



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM701: Non-Clinical Elective**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Non-Clinical Elective
Academic Year:	2024-2025
Course Designations:	COM 701
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Pass, Fail
Locations:	Variable
Course Director:	Jeanne Rupert, DO Jeanne.Rupert@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description ..... 3

Course Goals ..... 3

Course Requirements & Grading ..... 3

Course Expectations & Student Responsibilities ..... 3

**Course Description**

The Non-Clinical Elective may include four weeks of research, health policy, anatomic sciences, faculty development, virtual rotation, or board study. This Elective allows students to explore other areas of medicine beyond the clinical realm. The learning objectives for the Non-Clinical Elective will be dependent on the elective chosen. The student must identify a Faculty Advisor and, in collaboration, fill out the Non-Clinical Elective Request Form, which outlines the learning objectives and assessments that will be required.

**Course Goals**

Goals will be set prior to starting a Non-Clinical Elective and should be outlined in the Non-Clinical Elective Request Form.

**Course Requirements & Grading**

Grades assigned for this course will be Pass and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	Preceptor Evaluation	Assignments	Attendance
Pass	Average: 2.5+	Assignments submitted within 1 week of the due date	Adheres to ARCOM's attendance policy
Fail	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**Course Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM704: Family Medicine**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Family Medicine
Academic Year:	2024-2025
Course Designations:	COM 704
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jozia McGowan, DO Jozia.McGowan@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description..... 3  
Seven Osteopathic Core Competencies..... 3  
Student Competencies..... 3  
Requirements & Grading ..... 4  
COMAT Exam Blueprint ..... 5  
Assessment Resources..... 5  
Logs ..... 5  
Topic List for Family Medicine ..... 6  
Resources..... 7  
Expectations & Student Responsibilities ..... 7

### Course Description

During the Family Medicine rotation, the student will learn to provide comprehensive, continuous, coordinated, and patient-centered health care to all patients regardless of age, gender, culture, care setting, or type of problem. Students will develop a depth and breadth of knowledge within each organ system while also applying the biopsychosocial model and osteopathic principles and philosophy to each patient encounter.

Students on the Family Medicine rotation will assess acute patient complaints, manage chronic disease, and focus on disease prevention and health promotion. Because the Family Medicine physician provides continuity of care, the student must also learn to coordinate and advocate for their patient across various settings. Students will gain an understanding of and respect for social, economic, cultural, psychological, and environmental factors that affect patients. The student will professionally interact with other members of the healthcare team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the Family Medicine physician as a primary care provider.

### Seven Osteopathic Core Competencies

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### Student Competencies

By the end of the rotation, the student should be able to:

1. Perform a history and physical examination on new and established patients of all ages with acute and chronic problems, demonstrating proficiency in communication and examination skills. **MK, PC, ICS, PRO**



2. Formulate a differential diagnosis based on a patient’s presentation and propose evidence-based, cost-effective plans for the initial evaluation of the patient. **MK, PC, ICS, PBL**
3. Interpret laboratory and imaging tests. **MK, PC**
4. Propose therapeutic management plans based on diagnostic reasoning. **MK, PC, ICS, PBL**
5. Demonstrate competence in oral presentations. **MK, ICS**
6. Adequately document in the electronic health record. **MK, ICS**
7. Actively participate and assist in the performance of procedures. **OPP, MK, PC**
8. Apply OPP as appropriate for acute and chronic abnormalities and pathology, including recognition and treatment of biomechanical and viscerosomatic complaints. **OPP**
9. Communicate medical information in understandable terms with patients, families, and caregivers. **PC, MK, ICS, PRO**
10. Demonstrate interprofessional competency by interacting effectively and professionally with other members of the healthcare team. **ICS, PRO, SBP**
11. Develop evidence-based disease prevention and health promotion plans for patients of all ages. **MK, PC, PBL**
12. Discuss health disparities and begin to understand what factors affect the health of patients within the community. **PC, SBP**
13. Evaluate current literature in the context of the scientific method and discuss with the attending physician how the research may be applied to patient care. **MK, PC, ICS, PBL**
14. Understand when a referral or consultation is needed and on what timetable. **MK, PC, ICS, PRO**
15. Assess and remediate their knowledge deficits. **MK, PRO**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM’s attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn’t complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**COMAT Exam Blueprint**

The Family Medicine examination is designed for end-of-course or end-of-clinical rotation/clerkship assessment for students enrolled at a college of osteopathic medicine. This examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Family Medicine that are essential for the predoctoral osteopathic medical student. The NBOME exam blueprint below contains the Family Medicine topics covered in two dimensions: Dimension 1 – Patient Presentation and Dimension 2 – Physician Tasks.

**Dimension 1: Patient Presentation**

Topic	%
General	3–10%
Hematology/Oncology & Immune Disorders	5–15%
Genitourinary/Renal & Gynecologic/Reproductive	7-17%
Gastrointestinal	7-17%
Endocrine	5-15%
Musculoskeletal/Dermatology	7-17%
Psychiatry/Neurology	7-17%
Cardiovascular	9-20%
Respiratory	9-20%

\*10-20% patients under 18 years old on each form

**Dimension 2: Physician Tasks**

Topic	%
Health Promotion / Disease Prevention / Health Care Delivery	5–20%
History & Physical/Diagnostic Technologies	40–60%
Management	20–40%
Scientific Understanding of Mechanisms	5–15%

\*10-20% patients under 18 years old on each form

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student’s rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

### **Topic List for Family Medicine**

Abdominal Pain	Kidney stones
Adult female annual exam	Knee pain
Adult male annual exam	Leg swelling
Adult vaccinations	Low back pain
Allergic Rhinitis	Male urinary symptoms
Anxiety	Medicare Wellness visit
Arthritis	Multiple chronic illnesses
Asthma	Obesity
Biliary colic	Onychomycosis
Benign Prostatic Hypertrophy (BPH)	Osteoporosis/osteopenia
Coronary Artery Disease (CAD)	Palpitations/Arrhythmia with EKG interpretation
Chest pain	Pediatric vaccinations
CHF	Persistent cough with CXR interpretation
Colic (infant)	Pharyngitis
COPD	Pregnancy acute symptoms
Cough	Pregnancy well visit
Dementia	Shortness of Breath
Depression	Skin lesion
Diabetes with complications	Skin Rash
Diabetes without complications	Sleep disorder
Dizziness	Sports injury
Dysmenorrhea	Substance abuse
Dysuria	Upper respiratory symptoms
Epigastric Pain	UTI
Fatigue	Vaginal bleeding
Female with pelvic pain	Vaginal discharge
Fever	Weakness (unilateral)
Fibromyalgia	
GERD	
Headache	
Hyperlipidemia	
Hypertension	
Infant well exam	
Joint pain and injury	

Professional Development in Canvas

**Resources** (available in ACHE Library or at the website listed):

- *Essentials of Family Medicine, 7e* Mindy A. Smith, Sarina Schrage, Vince Winkler Prins
- *Textbook of Family Medicine, 9e* Robert E. Rakel
- *CURRENT Diagnosis & Treatment: Family Medicine, 5e* Jeannette E. South-Paul, Samuel C. Matheny, Evelyn L. Lewis
- US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/uspstf/>
- *Foundations of Osteopathic Medicine*; Seffinger, et al., 4<sup>th</sup> ed., 2019
- *Somatic Dysfunction in Osteopathic Family Medicine*; Nelson, 2<sup>nd</sup> ed., 2015
- ACOFP Learning Center <https://www.pathlms.com/acofp>

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM705: Internal Medicine**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Internal Medicine I
Academic Year:	2024-2025
Course Designations:	COM 705
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jozia McGowan, DO Jozia.McGowan@achehealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Contents**

Course Description..... 3

Seven Osteopathic Core Competencies..... 3

Student Competencies..... 4

Requirements & Grading ..... 4

COMAT Exam Blueprint ..... 4

Logs ..... 5

Topic List for Internal Medicine ..... 6

Resources..... 6

Assessment Resources..... 7

Expectations & Student Responsibilities ..... 7

### **Course Description**

During their Internal Medicine rotation, students will learn the cognitive work and interpersonal skills necessary to care for adult patients with acute and chronic medical problems. Internal Medicine requires extensive problem-solving skills utilizing structured, scientifically researched and founded processes, inductive and deductive reasoning, and a team approach to the care of the adult patient. The discipline provides an opportunity to view the patient as a whole and not merely as a pathological or disease-specific condition, to coordinate the patient's total care, and to understand how a disease impacts not only the patient's health but also his or her emotional and social well-being.

The student will work with Internal Medicine physicians across patient settings, which may include hospital, office, and nursing home sites. The student will participate in direct patient care under direct supervision and at the discretion of the attending Internal Medicine physician. The student will professionally interact with other healthcare team members and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the Internal Medicine physician as a primary care provider and what sub-specialties are practiced by Internal Medicine physicians.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.



**Student Competencies**

By the end of this rotation, the student should be able to:

1. Perform a history and physical examination on new and established patients with acute and chronic problems, demonstrating proficiency in communication and examination skills. **MK, PC, ICS, PRO, OPP**
2. Formulate a differential diagnosis based on a patient's presentation and propose evidence-based, cost-effective plans for the patient's initial evaluation. **MK, PC, ICS, PBL, SBP**
3. Interpret laboratory and imaging tests. **MK, PC**
4. Propose management plans based on diagnostic reasoning. **MK, PC, ICS, PBL**
5. Demonstrate competence in oral presentations. **MK, PC, ICS**
6. Adequately document in the electronic health record. **MK, PC, ICS**
7. Actively participate and assist in the performance of procedures. **MK, PC**
8. Apply OPP appropriately for acute and chronic abnormalities and pathology, including recognition and treatment of biomechanical and viscerosomatic complaints. **MK, PC, OPP**
9. Communicate medical information in understandable terms with patients, families, and caregivers. **PRO, ICS**
10. Demonstrate interprofessional competency by interacting effectively and professionally with other healthcare team members. **ICS, PRO, SBP**
11. Develop evidence-based disease prevention and health promotion plans for patients. **MK, PC, PBL**
12. Discuss health disparities and begin to understand what factors affect the health of patients within the community. **MK, PC, PRO, SBP**
13. Evaluate current literature in the context of the scientific method and discuss with the attending physician how the research may be applied to patient care. **MK, PC, PBL, PRO**
14. Assess and remediate their own knowledge deficits. **MK, PRO, PBL**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM's attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	

**COMAT Exam Blueprint**

The Internal Medicine COMAT examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Internal Medicine that are essential for the predoctoral

osteopathic medical student. The exam blueprint below contains the Internal Medicine topics covered in two dimensions: Dimension 1 – Patient Presentation and Dimension 2 – Physician Tasks.

