



# **Chicago College of Osteopathic Medicine**

## **CLINICAL ROTATIONS POLICY MANUAL**

### **Academic Year 2020-2021**

#### *Mission Statement*

The Chicago College of Osteopathic Medicine (CCOM) teaches osteopathic medical students and offers training for the osteopathic medical community to provide compassionate, quality patient-centered care. The College promotes the practice of osteopathic medicine by fostering a culture of lifelong learning, supporting research and encouraging service.

#### *CCOM Values*

The achievement of education excellence through:

Leadership  
Teamwork  
Commitment  
Integrity  
Professionalism

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## **OSTEOPATHIC OATH**

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it may be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.

*Developed in 1938 by a committee formed by the  
Associated Colleges of Osteopathy headed by Frank E. MacCracken, DO.  
In 1954, some amendments were adopted to create the current text.*

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## I. ADDENDUM

### A. **COVID-19**

1. As a result of the public healthcare crisis caused by the national pandemic, this Clinical Rotations Policy Manual may be updated through an addendum at any time. The addendum will be appropriately documented and communicated to the University population. The addendum will be appropriately labeled, posted, and will supersede any equally labeled policy below.
2. If any labeled policy listed below is not documented in the addendum, it will remain in effect as stated below.

## II. DRESS CODE

### A. **Clinical Rotations**

1. Clean, professional white lab coats that clearly identify that students are from MWU/CCOM and distinguishes them from physicians and other health care professionals must be worn by students when with a patient and/or on rotation, unless other dress is specified by the department or service (i.e., scrubs in surgery or obstetrics).
2. Students must dress in a professional manner and maintain a well-groomed appearance.
  - a. Males are expected to wear a professional shirt, and slacks.
  - b. Females are expected to wear either a professional dress, knee length or longer skirt, or slacks with an appropriate professional top. Leggings should not be worn unless covered to mid-thigh.
  - c. Hair is to be neat, clean, and properly maintained and must remain in a color naturally appearing in humans.
  - d. Close-toes dress shoes with socks/nylons are required.
  - e. Fragrances, T-shirts, sweatshirts, sleeveless shirts, halter tops, backless tops, midriff tops, jeans, fatigues, shorts, skirt shorter than knee length, short dresses, open-toed shoes, sandals, sneakers, visible body piercings (*other than in ears*), and visible tattoos are **NOT ACCEPTABLE**.
  - f. Jewelry should remain at a minimum and not interfere with patient care.
  - g. In general, fingernails should be neat, clean, trimmed, and follow individual hospital policies.
  - h. The photo identification badges issued (MWU/CCOM and hospital), must be worn so that they are visible to anyone approaching.
3. Scrubs should only be worn in appropriately designated areas of the medical center, such as the OR, ER, ICU or labor and delivery unit. They should not be worn on the general medical floor unless specified as appropriate by the department/service and should not be worn in the cafeteria (except in an emergency and only if a white coat covers the scrubs). Scrubs must never be worn outside of the hospital or to another facility, including Midwestern University.

### B. **Lectures and/or Hospital meetings**

If a student is in a facility participating in patient care, no matter how briefly, he or she must comply with the rotation's dress code listed above.

*Failure to observe these dress code policies may result in the student being asked to leave the premises. Habitual violators are subject to disciplinary action. **Individual sites may have dress code requirements that are more stringent than those outlined above which students will be required to follow.***

### III. **PROFESSIONAL DEMEANOR**

Behavior in the clinical settings must be respectful and reserved. A breach in professional behavior will result in referral to the Department Chair, or Dean's Office delegate.

### IV. **ROTATIONS**

#### A. **Core Rotations**

- **The following are core rotations occurring within our affiliated sites:**

- a. Emergency Medicine
- b. Family Medicine
- c. Internal Medicine
- d. Obstetrics and Gynecology
- e. Osteopathic Manipulative Medicine
- f. Pediatrics
- g. Psychiatry
- h. Surgery

- All core rotations must be done at an approved core affiliated site. Please see the respective rotation syllabus and/or Canvas course for additional details.
- Requests to perform core rotations outside of MWU/CCOM core affiliate sites:
  - It is the educational policy of MWU/CCOM that all core rotations must be completed at one of the core affiliate sites. Requests for an exception from this requirement must be submitted in writing to the appropriate MWU/CCOM Clinical Coordinator for the Clinical Department Chair's consideration a minimum of **90 days** prior to the rotation starting date. Permission will only be granted in exceptional circumstances
  - Students making multiple requests for out-of-system core rotations will be referred to the MWU/CCOM Dean's Office.
- **Please do not contact any core site directly to schedule or change a core rotation. Always go through your MWU/CCOM Clinical Coordinator.** Students who contact a core site without prior department approval will not be approved for credit by the Department of Clinical Education and the rotation will be denied.

#### B. **Selective Rotations**

Selective rotations provide OMS-3 students access to specialties/rotation sites which are not always part of the core rotation schedule and have traditionally been difficult to obtain in the third year as an elective. Current examples include, neurology, emergency medicine, radiology and research. *Please see the individual Selective rotation syllabus and/or Canvas course for additional details.*

**Please do not contact any core site directly to schedule or change a selective rotation. Always go through the MWU/CCOM Clinical Coordinator.** Students

who contact a core site without prior department approval will not be approved for credit by the Department of Clinical Education and the rotation will be denied.

