinical information and outside resources effectively (literature search, readings, etc.)</td>
<td>III.2.a</td>
<td>1,4,5</td>
</tr>
<tr>
<td>2.</td>
<td>Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses</td>
<td>III.2.a,c</td>
<td>1,4,5,7</td>
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<tr>
<td>3.</td>
<td>Define therapies for common disease processes encountered in Obstetrics &amp; Gynecology</td>
<td>II. 2-3</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>List common risks vs. benefits to be considered when selecting treatments and management therapies</td>
<td>III. 3</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Perform a thorough history and physical exam.</td>
<td>III.3.a</td>
<td>1,3,4</td>
</tr>
<tr>
<td>6.</td>
<td>Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem</td>
<td>III.6.e</td>
<td>1,4</td>
</tr>
<tr>
<td>7.</td>
<td>Recognize urgent/emergent situations and alert appropriate health care providers</td>
<td>III.6.f</td>
<td>1,4</td>
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<tr>
<td>8.</td>
<td>Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members</td>
<td>V. 1-3</td>
<td>3,4</td>
</tr>
<tr>
<td>9.</td>
<td>Demonstrate effective communication in the patient’s chart by creating a comprehensive and pertinent legal document</td>
<td>III. 6</td>
<td>1,3,4</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members</td>
<td>III.6.g</td>
<td>1,4,6</td>
</tr>
<tr>
<td>11.</td>
<td>Exhibit a capable and professional demeanor by concern for patients and in interactions with team members</td>
<td>V.3-4</td>
<td>3,4</td>
</tr>
</tbody>
</table>
| 12.      | Exhibits the ability to recognize the patient as a whole person and promote and integrate OMT into the clerkship                                                                                               | 1.1.a  
1.5.a            | 2     |

Learning objectives for the Obstetrics & Gynecology clerkship rotation relate to four broad areas:

- a) Cognitive Knowledge
- b) Psychomotor Skills
- c) Problem solving
- d) Professional development

By the end of the obstetrics/gynecology clerkship, under the direction and supervision of an OB/GYN attending, resident or PGY 1 extern, the medical student is expected to have achieved, at a minimum, the following objectives through reading, observation, discussion and hands-on experience.

**General Clinical Skills**

1. Demonstrate clinical skills pertinent to each patient encounter.
   - a. Write a thorough H & P (Pages 3-9, Beckmann, et al.)
   - b. Demonstrate ability to conduct an adequate pelvic and breast examination of the patient (Pages 9-16, Beckmann, et al.)
c. Explain female stages of sexual development and risks associated with each age group (Chapter 38, Beckmann, et al.)

2. Female Embryology and Anatomy (Chapter 4, Beckmann et al.)

**Obstetrics**

   a. Discuss the changes to the maternal-fetal physiology during pregnancy (Chapter 5, Beckmann, et al.)
   b. Describe the elements of proper preconception and antepartum care. (Pages 61-66 and 71-78, Beckmann, et al.)
      • Diagnosis of Pregnancy
   c. Demonstrate ability to conduct a physical exam on an obstetrics patient (Pages 66-68, Beckmann, et al.)
   d. Describe the assessment of fetal well-being including:
      • Screening tests (Pages 68-9, Beckmann et al.)
      • Fetal growth and well-being (Pages 69-71, Beckmann et al.)
      • Fetal Maturity (Page 71, Beckmann et al.)
   e. Electronic Fetal Monitoring (Pages 114-119, Beckmann, et al.)
      • Normal labor patterns
      • Dysfunctional labor
      • Fetal status
      • Limitations of electronic fetal monitoring

4. Normal labor and delivery. (Chapter 8, Beckmann, et al.)
   a. Describe the difference between true and false labor.
   b. Stages and Cardinal Movements of labor.
   c. Fetal presentation, position and station.
   d. Pain management during delivery, including indications for local and regional anesthesia during labor and delivery.
   e. Immediate postpartum care. (Chapter 11, Beckmann, et al.)

5. Preterm and Dysfunctional Labor
   a. Preterm Labor (Chapter 15, Beckmann, et al.)
   b. Dysfunctional Labor (Pages 105-110, Beckmann et al.)