**Dimension 1: Patient Presentation**

Topic	%
Allergy/Chemical/Skin/Miscellaneous	7–13%
Cardiovascular	7–13%
Endocrine/Nutrition/Metabolism	7–13%
Gastrointestinal	7–13%
Hematology/Oncology	7–13%
Infectious Diseases	7–13%
Neurology	7–13%
Renal/Hypertension	7–13%
Respiratory	7–13%
Rheumatology/Musculoskeletal	7–13%

**Dimension 2: Physician Tasks**

Topic	%
Health Promotion/Disease Prevention	5–15%
History/Physical/Diagnosis	35–55%
Management	20–35%
Scientific Mechanisms of Disease	15–25%

*From NBOME.org*

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will

better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

### **Topic List for Internal Medicine**

Abdominal pain	Insertion of Central Venous Catheter
Acid-Base Disorders	Insertion of nasogastric tube
Acute Diarrhea and Chronic Diarrhea	Ischemic Bowel Disease
Acute and Chronic Pancreatitis	Leukemias
Acute Coronary Syndromes	Menopause
Acute Renal Failure	Nephrolithiasis
Administration of blood and blood products	Nephrotic/Nephritic Syndrome
Anemia	Obesity
Arrhythmias	Osteoporosis
Arterial blood gases (ABG's)	Peptic Ulcer disease (PUD)
Ascites	Rectal exam with hemoccult testing
Biliary Tract Disease	Performance and interpretation of an EKG
BPH & Urinary incontinence	Performance of flexible sigmoidoscopy
Cardiopulmonary resuscitation	Performance of colonoscopy
Chest Pain	Performance of EGD
Colorectal Cancer	Pericarditis
New patient H&P	Prostate Cancer
Diabetes Insipidus	Sickle cell disorders
Diabetes Mellitus (DM)	Smoking
Fluid and Electrolytes management	Thrombocytopenia
Gastroesophageal Reflux Disease (GERD)	Thyroid Disorder
Gastrointestinal bleeding	Transfusion/transfusion reactions
Heart Failure	Urinary catheterization (Foley)
Hepatitis and Cirrhosis	Urinary Tract Infection (UTI)/urinalysis
Hypertension	Venipuncture to obtain blood samples for laboratory studies
Infective Endocarditis	Vomiting
Inflammatory Bowel Disease (IBD)	

Professional Development module in Canvas

### **Resources**

- Cecil Textbook of Medicine; Goldman & Schafer, 26th edition 2019
- Harrison's Principles of Internal Medicine; Jameson, Fauci, Kasper, Hauser, Longo, & Loscalzo, 21st edition 2022
- CURRENT Medical Diagnosis & Treatment; Papadakis & McPhee, 61st edition 2022
- Resident Readiness: Internal Medicine; Klamen, 1st edition 2013
- The Washington Manual of Medical Therapeutics; Crees et al., 37th edition 2022
- The Washington Manual of Outpatient Internal Medicine; De Fer & Sateia, 3rd edition 2022
- An Osteopathic Approach to Diagnosis and Treatment; DiGiovanna, Amen, & Burns, 4th edition 2020
- Foundations of Osteopathic Medicine; Seffinger, 4th edition 2019

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM705: Internal Medicine**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Internal Medicine 2
Academic Year:	2024-2025
Course Designations:	COM 706
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jozia McGowan, DO Jozia.McGowan@achehealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Contents**

Course Description..... 3

Seven Osteopathic Core Competencies..... 3

Student Competencies..... 4

Requirements & Grading ..... 4

COMAT Exam Blueprint ..... 5

Logs ..... 5

Topic List for Internal Medicine II ..... 6

Resources..... 6

Assessment Resources..... 7

Expectations & Student Responsibilities ..... 7

### **Course Description**

During their Internal Medicine rotation, students will learn the cognitive work and interpersonal skills necessary to care for adult patients with acute and chronic medical problems. Internal Medicine requires extensive problem-solving skills utilizing structured, scientifically researched and founded processes, inductive and deductive reasoning, and a team approach to the care of the adult patient. The discipline provides an opportunity to view the patient as a whole and not merely as a pathological or disease-specific condition, to coordinate the patient's total care, and to understand how a disease impacts not only the patient's health but also his or her emotional and social well-being.

The student will work with Internal Medicine physicians across patient settings, which may include hospital, office, and nursing home sites. The student will participate in direct patient care under direct supervision and at the discretion of the attending Internal Medicine physician. The student will professionally interact with other healthcare team members and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the Internal Medicine physician as a primary care provider and what sub-specialties are practiced by Internal Medicine physicians.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.



**Student Competencies**

By the end of this rotation, the student should be able to:

1. Perform a history and physical examination on new and established patients with acute and chronic problems, demonstrating proficiency in communication and examination skills. **MK, PC, ICS, PRO, OPP**
2. Formulate a differential diagnosis based on a patient's presentation and propose evidence-based, cost-effective plans for the patient's initial evaluation. **MK, PC, ICS, PBL, SBP**
3. Interpret laboratory and imaging tests. **MK, PC**
4. Propose management plans based on diagnostic reasoning. **MK, PC, ICS, PBL**
5. Demonstrate competence in oral presentations. **MK, PC, ICS**
6. Adequately document in the electronic health record. **MK, PC, ICS**
7. Actively participate and assist in the performance of procedures. **MK, PC**
8. Apply OPP appropriately for acute and chronic abnormalities and pathology, including recognition and treatment of biomechanical and viscerosomatic complaints. **MK, PC, OPP**
9. Communicate medical information in understandable terms with patients, families, and caregivers. **PRO, ICS**
10. Demonstrate interprofessional competency by interacting effectively and professionally with other healthcare team members. **ICS, PRO, SBP**
11. Develop evidence-based disease prevention and health promotion plans for patients. **MK, PC, PBL**
12. Discuss health disparities and begin to understand what factors affect the health of patients within the community. **MK, PC, PRO, SBP**
13. Evaluate current literature in the context of the scientific method and discuss with the attending physician how the research may be applied to patient care. **MK, PC, PBL, PRO**
14. Assess and remediate their own knowledge deficits. **MK, PRO, PBL**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM's attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

### COMAT Exam Blueprint

The Internal Medicine COMAT examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Internal Medicine that are essential for the predoctoral osteopathic medical student. The exam blueprint below contains the Internal Medicine topics covered in two dimensions: Dimension 1 – Patient Presentation and Dimension 2 – Physician Tasks.

#### Dimension 1: Patient Presentation

Topic	%
Allergy/Chemical/Skin/Miscellaneous	7–13%
Cardiovascular	7–13%
Endocrine/Nutrition/Metabolism	7–13%
Gastrointestinal	7–13%
Hematology/Oncology	7–13%
Infectious Diseases	7–13%
Neurology	7–13%
Renal/Hypertension	7–13%
Respiratory	7–13%
Rheumatology/Musculoskeletal	7–13%

#### Dimension 2: Physician Tasks

Topic	%
Health Promotion/Disease Prevention	5–15%
History/Physical/Diagnosis	35–55%
Management	20–35%
Scientific Mechanisms of Disease	15–25%

*From NBOME.org*

### Logs

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

### **Topic List for Internal Medicine II**

Acute/Chronic sinusitis	Maculopapular Rash
Anorexia	Memory loss
Anxiety/Panic attacks	Meningitis
Back pain	COPD
Breast Cancer	Asthma
Cough	Osteoarthritis
Fluid or Cellular Specimen Culture (blood, wound, sputum, stool, urine, &/or urethral)	Ear infections in adults
Dementia	Parkinson's disease
Depression	Performance of chest tap for pleural fluid analysis
Dyspnea	Performance of a lumbar puncture
Edema	Pleural Effusion
Epilepsy	Pneumonia
Epistaxis	Pruritus
Falls	Pulmonary Embolism (PE)
Fatigue	Rheumatoid Arthritis
Fever	Scaling Rash
Performance of injections (intradermal, subcutaneous, intramuscular, intravenous)	Sexually Transmitted Diseases (STDs)
Gout	Skin Cancers
Headache	SLE (Systemic Lupus Erythematosus)
HIV/AIDS	Stroke
Infectious/Septic Arthritis	Syncope & Altered mental status
Joint pain	Tuberculosis (TB)
Lightheadedness	Upper Respiratory Infection
Lung Cancer	Vesicular skin lesions

Professional Development module in Canvas

### **Resources**

- Cecil Textbook of Medicine; Goldman & Schafer, 26th edition 2019
- Harrison's Principles of Internal Medicine; Jameson, Fauci, Kasper, Hauser, Longo, & Loscalzo, 21st edition 2022
- CURRENT Medical Diagnosis & Treatment; Papadakis & McPhee, 61st edition 2022
- Resident Readiness: Internal Medicine; Klamen, 1st edition 2013
- The Washington Manual of Medical Therapeutics; Crees et al., 37th edition 2022
- The Washington Manual of Outpatient Internal Medicine; De Fer & Sateia, 3rd edition 2022
- An Osteopathic Approach to Diagnosis and Treatment; DiGiovanna, Amen, & Burns, 4th edition 2020
- Foundations of Osteopathic Medicine; Seffinger, 4th edition 2019

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM708: General Surgery**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	General Surgery
Academic Year:	2024-2025
Course Designations:	COM 708
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Michael Gooden, MD Michael.Gooden@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description..... 3

Seven Osteopathic Core Competencies..... 3

Student Competencies..... 3

Requirements & Grading ..... 4

COMAT Exam Blueprint ..... 5

Logs ..... 5

Topic List for General Surgery..... 5

Resources..... 6

Assessment Resources..... 6

Expectations & Student Responsibilities ..... 6

### **Course Description**

The purpose of the Surgery rotation is to impart to students the basic knowledge of Surgery through exposure to a variety of clinical problems routinely seen on the surgical service. During this rotation, the student will gain an understanding of surgical disease processes, their evaluation, and treatment. The student will participate in patient care under direct supervision and at the discretion of the supervising physician. The student will professionally interact with other members of the healthcare team and should develop an understanding of their scope of practice and contributions to patient care. The student will understand the surgeon's role as part of a care team. The student will also explore the role of Osteopathic Principles and practices related to surgical care.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### **Student Competencies**

By the end of this rotation, the student should be able to:

1. Perform a complete history and physical examination for an adult surgical patient. **MK, PC, ICS**
2. Document a history and physical examination, write a brief operative note, and write daily progress notes. **MK, PC, ICS**
3. Accurately and concisely communicate the findings of a given patient encounter to all members of the health care team. **MK, PC, ICS, PRO**
4. Obtain informed consent. **PC, ICS, PRO**
5. Determine which patients may have surgical pathology and when referral to a surgeon is appropriate. **MK, PC**
6. Perform preoperative evaluation of surgical patients. **MK, PC**



7. Participate in the management of perioperative surgical patients. **MK, PC**
8. Learn when operative versus non-operative management of patients is most appropriate. **MK, PC**
9. Learn the benefits and risks of various operative procedures and be familiar with non-operative alternatives to those procedures, if any. **MK, PC, PBL**
10. Perform basic surgical techniques (e.g.-suturing and suture removal, staple removal, dressing changes, and other wound care, assistance with various operative procedures, Foley catheter placement, nasogastric tube placement, etc.) **MK, PC**
11. Practice aseptic/sterile techniques, understand operating room principles, and assist in surgery. **MK, PC**
12. Acquire competency in managing nutrition, blood, fluid, electrolytes, pain, and infection. **MK, PC**
13. Demonstrate interprofessional competency by interacting effectively and professionally with other healthcare team members. **IPE, ICS, PRO, SBP**
14. Critically evaluate medical literature and apply the principles of evidence-based medicine to patient care. **MK, PC, PRO, PBL**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM's attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**COMAT Exam Blueprint****Dimension 1: Patient Presentation**

Topic	%
Endocrine/Breast	5-13%
Fluids	5-12%
Gastrointestinal	26-35%
Hepato/Biliary	13-20%
Hernias	5-13%
Infections	4-8%
Skin/Subcutaneous Tissues	4-8%
Trauma	5-12%

*From NBOME.org*

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student’s rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

**Topic List for General Surgery**

Appendicitis, Acute

Abdominal mass

Abdominal pain

Abscess drainage

Altered Neurologic Status

Apply steri-strips

Arterial puncture

Breast, benign disease

Breast, malignant disease

Central venous line placement

Chest pain and shortness of breath	Pulmonary tumors, malignant
Cholecystitis, Acute	Rectal disease, benign
Cholecystitis, Chronic	Rectal disease, malignant
Colon, benign disease	Scrotal pain and swelling
Colon, malignant disease	Shock
Diverticulitis of the colon	Skin and soft tissue lesions
Electrolyte and fluid management	Staple surgical wound
GI bleeding, lower	Sterile technique, proper scrub, gown and glove
GI bleeding, upper	Surgical drain, place and manage
Inflammatory bowel disease	Surgical dressing, apply
Intestinal obstruction	Suture laceration
Isolation technique, demonstrate	Swallowing difficulty and pain
IV therapy	Systemic infections
Jaundice	Thyroid, benign disease
Leg Pain	Thyroid, malignant disease
Nasogastric tube, placement and indications	Total parenteral nutrition
Neck mass	Transplantation
Osteopathic structural examination	Trauma
Peptic ulcer	Urinary catheter placement and indications
Perianal disease	Urinary complaints
Peripheral vascular disease	Vomiting, diarrhea, constipation
Post-operative complications	Wound management
Pulmonary tumor, benign	