### C. Elective Rotations

- Students must complete 24 weeks of elective rotations in order to meet graduation requirements.
- Electives must be scheduled and approved through the Electives Coordinator and the Department of Clinical Education. Due to the amount of time required to process appropriate agreements, **elective rotation requests should be submitted a minimum of 90 days prior to the scheduled start of the rotation.** Final approval for elective rotations rests with the Associate Dean of Clinical Education. *Please see the Electives rotation syllabus and/or Canvas course for additional details.*
- Students may schedule up to 24 weeks of elective rotations in any of these five (5) primary areas of practice:
  - General Internal Medicine
  - Family Medicine
  - Pediatrics
  - Obstetrics & Gynecology
  - General Surgery
- Students are permitted to schedule a maximum of 16 weeks of electives in all other specialties. For example: Orthopedic specialty rotations may not exceed a total of 16 elective weeks in the OMS-3 and OMS-4 years. *This does not include core or selective rotations.*
- Students will be approved for a maximum of 8 weeks of elective time in which they are not directly engaged in patient care throughout their OMS-3 and OMS-4 clinical rotations. Examples of this type of rotation include, but are not limited to, research and asynchronous electives.
- Students may not rotate with the same preceptor for more than a total of 4 weeks of elective rotation time.
- Students may initiate only one site rotation request for each elective rotation. Multiple requests for the same elective rotation will not be accepted by the Elective Coordinators and may result in the student being assigned to a rotation.
- Students who have not arranged an elective rotation at least **30 days** prior to the scheduled start of that rotation will be assigned to an elective rotation site or may be required to take vacation.
- **Please do not contact any core site directly when scheduling an elective rotation. Always go through the appropriate department's MWU/CCOM Clinical Coordinator.** Students who contact a core site without prior department approval will not be approved for credit by the Department of Clinical Education and the rotation will be denied.

### D. Research Elective

In order to receive approval for a Research Elective, students must:

- Successfully complete the approved online Research Module.
- Prepare a 1-2pg NIH style protocol, i.e., significance, aims, protocol, etc.
- Gain approval through your MWU/CCOM Elective Coordinator.

- Have appropriate IRB (Institutional Review Board) approval.
- Follow standard research protocol, [http://www.who.int/rpc/research\\_ethics/format\\_rp/en/](http://www.who.int/rpc/research_ethics/format_rp/en/) and not deviate from any portion of what the appropriate IRB (Institutional Review Board) has approved.

#### E. **International Rotations**

- One four (4) week elective may be used for an international rotation.
- International rotation requests must be submitted at least **90 days** before the scheduled start date of the rotation.
- Every international rotation request must be approved by the CCOM Dean and MWU University President.
- International rotation requests in countries with travel warning levels 3 or 4 will not be approved. Information regarding travel warnings are located at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>.
- Travel insurance is strongly encouraged. A rotation that has previously been approved may be disapproved at any point if conditions in that country change, resulting in an elevated level of travel warning.
- Students may not request an International Rotation during the block in which the Residency Match falls.

#### F. **Military Rotations**

- Military students have the opportunity to complete a portion of their clinical rotations at military institutions. Only those military students with active duty orders may complete a **core** rotation at a military site. Elective rotations may be scheduled using the elective request process described above.
- Requests for military rotations must be confirmed and submitted in writing, to the appropriate MWU/CCOM Clinical Coordinator, a minimum of **90 days** prior to the start of the rotation.

### V. **SCHEDULE CHANGES**

#### A. **Block Switch Requests:**

- Block switch requests are completed online using the appropriate form located within the RMS system.
- Requests must be initiated a minimum of **90 days** before the scheduled start date of the rotation.
- Requests are reviewed and considered for approval on case by case basis and will only be approved in exceptional circumstances. Documentation showing proof of necessity is mandatory and should be submitted with all block switch requests. Once all documentation is received, the request will be presented to the involved departments for review.
- Students contacting the department directly, without following the above process, will be re-directed to the online form.
- Please note that core site availability may impact the approval process as well as site placement for any rotations that have been changed.

## B. Requests to Switch Sites:

- Students who wish to change the site of their core rotation may do so through a body-for-body switch with a classmate.
  - Exchanged core rotations must be of the same specialty and subtype: (Family medicine for family medicine; General internal medicine for general internal medicine; Subspecialty medicine for subspecialty medicine, etc.)
  - Family medicine rotations are 8 weeks in length and cannot be divided into 4-week groupings to swap part of the rotation
  - Selective rotations may be exchanged independent of specialty
- Rotations to be exchanged must be occurring within the same rotation block/time frame
- **Both** students involved in the switch must independently submit an email to the appropriate MWU/CCOM Clinical Coordinator, this email should include:
  - Your assigned rotation site and the dates of the rotation
  - The name of the other student requesting this switch
  - The site where they are assigned to rotate
- Requests to switch rotation sites must be received a minimum of **90 days** prior to the scheduled first day of the rotation involved in the request
- Switches are subject to approval by the rotation sites.
- Switches are not official until both students receive email approval of the switch from the rotation's coordinator
- **In order to respect the privacy of our students, the clinical education department or its coordinators, will not provide schedules or lists of students at any given rotation sites**

## VI. DUTY HOURS

Medicine is not a field that follows a 9-5 schedule. Patients require care 24 hours a day and on weekends and holidays. The following considerations apply to MWU/CCOM students while on clinical rotations.