6. Obstetrics Procedures
   Operative delivery. (Pages 110-111, Beckmann, et al.)
   a. Induction and stimulation of labor. (Page 103, Beckmann, et al.)
   b. Cesarean Section (Pages 103-104, Beckmann, et al.)

7. Describe the diagnosis and management of the following:
   a. Multiple gestation (Chapter 13, Beckmann, et al.)
   b. Breech (Pages 111-112, Beckmann, et al.)
   c. Face, brow and compound presentations (Pages 104-105, Beckmann, et al.)
   d. Shoulder Dystocia (Page 112, Beckmann et al.)

8. Newborn Care (Chapter 10, Beckmann et al.)
   a. State at least four items to be assessed in the preliminary examination of the newborn. (Page 121, Beckmann, et al.)
   b. Describe the elements of the Apgar scoring system. (Pages 121-123, Beckmann, et al.)
c. Describe the use and indications for an umbilical cord blood gas. (Page 125, Beckmann et al.)

d. Demonstrate ability to advise the newborn’s mother about breast feeding and techniques. (Pages 133-134, Beckmann, et al.)

9. Pregnancy Complications
   a. Ectopic pregnancy (Pages 179-185, Beckmann, et al.)
   b. Hypertensive disorders in pregnancy (Gestational hypertension, chronic hypertension, preeclampsia, eclampsia, HELLP) (Pages 205-211, Beckmann, et al.)
   c. Cardiovascular disease (Pages 211-212, Beckmann, et al.)
   d. Diabetes (gestational and insulin dependent) (Pages 189-193, Beckmann, et al.)
   e. Urinary tract infections (Pages 201, Beckmann, et al.)
   f. Isoimmunization (Pages 218-222, Beckmann, et al.)
   g. Hematologic diseases (anemia, sickle cell, etc.) (Pages 215-218, Beckmann, et al.)
   h. Pulmonary disorders (Page 212-213, Beckmann, et al.)
   i. Thyroid disorders (Pages 193-195, Beckmann, el al.)
   j. Spontaneous abortion (Pages 185-187, Beckmann et al.)

10. Third Trimester Bleeding (Chapter 16, Beckmann, et al.)
   a. Placenta previa (Pages 164-166)
   b. Placenta abruption (Pages 166-167, Beckmann, et al.)

11. Complications of pregnancy and delivery:
   a. Premature rupture of membranes (Chapter 17, Beckmann, et al.)
   b. Polyhydramnios, oligohydramnios (Pages 190-191, 176, Beckmann, et al.)
   c. Umbilical cord prolapse
      http://my.clevelandclinic.org/health/diseases_conditions/hic_Am_I_Pregnant/hic_Premature_Labor/hic_Umbilical_Cord_Prolapse
   d. Post-term pregnancy (Chapter 18, Beckmann, et al.)

12. Management of uncomplicated puerperium as well as the following complications of puerperium: (Chapter 11, Beckmann, et al.)
   a. Postpartum Hemorrhage (Chapter 12, Beckmann, et al; Pages 103-104)
   c. Endometritis (http://www.healthline.com/health/endometritis#Overview)

Gynecology

13. Normal female reproductive cycle. (Chapter 37, Beckmann et al.)


15. Premenstrual Dysphoric Disorder (PMS). (Chapter 43, Beckmann et al.)

16. Contraception and Sterilization (Chapter 26, Beckmann, et al.)
   a. Rhythm method
   b. Barriers
   c. Oral contraceptives, implants and injectables
   d. Intrauterine devices
   e. Sterilization procedures (Chapter 27, Beckmann, et al.)

17. Infertility. (Chapter 42, Beckmann, et al.)
a. Define infertility.
b. List several major causes for human infertility.
c. Describe some common methods used to treat infertility.