Professional Development module in Canvas

### **Resources**

- Lawrence, Peter F (Ed), *Essentials of General Surgery*, 5th Edition
- *Cope's Early Diagnosis of the Acute Abdomen 22nd Edition*, Oxford University Press
- *Sabiston Textbook of Surgery*, Townsend, 21<sup>st</sup> Edition
- Mulholland, Michael W (Ed), *Greenfield's Surgery: Scientific Principles and Practice 6th Edition*, Wolters Kluwer
- Blackbourne, Lorne, *Surgical Recall 6th Edition*, Lippincott Williams, and Wilkins

### **Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

### **Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM709: Surgery Selective**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**  
**Schedule subject to change with advance notice.**



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Surgery Selective
Academic Year:	2024-2025
Course Designations:	COM 709
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Pass, Fail
Locations:	ACHE Affiliated Site
Course Director:	Michael Gooden, MD Michael.Gooden@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description .....	3
Course Goals .....	3
Seven Osteopathic Core Competencies.....	3
Student Learning Objectives .....	4
Requirements & Grading .....	5
Logs .....	5
Topic Lists for Surgical Selective .....	6
Resources .....	11
Expectations & Student Responsibilities .....	11

### **Course Description**

Students will rotate in a surgical subspecialty or general surgery. This will expand the student's knowledge base by direct interaction with surgeons who are board certified in their respective surgical specialty. The Surgical Selectives available for the student are ambulatory or hospital-based. They are all designed to require the student to demonstrate evaluation, decision-making, and management skills. The student will demonstrate the ability to design both interventional and conservative treatment plans and provide care for the patient. The rotations are not intended to produce the level of knowledge, skill and competencies required of a skilled surgeon in any of the disciplines. They place an emphasis on the pre- and post-operative evaluation and care of the patient and not the skills required for the intraoperative treatment of the patient. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the healthcare team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain understanding of the role of the subspecialty surgeon as part of a care team. Student may choose rotations in:

General Surgery	Podiatry
Orthopedic Surgery	Plastic Surgery
Otolaryngology	Ob/Gyn
Ophthalmology	Burn Unit
Surgical Critical Care/Trauma Surgery	Interventional Radiology
Neurosurgery	Pediatric Surgery
Urology	PM&R (with anesthesiologist only)
CV/Thoracic Surgery	Bariatric Surgery
Anesthesiology	Wound Care
Vascular Surgery	Dermatology
Transplant Surgery	Forensic Pathology

Other specialties not listed may be requested for approval from the Course Director.

### **Course Goals**

1. Improve the student's clinical and communication skills with patients, families, communities, and professionals in a responsive and responsible manner and competently promote their patients' health through disease prevention and treatment.
2. Gain experience in a surgical specialty of the student's choosing
3. Expand the student's knowledge base
4. Expand the student's procedural skill level

### **Seven Osteopathic Core Competencies**

The faculty and administration of Arkansas College of Osteopathic Medicine attest that the following Osteopathic Core Competencies are met during CORE rotations:

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine (OPP/OMM):** Students are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and

competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. **Medical Knowledge (MK):** Students will apply their knowledge of history taking and physical diagnosis skills.
3. **Interpersonal and Communication Skills (ICS):** The course will allow students to demonstrate their ability to interact with patients in a clinical setting as well as conduct a full History and Physical including documentation of the encounter through a SOAP note; preferably in an electronic medical record (EMR).
4. **Professionalism (PRO):** Students will dress and act professionally during their clinical patient encounters. They will treat the patient and all parties involved in the clinical setting with respect and dignity.
5. **Patient Care (PC):** Students will demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, and awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice; integrate evidence-based medicine into patient care; show an understanding of research methods; improve patient care practices.
7. **Systems-Based Practice (SBP):** Students are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, be proficient using electronic medical records, and practice cost-effective medicine.

### **Student Learning Objectives**

Upon successful completion of this rotation, the student will be able to:

1. Discuss the diagnosis, pathophysiology, and treatment of common disorders seen in the specialty. **MK, PC**
2. Discuss the role of the specialty in healthcare and how the physician interacts with other members of the healthcare team. **MK, PC, ICS, PRO**
3. Appropriately document the history, examination, assessment, and plan in the patient's record. **MK, PC, ICS**
4. Document any procedural experiences, including OMM as appropriate. **MK, PC, OPP**
5. Demonstrate professionalism by being punctual, appropriate dress, grooming, interpersonal relationships, and demonstrating the maturity to resolve tensions and function under pressure. **PRO, PC**
6. Participate as a member of the professional team and accepting input from inter-disciplinary team members of all professional levels (physicians, nurses, midwives, PA) who have intimate and valuable knowledge of the patient and related aspects of patient's care. **MK, PC, PRO**
7. Exercise minimal interference by placing appropriate limitation on investigations and selecting those treatments that benefit the patient. **MK, PC, ICS, PBL, SBP**
8. Demonstrate the importance of cost containment in conjunction with patient care. **MK, PC, ICS, PBL, SBP**
9. Document in a clear and comprehensive manner reasons for adopting or not adopting certain strategies in the management of the patient, including values, preferences, and critical dilemmas. **MK, PC, ICS, PRO**
10. Discuss osteopathic medical profession and its integration into this surgery field, include OPP consideration of commonly seen problems in the specialty. **MK, PC, OPP**
11. Consent patients for and participate in procedures common to the specialty. **MK, PC, ICS, PRO**



12. Demonstrate evidence-based medicine in diagnosing and treatment of patients. **MK, PC, PBL**  
 13. Review the Scientific Method, evaluate research, and discuss with attending physician how the research may be applied to patient care. **MK, PC, PBL, SBP**

### **Requirements & Grading**

Grades assigned for this course will be Pass and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	Preceptor Evaluation	Logs	Assignments	Attendance
Pass	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	Adheres to ARCOM's attendance policy
Fail	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

### **Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation. For the Surgical Selective, students should choose topics from the subspecialty in which they are rotating.

Students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: "38-year-old male with depression" or "42-year-old female, assisted in total abdominal hysterectomy". If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For the Surgical Selective rotation, students must submit **5 logs per week** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will

better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

### **Topic Lists for Surgical Selective**

Depending on the rotation, alternate topics will also be acceptable based on the preceptor's practice.

Anesthesiology: Airway examination – ASA classification

Anesthesiology: Airway management

Anesthesiology: Anesthesia, general

Anesthesiology: Anesthesia, local

Anesthesiology: Anesthesia, regional

Anesthesiology: Arterial line placement

Anesthesiology: Bag-mask ventilation

Anesthesiology: Central venous catheterization

Anesthesiology: Intubation, nasotracheal

Anesthesiology: Intubation, oropharyngeal

Anesthesiology: Medication induction

Anesthesiology: Medication maintenance

Anesthesiology: Pain management, acute

Anesthesiology: Pain management, chronic

Anesthesiology: Airway examination – ASA classification

Anesthesiology: Airway management

Anesthesiology: Anesthesia, general

Anesthesiology: Anesthesia, local

Anesthesiology: Anesthesia, regional

Anesthesiology: Arterial line placement

Anesthesiology: Bag-mask ventilation

Anesthesiology: Central venous catheterization

Anesthesiology: Intubation, nasotracheal

Anesthesiology: Intubation, oropharyngeal

Anesthesiology: Medication induction

Anesthesiology: Medication maintenance

Anesthesiology: Pain management, acute

Anesthesiology: Pain management, chronic

Cardiothoracic Surgery: Cardiac dysrhythmia

Cardiothoracic Surgery: Cardiac neoplasms

Cardiothoracic Surgery: Cardiothoracic trauma

Cardiothoracic Surgery: Coronary artery disease

Cardiothoracic Surgery: Diaphragmatic trauma

Cardiothoracic Surgery: Embolism

Cardiothoracic Surgery: Infection, inflammatory, and environmental insults to the lung

Cardiothoracic Surgery: Lung neoplasms

Cardiothoracic Surgery: Myocarditis and cardiomyopathies

Cardiothoracic Surgery: Neoplasms and acquired abnormalities of the mediastinum

Cardiothoracic Surgery: Pericardial abnormalities, acquired

Cardiothoracic Surgery: Pericardial abnormalities, congenital

Cardiothoracic Surgery: Pulmonary aortic pathology

Cardiothoracic Surgery: Tracheobronchial and pulmonary trauma

Cardiothoracic Surgery: Traumatic conditions of the chest wall

Cardiothoracic Surgery: Tumors and Acquired abnormalities of the chest wall

Cardiothoracic Surgery: Valvular heart disease

Dermatology: Acne

Dermatology: Actinic keratosis

Dermatology: Atopic dermatitis

Dermatology: Biopsy

Dermatology: Boils/cellulitis

Dermatology: Burns

Dermatology: Candida

Dermatology: Chemo cautery

Dermatology: Contact dermatitis

Dermatology: Cosmetics

Dermatology: Cryosurgery

Dermatology: Culture

Dermatology: Cysts

Dermatology: Dermatophytosis/onychomycosis

Dermatology: Drug eruptions

Dermatology: Dyshidrosis

Dermatology: Electrocautery

Dermatology: Excision of skin lesions

Dermatology: Extensive skin lesion removal

Dermatology: Leg ulcers

Dermatology: Lichen planus

Dermatology: Lymphangitis

Dermatology: Molluscum contagiosum

Dermatology: Pediculosis

Dermatology: Pigmented nevi

Dermatology: Pityriasis rosea

Dermatology: Psoriasis

Dermatology: Purpura/petechiae  
Dermatology: Rosacea  
Dermatology: Scabies  
Dermatology: Scraping  
Dermatology: Seborrheic dermatitis  
Dermatology: Seborrheic keratosis  
Dermatology: Skin cancer – basal cell carcinoma  
Dermatology: Skin cancer – Melanoma  
Dermatology: Skin cancer – Squamous cell carcinoma  
Dermatology: Skin tags  
Dermatology: Spider veins  
Dermatology: Stasis dermatitis/ulcer  
Dermatology: Tinea & onychomycosis  
Dermatology: Ultraviolet light therapy  
Dermatology: Urticarial eruptions  
Dermatology: Vesiculobullous disease  
Dermatology: Warts  
Ophthalmology: Allergic conjunctivitis  
Ophthalmology: Amblyopia/strabismus  
Ophthalmology: Blepharitis  
Ophthalmology: Cataracts  
Ophthalmology: Chalazion  
Ophthalmology: Chlamydia trachomatis infection in the newborn  
Ophthalmology: Congenital toxoplasmosis  
Ophthalmology: Conjunctival hyperemia  
Ophthalmology: Conjunctivitis  
Ophthalmology: Corneal abrasion  
Ophthalmology: Diabetic retinopathy  
Ophthalmology: Direct ophthalmoscopy  
Ophthalmology: Dry eye  
Ophthalmology: Foreign body removal  
Ophthalmology: Giant papillary conjunctivitis  
Ophthalmology: Glaucoma  
Ophthalmology: Horner's Syndrome  
Ophthalmology: Hypertension – ocular effects  
Ophthalmology: Macular degeneration  
Ophthalmology: Ocular herpes  
Ophthalmology: Optic neuropathy  
Ophthalmology: Pterygium  
Ophthalmology: Scleritis  
Ophthalmology: Sjogren's syndrome  
Ophthalmology: Slit lamp exam  
Ophthalmology: Sty  
Ophthalmology: Third nerve palsy  
Ophthalmology: Tuberculosis – effects on the eye

