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| <b>OCE – Clinical Rotations: Third Year Rotation Schedules</b> |                   | <b>SOP #: CE.006.00</b> |
| Effective Date   | 07/01/18          |                         |
| Last Revision/Review   | 11/29/18, 8/28/19 |                         |

### 1. Purpose

The purpose of this procedure is to provide guidelines to the OCE staff for scheduling third year clinical rotations (core and elective) consistent with COCA requirements.

### 2. Related Policy/Authority

[COCA accreditation standards](#)

### 3. Faculty/Staff Responsibilities

Regional Hub Coordinators

Third Year Clerkship Coordinator

Fourth Year Clerkship Coordinator

### 4. Definitions/Abbreviations

- A. OCE - The Office of Clinical Education
- B. CAPRI – Clinical And Professional Resource Information System
- C. COCA – Commission on Osteopathic College Accreditation
- D. NI – New Innovations
- E. Leo – Learning Management System

### 5. Procedural Steps

- 5.1.- Ensure Affiliation Agreements are in place
- 5.2.- Identify the appointed preceptors' availability
  - 5.2.1.- Schedule all core rotations with available board certified/board eligible preceptors in the specialty in an Excel template.
  - 5.2.2.- Ensure COCA requirements are met within each student's schedule
    - 5.2.2.a.- Rotation with DO
    - 5.2.2.b.- Rotation with Resident
    - 5.2.2.c.- In-patient Rotation
- 5.3.- Gather Students Internal Medicine II and Surgery II choices. Accommodate students' choices based on preceptor availability, or first available preceptor within specialty
- 5.4.- Regional Assistant Dean and 3<sup>rd</sup> year clerkship Coordinator to review and approve schedule
- 5.5.- Mail schedule confirmation letter to the Preceptors
- 5.6- Post schedules for student in NI and enroll students in Leo in respective courses

# **BURRELL COLLEGE OF OSTEOPATHIC MEDICINE**

## **STANDARD OPERATING PROCEDURES**

5.7. A week prior to the start of each rotation contact preceptor/manager to confirm student arrival.

5.8. For scheduling elective rotations outside of the hubs refer to **SOP #CE.013.00**

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

### **7. Maintenance**

The OCE will review this procedure as necessary.

### **8. Signature**

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| Signature on File   | 8/28/19 |
| Irina Zhorzholiani, MBA<br>Director of Clinical Education | Date    |

### **9. Distribution List**

Internal

### **10. Revision History**

| Revision Date | Subsection # | Summary of Changes | New/Cancellation/Replacement Procedure? (if applicable) | Approval Date |
|---------------|--------------|--------------------|---|---------------|
|               |              |                    |   |               |
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