18. Female Sexual Dysfunction (Pages 324-328, Beckmann, et al.)
19. Sexual Assault and Domestic Violence. (Chapter 36, Beckmann et al.)
20. Vulvo-vaginitis (Chapter 28, Beckmann et al.)
   a. Bacterial vaginosis (Pages 260-261)
   b. Trichomonas (Pages 262-263)
   c. Vulvovaginal Candiasis (Pages 261-262)
   d. Atrophic Vaginitis (Page 263)
22. Sexually Transmitted Diseases (Chapter 29, Beckmann et al.)
   a. Chlamydia (Pages 267-269)
   b. Gonorrhea and Pelvic Inflammatory Disease (Pages 269-270)
   c. Genital Herpes (Pages 271-272)
   d. Human Papilloma Virus (Pages 272-273)
   c. Syphilis (Pages 273-274)
   f. HIV (Pages 274-275)
23. Dysmenorrhea and Chronic Pelvic Pain. (Chapter 32, Beckmann et al.)
24. Breast disorders including Breast Cancer. (Chapter 33, Beckmann et al.)
25. Abnormal Uterine Bleeding.
   a. Premenopausal (Pages 352-353, Beckmann et al.)
   b. Postmenopausal (Pages 427-430, Beckmann et al.)
26. Endometriosis. (Chapter 31, Beckmann et al.)
27. Uterine Leiomyoma (Fibroids). (Chapter 48, Beckmann et al.)
   a. Presenting symptoms of uterine leiomyoma.
   b. Diagnosis and treatment for uterine leiomyoma.
28. Benign Vulvar Disorders. (Chapter 46, Beckmann, et al.)
   a. Describe the symptoms, diagnoses and treatments for vulvodynia and other benign vulvar diseases (Pages 399-404)
   b. Evaluate and diagnose vulvar and vaginal neoplasms (Pages 404-408)
29. Pelvic Support Defects and Urinary Incontinence. (Chapter 30, Beckmann et al.)
30. Cervical Neoplasia and Carcinoma (Chapter 47, Beckmann et al.)
   a. List the steps involved in conducting a Papanicolaou (pap) smear. (Pages 12-14, Beckmann et al.)
   b. Bethesda classification of cytologic abnormalities. (Pages 411-413, Beckmann et al.)
   c. Pathophysiology and treatment of Cervical Intraepithelial Neoplasia (Pages 409-418, Beckmann, et al.)
      • Understand when to utilize colposcopy.
   d. Cervical cytology screening guidelines. (Page 20, Beckmann et al.)
   e. Cervical Carcinoma. (Pages 418-421, Beckmann et al.)
31. Endometrial Carcinoma and its precursors (Chapter 49, Beckmann, et al.)
   a. Pathogenesis and risk factors for Simple and Complex Endometrial Hyperplasia/Adenocarcinoma.
   b. Evaluation of a patient with endometrial carcinoma.
   c. Treatment of Endometrial Hyperplasia.
   d. List indications and methods for endometrial aspiration biopsy, dilation and curettage and hysteroscopy.
   http://www.aafp.org/afp/20010315/1131.html
32. Ovarian and Adnexal Disease (Chapter 50, Beckmann, et al.)
   a. List the physiologic and pathologic processes of the ovary of different age groups and approach to each group of patients.
   b. Ovarian Cysts: functional; benign; and malignant.
   c. Adnexal Torsion
      • http://www.emedicine.com/EMERG/topic353.htm
d. Epithelial tumors of the ovary
e. Ovarian carcinoma risk factors
33. Gestational Trophoblastic Disease (Chapter 45, Beckmann et al.)
   a. Hydatidiform Mole (Pages 393-396, Beckmann et al.)
   b. Malignant Gestational Trophoblastic Disease (Pages 396-397, Beckmann et al.)
34. Gynecologic Procedures. (Chapter 34, Beckmann, et al.)
   a. List various imaging techniques and benefits of each. (Pages 311-313, Beckmannet al.)
   b. Hysterosalpingogram (Page 313, Beckmann et al.)
   c. Genital tract biopsy including vulva, vagina, cervical, endometrial(Page 314, Beckmann et al.)
   d. Colposcopy (Page 314, Beckmann et al.)
   e. Laser Vaporization (Page 315, Beckmann et al.)
   f. Hysteroscopy, Dilation and Curettage and Endometrial Ablation.(Page 315, Beckmann et al.)
   g. Induced Abortion including medical termination of pregnancy, Suction D&C, Suction D&E.
   h. Cone Biopsy of the Cervix. (Page 316, Beckmann et al.)
i. Laparoscopy. (Pages 316-317, Beckmann, et al.)
j. Hysterectomy (Pages 317-318, Beckman et al.)