Ophthalmology: Uveitis  
Ophthalmology: Visual acuities/visual fields  
Orthopedic Surgery: Adhesive capsulitis  
Orthopedic Surgery: Amputation  
Orthopedic Surgery: Ankle fracture  
Orthopedic Surgery: Ankle sprain  
Orthopedic Surgery: Arthritis  
Orthopedic Surgery: Arthroscopy of knee and shoulder  
Orthopedic Surgery: Casting/splinting  
Orthopedic Surgery: Cervical fracture  
Orthopedic Surgery: Carpal tunnel syndrome  
Orthopedic Surgery: Cubital tunnel syndrome  
Orthopedic Surgery: Exam of spine and extremities  
Orthopedic Surgery: Femur fracture  
Orthopedic Surgery: Forearm fracture  
Orthopedic Surgery: Fracture reduction  
Orthopedic Surgery: Gangrene  
Orthopedic Surgery: Hip injury  
Orthopedic Surgery: Humeral fracture  
Orthopedic Surgery: Injection/aspiration of knee and shoulder  
Orthopedic Surgery: Joint infection  
Orthopedic Surgery: Knee injury  
Orthopedic Surgery: Lateral patellar dislocation  
Orthopedic Surgery: Osteogenesis imperfecta  
Orthopedic Surgery: Paget disease of the bone  
Orthopedic Surgery: Pelvic fracture  
Orthopedic Surgery: Adhesive capsulitis  
Orthopedic Surgery: Amputation  
Orthopedic Surgery: Ankle fracture  
Orthopedic Surgery: Ankle sprain  
Orthopedic Surgery: Arthritis  
Orthopedic Surgery: Arthroscopy of knee and shoulder  
Orthopedic Surgery: Casting/splinting  
Orthopedic Surgery: Cervical fracture  
Orthopedic Surgery: Carpal tunnel syndrome  
Orthopedic Surgery: Cubital tunnel syndrome  
Orthopedic Surgery: Exam of spine and extremities  
Orthopedic Surgery: Femur fracture  
Orthopedic Surgery: Forearm fracture  
Orthopedic Surgery: Fracture reduction  
Orthopedic Surgery: Gangrene  
Orthopedic Surgery: Hip injury

Orthopedic Surgery: Humoral fracture  
Orthopedic Surgery: Injection/aspiration of knee and shoulder  
Orthopedic Surgery: Joint infection  
Orthopedic Surgery: Knee injury  
Orthopedic Surgery: Lateral patellar dislocation  
Orthopedic Surgery: Osteogenesis imperfecta  
Orthopedic Surgery: Paget disease of the bone  
Orthopedic Surgery: Pelvic fracture  
Orthopedic Surgery: Postoperative infection  
Orthopedic Surgery: Rotator cuff tear/labral injury  
Orthopedic Surgery: Scoliosis  
Orthopedic Surgery: Shoulder dislocation  
Orthopedic Surgery: Spina bifida  
Orthopedic Surgery: Spinal stenosis  
Orthopedic Surgery: Spine defect  
Orthopedic Surgery: Spine injury  
Orthopedic Surgery: Sports injury  
Orthopedic Surgery: Tibial fracture  
Orthopedic Surgery: Total hip replacement  
Orthopedic Surgery: Total knee replacement  
Orthopedic Surgery: Venous thromboembolic disease  
Otorhinolaryngology: Adenoidal disorders  
Otorhinolaryngology: Anosmia  
Otorhinolaryngology: Bell's palsy  
Otorhinolaryngology: Carcinomas of ENT origin  
Otorhinolaryngology: Cholesteatoma  
Otorhinolaryngology: Croup  
Otorhinolaryngology: Dermatitis of the ear canal  
Otorhinolaryngology: Epiglottitis  
Otorhinolaryngology: External ear obstructions  
Otorhinolaryngology: Hearing loss  
Otorhinolaryngology: Herpes zoster Oticus  
Otorhinolaryngology: Laryngitis  
Otorhinolaryngology: Labyrinthitis  
Otorhinolaryngology: Mastoiditis  
Otorhinolaryngology: Meniere Disease  
Otorhinolaryngology: Myringitis  
Otorhinolaryngology: Nasal foreign bodies  
Otorhinolaryngology: Nasal polyps  
Otorhinolaryngology: Otic barotrauma  
Otorhinolaryngology: Otitis media  
Otorhinolaryngology: Otorrhea  
Otorhinolaryngology: Otosclerosis  
Otorhinolaryngology: Ototoxicity

Otorhinolaryngology: Peritonsillar Abscess  
Otorhinolaryngology: Rhinitis  
Otorhinolaryngology: Septal deviation  
Otorhinolaryngology: Sinusitis  
Otorhinolaryngology: Submandibular space infections  
Otorhinolaryngology: Tinnitus  
Otorhinolaryngology: Tonsillopharyngitis  
Otorhinolaryngology: Tracheostomy  
Otorhinolaryngology: Vertigo  
Otorhinolaryngology: Vestibular neuronitis  
Otorhinolaryngology: Vocal cord polyps  
Pathology: Accompany coroner (if applicable)  
Pathology: Principles of surgical pathology; Gross and microscope analysis  
Pathology: GI Pathology: sample collection and analysis of normal and abnormal  
Pathology: Breast Pathology: sample collection and analysis of normal and abnormal  
Pathology: Hematopathology: sample collection and analysis of normal and abnormal  
Pathology: Dermatopathology: sample collection and analysis of normal and abnormal  
Pathology: GU Pathology: sample collection and analysis of normal and abnormal  
Pathology: Cytopathology specimens, Collection, Submission and Processing  
Pathology: Paraffin sample preparation: processing, sectioning, and staining  
Pathology: Electron microscopy  
Pathology: Frozen section  
Pathology: Diagnostic immunohistochemistry  
Pathology: Common Special Stains  
Pathology: Molecular pathology  
Pathology: Digital pathology and image analysis  
Pathology: Principles of Clinical Chemistry  
Pathology: Routine urinalysis with microscopy  
Pathology: Consultation on clinical chemistry abnormalities  
Pathology: Diagnostic Flow Cytometry  
Pathology: Coagulation testing and abnormalities  
Pathology: Processing of spinal fluid specimens  
Pathology: Transfusion medicine: Blood typing and the problem cross match  
Surgical Elective: Abdominal mass  
Surgical Elective: Acute abdomen  
Surgical Elective: Appendectomy

## COM 709: Surgery Selective

Surgical Elective: Blood transfusion  
Surgical Elective: Bowel obstruction  
Surgical Elective: Bowel resection/repair  
Surgical Elective: Breast biopsy  
Surgical Elective: Cholecystectomy  
Surgical Elective: ECRP  
Surgical Elective: Fluid management  
Surgical Elective: Hemorrhoids  
Surgical Elective: Herniorrhaphy  
Surgical Elective: Hysterectomy  
Surgical Elective: Initial assessment  
Surgical Elective: Laparoscopy  
Surgical Elective: Laparotomy  
Surgical Elective: Lipoma  
Surgical Elective: Mastectomy/lumpectomy  
Surgical Elective: Multi-system problem  
Surgical Elective: Oophorectomy  
Surgical Elective: Pelvic mass  
Surgical Elective: Robotic surgery  
Surgical Elective: Scar revision  
Surgical Elective: Thyroid surgery  
Surgical Elective: Wound debridement  
Trauma Surgery & Surgical Critical Care: Acid/base disturbance  
Trauma Surgery & Surgical Critical Care: Advanced splinting of MSK injuries  
Trauma Surgery & Surgical Critical Care: Assisting in surgery  
Trauma Surgery & Surgical Critical Care: ATLS evaluation  
Trauma Surgery & Surgical Critical Care: Biliary disease  
Trauma Surgery & Surgical Critical Care: Blunt trauma  
Trauma Surgery & Surgical Critical Care: Breast disease  
Trauma Surgery & Surgical Critical Care: Burns  
Trauma Surgery & Surgical Critical Care: Daily chart notes, inpatient and outpatient  
Trauma Surgery & Surgical Critical Care: Documenting H&P  
Trauma Surgery & Surgical Critical Care: DVT/PE  
Trauma Surgery & Surgical Critical Care: ETOH and delirium tremens (DT)  
Trauma Surgery & Surgical Critical Care: Fluid replacement  
Trauma Surgery & Surgical Critical Care: Fractures  
Trauma Surgery & Surgical Critical Care: Head injury  
Trauma Surgery & Surgical Critical Care: Hemorrhage  
Trauma Surgery & Surgical Critical Care: Laboratory interpretation  
Trauma Surgery & Surgical Critical Care: Managing/clearing cervical spine injury  
Trauma Surgery & Surgical Critical Care: Mechanical ventilation  
Trauma Surgery & Surgical Critical Care: Pain  
Trauma Surgery & Surgical Critical Care: Pancreatic disease  
Trauma Surgery & Surgical Critical Care: Penetrating trauma  
Trauma Surgery & Surgical Critical Care: Prescriptions  
Trauma Surgery & Surgical Critical Care: Rib fractures/pneumothorax  
Trauma Surgery & Surgical Critical Care: Shock  
Trauma Surgery & Surgical Critical Care: Small bowel obstruction  
Trauma Surgery & Surgical Critical Care: Suture  
Trauma Surgery & Surgical Critical Care: Syncope  
Trauma Surgery & Surgical Critical Care: Thyroid/parathyroid disease  
Trauma Surgery & Surgical Critical Care: Wound care  
Urology: Benign Prostatic Hyperplasia (BPH)  
Urology: Bladder cancer (transitional cell carcinoma (TCC) of urothelium)  
Urology: Cancer, penile  
Urology: Cancer, renal  
Urology: Cancer, testicular  
Urology: Circumcision  
Urology: CT, IVP, ultrasonography  
Urology: Cystitis  
Urology: Cystoscopy  
Urology: Erectile dysfunction and impotence  
Urology: Examination, abdomen/flank  
Urology: Examination, female pelvic  
Urology: Examination, inguinal canal  
Urology: Examination, male genitalia  
Urology: Examination, prostate  
Urology: Examination, rectum  
Urology: Foley catheter placement, female  
Urology: Foley catheter placement, male

Urology: Incontinence  
Urology: Kidney stones (urolithiasis)  
Urology: Lithotripsy  
Urology: Nephrectomy  
Urology: Paraphimosis  
Urology: Phimosis  
Urology: Prostatitis  
Urology: Pyelonephritis  
Urology: Radical prostatectomy  
Urology: Testicular torsion  
Urology: Torsion reduction  
Urology: Transrectal ultrasound with prostate biopsy  
Urology: Transurethral prostate resection  
Urology: Transurethral resection of bladder tumor  
Urology: Ureteral stent placement  
Urology: Ureterscopy and stone extraction  
Urology: Urinalysis interpretation with microscopic sediment evaluation  
Urology: Urodynamics  
Urology: Vasectomy  
Wound Care Hyperbaric: Acute and Chronic Wound Healing  
Wound Care Hyperbaric: Acute thermal burn injury  
Wound Care Hyperbaric: Acute traumatic ischemia  
Wound Care Hyperbaric: Air or gas embolism  
Wound Care Hyperbaric: Arterial insufficiencies  
Wound Care Hyperbaric: Atypical Wounds  
Wound Care Hyperbaric: Carbon monoxide poisoning  
Wound Care Hyperbaric: Carbon monoxide poisoning complicated by cyanide poisoning  
Wound Care Hyperbaric: Central retinal artery occlusion  
Wound Care Hyperbaric: Clostridial myositis and myonecrosis (gas gangrene)  
Wound Care Hyperbaric: Compartment syndrome  
Wound Care Hyperbaric: Complex Wounds  
Wound Care Hyperbaric: Compromised grafts and flaps  
Wound Care Hyperbaric: Crush injury  
Wound Care Hyperbaric: Debridement, autolytic  
Wound Care Hyperbaric: Debridement, enzymatic  
Wound Care Hyperbaric: Debridement, mechanical  
Wound Care Hyperbaric: Debridement, sharp/surgical  
Wound Care Hyperbaric: Decompression sickness  
Wound Care Hyperbaric: Delayed radiation injury (soft tissue and bony necrosis)  
Wound Care Hyperbaric: Diabetic Foot Ulcers  
Wound Care Hyperbaric: Idiopathic sudden sensorineural hearing loss  
Wound Care Hyperbaric: Injury, full thickness  
Wound Care Hyperbaric: Injury, partial  
Wound Care Hyperbaric: Intracranial abscess  
Wound Care Hyperbaric: Medically Approved Indications & Treatment Planning for Hyperbaric Oxygen Therapy  
Wound Care Hyperbaric: Moist wound therapy  
Wound Care Hyperbaric: Necrotizing fasciitis  
Wound Care Hyperbaric: Necrotizing soft tissue infection  
Wound Care Hyperbaric: Osteomyelitis (refractory)  
Wound Care Hyperbaric: Pressure Ulcers  
Wound Care Hyperbaric: Reconstruction, myocutaneous flaps and free flaps  
Wound Care Hyperbaric: Reconstruction, skin grafts  
Wound Care Hyperbaric: Severe anemia  
Wound Care Hyperbaric: Ulcer, arterial  
Wound Care Hyperbaric: Ulcer, lymphatic  
Wound Care Hyperbaric: Ulcer, venous  
Wound Care Hyperbaric: Vascular Ulcers  
Wound Care Hyperbaric: Wound Assessment  
Wound Care Hyperbaric: Wound Bioburden  
Wound Care Hyperbaric: Wound Debridement  
Wound Care Hyperbaric: Wound Treatment Options  
Wound Care Hyperbaric: Wound management, acute  
Wound Care Hyperbaric: Wound management, chronic  
Wound Care Hyperbaric: Wound management, necrotic

**Resources**

*Current Diagnosis & Treatment: Surgery, 15e* Gerard M. Doherty

*Schwartz's Principles of Surgery, 11e* F. Charles Brunick et al.

Topic Search in Access Medicine through the ACHE Library also brings a wealth of learning resources for Surgical Selectives.

<https://www.facs.org/for-medical-professionals/education/medical-students/medical-student-educational-modules/>

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM710: Women's Health**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917





ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Women's Health (ObGyn)
Academic Year:	2024-2025
Course Designations:	COM 710
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jeanne Rupert, DO Jeanne.Rupert@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Rotation Description ..... 3

Seven Osteopathic Core Competencies ..... 3

Student Competencies ..... 3

Requirements & Grading ..... 4

COMAT Exam Blueprint ..... 5

Assessment Resources ..... 5

Logs ..... 5

Topic List for Women's Health ..... 6

Resources ..... 6

Expectations & Student Responsibilities ..... 7

### **Rotation Description**

The goal of the Women's Health rotation is to expose students to the fundamentals of women's health, so that they develop a level of clinical competency in the obstetrical and gynecological care of women that is appropriate for the general education of all medical students. Students may work in ambulatory, inpatient, and surgical settings, experiencing the breadth of both obstetrical and gynecological care. Students will deliver basic preventive care for women compassionately and insightfully and learn to apply appropriate screening practices. Upon completion of this rotation, students should be prepared to address basic issues in women's healthcare for women of all ages.

The student will participate in patient care under the direct supervision and at the discretion of the attending physician. The student should develop an understanding of the scope of practice of the women's health provider and their contributions to patient care. An approach to chronic disease management in women, as well as how to conduct a wellness visit in a manner that is patient-centered and emphasizes health promotion, will be taught during this course. The student will be given instruction in assessment, communication, physical examination, clinical reasoning skills, professionalism, and life-long learning.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### **Student Competencies**

By the end of this rotation, the student should be able to:

1. Demonstrate competence in the medical interview and physical examination of women and incorporate ethical, social, and diverse perspectives to provide culturally competent health care.

**MK, PC, ICS, PRO**

2. Interpret laboratory tests and imaging. **MK, PC**
3. Demonstrate competence in oral presentations. **MK, ICS**
4. Propose management plans based on diagnostic reasoning. **MK, PC, ICS, PBL**
5. Adequately document in the electronic health record. **MK, ICS**
6. Actively participate and assist in the performance of procedures. **PC, OPP**
7. Apply recommended prevention strategies to women throughout their lifespans. **MK, PBL, PC**
8. Demonstrate interprofessional competency by interacting effectively and professionally with other healthcare team members. **ICS, PRO, SBP**
9. Evaluate current literature in the context of the scientific method and discuss with the attending physician how the research may be applied to patient care. **MK, PC, ICS, PBL**
10. Advocate for measures that improve health outcomes for women. **MK, PC, SBP**
11. Assess and remediate one's own knowledge deficits. **MK, PRO, PBL**
12. Discuss and apply Osteopathic Practice and Principles as they pertain to common pregnancy-related symptoms. **MK, PC, OPP**
13. Compare and contrast the roles of different healthcare team members. **PRO, ICS**
14. Discuss an osteopathic, patient-focused approach to patient education. **MK, PC, ICS, PRO**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM's attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**COMAT Exam Blueprint****Dimension 1: Patient Presentation**

Topic	%
Abnormal Obstetrics	20–30%
General Gynecology	25–35%
Gynecologic Oncology	5–15%
Normal Obstetrics	15–25%
Reproductive Endocrinology	10–20%

**Dimension 2: Physician Tasks**

Topic	%
Diagnosis & Management / Pap Smear & DNA testing	35–45%
History & Physical Examination / Communication & Interaction	40–50%
Preventive Care / Health Maintenance	10–15%
Secondary Overarching Topics	1–5%

*From NBOME.org*

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

**Topic List for Women's Health**

1st trimester care	Labor cervical exam check
1st trimester abortion, spontaneous and induced	Menopause/perimenopause
2nd trimester abortion, spontaneous and induced	NSVD performed (with appropriate supervision)
3rd trimester bleeding	Observe Cesarean section
Abnormal Pap smear	Observe hysterectomy
Abnormal uterine bleeding	Observe laparoscopy
Adnexal mass/cyst	Observe operative vaginal delivery
Annual (well-woman) exam	Observe perineal laceration repair
Clinical course of labor	Observe tubal ligation
Conduct, record, and present GYN new patient	Pelvic pain
Conduct, record, and present OB new patient	Perform cervical cultures (STI screening)
H&P	Perform clinical breast exam
Contraceptive counseling	Perform Pap smear
Cultural interview/activity	Perform pelvic exam (including speculum and bimanual examination)
Delayed diagnosis due to uninsured/underinsured status	Perform wet prep and KOH exams
Delivery note	Peripartum infection
Demonstrate knot tying	Postmenopausal bleeding
Diabetes and pregnancy	Postpartum care/lactation
Domestic violence screening	Postpartum hemorrhage
Ectopic pregnancy	Postpartum note
Endometriosis	Preconception care
Fibroids	Preeclampsia/eclampsia
Gestational diabetes	Premature rupture of membranes (PROM)
Gestational hypertension	Prenatal diagnosis
GYN brief operative note	Preterm labor (PTL)
GYN preoperative note	Routine prenatal care follow-up visit
Incontinence/prolapse procedure	Take a sexual history
Infertility	Teen pregnancy
Insert Foley catheter	Test for spontaneous ruptured membranes
	Vulvar/vaginal benign disease
	1st trimester bleeding

Professional Development module in Canvas

**Resources**

- Association of Professors of Gynecology and Obstetrics (APGO) – Medical Student Educational Objectives for Students
- American Osteopathic Association (AOA) and American College of Osteopathic Obstetricians and Gynecologists (ACOG) – Basic Standards for Residency Training in Obstetrics and Gynecology
- Comprehensive Gynecology; Lobo, Gershenson, & Lentz, 8th Edition, 2021
- Gabbe's Obstetrics: Normal and Problem Pregnancies; Landon et al., 8th Edition, 2020
- Essentials of Obstetrics and Gynecology; Hacker, 6th Edition, 2016
- An Osteopathic Approach to Diagnosis and Treatment; DiGiovanna, Amen, & Burns, 4th Edition, 2020
- Foundations of Osteopathic Medicine; Seffinger, 4th Edition, 2019

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM711: Pediatrics**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917





ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Pediatrics
Academic Year:	2024-2025
Course Designations:	COM 711
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jozia McGowan, DO Jozia.McGowan@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description..... 3

Seven Osteopathic Core Competencies..... 3

Student Competencies..... 3

Requirements & Grading ..... 4

Pediatric Content Outline and Examination Objectives ..... 4

Assessment Resources..... 5

Logs ..... 5

Topic List for Pediatrics ..... 6

Recommended Resources ..... 7

Expectations & Student Responsibilities ..... 7

### **Course Description**

This rotation provides a survey of pediatric medicine, from the care of the well newborn through childhood and adolescence. Emphasis will be placed on growth and development, wellness, and prevention. Students will also participate in the diagnosis and management of common illnesses in infants, children, and adolescents. The rotation may be conducted in an outpatient, inpatient, or combined setting under the direction of pediatric professionals. The student will interact professionally with other members of the healthcare team and should develop an understanding of the role of the pediatrician as a primary care provider.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### **Student Competencies**

By the end of the rotation, the student should be able to:

1. Achieve basic knowledge of growth and development (physical, physiological, and psychosocial) from birth through adolescence. **MK, PC**
2. Perform focused history and physical examinations on patients between the ages of 0 – 18 years. **MK, PC, ICS, PRO**
3. Interpret laboratory and imaging studies. **MK, PC**
4. Formulate a differential diagnosis based on the patient's presentation. **MK, PC**
5. Procure the knowledge necessary for diagnosing and managing the pediatric patient, including pharmacologic, non-pharmacologic, behavioral, and lifestyle interventions. **MK, PC**
6. Formulate an appropriate evaluation and treatment plan for the pediatric patient. **MK, PC**

7. Conduct a wellness visit in a manner that is patient-centered and emphasizes health promotion. **MK, PC, ICS, PRO, PBL**
8. Develop communication skills that will facilitate clinical interaction with children, adolescents, and their families and caregivers. **PC, ICS, PRO**
9. Demonstrate appropriate knowledge of patient education and preventive health care counseling for children and their caregivers. **MK, PC, ICS, SBP**
10. Perform clinical procedures common to pediatrics, under supervision by the physician. **PC, OPP**
11. Accurately and concisely communicate the findings of a given patient encounter in written and oral forms to members of the health care team. **MK, PC, ICS, PRO**
12. Evaluate the medical literature critically, employing current practice guidelines and principles of evidence-based medicine to patient care. **MK, PC, PRO, PBL**
13. Apply osteopathic principles and practice for acute and chronic abnormalities and pathology, including recognizing and treating biomechanical and viscerosomatic complaints. **OPP**
14. Develop attitudes and professional behaviors appropriate for clinical practice. **PRO**

### **Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM's attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	

### **Pediatric Content Outline and Examination Objectives**

The Pediatrics COMAT examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Pediatrics that are essential for the predoctoral osteopathic medical student. The exam blueprint below contains the Pediatrics topics covered in two dimensions: Dimension 1 – Patient Presentation and Dimension 2 – Physician Tasks

**Dimension 1: Patient Presentation**

Topic	%
Cardiology/Respiratory	18-25%
CNS – Behavior/Psychiatry	10-16%
Endocrine/Metabolism	4-8%
Gastrointestinal	8-14%
Genitourinary	6-10%
HEENT	6-10%
Hematology/Oncology/Lymphatics	6-10%
Musculoskeletal/OPP (Osteopathic Principles & Practice)	6-10%
Growth & Development	10-16%
Skin	6-10%

**Dimension 2: Physician Tasks**

Topic	%
Diagnostic Technologies	15–25%
Health Promotion/Disease Prevention/Health Care Delivery	10–20%
History & Physical	35–50%
Management	10–20%
Scientific Mechanisms of Disease	5–10%

*From NBOME.org*

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation.

This rotation is a Core subject, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For Core rotations, **each topic listed must be logged in at least once** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will

better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

**Topic List for Pediatrics**

Abdominal pain	Esophageal atresia/tracheoesophageal fistula
Abnormality of head size/shape	Failure to thrive
Acne	Febrile seizures
Acute otitis media	Feeding problems
Allergic rhinitis	Fever without localizing signs and fever of unknown origin
Anemia	Fluid and electrolyte disorders and correction
Appendicitis	Functional bowel disorders
Asthma	Gastroenteritis
Autism Behavior concerns (autism, ADHD, sleep issues)	Gastroesophageal reflux disease
Biliary Atresia	Glomerulonephritis and hematuria
Brain tumors	Headache
Brief Resolved Unexplained Event (BRUE)	Heart murmurs – normal and abnormal
Bronchiolitis	Henoch-Schönlein purpura
Cerebral palsy	Hepatitis
Child abuse and neglect	Hirschsprung disease
Childhood anemia	HUS
Coagulation disorders	Hydrocephalus
Common cold Viral URI	Hypertension
Common fractures	Hyperthyroidism
Common pediatric poisonings	Hypothyroidism (congenital and subclinical)
Concussion	Immunizations (CDC schedule and administration)
Congenital Adrenal Hyperplasia	Inappropriate ADH
Congenital heart disease	Infant feeding
Congenital infections	Inflammatory bowel disease
Conjunctivitis	In-toeing and out-toeing/tibial torsion
Constipation	Intrauterine drug and alcohol exposure
Contact dermatitis	Intussusception
Contraceptive management in the adolescent	Jaundice in the newborn
Croup	Kawasaki's disease and MIS-C
Cystic fibrosis	Large and small for gestational age newborn
DDx for Child with a limp (SCFE, LCP, transient synovitis, etc)	Legg-Calve-Perthes Disease
Depression and anxiety	Leukocoria
Dermatitis (atopic, contact)	Lymphadenopathy
Developmental delay	Lymphomas/Leukemia
Developmental dysplasia of the hip	Macrocephaly
Diabetes insipidus	Malrotation and volvulus
Diabetes mellitus/DKA	Meckel's diverticulum
Diaper rashes	Meningitis and LP technique
Eating disorders	Microcephaly
Encephalitis	Muscle disorders
Enuresis	Neonatal sepsis
Epiglottitis	Nephrotic syndrome

Neuroblastoma	Scoliosis
Neutropenia	Seasonal allergies
Normal child development	Seborrheic dermatitis
Nursemaid's elbow	Seizure disorders
Obesity	Septic arthritis
Osgood-Schlatter disease	Sexual abuse
Osteomyelitis	Sexually transmitted disease
Otitis externa	Short stature
Pancreatitis	Sinusitis
Parathyroid disorders/Panhypopituitarism	Sleep problems
Pediatric HIV	Slipped capital femoral epiphysis
Pediatric OMT	Status epilepticus
Pertussis	Strabismus
Platelet disorders of number and function	Strep throat and complications
Pneumonia	Thrombophilias
Precocious puberty-delayed puberty	Transient synovitis
Psychogenic megacolon	Tremulous neonate
Pyloric stenosis	Tuberculosis
Renal failure – acute and chronic	Urinary tract infection
Respiratory distress in the newborn	Urticaria
Retinoblastoma	Vasculitis
Retinopathy of prematurity	Viral exanthems
Rheumatic diseases of childhood	Vitamin deficiencies and hypervitaminoses
Routine care of the neonate	Well child care from birth through adolescence
Scabies	Wilms' tumor

Professional Development module in Canvas

### **Recommended Resources**

- *Bates Guide to Physical Examination and History Taking*, 13th ed., 2021, by Lynn S. Bickley, ISBN (hdbk) 781496398178
- *Nelson Textbook of Pediatrics*, 21st ed., 2020, by Robert M. Kliegman et al., ISBN (hdbk) 9780323529501
- *CURRENT Diagnosis and Treatment: Pediatrics*, 25th ed., 2020, by William W. Hay Jr. et al., ISBN (ppbk) 9781260457827

### **Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM712: Behavioral Health**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917





ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Behavioral Health
Academic Year:	2024-2025
Course Designations:	COM 712
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jeanne Rupert, DO Jeanne.Rupert@Achehealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description..... 3

Seven Osteopathic Core Competencies..... 3

Student Competencies..... 3

Requirements & Grading ..... 4

COMAT Exam Blueprint ..... 4

Assessment Resources..... 5

Topic List for Behavioral Health ..... 5

Resources..... 5

Expectations & Student Responsibilities ..... 6

### **Course Description**

The Behavioral Health rotation allows the student to gain supervised experience in the principles and practice of psychiatry and behavioral medicine. This clinical learning experience focuses on educating the student in the evaluation, diagnosis, and management of psychiatric and behavioral problems. The rotation may provide exposure to psychiatric care for children, adolescents, and adults. The student will reinforce previously learned pharmacological treatment methods and develop knowledge of counseling and non-pharmacological treatment methods for common conditions in this specialty. The student will establish professional working relationships with members of a multidisciplinary mental health treatment team to improve patient care.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### **Student Competencies**

**By the end of this rotation, the student should be able to:**

1. Perform a history and physical examination on patients across the lifespan in a behavioral medicine setting. **MK, PC, ICS**
2. Formulate a differential diagnosis based on the patient's history and physical exam and recommend the proper diagnostic studies. **MK, PC, ICS, PBL**
3. Diagnose common medical and behavioral problems likely to be seen in the behavioral medicine setting. **MK, PC**
4. Interpret laboratory tests, imaging, and other studies. **MK, PC**
5. Develop, implement, and monitor management plans for behavioral health conditions, including pharmacological and non-pharmacological approaches. **MK, PC, ICS, PBL**

6. Accurately and concisely communicate the findings of a given patient encounter to all members of the health care team. **ICS, IPE, PRO**
7. Adequately document in the electronic health record. **MK, ICS**
8. Demonstrate sensitivity and empathy regarding the emotional, cultural, and socioeconomic aspects of the patient, the patient’s condition, and the patient’s family. **ICS, SBP, PRO**
9. Demonstrate interprofessional competency by interacting effectively and professionally with other healthcare team members. **ICS, PRO, IPE**
10. Demonstrate professional behavior to the highest ethical and legal standards. **ICS, Prof**
11. Critically evaluate the medical literature to use current practice guidelines and apply the principles of evidence-based medicine to patient care. **PBL, MK, PC**
12. Compare and contrast the roles of different members of the health care team as they relate to caring for a patient in the behavioral health setting. **SBP, PRO, PC**

**Requirements & Grading**

Grades assigned for this course will be Honors, High Pass, Pass, and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	COMAT	Preceptor Evaluation	Logs	Assignments	Attendance
Honors	110+ on the first attempt (taken on time)	Average: 3.6+	Logs must be complete and submitted by the due date	Accurately submits any assignments, including <b>student evaluation of preceptor</b> , on time.	Adheres to ARCOM’s attendance policy
High Pass	93-109 on the first attempt (taken on time)	Average: 3.0+			
Pass	90-92 in three attempts	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	
Fail	A score less than 90 in three attempts	Average: <2.5 or the Supervising Physician marks the student didn’t complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	

**COMAT Exam Blueprint**

The Psychiatry examination is designed for end-of-course or end-of-clinical rotation/clerkship assessment for students enrolled at a college of osteopathic medicine (COM). This examination emphasizes core knowledge and elements of osteopathic principles and practice in the discipline of Psychiatry that are essential for the predoctoral osteopathic medical student. The exam blueprint below contains the Psychiatry topics covered in two dimensions: Dimension 1 – Patient Presentation and Dimension 2 – Physician Tasks.

**Dimension 1: Patient Presentation**

Topic	%
Anxiety Disorders/Trauma and Stressor Related Disorders/Dissociative Disorders/Obsessive Compulsive and Related Disorders/Adjustment Disorders	14–20%
Neurocognitive Disorders	9–15%
Neurodevelopmental Disorders/Gender Dysphoria/Disruptive, Impulse-Control and Conduct Disorders	9–15%
Depressive, Bipolar and Related Disorders	20–25%
Personality Disorders	4–8%
Psychiatric Illness Due to Another Medical Condition	4–6%
Schizophrenia Spectrum and Other Psychotic Disorders	5–12%
Somatic-Symptom and Related Disorders	4–9%
Substance-Related and Addictive Disorders/Feeding, Eating and Elimination Disorders/Sexual Dysfunctions and Paraphilic Disorders	5–10%
Sleep-Wake Disorders	2–5%

**Dimension 2: Physician Tasks**

Topic	%
Health Promotion Disease Prevention/Health Care Delivery	5–20%
History & Physical	25–45%
Management	25–45%
Scientific Understanding of Mechanisms	10–25%

From NBOME.org

**Assessment Resources**

NBOME COMAT resources available at: <http://www.nbome.org>

**Topic List for Behavioral Health**

- |   |   |
|---|---|
| ADHD  | Impulse Control Disorders                                     |
| Adjustment Disorders  | Medical ethics concern  |
| Alcohol Use Disorder and Substance Abuse/Intoxication/Use Disorders | Mood Disorders  |
| Amnestic and related disorders                                      | Pain Management   |
| Anxiety Disorders   | Personality Disorders   |
| Autism  | Physician Patient Boundaries                                  |
| Cortical Syndromes  | Psychiatric disorders secondary to general medical conditions |
| Danger to self or others assessment                                 | Psychotic Disorders   |
| Delirium  | Schizophrenia   |
| Dementia and Cognitive Impairments                                  | Sexual Disorders  |
| Disorders of Childhood and Adolescence                              | Sleep Disorders   |
| Eating Disorders  | Somatoform, Factitious, and Pain Disorders                    |
| Epigenetics   | Substance-Induced Mood Disorders                              |
| Gender Dysphoria  | Trauma and Stress-Related Disorders                           |
| Geriatric Disorders   | Treatment complication  |

Professional Development module in Canvas

**Resources**

- *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, 5th Edition
- *Synopsis of Psychiatry*, Kaplan & Saddock, 12<sup>th</sup> Edition
- *Introductory Textbook of Psychiatry*, Black & Andreasen, 7<sup>th</sup> Edition

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM722: Rural Primary Care**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**

**Schedule subject to change with advance notice.**

Office of the Dean

479.308.2380 | PO Box 10366 | Fort Smith, AR 72917



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Rural Primary Care
Academic Year:	2024-2025
Course Designations:	COM 722
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Pass, Fail
Locations:	ACHE Affiliated Site
Course Director:	Jeanne Rupert, DO Jeanne.Rupert@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.



**Table of Contents**

Course Description..... 3

Course Goals ..... 3

Seven Osteopathic Core Competencies..... 4

Student Learning Objectives ..... 4

Requirements & Grading ..... 5

Logs ..... 5

Resources..... 6

Expectations & Student Responsibilities ..... 6

### **Course Description**

The rotation may be at rural primary care offices, community health centers, medical missions, public health departments, or in another similar setting. All students must complete one rotation at an underserved clinical site that provides diverse and comprehensive services for underserved and underrepresented patients. Acceptable locations include rural primary care physician (Family Medicine, Internal Medicine, or Pediatrics), Community Healthcare Centers in rural and urban- underserved settings, Correctional Centers, Native American Clinics, and Public Health Clinics, etc.

The delivery of quality medical care in health systems with wide diversity of patient types and varying degrees of resources is the focus of the curriculum for this rotation in underserved care. Training and experience in these settings is important to produce physicians who have the confidence and skill to practice in the rural and remote regions of our country, and in international or missionary settings. This rotation provides students with the opportunity to experience medicine in rural and underserved environments while providing care for otherwise underserved populations. The student often must utilize the knowledge and skills of a diverse healthcare team where many of the high-tech tools of medicine may not be available. In this environment, students advance their abilities in patient care based on their medical history, communication, physical exam, and clinical medicine skills. The curriculum places an emphasis on preventive medicine, population-based care, and public health subjects.

The student will work with a rural primary care physician(s) across all patient settings. The student will participate in direct patient care under the direct supervision and at the discretion of the attending physician. The student will professionally interact with other members of the healthcare team and should develop an understanding of their scope of practice and contributions to patient care. The student will gain an understanding of the role of the physician as a primary care provider in a rural setting with limited resources and consultative services. This experience will allow them to see a broader depth of practice than is typical in an urban setting.

### **Course Goals**

1. Understand the value of primary care as an integral and rewarding part of any health care system.
2. Teach an approach to the evaluation and initial management of acute presentation commonly encountered in the ambulatory setting.
3. Perform procedures commonly done in the rural primary care setting.
4. Gain experience in a rural primary care (Internal Medicine, Family Medicine, and Pediatrics) setting treating underserved patient populations.
5. Expand the student's knowledge base and prepare them for residency.
6. Teach an approach to conducting a wellness visit in a manner that is patient- centered and emphasizes health promotion.
7. Teach an approach to chronic disease management.
8. Model the principles of Osteopathic Medicine.
9. Develop the competencies and the core Osteopathic Entrustable Professional Activities (EPAs).
10. Provide instruction in assessment, communication, physical examination, clinical reasoning skills, professionalism, and life-long learning.
11. Improve the student's clinical and communication skills with patients, families, communities, and professionals in a responsive and responsible manner and competently promote their patients' health through disease prevention and treatment.

### **Seven Osteopathic Core Competencies**

The faculty and administration of ARCOM attest that the following Osteopathic Core Competencies are met in this course:

1. **Osteopathic Philosophy/Osteopathic Manipulative Medicine (OPP/OMM):** Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. **Medical Knowledge (MK):** Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. **Patient Care (PC):** Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, and the incorporation of preventive medicine and health promotion.
4. **Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. **Professionalism (PRO):** Uphold the Osteopathic Oath in the conduct of one's professional activities by promoting advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; and be cognizant of one's own physical and mental health in order to effectively care for patients.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. **Systems-Based Practice (SBP):** Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

### **Student Learning Objectives**

By participating in patient care under the direction of their preceptor, at the completion of this rotation, the student should be able to:

1. Demonstrate the ability to take a complete history and perform a complete physical examination for an adult and/or pediatric patient. **MK, PC**
2. Demonstrate the ability to document a history and physical examination, write brief progress notes using the SOAP format for primary care patients. **MK, PC, ICS**
3. Gather information, formulate differential diagnosis, and propose evidence-based, cost-effective plans for the initial evaluation and management of patients with common problems. **MK, PC, PBL, SBP**
4. Manage follow-up visits with patients having chronic diseases. **MK, PC**
5. Develop evidence-based disease prevention and health promotion plans for patients. **SBP**
6. Actively participate and assist in the performance of the procedures commonly encountered within Family Medicine, Internal Medicine and/or Pediatrics in a rural primary setting. **MK, PC, OPP**
7. Apply OPP appropriately for acute and chronic abnormalities and pathology including recognition and treatment of biomechanical and viscerosomatic complaints. **MK, PC, OPP**
8. Understand when a referral or consultation is needed and on what timetable. This would include what services are available locally and how to provide remote access or travel for patients needing consultation not available in local area. **MK, PC, SBP**
9. Advice, counseling, health education and instruction to a diverse population of patients and their families. **MK, PC, ICS, PRO**

10. Demonstrate how to effectively interact and utilize the skill set of other members of the healthcare team. **ICS, PRO**
11. Communicate medical information and concerns with patients, families, attending and other health professionals. **MK, PC, ICS, PRO**
12. Evaluate research and discuss with attending physician how the research may be applied to patient care. **MK, PC, ICS, SBL**
13. Discuss health disparities within the community and begin to understand what community factors affect the health of patients within your community. **PC, SBP**
14. Begin to assemble knowledge of locally available resources for patients in your community. **PC, SBP**
15. Demonstrate familiarity with health care resources in rural areas. **PC, SBP**
16. Discuss the role of health care literacy in treatment of patients, and ways or resources available to improve health care literacy. **PC, ICS, PBL, SBP**

**Requirements & Grading**

Grades assigned for this course will be Pass and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	Preceptor Evaluation	Logs	Assignments	Attendance
Pass	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	Adheres to ARCOM's attendance policy
Fail	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**Logs**

The cases listed below are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to this rotation. For the Surgical Selective, students should choose topics from the subspecialty in which they are rotating.

Students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading

assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy”. If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For the Rural Primary Care rotation, students must submit **5 logs per week** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student’s rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

Topics for this rotation include any primary care or specialty topic, and will generally reflect the demographics of the preceptor’s practice. A professional development module will be assigned in Canvas.

### **Resources**

*Ethical Issues in Rural Health Care*; Craig Klugman and Pamela Dalinis

*Current Medical Diagnosis & Treatment 2024*; editor Monica Gandhi

### **Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM723: Advanced OPP**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**  
**Schedule subject to change with advance notice.**



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Advanced Osteopathic Principles & Procedures
Academic Year:	2024-2025
Course Designations:	COM 723
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Honors, High Pass, Pass, Fail
Locations:	Core Region, as assigned
Course Director:	Jason Sneed, DO Jason.Sneed@ACHEhealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description..... 3

Course Objectives ..... 3

OMM Review ..... 4

OMM Modules..... 4

Online Module Assessments..... 4

OMT Procedure Logs..... 5

Recommended Textbooks ..... 5

Student Responsibilities..... 5

Late Assignments and Excused Absences ..... 6

Grading Procedure ..... 6

Course Remediation..... 7

Due Dates..... 7



### **Course Description**

The Advanced Osteopathic Principles and Practice rotation reviews elements of the Osteopathic Principles and Practice 1-4 course series. This course shifts the focus from understanding the basics of diagnosis and treatment to the management of patients. The rotation includes an OMM review and independent systems-based or specialty-based modules that will review anatomy, physiology, diagnosis, and treatment options for each covered diagnosis. Individual modules may be completed in any order but must be completed by the end of the rotation block.

### **Course Objectives**

Comprehensive course objective includes the following:

1. Develop an appreciation of the osteopathic approach to patient care and increase confidence and competence in application of osteopathic skills.
2. Demonstrate the ability to write and converse regarding the osteopathic approach to health and disease.
3. Identify, describe, and define the distinctiveness of the osteopathic profession in the health care field.
4. Identify, define, describe, and demonstrate accurate expression of physical findings using professional osteopathic terminology.
5. Identify, describe, and define the physical signs of somatic dysfunction using the tenderness, asymmetry, restricted range of motion, tissue texture abnormalities (TART) format.
6. Demonstrate ability to discern physical signs of somatic dysfunction using the TART format.
7. Demonstrate accurate identification and assessment for somatic dysfunction in the head, cervical, thoracic, rib, lumbar, pelvis, sacrum, abdomen, upper extremity and lower extremity body regions.
8. Identify, describe, and define the major osteopathic manipulative techniques, including soft tissue, muscle energy, high velocity, low amplitude (HVLA), low velocity, moderate amplitude (LVMA), balanced ligamentous tension, counterstrain, myofascial release, facilitated positional release, ligamentous articular strain, cranial OMT, Still, and visceral techniques.
9. Identify, describe, and define the indications and contraindications for specific osteopathic manipulative treatment techniques.
10. Demonstrate the ability to position the patient in a manner that is safe, comfortable, and maintains dignity while diagnosing and treating somatic dysfunction.
11. Demonstrate efficient physician ergonomics while diagnosing and treating somatic dysfunction.
12. Identify, define, and describe the vascular and lymphatic relationship in systemic disease.
13. Describe the lymphatic drainage routes from each region of the body and describe lymphatic treatment approach for each body region.
14. Identify, define, and describe the spinal segmental level of the sympathetic innervation of the visceral organs.
15. Identify, define, and describe the brainstem and spinal segmental level of the parasympathetic innervation of the visceral organs.
16. Identify, define, and describe the neurologically mediated influences between the autonomic nervous system and the musculoskeletal system, including somatovisceral, viscerosomatic, somatosomatic, and viscerovisceral reflexes.
17. Map the anterior and posterior Chapman's points and state their visceral associations.

Module Objectives - For each covered condition

1. State how the condition is defined and its diagnostic criteria (where applicable).
2. Describe the epidemiology of the condition and how the condition may vary in different age groups.

3. Describe the pathophysiology including the etiology and risk factors of the condition.
4. Describe the clinical manifestations of the condition.
5. Describe the physical examination necessary to elicit the findings of the condition with particular emphasis on the musculoskeletal manifestations of the condition.
6. Describe the types of diagnostic studies used to assess the condition and state risks, benefits, and indications of each study.
7. List the differential diagnoses for each condition.
8. Describe the pharmacological, surgical, and lifestyle and other conservative interventions used in the management of the condition and discuss the risks and benefits of each. Describe how each type of intervention relates to one or more of the five osteopathic treatment models – biomechanical, respiratory –circulatory, metabolic, neurologic, and behavioral.
9. Describe the osteopathic manipulative treatment approach to management of the condition and discuss the treatment goals of the various types of techniques with specific emphasis on the five osteopathic treatment models.
10. Describe the specific steps to treating somatic dysfunction related to the condition with major osteopathic manipulative techniques, including soft tissue, muscle energy, HVLA, LVMA (articulatory), balanced ligamentous tension, counterstrain, myofascial release, facilitated positional release, ligamentous articular strain, cranial OMT, Still, and visceral techniques.
11. Describe the prognosis of the condition and the factors that affect the prognosis.
12. Describe preventative measure to prevent occurrence and recurrence of the condition.

### **OMM Review**

Individual reviews should focus on diagnosis and treatment of somatic dysfunction of each body region. Diagnosis reviews should be body region specific: cranium, cervical, thoracic, ribs, lumbar, pelvis, sacrum, abdomen, upper extremity, and lower extremity. The student is expected to periodically review their textbooks and notes from their preclinical osteopathic principles and practice course to aid with performing safe and effective OMT during the course of their rotations.

### **OMM Modules**

The block will include independent systems-based or specialty-based modules that will review anatomy, pathophysiology, diagnosis, and treatment options including OMM/OMT for each covered diagnosis. Within the block, modules may be completed in any order. Each module will include: Units on integrated diagnosis and treatment for specific clinical conditions or for specialized patient populations; research articles for review; and an online multiple-choice assessment. Special emphasis will be placed on the top outpatient clinical diagnoses coded by osteopathic physicians as documented by the National Ambulatory Center Database and those diagnoses that respond well to adjunctive OMM. Self-study topics or reading assignments may be included within the units and should be completed prior to taking module assessment.

### **Online Module Assessments**

Each module will include an electronically delivered, timed, written assessment of 20 case-based multiple choice or matching items focusing on the material covered in the module and related OMM diagnosis and treatment review material. Objectives will be provided for each module to guide the learner in preparation for the assessment.

