

Section II-Year 3 and 4 Curriculum Requirements

2.1 CURRICULUM

3rd Year

| | |
|------------------------------|----------------|
| <i>Clinical Skills</i> | <i>1 week</i> |
| <i>Family Medicine</i> | <i>8 weeks</i> |
| <i>Internal Medicine</i> | <i>8 weeks</i> |
| <i>Surgery</i> | <i>8 weeks</i> |
| <i>OB/GYN</i> | <i>6 weeks</i> |
| <i>Pediatrics</i> | <i>6 weeks</i> |
| <i>Manipulative Medicine</i> | <i>4 weeks</i> |
| <i>Psychiatry</i> | <i>4 weeks</i> |
| <i>Elective*</i> | <i>4 weeks</i> |

4th Year

| | |
|--|-----------------|
| <i>Emergency Medicine</i> | <i>4 weeks</i> |
| <i>Geriatric Medicine</i> | <i>4 weeks</i> |
| <i>Specialty Medicine</i> | <i>4 weeks</i> |
| <i>PCP (Primary Care Partnership)*</i> | <i>4 weeks</i> |
| <i>Electives (4)</i> | <i>16 weeks</i> |
| <i>Optional Months</i> | <i>8 weeks</i> |
| <i>Eighth Semester</i> | <i>1 week</i> |

*** Interchangeable**

RURAL Scholars Program

ALL Scheduling of RURAL SCHOLARS year 3 and year 4 must be done through Kim Hankins.

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3rd Year

| | |
|--------------------------------|----------------|
| <i>Clinical Skills</i> | <i>1 week</i> |
| <i>Family Medicine -RSP</i> | <i>8 weeks</i> |
| <i>Internal Medicine - RSP</i> | <i>8 weeks</i> |
| <i>Surgery – RSP</i> | <i>8 weeks</i> |
| <i>OB/GYN- RSP</i> | <i>6 weeks</i> |
| <i>Pediatrics - RSP</i> | <i>6 weeks</i> |
| <i>Manipulative Medicine</i> | <i>4 weeks</i> |
| <i>Psychiatry</i> | <i>4 weeks</i> |
| <i>Elective</i> | <i>4 weeks</i> |

4th Year

| | |
|-------------------------------|-----------------|
| <i>Geriatric Medicine/PCP</i> | <i>8 weeks</i> |
| <i>Emergency Medicine</i> | <i>4 weeks</i> |
| <i>Specialty Medicine</i> | <i>4 weeks</i> |
| <i>Cardiology</i> | <i>4 weeks</i> |
| <i>Electives (3)</i> | <i>12 weeks</i> |
| <i>Optional Months</i> | <i>8 weeks</i> |
| <i>Eighth Semester</i> | <i>1 week</i> |

2.1.1 Year 3 and 4 Curricular Requirements

The Year 3 and 4 Curriculum consists of 62 weeks of assigned services and 20 weeks of clinical electives for a total of 82 weeks of required clinical coursework. In addition, various types of didactic components are considered requirements for graduation.

2.1.2 General Objectives of the Curriculum

During Year 3 and 4, under the direct supervision of TCOM and affiliated faculty students should attain a level of competency that will qualify them to continue their osteopathic medical education as an intern or resident. Satisfactory levels of accomplishment must be demonstrated in the cognitive, psychomotor, and affective aspects of patient management as reflected in the seven AOA Core Competencies. Upon satisfactory completion of Year 3 and 4, students should be able to demonstrate progress toward mastery in the following areas.

Competency 1: Osteopathic Philosophy and Osteopathic Manipulative Medicine

- Demonstrate an osteopathic philosophy integrating anatomic, physiological, and psychological considerations.
- Identify appropriate indications for the application of Osteopathic Manipulative Medicine (OMM).
- Demonstrate competency in the application of Osteopathic Manipulative Medicine (OMM).