- Duty hours will vary depending on the specialty and the location
  - Varying start and end times
  - Students are likely to be scheduled to work clinically on weekends and holidays. Students may be scheduled to work clinically in the days following the COMAT exam.
- While there are no regulations for student duty hours, MWU/CCOM recommends that preceptors follow ACGME Clinical Experience and Education guidelines for Residents. These guidelines include:
  - Maximum of 80 hours of clinical work per week
  - Duty requirements should not exceed 24 hours on-call (sign over of patient care is NOT included in this time limit)
  - Students should have a minimum of 14 hours off duty following a 24-hour call
  - Students should take one (1) day off every seven (7) working days
  - In-house on-call should be limited to no more than once every three (3) days

## **VII. VACATION/ALLOWED TIME OFF**

- Winter break at Northwestern University/CCOM
  - This occurs during late December and early January each year, commencing at the end of block 7. Duration of this break varies from 2-3 weeks, depending upon the university calendar.
- Vacation
  - During the 3<sup>rd</sup> or 4<sup>th</sup> years, students are allowed to take vacation in two (2) or four (4) week increments during elective blocks for a total of 8 weeks.
  - Students may not schedule more than 4 weeks of vacation in a single quarter.
    - First quarter includes blocks 1, 2, 3
    - Second quarter includes blocks 4, 5, 6
    - Third quarter includes blocks 7, 8, 9
    - Fourth quarter includes blocks 10, 11, 12
  - Students are not scheduled to be on rotations during block 1 of their OMS-4 year to allow adequate time for board study. **Vacation requests will not be granted during first quarter for any OMS-4 students.**
  - Students are encouraged to use an elective block as a vacation during the residency interview season (Late September through Late January) in order to maximize their learning during clinical rotations and accommodate travel to the highest number of residency interviews possible.

## **VIII. ATTENDANCE**

### **EXPECTATION OF 100% ATTENDANCE**

- The requirements and schedule of each rotation dictate the amount of time students spend on service. The site faculty, in conjunction with the MWU/CCOM Clinical Coordinator, create a schedule to maximize student learning opportunities. Some rotations require students to remain later into the evening or overnight. Students required to stay overnight are provided with a room in which to sleep.
- 100% attendance is expected during each rotation for all clinical hours, core lectures, and all other required academic activities as defined by the MWU/CCOM Clinical Education Department. Attendance requirement at lectures may vary by department- Please refer to the specific course syllabus for further information.
- ***Any unexcused absence*** may result in a **12 percentage point reduction** in the final rotation grade and may result in appearance before the **MWU/CCOM Promotions Committee**.

## **IX. ABSENCES**

The MWU/CCOM Clinical Coordinator responsible for the specialty department/elective must be notified of any requests for absence, late arrival or early departure from any rotation activity. This applies to all Core, Selective, and Elective rotations. **Any absence not reported to the MWU/CCOM Clinical Coordinator will be considered unexcused.**

- **Requesting an Excused Absence**
  - Absence from a rotation is highly discouraged, but if necessary requests must be submitted at least **30 days** prior to the start date of the rotation.

To obtain an excused absence **for any reason**, the following procedures must be followed:

- Submit an email to the MWU/CCOM Clinical Coordinator for the appropriate specialty/elective rotation and explain the reason for the request.
- The MWU/CCOM Clinical Coordinator will submit the request for time off to the appropriate Department Chair for consideration.
- The MWU/CCOM Clinical Coordinator will inform the student that either:
  - a) the request is granted with or without makeup time; or
  - b) the request is declined.
- A maximum of three (3) days off will be approved during a 4-week rotation. With the exception of residency interviews, in which case a maximum of five (5) days, including travel time, will be approved during a 4-week rotation. Some sites have exceptions to this policy, in which case students will be expected to adhere to the site's guidelines.
- Block 12 of the OMS-4 year is abbreviated to three (3) weeks to accommodate graduation activities. As such, no more than two (2) days of excused absences will be approved during this rotation. The process for requesting an excused absence is described above. No two (2) week rotations during the second half of Block 12 will be approved.
- **Students are advised to NOT purchase airline tickets or book hotel rooms prior to receiving approval from your MWU/CCOM Clinical Coordinator.**
- **Types of Excused Absences**
  - A. **Personal Requests:**
    - Reasons for this type of request include weddings and other major family/life events.
    - Requests of this nature will be considered for approval on a case by case basis.
  - B. **Conference/Events Requests:**
    - Students **may not attend more than two (2)** medical conferences/advocacy events in a single academic year. An exception to this will be made for the Chair and Vice-Chair of the Student Government Executive Counsel.
    - Students must be in good academic standing to receive approval to attend.
    - Students who are presenting research, or case presentations, should provide documentation confirming this with their request for absence.
    - Students representing a committee or serving in a leadership capacity must provide evidence to support this when requesting approval.
    - Students who are requesting to attend a conference who are not presenting or serving in an official capacity must provide evidence that there is programming directed specifically at students and/or residents (such as a brochure/website description of same) at the conference.
    - If approved, a maximum of 3 days will be excused for conference attendance. This includes travel time.

- Upon return, all students will be expected to provide proof of attendance to their MWU/CCOM Clinical Coordinator. Such proof includes conference registration receipt, airline tickets, and hotel bills.

**C. COMLEX Exam Requests:**

- All requests for time off to take COMLEX examinations must be submitted **30 days** before the start of the rotation and accompanied by proof of the scheduled examination date and location.
- Students will be granted one day off of a scheduled rotation for COMLEX-USA Level 1, and COMLEX-USA Level 2 if they must be scheduled during a rotation.
- Students taking the COMLEX-USA Level 2 PE examination will be granted one day off if taken in Chicago and 3 days if taken in Conshohocken, PA.
- Students are encouraged **not** to schedule their exams during the first week of any clinical rotation.

Students must pass COMLEX Level 1 and both portions of COMLEX Level 2, CE and PE, in order to graduate. For additional information regarding eligibility and procedures to take COMLEX, refer to the MWU catalog and the NBOME Web Site.

**D. Religious Holidays:**

- As with all other requested absences, request must be made a minimum of **30 days** in advance of your rotation and must follow the process previously outlined for requesting time off.

**E. Residency Interview Requests:**

- It is recommended that students **do not** schedule interviews on the first day of rotation as this interferes with orientation. Some sites may not allow students to begin a rotation unless the student participates in the site-specific orientation.
- Requests should include a copy of the residency interview invitation including the date the invitation was received. If an invitation is received **30 days** or more in advance of the start of the rotation, the request must be submitted to the appropriate MWU/CCOM Clinical Coordinator **30 days** prior to the start of the rotation. If an invitation is received less than **30 days** prior to the start of the rotation, an excused absence may still be requested by following the process previously outlined for requesting time off.
- Students are allowed excused absence(s) for a **maximum of five (5) days, including travel time**, per 4-week block for residency interviews. These five (5) missed days must be requested in advance. Failure to do so will result in an unexcused absence.