Required Resources and Equipment

Required reading will be assigned during clerkship:

• Beckmann et al., (2014). Obstetrics and Gynecology, Seventh Ed., Lippincott Williams & Wilkins. (This text was written especially for clerkship students according to the APGO objectives).

You can find short summary of various fetal positions at the following website:

Numerous professional texts in Obstetrics and Gynecology can be found in Clinical Key and Access
Medicine including:

Gabbe et al., Obstetrics, Normal and Problem Pregnancies, 7th Ed. Cunningham et al., Williams Obstetrics, 25th Ed.
Hoffman et al., Williams Gynecology, 3rd Ed.

Student Responsibilities Regarding Patient Supervision
All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician has the responsibility for determining the level of supervision needed.

Equipment
Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

Grading Information

Assignment of Grades
A grade for each rotation will be assigned by the Clerkship Director or her/his designee. A letter grade of P-Pass, F-Fail or H-Honors will be assigned for each third year core rotation. Elective and Emergency medicine rotations shall only be graded as P-Pass or F-Fail.

Elements of Rotation Grading
Each third year core rotation will have five (5) elements contributing to the final grade and each element must be individually passed to pass the clerkship:

• Clinical Performance-Preceptor Evaluation(s)
• Cognitive (COMAT) Performance
• Completion of Case Modules
• Completion of Case Logs
• Completion of Student Evaluation of Rotation

Clinical performance will be graded by the supervising preceptor. This assessment (see Student Assessment Form) includes ten (10) questions designed to assess academic skills and core competency acquisition. Grading on elective rotations will be solely determined by this assessment. Students are expected to achieve a score of 2 or 3 for each domain. An average score of at least 1.7 on all observed skills and competencies must be obtained to pass this element.

In addition to the requirements above, students must receive a minimum score of two (2) on the preceptor’s assessment of Professionalism (Question 7) to pass this element.

Cognitive performance will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student’s raw score. A percentile rank of 3 corresponds to a raw score of 81 and is -1.88 Standard Deviations below the national adjusted mean. A minimum raw score of 80 is needed to pass this element.

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Clinical reasoning will be assessed through completion of the assigned online case modules. Completion of all case modules is required to pass this element. The student will not be permitted to sit for the COMAT exam if the case module is not completed by the last Wednesday of the rotation.

**Attainment of Honors**

Attainment of Honors (H) for each third-year core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of Year 3 when all final assessments have been recorded. The Clerkship Directors will identify the top 10% of students who will receive the honors designation.

**Student Evaluation of the Preceptor/Site/Rotation**

Students are required to complete evaluations on New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the development of faculty development programs. An annual summary of student comments will be reported anonymously to preceptors and training sites to assist them in making improvements to the rotations that they provide. The evaluations are to be completed by 8:00 AM on the last Friday of the rotation. Students will receive a notice from New Innovations with a link to the evaluations. Students need to complete this evaluation in order to receive a passing grade.

*Failure to complete each clerkship evaluation in a timely manner may result in a finding of non-professional conduct.*

**Failure of a Rotation and Remediation**

A failure of any graded element as described herein will result in failure of the rotation. The requirements for remediation will be determined by the Clerkship Director. This may require a repeat of the COMAT exam and attainment of a minimum passing grade, completion of outstanding cases, or repeating all or part of the clerkship experience. When successfully completed, a remediated passing grade will be so designated on the student’s final transcript.