Competency 2: Medical Knowledge

- Demonstrate the proper use of medical terminology.
- Assimilate all available knowledge to present a clear clinical picture, verbally and in writing, of the history, physical examination, chief complaint, diagnostic testing, rationale for therapy based on pathophysiology, altered/pathologic anatomy and endocrinology, and anticipated results sequelae.
- Determine and prescribe medications; be familiar with the pharmacology of all agents used, including indications, contraindications, appropriate dosage, possible interactions, and proper routes of administration.
- Determine the indications for the application of basic non-invasive and invasive medical procedures; know the steps involved and the potential complications involved in performing them.

Competency 3: Patient Care

- Obtain patient information accurately, comprehensively, and systematically; obtain a thorough and accurate personal and family history; perform a complete physical examination including a structured examination; and maintain appropriate demeanor and sensitivity to the patient when performing a physical examination.
- Demonstrate logical decision making and clinical problem solving relative to case management and the ability to develop a patient problem list .
- Present succinctly and confidently by organizing and recording data in a concise, legible format; accurately record information shortly after completing an examination; write clearly and legibly to ensure that other members of the health care team can interpret the information.
- Provide health care for acute problems from the initial contact with and assessment of the patient as well as ongoing treatment of chronic problems; follow the patient at appropriate intervals, both in the hospital and on an ambulatory basis,

modifying the original patient management plan when necessary; and determine the approximate time for discharging hospitalized patients and necessary post-discharge care.

- Provide care and rehabilitative programs for the chronically ill, permanently disabled, physically challenged, and/or geriatric patient; determine and prescribe the degree of physical activity for the optimum functioning of the patient.
- Differentiate between important, less important and/or unimportant information to be recorded in the patient's medical record.
- Diagnose and treat the most commonly encountered diseases in primary care practice; recognize, diagnose, and treat the acute, life-threatening conditions encountered by the primary care physician; differentiate less common disease entities for diagnosis; and recognize conditions which require referral/consultation.
- Determine the need to perform tests for the purpose of diagnosis and treatment of the patient's current problem; interpret the results of investigative tests as they apply to a patient's condition and/or disease.
- Maintain adequate and up-to-date medical records.
- Select and consult with appropriate allied health professionals (e.g., dietitians, physical therapists, occupational therapists, etc.) to assist in patient care (e.g., nutrition, rehabilitation, activities of daily living, etc.) and propose immediate, necessary steps in the medical management of the patient.
- Demonstrate competency in the performance of basic non-invasive and invasive medical procedures.

Competency 4: Interpersonal and Communication Skills

- Demonstrate the psychosocial skills needed to develop trusting relationships with individual patients and their family members.
- Establish and maintain a therapeutic and supportive rapport with the patient.
- Communicate effectively with other physicians and allied health professionals to optimize the overall care of the patient.
- Promote positive interrelationships with health professionals in the community.
- Understand how family dynamics and interpersonal relationships affect the health and illness of a patient.
- Understand the impact that illness of any member of the nuclear or extended family has on the function of the family unit.
- Deliver medical care to the family unit by establishing and maintaining rapport as well as recognizing and allaying the fears and anxieties of the patient plus family members, and attempt to understand the impact of the patient's background and environment on his/her illness.
- Identify preventive health measures and demonstrate appropriate teaching techniques to the patient and the patient's family; serve as an educator who instructs patients in preventive medicine, responsibility for personal health care, and community medicine.

Competency 5: Professionalism

- Exhibit high ethical standards for medical practice; identify, analyze, and respond effectively to ethical problems/issues that arise frequently in the practice of medicine.
- Maintain confidentiality and respect the uniqueness of the patient as a person.

- Respect and advocate for the patient's welfare and autonomy.
- Recognize the inherent vulnerability and trust afforded physicians by patients, and maintain relationships which are open and non-exploitative.
- Develop and maintain appreciation for and sensitivity to diversity in our patient populations in regard to culture, race, color, national origin, religion, gender, sexual orientation, gender identity, age, and disability.
- Maintain awareness of one's own physical and mental health in order to care for patients effectively.

Competency 6: Practice-Based Learning and Improvement

- Interpret statistical data in literature as it applies to patient situations; utilize current medical literature to gain insights into the care of the patient.
- Recognize the value of computers in practice management, literature searches, patient care and education, scholarly writing, and research.
- Utilize current medical literature to gain insights into the care of the patient and continuously update medical knowledge and medical practice skills.

Competency 7: Systems-Based Practice

- Understand basic practice management principles and procedures such as billing, scheduling, and record keeping.
- Participate in community preventive medicine, health screening programs, epidemiology, community health care resources, rehabilitative centers, and care of geriatric patients.
- Assess one's own medical competence; understand legal rules and principles that impact the practice of medicine.
- Understand the impact of an evolving managed health care environment on the practice of medicine.
- Understand how local, state, and national health care systems impact patient care and the practice of medicine.

2.2 CLINICAL CURRICULUM

2.2.1 Assigned Services (Core Rotations)

These rotations are prearranged by the Office of Clinical Education. All assigned rotations must be completed at the assigned site. Any alterations to this schedule must be cleared through various offices; therefore, changes to this schedule are not permitted unless it is *absolutely necessary* and cleared by the Office of Clinical Education. The College reserves the right to make preceptor and/or site changes when necessary. See Section III of this manual regarding schedule changes.

The assigned services are as follows :

- Up to 1 week of Clinical Skills (MEDE 8400)
- 8 weeks of Family Medicine Clerkship (MEDE 8809)
- 8 weeks of Internal Medicine (MEDE 8810)
- 8 weeks of Surgery (MEDE 8811)
- 6 weeks of Pediatrics (MEDE 8608)
- 6 weeks of OB/GYN (MEDE 8607)
- 4 weeks of Psychiatry (MEDE 8409)

- 4 weeks of Osteopathic Manipulative Medicine (MEDE 8417)
- 4 weeks of Primary Care Partnership*
 - PCP-Internal Medicine (MEDE 8412)
 - PCP-OMM (MEDE 8413)
 - PCP-Pediatrics (MEDE 8414)
 - PCP-Family Medicine (MEDE 8416)

4th Year Core Rotations**

- 4 weeks of Emergency Medicine (MEDE 8403) or Pediatric Emergency Medicine (MEDE 8404)
- 4 weeks of Subspecialty Internal Medicine***(MEDE 8406) or Pediatric Subspecialty Internal Medicine (MEDE 8407)
- 4 weeks of Geriatric Medicine (MEDE 8246)

Important note:

*The PCP rotation must be completed with an approved preceptor. This rotation is arranged by the student in their chosen area of Internal Medicine, OMM, Pediatrics, or Family Medicine. A list of approved preceptors is maintained by the Office of Clinical Education and is available on the Clinical Education website. The PCP must be done with a community physician in an outpatient/ambulatory setting.

**4th Year Core Rotations—Students will be assigned a period in which they must complete the assigned 4th year core rotations. Students will have the opportunity to switch periods with willing classmates; however, are responsible for completing the rotation during the period assigned. Emergency Medicine and Subspecialty Internal Medicine rotations are to be completed only at sites that offer Graduate Medical Education (GME) programs (some exceptions may be made at the discretion of the Office of Clinical Education.) Geriatrics rotations must be completed only at approved sites. A list of approved Geriatric courses/sites is maintained by the Office of Clinical Education and is available on the Clinical Education website.

***Subspecialty Internal Medicine— This rotation is arranged by the student and may be done in the following approved adult or pediatric internal medicine specialties:

| | |
|------------------------|--------------------|
| Adolescent medicine | ICU/Critical Care |
| Allergy and immunology | Infectious disease |
| Cardiology | Nephrology |
| Endocrinology | Neurology |
| Gastroenterology | Oncology |
| Geriatrics | Pulmonology |
| Hematology | Rheumatology |

Dermatology and Radiology are not accepted for this requirement.

2.2.2 ROME

Students in the ROME Rural Scholars Program, will need to follow the policies and procedures outlined by the ROME office.

The assigned services are as follows :

- Up to 1 week of Clinical Skills (MEDE 8400)
- 8 weeks of Family Medicine-ROME Rural Scholars Program (MEDE 8834)
- 8 weeks of Internal Medicine- ROME Rural Scholars Program (MEDE 8836)

- 8 weeks of Surgery- ROME Rural Scholars Program (MEDE 8838)
- 6 weeks of Pediatrics- ROME Rural Scholars Program (MEDE 8631)
- 6 weeks of OB/GYN- ROME Rural Scholars Program (MEDE 8633)
- 4 weeks of Psychiatry (MEDE 8409)
- 4 weeks of Osteopathic Manipulative Medicine (MEDE 8417)

4th Year Core Rotations

- 4 weeks of Emergency Medicine (MEDE 8403)
or Pediatric Emergency Medicine (MEDE 8404)
- 4 weeks of Subspecialty Internal Medicine (MEDE 8430)

4 SCH. This course is a required four (4) week clinical rotation in subspecialty internal medicine for those students enrolled in the Rural Scholars Program. This is to be completed during the third year elective period or during the fourth year. Students may choose from pulmonary medicine, gastroenterology, hematology/oncology, nephrology and rheumatology, or other disciplines approved by the Office of Rural Medical Education. This course is restricted to students enrolled in the Rural Scholars Program.

- 8 weeks of Geriatric Medicine/ Primary Care Partnership (MEDE 8839)
- 4 weeks of Cardiology-ROME Rural Scholars Program (MEDE 8440)

4 SCH. This course is a required four (4) week clinical rotation in cardiology for those students enrolled in the Rural Scholars Program. This is to be completed during the third year elective period or during the fourth year.

Scheduling of all rotations must be approved by the Office of Rural Medical Education

2.2.3 Student-Scheduled Required Rotations—Electives for Credit toward Graduation (MEDE94XX)

In order to receive credit for an elective rotation, it is the student's responsibility to schedule the desired rotation and to adhere to the application deadlines published in the *Rotation Dates and Scheduling Deadlines* found in Section I of this handbook.

- Rotations are to be four weeks in duration and must follow the rotation dates published in the *Rotation Dates and Scheduling Deadlines* found in Section I of this handbook. Students will not be given credit for any rotation less than 4 weeks.
- Students may split their vacation month to accommodate a rotation that is out of sequence with UNTHSC dates.
- One elective may be research based under the direction of a PhD or physician.
- Students may receive elective credit for one international rotation.
- The Office of Clinical Education does not recommend scheduling elective rotations in only one clinical specialty area. Students are encouraged to schedule elective rotations in a variety of clinical practice areas for broad based clinical exposure.

- Students may wish to review how other students have evaluated site and physician preceptors prior to scheduling an elective rotation. These site evaluations may be obtained in the Office of Clinical Education.

2.2.4 Student-Scheduled Optional Rotations—Non-Credit Electives

Students may choose to complete a rotation for non-credit. Goals for these electives may include:

- “auditioning” a program or institution in which they are interested
- to “try out” a specific discipline that they are considering as a possible career
- to broaden their knowledge and skill base; to consolidate or strengthen knowledge in areas not likely to be covered intensively in their planned specialty residency or to prepare for residency.

These must still be scheduled through the Office of Clinical Education for professional liability (malpractice) insurance to be in affect.

2.2.5 Research Elective

Students wishing to conduct research during the course of their medical school career are allowed to receive credit for one Research elective rotation.

Complete the Request for Research Electives Form:

- Attach a brief description of project, detailing your study and what you wish to accomplish. This should include an overview of the hypothesis (or area to be examined), the methods that will be employed, and the expected outcomes and analytic methods that will be used. Specific details of the student role in the proposed project should be outlined.
- Attach a statement asserting that the amount of time spent in the lab / on your research project will be greater than and or equal to 40 hours per week
- Submit to the Office of Clinical Education in accordance by the appropriate deadline
- At the conclusion of the rotation, a brief narrative of the research activities should be submitted to the Clinical Education office. In this summary, please include any plans for submission of abstracts or manuscripts.

2.2.6 International Rotations

TCOM allows 4th year students to receive credit for one international rotation. International rotations are designed to promote multicultural awareness and to involve students, faculty and staff in research, education and outreach activities abroad.

The common goals of all international rotations are to:

- improve cultural sensitivity
- improve/develop language communication skills - regionally specific
- give exposure to diseases not seen in this hemisphere

- provide the opportunity for personal growth
- facilitate the educational exchange of information
- help students hone their history, physical, etc. skills
- provide opportunities for students to be involved in all levels of research
- increase exposure of osteopathic medicine beyond the borders of the United States
- facilitate a global perspective of health, disease, and healthcare delivery systems
- provide opportunities for participants to participate in outreach.

International “experiences” may be included in one or more of your core rotations. International experiences are defined as two weeks or less spent studying in another country under the guidance and direction of faculty in your core rotation. By definition, more than two weeks out of the country constitutes an international rotation.

The international packet collects information concerning required international travel insurance, emergency contacts, goals and objectives of clerkship, release agreements, etc. The international packet must be turned in approximately 60 days prior to departure (please see the *Rotation Dates and Scheduling Deadlines* found in Section I of this handbook) and is required for both international rotations and international experiences. To apply for an international rotation, students must complete all normal paperwork required for rotations, plus the international packet.

International rotations require documentation of at least 12 hours per week of clinical, patient care experience. Foreign language training (i.e. medical Spanish courses) that does not have 12 hours per week of clinical, patient care integrated into their curriculum will not be approved for credit.

More information can be found on the Clinical Education website under the International Rotations link.

2.2.7 Military Elective

Armed Forces Health Professionals Scholarship Program (HPSP) students may choose to take one elective period of Military Medicine. The objectives of the Military Medicine elective are to:

- Improve the quality of professional training
- Maintain the uniformity of training
- Introduce the relevance and applications of the various disciplines of military medicine at the earliest stages of medical training.
- Provide smooth integration between academic and military aspects of training

Military students may choose to use this elective to take specialty electives in Military Medicine such as:

- Ambulatory Medicine – multidisciplinary—peace-time
- Trauma – expanded course with ATLS, ACLS, PALS, PHTLS
- Biological, Chemical and Nuclear Warfare
- Military Physiology
- Aviation Medicine
- Naval Medicine
- Space Medicine
- Search and Rescue

- Administrative Structure of the Army and Application to the Medical Corps
- Military Leadership
- Economics of Military Medicine
- Risk Management
- Military Epidemiology
- Military Psychiatry

It is recommended that students with mandatory obligations such as COT, OBLC, etc. use this option to complete those requirements. (Students must show confirmation of registration and completion for credit.)

2.2.8 Split Rotations

Elective rotations may not be split between two sites and must be four weeks in duration. Credit for two (2) two-week rotation rotations at the same site may be considered on a case-by-case basis. Please contact the Office of Clinical Education for questions.

2.2.9 Vacation (Optional) Months

Students have two (2) four-week rotations designated as optional, or vacation months. This time is inclusive of study time for COMLEX II-CE. Students are strongly encouraged to schedule vacation time wisely. Time may be needed for multiple residency interviews, to repeat any rotation in which a failing grade is received, is designated for administrative leave, or for which time off due to illness or personal reasons was required.

Application for vacation months must be turned in according to the *Rotation Dates and Scheduling Deadlines* found in Section I of this handbook.