**F. Absence Due to an Emergency or Illness:**

- Students must submit notification of their absence to the appropriate MWU/CCOM Clinical Coordinator, preceptor, and rotation site coordinator as soon as they are able to communicate with them.

- If an emergency occurs outside of normal business hours (7:30am-4pm M-F) or during a holiday, students should call the emergency helpline at 630-515-7480 and someone will respond as soon as the message is received within normal waking hours. The student should also contact the appropriate MWU/CCOM Clinical Coordinator, preceptor, and rotation site coordinator via email or voice message as soon as possible.
- Students may be required to provide documentation of the emergency or illness. Required documentation must be received by the MWU/CCOM Clinical Coordinator within 72 hours of the request.
- Illness that results in missing clinical duties for three (3) or more consecutive days will require a physician's note.

#### G. Unexcused Absences:

- An MWU/CCOM Clinical Coordinator will notify the student when they become aware of an absence that was not previously requested or for which they were not appropriately notified. The absence is considered to be unexcused.
- The student will have 48 hours to respond to the MWU/CCOM Clinical Coordinator and should submit any evidence that supports extenuating circumstance for the absence to be considered excused. **If the student does not submit such evidence, the absence will remain unexcused.**
- The Department Chair will review evidence presented and will have the final decision as to whether the absence will be considered excused or unexcused.
- ***Any unexcused absence*** may result in a **12 percentage point reduction** in the final rotation grade and may result in appearance before the **MWU/CCOM Promotions Committee**.

#### H. Leave of Absence (LOA):

- A Leave of Absence is typically required if a student is absent from a 4-week rotation for 5 days or more. Requests for leave of absence should be made to the MWU/CCOM Dean's Office.

### X. SUPERVISION OF MEDICAL STUDENTS

- Supervision of medical students will be governed by the Illinois Medical Practice Act or the Medical Practice Act of the state in which the student is rotating.
  - IL MEDICAL PRACTICE ACT (225 ILCS 60/13) (from Ch. 111, par. 4400-13)
    - Sec. 13. Medical students. Candidates for the degree of doctor of medicine, doctor of osteopathy, or doctor of osteopathic medicine enrolled in a medical or osteopathic college, accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation of the American Osteopathic Association or its successor, may practice under the direct, on-premises supervision of a physician who is licensed to practice medicine in all its branches in Illinois and who is a member of the faculty of an accredited medical or osteopathic college. (Source: P.A. 98-1140, eff. 12-30-14.) [www.ilga.gov](http://www.ilga.gov)

- Any licensed physician, as defined above, who is designated as a teacher for MWU/CCOM students is recognized to be a member of the teaching faculty.

## XI. **ROTATION GRADING**

The following is general information regarding rotation grading. Students are encouraged to review individual rotation syllabi for full details as to the grading rubric for that rotation. All grades are final as recorded by the department and cannot be appealed or changed unless the student identifies a process error.

- **Elective rotation grades** are recorded as Pass/Fail and the student must have completed and passed a minimum of 24 weeks of elective rotations to graduate.
  - To pass an elective rotation, a student must achieve a passing score on their performance evaluation (completed by preceptor or designee) and must complete any required components as designated by the rotation site. Asynchronous elective rotations do not require a performance evaluation.
- **Selective rotation grades** are recorded as Pass/Fail and the student must have completed and passed 4 weeks of selective rotation to graduate.
  - To pass a clinical selective rotation, a student must achieve a passing score on his performance evaluation (completed by preceptor or designee) and must complete any required components as designated by the rotation site.
  - To pass a nonclinical selective rotation, such as research, a student must successfully complete all components as listed in the syllabus
- **Core rotations** receive letter grades. Each Clinical Department has established criteria for evaluating student performance and the criteria is described in the syllabus for the rotation. There are some components that are consistent across core rotations. These are described below:

### a. **END OF ROTATION EXAM: Comprehensive Osteopathic Medical Achievement Test (COMAT)**

- The NBOME Subject (COMAT) exams are administered at the end of OMS-3 core rotations; Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry and Surgery as well as the OMS-4 Emergency Medicine Rotation.
- The OMM COMAT will be administered at the end of the OMS-3 Selective rotation.
  - The COMAT uses an electronic format and consists of 125 multiple choice questions with some images and/or charts. The COMATs are administered in the Testing Center with 2 ½ hours allotted for each exam.
  - Students will not be given time off from their clinical rotations to study for the COMAT.** Absence from the rotation site the day prior to a COMAT will be considered an unexcused absence and therefore subject to the unexcused absence penalties described in Section VIII of this manual.
  - Students are expected to demonstrate appropriate respect and professionalism to all exam proctors.
  - All students must adhere to all NBOME regulations regarding test administration and exam content confidentiality.
- Students may be required to return to the rotation site or participate in rotation activities after the COMAT.

- iv. Students arriving late for a COMAT will not be granted additional time to take the exam. Students who are ill on the day of a scheduled COMAT must promptly notify the MWU/CCOM Clinical Coordinator prior to the start of the exam. With supporting documentation (i.e. a physician note documenting such illness) the exam will be rescheduled.
- v. The NBOME web site; [www.nbome.org/comat](http://www.nbome.org/comat) provides resources to prepare for a COMAT; blueprints, content outlines, assessment objectives and a practice exam for each subject.