*All Year 3 rotations must be successfully completed to advance to Year 4. The need to repeat any failed clinical rotations may result in a delay in graduation.*

**Completion of ALL 55 available APGO/uWISE Objectives is required.** This is excellent material for both the COMAT and COMLEX examinations. The four (4) Comprehensive Exams are NOT required as they are just a review of the same 55 objectives. Once you have completed all 55 Objectives, upload your Student Grade Report to LEO on the Wednesday (midnight) PRIOR to taking the end of course COMAT exam on Friday. Review your student Grade Report; it will only reflect passing grades, so be sure to upload additional documentation that you attempted all the 55 objectives (screenshots, emails, etc.). A *Passing grade is not required, just completion.* There will be no partial credit if all the objectives are not completed prior to taking the COMAT exam.

Recommended OB/GYN Patient Encounter Log

A major goal of the OB/GYN rotation is to expose students to as many OB/GYN procedures as possible.
Below is a recommended list of procedures to complete during your clerkship and a recommended list of procedures to observe.

**Recommended Procedures to do:**
- Admission H&P (Obstetrical and Gynecological)
- Progress Notes for inpatient and outpatient settings
- Breast exam and teach breast self-exam
- Pelvic Exam with cultures and PAP smear
- Wet mount preparation and interpretation
- Ob exam (fundal height, FHT’s Leopold’s)
- Follow Ob patient from admission to delivery
- Assess fetal monitor strip
- Cervical Exam in labor
- Scrub in to:
  - Laparoscopy
  - Abdominal Hysterectomy
  - Vaginal hysterectomy/repair
  - NSVD
  - C-Section
  - Bilateral Tubal Ligation

**Recommended Procedures to do or observe:**
- Colposcopy with or without cervical biopsy/ endometrial biopsy/cryotherapy/LEEP
- Sterile speculum exam
- Repair of episiotomy or laceration
- Vacuum or forceps delivery
- Place FECG, IUPC
- AROM
- OB ultrasound
Patient Encounter Log

Student Name: __________________________

Procedures/Treatment Requirements
Enter Patient Initials

Admission H&P (4)  ______  ______  ______  ______
Progress Notes (4)  ______  ______  ______  ______
Breast Exam (4)  ______  ______  ______  ______
Pelvic Exam (4)  ______  ______  ______  ______
Wet Mount (3)  ______  ______  ______  ______
OB Exam (Fundal height, FHR) (4)  ______  ______  ______  ______
Follow OB Patient thru L&D (4)  ______  ______  ______  ______
Assess Fetal Monitor Strip (4)  ______  ______  ______  ______
Cervical Exam in Labor (4)  ______  ______  ______  ______

Scrub into:

Laparoscopy (4)  ______  ______  ______  ______
Abdominal Hysterectomy (2)  ______  ______
Vaginal Hysterectomy (2)*  ______  ______
  Includes DaVinci Robotic Hysterectomy
NSVD (4)  ______  ______  ______  ______
C-Section (4)  ______  ______  ______  ______
Bilateral Tubal Ligation (4)  ______  ______  ______  ______

Perform or Observe:

Colposcopy (2)  ______  ______
Endometrial Biopsy (2)  ______
Repair episiotomy or laceration (4)  ______  ______
Vacuum or Forceps Delivery (1)  ______  ______  ______  ______
Place FECG or IUPC (2)  ______  ______  ______  ______
AROM (4)  ______
OB Ultrasound (2)  ______

Preceptor Signature: __________________________  Date: __________________

This Patient Encounter Log must be entered into the New Innovations no later than 5:00 PM of the last Wednesday of the rotation.
Course Communication

Students are expected to monitor their BCOM email and are responsible for all communications sent to their official email address. Students are also expected to monitor E-mail, LEO, New Innovations, and Aquifer.

Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The Student Handbook may be accessed through the BCOM website:

For information regarding emergency or inclement weather, refer to the Campus Safety and Security page on the BCOM website:

For information regarding Clerkship Rotations, refer back to the Student Clerkship Manual on the BCOM Website:

Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their BCOM email. It is the student’s responsibility to obtain the changes or notices even if absent from class.
Appendix

A. Programmatic Level Educational Objectives

*Graduates of the BCOM Doctor of Osteopathic Medicine degree program will be able to:*

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice