1. Purpose
The purpose of this procedure is to provide guidelines to the OCE staff for processing and scheduling fourth year EM Core rotations. Fourth-year BCOM students may complete their required Emergency Medicine rotation in a BCOM HUB, or outside of a BCOM HUB at a teaching hospital defined broadly as a hospital with a residency program(s) in any specialty (not necessarily EM Residency Program), or any educational programs for trainees, such as medical students or nurses.

2. Related Policy/Authority
Student Clerkship Manual

3. Faculty/Staff Responsibilities
Fourth Year Clerkship Coordinator
Hub Coordinators

4. Definitions/Abbreviations
A. EM - Emergency Medicine
B. OCE - Office of Clinical Education
C. VSLO - Visiting Student Learning Opportunities
D. Hub - Regional clinical training location
E. Out of Network - Clinical training locations within the U.S.

5. Procedural Steps

5.1. Hub EM Rotations.
   5.1.1. The fourth year coordinator will coordinate with the Hub coordinators to ensure all board certified/board eligible EM preceptors are available for fourth year students

5.2. Out of Network EM Rotations.
   5.2.1. Students will notify the fourth year coordinator via the Rotation Request Form where they may rotate for their EM Core rotation. The coordinator will receive these requests in the BCOM clinicaleducation@bcomnm.org email account. The fourth year coordinator will:
      5.2.1.a. Review the request and search the program’s website for their rotation requirements;
5.2.1.b. Initiate contact with the program’s coordinator/representative to begin the affiliation agreement (see SOP# CE.010.00), or implementation letter process (see SOP # CE.011.00); and

5.2.1.c. Begin the preceptor appointment process (see SOP # FAF.002.00);

5.3. Scheduling.

5.5.1 The fourth year coordinator will use the Master Schedule to fill in the rotation once it is confirmed; and

5.5.2. The fourth year coordinator will share the schedule with the Hub Coordinators.

6. Reports/Charts/Forms/Attachments/Cross References

Rotation Request Form

7. Maintenance

The OCE will review this procedure as necessary.

8. Signature

Signature on File | 9/3/19
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Irina Zhorzholiani, MBA | Date
Director of Clinical Education |

9. Distribution List

Internal

10. Revision History

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Subsection #</th>
<th>Summary of Changes</th>
<th>New/Cancellation/Replacement Procedure? (if applicable)</th>
<th>Approval Date</th>
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Irina Zhorzholiani, MBA | Date
Director of Clinical Education |