Grading Rubric for COMAT exam within the final rotation grade:

- Passing on first attempt:  
Exam Component = Earned exam score x 55% of overall grade
- Failing on first attempt results in score of 0 for the exam until the student reexamines by taking another COMAT in the same specialty. This retest will be scheduled by the Clinical Education Department.
- Passing on reexamination:  
Exam Component cannot be greater than 70%
- Failing on reexamination:  
Results in course failure and requires remediation of course
- The method to calculate the COMAT score is:  
**(NBOME Score – 100)/10 = Converted Score, then  
(Converted Score \*7.5)+85 = Final Score**
- The OMM COMAT is scheduled during the Selective rotation to allow students to focus on a single COMAT during a single rotation. This COMAT is not used as part of the overall Selective grade.
  - Students must achieve a recorded score of 70% or better to pass this examination and sit for their COMLEX-USA Level 2-CE examination.
  - Students who do not achieve 70% or better will be scheduled for a reexamination COMAT.
  - Students who do not achieve 70% or better upon reexamination of the OMM COMAT will be required to remediate as directed by the OMM department.

**XI. ACADEMIC HONESTY**

Matters related to academic honesty will follow Midwestern University guidelines as they have been outlined in the MWU Student Handbook.

**XII. STUDENT EVALUATION FORM**

The preceptor will complete an electronic and/or written evaluation of the student's performance following each core, selective and elective rotation. The evaluation should be submitted through the Rotation Management System (RMS) or directly to the appropriate MWU/CCOM Clinical Coordinator via fax, scan/email, or mail. All evaluations should be received within 2 weeks from the last day of the rotation and should be completed by an attending physician. The student evaluation form assesses the student's ability to perform within the established core competencies described by

AACOM. A sample of the evaluation form is available in Canvas under the Clinical Education course for your review.

## **XII. PATIENT ENCOUNTER LOGS**

On all core rotations, including the Selective rotations, students are expected to create logs that document the patients that they are seeing, indicating their diagnoses and any procedures that the students are observing, assisting with or performing. These logs may also be used to indicate procedures that occur in a simulation setting. Logs are due on the final day of a rotation. **Completion of logs is worth 5% of the overall rotation grade.** Additionally, some departments have minimum case and/or procedure requirements for their rotation. These are indicated in the syllabi for each course.

## **XIII. STUDENT EVALUATION OF THE PRECEPTOR AND ROTATION**

**Students are required to complete online evaluations for each core rotation.** This information is collected through RMS and will remain anonymous to the site and preceptor. The information is used to assess teaching effectiveness and educational quality. Using this data, MWU/CCOM can modify the rotation experience for the enhancement of the students' learning. Your final rotation grade will not be released until your evaluation has been submitted.

## **XIV. REPORTING CLINICAL ROTATION ISSUES**

All questions regarding clinical rotations are to be directed by email to the appropriate MWU/CCOM Clinical Coordinator. The clinical coordinator will direct each concern to the appropriate pathway for resolution.

## **XV. CLINICAL EDUCATION CANVAS COURSES**

The Department of Clinical Education maintains a Canvas course for rotation information. In addition, all Clinical Departments maintain individual Canvas courses, which are linked to the department pages/course. Both resources contain specific rotation information. The Canvas courses are useful for current and future rotations. Rotation sites, lecture schedules, contact people, rotation syllabi, and required forms are posted. Both resources are maintained and updated regularly by the department

## **XVI. COMMUNICATION**

All MWU/CCOM Clinical Coordinators will use the MWU email system and Canvas to communicate with students regarding clinical rotations. It is required that students check their MWU email, and if applicable, the appropriate clinical rotation Canvas site regularly. Non MWU email addresses are often discarded by the campus SPAM filter. MWU/CCOM Clinical Coordinators are not responsible for emails that are not read or not received because the student has forwarded their MWU email to a secondary address.

## **XVII. HEALTH INSURANCE**

MWU/CCOM requires all students be covered under a health insurance plan. Many institutions require proof of insurance before students are allowed to do clinical rotations. The MWU Centralized Office of Experiential Education monitors student health insurance compliance. Students who elect to drop their health insurance will be suspended from clinical rotations until they provide proof of reinstatement. Such evidence must include a current member enrollment card and written verification from

the carrier. Medical insurance is available to students through MWU. For information, contact Student Services at 630-515-7203.

### **XVIII. IMMUNIZATION COMPLIANCE**

**Students are required to maintain and update proof of current immunizations before beginning and while participating in clinical rotations.** All documentation regarding immunizations must be uploaded to the student's portal and verified by the MWU Wellness Center in order to be considered compliant. **Students who are not in compliance with MWU/CCOM's immunization policy will not be allowed to start and/or continue clinical rotations, which will result in an unexcused absence for each day a student is not compliant.**

- Dates of immunization and proof of immunity via blood titer levels are necessary for varicella, hepatitis, rubella, rubeola and mumps.
- Students must also submit results of a hepatitis B surface antigen test
- Proof of a tetanus vaccination (less than 10 years old)
- Students must provide results of tuberculosis testing annually, either in the form of a 2-step PPD Mantoux test or the QuantiFERON Gold Standard test.
  - A. If a student has had a positive PPD in the past, he/she will be required to provide proof of a negative chest x-ray.
  - B. 2-step PPD's and the QuantiFERON Gold Standard Test are considered current for one year. Chest x-rays are current for two years.
- Students should always keep a copy of any documentation for their personal file.
- Please be aware that any charge pertaining to immunizations will be the responsibility of the student unless otherwise stated.
- It is the student's responsibility to assure the record on the MWU student portal is current.
- Rotation sites that require additional immunizations beyond MWU/CCOM requirements must be complied with and documented as complete prior to the start of any rotation.
- Immunization expiration dates should never lapse. All students are reminded to have their PPD / QFN / CXR updated a minimum of 8 weeks prior to the rotation start date in which it expires to avoid rotation cancellation.