Students are held to the honor code while taking the assessments and may not discuss the content of the assessments with their student colleagues. Students should refer to the Academic Policies and

Regulations section in the ARCOM Student Handbook & Academic Catalogue for information regarding expected professional behaviors, including conduct.

**OMT Procedure Logs**

To encourage practice of OMT in a variety of clinical settings and for variety of conditions, osteopathic students will be required to perform OMT on 30 patients or volunteers and keep a log of those treatments. Record the chief complaint(s), the treatment date, patient age, and sex along with each practice treatment record the body regions and types of OMT used. A single patient with multiple chief complaints may only be counted as one patient (or volunteer) on any given day. Documentation should be entered in the Procedure/Patient Log in the rotation that the treatment occurs.

Instructions for logging procedures can be found in Canvas. Students with missing information may experience a delay in their start of their OMS-IV rotations.

**Recommended Textbooks**

Title	Edition	Authors	ISBN-13
Outline of Osteopathic Manipulative Procedures: the Kimberly Manual	2008 Update	Kimberly, P. & Funk, S. Kirksville College of Osteopathic Medicine	ISBN: 0967133319 ISBN -13: 9780967133317
Atlas of Common Counterstrain Tender Points	1st	Snider, K. & Glover, J. Kirksville College of Osteopathic Medicine	ISBN: 0988262770 ISBN -13: 9780988262775
Foundations of Osteopathic Medicine	4 <sup>th</sup>	Michael A. Seffinger Wolters Kluwer (LWW)	9781496368324
Atlas of Osteopathic Techniques	3rd	Nicholas, A. & Nicholas, E.	9781451193411
An Osteopathic Approach to Diagnosis and Treatment	4th	DiGiovanna, E., Amen, C.J., & Burns, D.K.	9781975127480

**Student Responsibilities**

The OMM virtual rotation is self-paced within the rotation block. The provided module material and the OMM review material are designed to enhance the students understanding of osteopathic principles and encourage integration of OMM/OPP, including OMT, into clinical problem solving and patient care.

Prior to performing OMM treatments in the clinical setting, students must first ask permission from their clinical preceptor, and then ask permission from the patient or volunteer. Students are expected to be able to explain the clinical reasoning for the use of OMM to their preceptor and the risks and benefits of OMM to the clinical patients.

**Late Assignments and Excused Absences**

The modules, written paper, and OMM COMAT are due at the end of the rotation block. Late completion of any assignment or assessment may result in a failure for the rotation.

**Grading Procedure**

Module Assessments	
<i>Each is equally weighted - Example:</i> Module 1 Cardiovascular OMT Quiz (20 items) Module 2 Gastrointestinal OMT Quiz (20 items) Module 3 Respiratory OMT Quiz (20 items) Module 4 Musculoskeletal 1 OMT Quiz (20 items) Module 5 HENT OMT Quiz (20 items) Module 6 Musculoskeletal 2 OMT Quiz (20 items) Module 7 Neuro OMT Quiz (20 items) Module 8 Pediatrics OMT (20 items) Module 9 Surgery OMT (20 items) Module 10 OB/GYN OMT Quiz (20 items) Module 11 Musculoskeletal 3 OMT Quiz (20 items)	60% of total grade
OMM COMAT	40% of total grade
Student Evaluation of Course	Required

If the student fails the first attempt at a quiz, they may retake it one (1) time. The maximum score they may achieve on a retaken quiz is 70%. Quiz scores will be averaged to calculate the final grade.

All Components in each level must be met to achieve the Grade as shown below:

Grade	COMAT	Quiz Scores Avg.	Assignments
Honors	110+ on the first attempt (taken on time)	90-100%	Accurately submits any assignments, including student evaluation of course, on time.
High Pass	93-109 on the first attempt (taken on time)	80-89.99%	Accurately submits any assignments, including student evaluation of course, on time.
Pass	90-92 in three attempts	70-79.99%	Accurately submits quizzes on time and submits student evaluation of course within 7 days of final day.
Fail	A score less than 90 in three attempts	<70%	Either fails to submit quizzes on time or fails to submit student evaluation of course within 7 days of final day.

**Course Remediation**

In the event of a failure of the rotation, the student will be required to meet with the Student Progress Committee. Remediation may extend the graduation date.

**Due Dates**

The module quizzes are due by the final day of the rotation.

The OMM COMAT will be taken on the final Friday of the rotation.

**REMINDER: Students must submit an OMT procedure log with at least 30 OMT procedures in order to begin OMS-IV rotations.**



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

**2024-2025 Academic Year**

**COM723: Advanced OPP**

**Approved By:** *Shannon Ramsey Jimenez*  
**Shannon Ramsey Jimenez, DO**  
**Dean of ARCOM**

**Note: Final Approval.**  
**Schedule subject to change with advance notice.**



ARKANSAS COLLEGE OF  
OSTEOPATHIC MEDICINE

Course Name:	Other Surgery Selective
Academic Year:	2024-2025
Course Designations:	COM 724
Course Dates:	July 1, 2024 – June 29, 2025
Total Contact Hours:	4 Weeks
Credit Hours:	10
Assessment/Grading:	Pass, Fail
Locations:	ACHE Affiliated Site
Course Director:	Jeanne Rupert, DO Jeanne.Rupert@achehealth.edu

**NOTE:** The AY2024-2025 ACHE Policy Manual, the ARCOM Student Handbook, the ARCOM Academic Catalog, and the Clinical Training Manual take precedence over policies and/or processes not explicitly stated in this syllabus.

The content of this document is the sole and exclusive property of the Arkansas Colleges of Health Education (ACHE) and respective colleges or divisions. No part of this document can be copied, scanned, photographed or in any means duplicated and/or distributed outside the ACHE organization without the express written consent of the President of ACHE.

**Table of Contents**

Course Description ..... 3

Course Goals ..... 3

Seven Osteopathic Core Competencies ..... 3

Student Learning Objectives ..... 4

Requirements & Grading ..... 5

Logs ..... 5

Resources ..... 6

Expectations & Student Responsibilities ..... 6



### **Course Description**

During this four-week rotation, OMS-III students may choose from Emergency Medicine, Radiology, Dermatology, Pathology, Neurology, Psychiatry, or another Surgery or Medicine Selective. All selective faculty must be appointed by ARCOM and meet the administrative criteria established by ARCOM.

This clinical experience is designed to allow the student to choose a rotation that meets their learning goals. This rotation can be completed either in the inpatient or outpatient setting. It provides students the opportunity to rotate at sites outside of core locations affiliated with ARCOM and acquire knowledge of differing approaches to the practice of medicine within varying disciplines. The student will demonstrate the ability to provide a comprehensive evaluation of the patient, search current evidence-based literature relating to the patient's status, evaluate complex diagnoses, design treatment plans for complex pathologies involving multiple systems, and provide advanced care that leads to stabilization and health.

### **Course Goals**

1. Improve the student's clinical and communication skills with patients, families, communities, and professionals in a responsive and responsible manner and competently promote their patients' health through disease prevention and treatment.
2. Gain experience in a specialty of the student's choosing
3. Expand the student's knowledge base
4. Expand the student's procedural skill level

### **Seven Osteopathic Core Competencies**

The faculty and administration of Arkansas College of Osteopathic Medicine attest that the following Osteopathic Core Competencies are met during CORE rotations:

1. **Osteopathic Philosophy and Osteopathic Manipulative Medicine (OPP/OMM):** Students are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
2. **Medical Knowledge (MK):** Students will apply their knowledge of history taking and physical diagnosis skills.
3. **Interpersonal and Communication Skills (ICS):** The course will allow students to demonstrate their ability to interact with patients in a clinical setting as well as conduct a full History and Physical including documentation of the encounter through a SOAP note; preferably in an electronic medical record (EMR).
4. **Professionalism (PRO):** Students will dress and act professionally during their clinical patient encounters. They will treat the patient and all parties involved in the clinical setting with respect and dignity.
5. **Patient Care (PC):** Students will demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, and awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
6. **Practice-Based Learning and Improvement (PBL):** Demonstrate the ability to critically evaluate methods of clinical practice; integrate evidence-based medicine into patient care; show an understanding of research methods; improve patient care practices.

7. **Systems-Based Practice (SBP):** Students are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, be proficient using electronic medical records, and practice cost-effective medicine.

### **Student Learning Objectives**

Upon successful completion of this rotation, the student will be able to:

1. Discuss the diagnosis, pathophysiology, and treatment of common disorders seen in the specialty. **MK, PC**
2. Discuss the role of the specialty in healthcare and how the physician interacts with other members of the healthcare team. **MK, PC, ICS, PRO**
3. Appropriately document the history, examination, assessment, and plan in the patient's record. **MK, PC, ICS**
4. Document any procedural experiences, including OMM as appropriate. **MK, PC, OPP**
5. Demonstrate professionalism by being punctual, appropriate dress, grooming, interpersonal relationships, and demonstrating the maturity to resolve tensions and function under pressure. **PRO, PC**
6. Participate as a member of the professional team and accepting input from inter-disciplinary team members of all professional levels (physicians, nurses, midwives, PA) who have intimate and valuable knowledge of the patient and related aspects of patient's care. **MK, PC, PRO**
7. Exercise minimal interference by placing appropriate limitation on investigations and selecting those treatments that benefit the patient. **MK, PC, ICS, PBL, SBP**
8. Demonstrate the importance of cost containment in conjunction with patient care. **MK, PC, ICS, PBL, SBP**
9. Document in a clear and comprehensive manner reasons for adopting or not adopting certain strategies in the management of the patient, including values, preferences, and critical dilemmas. **MK, PC, ICS, PRO**
10. Discuss osteopathic medical profession and its integration into this surgery field, include OPP consideration of commonly seen problems in the specialty. **MK, PC, OPP**
11. Consent patients for and participate in procedures common to the specialty. **MK, PC, ICS, PRO**
12. Demonstrate evidence-based medicine in diagnosing and treatment of patients. **MK, PC, PBL**
13. Review the Scientific Method, evaluate research, and discuss with attending physician how the research may be applied to patient care. **MK, PC, PBL, SBP**

**Requirements & Grading**

Grades assigned for this course will be Pass and Fail.

Students must meet every qualification in the line to receive the corresponding grade.

Grade	Preceptor Evaluation	Logs	Assignments	Attendance
Pass	Average: 2.5+	Logs must be completed within 1 week of the due date	Assignments submitted within 1 week of the due date	Adheres to ARCOM's attendance policy
Fail	Average: <2.5 or the Supervising Physician marks the student didn't complete the rotation expectations	Failure to submit within 1 week of the due date	Failure to submit within 1 week of the due date	Absent 3+ days without proper notification or arrangements

**Logs**

For the Other Selective rotation, students may choose any topic from the topic list in EXXAT that enhances their understanding of common and life-threatening conditions related to the rotation specialty.

Students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Logs of the cases will be documented in EXXAT. Logs may be satisfied by directly participating in care of a patient with the condition, **or** observing care of the patient, **or** completing a reading assignment/online module on the condition, providing the student an understanding of the key concepts.

When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: "38-year-old male with depression" or "42-year-old female, assisted in total abdominal hysterectomy". If a reading is completed or a module is completed, the student should note the resource(s) utilized.

For the Other Selective rotation, students must submit **5 logs per week** in order for the case logs to be considered complete for grading. However, logging the total number of encounters participated in will better reflect the student's rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

**Resources**

Students should discuss with their preceptor any recommended readings. They can also search Library Databases for resources appropriate to the specialty. ACHE Librarians are available to assist students with finding resources.

**Expectations & Student Responsibilities**

Students should refer to the ARCOM Student Handbook/Clinical Training Manual for information regarding expected professional behaviors, including attendance, conduct, and dress code.