All documentation **MUST** be submitted electronically by uploading documents as PDF files via the student portal as follows:

1. Log in to the **Midwestern University Student Portal**
2. Click on the heading for **Student Services**
3. Under the **General Information** tab select **Forms & Information**
4. Select **Documentation Upload**
  - a. This will take you to the place where you upload your documentation.
  - b. The instructions for uploading your documents are located on this page. Information for the category will appear when hovering a cursor over the category.
  - c. Create a separate PDF files for each immunization requirement
    - i. Flu Shot
    - ii. Student Health Status Form

- iii. TB Testing
- iv. Tdap/Tetanus
- v. Titers
- vi. Vaccines

The Wellness Center will then enter the immunization documentation into the tracking system. Allow at least 1 week from the date of upload before contacting the Wellness Center. If there is an issue with any of the documentation the student will receive an email explanation. Once all requirements are complete, a confirmation email is sent.

Monitor your immunization compliance by doing the following:

1. Log in to the Northwestern University Student Portal
2. Click on the heading for Student Services
3. Under the General Information tab select Immunizations

Review the **Notes** section on the bottom of the page as this will be where the Wellness Center will indicate any outstanding requirements. Due dates for boosters, titers and the expiration date for TB Testing are all listed here. All uploaded immunization documents will be noted as an attachment under the **Document Type** section. The attachments can be opened and printed by the student when documentation is needed. There is no need to contact the Wellness Center to get copies of documentation as it will all be available on the immunization page.

Wellness Center Contact Information: Email: ILWELLNESS@northwestern.edu /  
Ph: 630-515-7233 / Fax 630-515-7234

#### **XIX. OTHER MANDATORY TESTING**

- Many rotations now require drug screening tests. MWU/CCOM provides drug screening on an as-needed basis for approved rotations.
- MWU/CCOM completes fingerprinting and background checks upon matriculation and at the beginning of the OMS-4 year.
- All students will be fitted with an N-95 respirator mask. Students will be instructed on proper usage of the mask at the time of the fit-testing procedure. Students may need to be refitted if they have significant shifts in weight or under circumstance that alter their facial shape after the initial testing has been performed.
- BLS and ACLS testing will be conducted by the MWU Simulation Center for all students at the beginning of the OMS-3 and OMS-4 academic years. Students will be required to successfully pass each class as they have been outlined by the American Heart Association. Failure to maintain up-to-date CPR certifications will prohibit students from being allowed to participate in their clinical rotations, **which will result in an unexcused absence for each day a student is not compliant.**

#### **XX. HOSPITAL RULES AND REGULATIONS**

- Each hospital/health care system has unique rules and regulations. Medical students should familiarize themselves with and adhere to these protocols during clinical rotations. Students must respect and follow all policies regarding the use of hospital facilities, dress codes, housing and any other hospital resources. All hospital equipment including identification badges, pagers, keys and library materials must be returned before leaving a

clinical rotation. Students are financially responsible for any damage to or loss of hospital property.

## **XXI. INCIDENT REPORTS FOR EXPOSURE**

### **• Procedure for Exposure Incident**

Students exposed to a patient's blood or potentially infectious body fluid via needlestick or splash to mucous membrane should proceed as follows:

- A. Go immediately to the nearest hospital emergency department
- B. Seek treatment and follow-up in accordance with appropriate medical standards.
- C. Notify the preceptor of the occurrence.
- D. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned.
- E. Students who incur expenses related to treatment of an accidental needlestick or exposure should seek reimbursement first through their health insurance company. Any unpaid expenses thereafter should be referred to Kathryn Frausto, Risk Manager, at 630-515-6229 or [kfraus@midwestern.edu](mailto:kfraus@midwestern.edu).

**Within 5 days**, students must forward a copy of the injury and treatment forms to their preceptor and the Midwestern University Risk Management Department. When making an injury report for an exposure incident, the student and/or preceptor must give the name of the source individual and medical record number if known or available. If an exposure occurs, the following information should be recorded in the student's confidential medical record:

- a. Date and time of exposure
- b. Job duty being performed by student
- c. Whether protective equipment (gowns, gloves, masks, protective eyewear) or engineering controls were used (i.e., recapping device or a needle disposal device or mechanical pipette)
- d. Details of exposure, including amount and type of fluid or material, and severity (e.g., depth of percutaneous exposure and whether fluid was injected; extent and duration of skin or mucous membrane contact)
- e. Description of source material, including HIV, HBV, HCV status if known. In the event the source individual is a dialysis patient, a current HBsAg report should be provided.

### **• Student Consent**

The consent of the student must be given, according to the directives of the rotation hospital/clinic and/or physician's office, before his/her blood is drawn and before serologic testing can be performed.

### **• Source Individual**

The source individual is defined as any individual whose blood or other potentially infectious materials may be a source of exposure to the health care worker. Illinois and Arizona state statutes indicate "when a health care provider or employee of a health care facility is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, written informed consent of the source individual (patient) to perform an HIV test is not required." The source individual should be identified by the student. Situations when it is not feasible to identify the source individual include incidents of needle sticks or cuts from sharp or unknown sources, e.g., unmarked needle or blood sample. The source

individual should be tested for hepatitis B, hepatitis C, and HIV in accordance with the directives of the rotation hospital/clinic or physician's office where exposure occurred.

## **XXII. STUDENT SERVICES**

All services available to students in the first and second years are also made available in the third and fourth years. Please refer to the Student Handbook for detailed information on the services provided. Student Services can be reached at (630) 515-6470.

## **XXIII. CAREER RESOURCES**

The Dean's Office, MWU/CCOM faculty members and the Division of Postdoctoral Education are the most valuable resources for information on career direction and knowledge of postdoctoral programs. To receive additional career counseling, please contact an MWU/CCOM Clinical Coordinator for further assistance in scheduling a meeting.

## **XXIV. MEDICAL STUDENT PERFORMANCE EVALUATIONS (MSPE)**

Medical Student Performance Evaluations (MSPE) is a letter from the Dean's office that will include a summary of both academic performance and professional attributes. These are derived from student evaluations during medical school, including classroom, clinical and other relevant settings. The MSPE is not a letter of recommendation, but a letter of evaluation and is prepared early in the student's 4th year. This letter of evaluation becomes part of the ERAS application and is not available for review by the student.

## **XXV. RESIDENCY APPLICATIONS**

Students interested in learning more about postdoctoral opportunities should go to FREIDA: the Online Fellowship and Residency Database (<https://www.ama-assn.org/life-career/search-ama-residency-fellowship-database>). Students are strongly encouraged to become proactive in their career planning activities.

For information related to Ophthalmology, students should visit:

<https://sfmatch.org/Default.aspx>.

For information related to Urology, students should visit:

<https://www.auanet.org/education/auauniversity/for-residents/urology-residency-and-fellowship-programs>.

## **XXVI. MATCH INFORMATION**

Match information can be found online (<http://www.nrmp.org/>). For further assistance, please contact the MWU/CCOM Dean's Office.

## **XXVII. LETTERS OF RECOMMENDATION (LoR)**

The Dean's Office cannot upload LoRs for students on behalf of letter writers.

**Therefore, all letter writers must upload their LoRs to ERAS.** If your preceptor has any questions or needs assistance while uploading the letter, please contact Ms. Helen Chong at 630-515-7122.

## **XXVIII. REGISTRAR'S OFFICE**

- The Registrar's office must be notified of all address and phone number changes as soon as they occur. All name changes should be submitted through the MWU intranet.

- All transcript release requests should also be submitted through the MWU intranet. Telephone requests cannot be honored. Please allow at least one week for processing each request.

## **XXIX. PROMOTIONS COMMITTEE**

- A. The committee meets monthly to review the academic and professional progress of MWU/CCOM students. Students with COMLEX failures, rotation failures, and/or academic deficiencies may be required to meet with the committee. Students who have not met the professional standards set forth in the Osteopathic Oath may also be required to meet with the committee. Details regarding Promotions Committee procedures, decisions, and appeals can be found in the MWU/CCOM student catalog.
- B. The Promotions Committee also recommends students who have successfully completed all graduation requirements to the Faculty Senate to be approved for graduation.

## **XXX. CODE OF ETHICS**

*MWU/CCOM has adopted the AOA Code of Ethics.*



American Osteopathic Association Copyright 2003-2008

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic and allopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in health care and to self.

Further, the AOA has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

**Section 1.** The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. Information shall be divulged by the physician when required by law or when authorized by the patient.

**Section 2.** The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

**Section 3.** A physician-patient relationship must be founded on mutual trust, cooperation, and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity, or disability. In emergencies, a physician should make her/his services available.

**Section 4.** A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

**Section 5.** A physician should make a reasonable effort to partner with patients to promote their health and shall practice in accordance with the body of systematized and scientific knowledge

related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

**Section 6.** The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership in and actively support such associations and abide by their rules and regulations.

**Section 7.** Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities which are false or misleading.

**Section 8.** A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless she/he is actually licensed on the basis of that degree in the state or other jurisdiction in which she/he practices. A physician shall designate her/his osteopathic or allopathic credentials in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

**Section 9.** A physician should not hesitate to seek consultation whenever she/he believes it is in the best interest of the patient.

**Section 10.** In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

**Section 11.** In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable hospital rules or regulations.

**Section 12.** Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

**Section 13.** A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

**Section 14.** In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

**Section 15.** It is considered sexual misconduct for a physician to have sexual contact with any patient with whom a physician-patient relationship currently exists.

**Section 16.** Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

**Section 17.** From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner.

**Section 18.** A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

**Section 19.** When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

### ***AOA Interprets Sections of the Code of Ethics***

#### **Interpretation of Section 3**

This section notes that a physician-patient relationship must be founded on mutual trust, cooperation and respect—a patient must have complete freedom to choose his or her physician, and a physician must have complete freedom to choose patients whom he or she will serve.

Section 3 does not address a patient's discriminating against a physician based on the physician's race, creed, color, sex, national origin, sexual orientation, gender identity or disability; and a patient may express a desire to not be treated by a particular physician or by a physician with certain characteristics.

Therefore, the AOA interprets section 3 of its code of ethics to permit but not require an osteopathic physician to treat a patient when the physician reasonably believes the patient is experiencing a life- or limb-threatening event, even though the patient may have previously expressed a desire to not be treated by a physician based on the physician's race, creed, color, sex, national origin, sexual orientation, gender identity or disability. (July 2014)

#### **Interpretation of Section 7**

This section is designed to discourage practices, which would lead to false, misleading or deceptive information being promulgated.

Section 7 does not prohibit advertising, so long as advertising is designed as making proper factual information available to the public. People seeking health care are entitled to know the names of osteopathic physicians, the types of practices in which they engage, their office hours, place of their offices, and other pertinent factual information. On the other hand, the public should be protected from subjective advertising material designed to solicit patients, which is essentially misleading. Such material would include attempts to obtain patients by influence or persuasion, employing statements that are self-laudatory and deceptive; the result of which is likely to lead a patient to a misinformed choice and unjustified expectations. (July 1985)

#### **Guide to Section 8**

This guide applies to AOA members' professional (as opposed to organizational) stationery, office signs, telephone directories, and to other listings referred to by the general public. (July 2016)

#### **Part I – Indications of Specialty Practice**

Osteopathic physicians who are certified by the AOA or who devote themselves exclusively to a specialty may designate such specialty in one of the following ways:

- Practice Limited to Internal Medicine (or other practice area)

- Internal Medicine

The listing of terms in each of the two categories is illustrative and should act as a guideline.

## **Part II – Membership in Professional Organizations**

The public has little or no knowledge of what membership in various professional organizations entails. Accordingly, use of the names or initials of such organizations tends to indicate unusual professional competence, which is usually not justified. Professional stationery should contain no indication whatever of membership in professional organizations or of any present or past office held in any professional organization.

Designation of membership in various professional organizations is permissible on organizational stationery (AOA, divisional and district society, practice organizations, etc.) provided the organizational stationery is not used in practice correspondence.

The above guidelines apply with respect to written signatures of physicians. For example, a physician should not use FACOI or other appropriate fellowship designation in signing a letter or other communications that will go to a patient. The physician may use such designation in correspondence with other physicians or third parties.

## **Part III – Osteopathic Identification**

The following, in order of preference, are considered proper on practice stationery and office signs:

- John Doe, DO
- John Doe, Osteopathic Physician & Surgeon
- John Doe, Doctor of Osteopathic Medicine

The following are not considered proper on practice stationery or office signs:

- Dr. John Doe (this is considered improper even if the doctor signs his name John Doe, DO). The osteopathic identification should be printed.
- Dr. John Doe, Specialist in Osteopathic Medicine. The term specialist should be avoided in this circumstance.

## **Part IV – Degrees (other than DO)**

It is strongly recommended that only the degree DO appear on professional stationery. However, the following additional guides are offered: No undergraduate degree (BA, BS, etc.) should be used.

Graduate degrees (MA, MS, PhD, etc.) should not be used unless the degree recognizes work in a scientific field directly related to the healing arts. Therefore, advanced degrees in scientific fields such as public health, physiology, anatomy, and chemistry may be used but their use is not recommended.

Honorary degrees relating to scientific achievement in the healing arts or other achievements within the osteopathic profession (such as administrative excellence or educational achievement) may be used if the honorary nature of the degree is indicated by use after the degree of the abbreviation “Hon.”

Law degrees may be used if the physician carries on medical-legal activities.

## **Part V – Telephone Directory Listings**

1. It is desirable for divisional societies to have an established program to implement these guidelines and, where necessary, to meet with representatives of the telephone companies in furtherance of that objective.
2. In classified directories, it is recommended that DOs be listed under the heading “Physicians and Surgeons-(DO)” and that there be a cross-reference to that heading from the heading “Physicians and Surgeons-Osteopathic.” This latter heading is also acceptable as the main listing if it has long been the heading customarily used in the community.
3. In telephone directory listings of doctors, it is recommended that the doctor’s name be followed by the abbreviation DO.
4. The abbreviation “Dr” is not recommended because it is misleading. “Dr” can refer to dentists, doctors of medicine, etc. “Phys” is also misleading because it can refer to MDs.
5. In telephone directories, no indication of certification or membership in any osteopathic professional organization should appear by initials or abbreviations, because such would generally be confusing.
6. In classified telephone directories it is not improper to indicate “Practice limited to” or simply to name the field of specialty.

### **Interpretation of Section 17**

Section 17 relates to the interaction of physicians with pharmaceutical companies.

1. Physicians’ responsibility is to provide appropriate care to patients. This includes determining the best pharmaceuticals to treat their condition. This requires that physicians educate themselves as to the available alternatives and their appropriateness so they can determine the most appropriate treatment for an individual patient. Appropriate sources of information may include journal articles, continuing medical education programs, and interactions with pharmaceutical representatives.
2. It is ethical for osteopathic physicians to meet with pharmaceutical companies and their representatives for the purpose of product education, such as, side effects, clinical effectiveness and ongoing pharmaceutical research.
3. Pharmaceutical companies may offer gifts to physicians from time to time. These gifts should be appropriate to patient care or the practice of medicine. Gifts unrelated to patient care are generally inappropriate. The use of a product or service based solely on the receipt of a gift shall be deemed unethical.
4. When a physician provides services to a pharmaceutical company, it is appropriate to receive compensation. However, it is important that compensation be in proportion to the services rendered. Compensation should not have the appearance of a relationship to the physician’s use of the employer’s products in patient care.

### ***Position Papers/Ethical Content***

Position papers adopted by the AOA House of Delegates define official AOA policy. Many of the position papers further clarify issues with ethical content. Specific areas and papers related to them are:

#### **A. Responsibilities to the patient:**

- Confidentiality of patient records
- Counseling female patients on reproductive issues

Death: Right to die  
Physician treating minors without parental consent  
Patient confidentiality  
Patient's bill of rights  
Patient-physician relations

**B. Responsibilities to society:**

Abused persons  
Ethical and sociological consideration for medical care  
Health care institutional responsibilities  
Impaired physician, assistance  
Medicare and Medicaid Abuse  
Medicare and Medicaid - ethical physician arrangements  
Substance abuse

**C. Responsibilities to the AOA:**

Active institutional membership - AOHA  
Dual degrees  
Industry gifts to physicians  
Professional association by D.O.s

**D. Responsibilities to others involved in health care:**

Acupuncture  
Osteopathic medicine in foreign countries

**E. Responsibilities to self:**

Medicare - physician coverage  
Osteopathic Manipulative Treatment (OMT) programs  
Physician administered OMT

**Chicago College of Osteopathic Medicine**  
**CLINICAL ROTATIONS POLICY MANUAL**  
**Academic Year 2020-2021**

**SIGNATURE PAGE**

I, \_\_\_\_\_, a student enrolled at MWU/CCOM, acknowledge receipt of the 2020-2021 Clinical Rotations Policy Manual. I understand that I am responsible for reading this material and agree to comply with all policies and procedures as written. In addition, I acknowledge and understand that I am representing MWU/CCOM while participating in all clinical and non-clinical rotations and will conduct myself in a professional manner at all times.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Date of Clinical Rotations Policy Manual: May 2020*