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

Rev. May 2015

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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.

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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Department of Clinical Education
Chicago College of Osteopathic Medicine
Midwestern University
Science Hall Suites 302 & 339A
555 31st Street
Downers Grove, Illinois
60515

Associate Dean of Clinical Education – Glenn Nordehn, DO
Chair of Clinical Application – Kathy Bewley-Thomas, DO
Manager Department of Clinical Education – Lisa Szymanski, MOL

<table>
<thead>
<tr>
<th>Title</th>
<th>Contact</th>
<th>Email</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Coordinator</td>
<td>Ms. Barbara Jackson</td>
<td><a href="mailto:bjaxs@midwestern.edu">bjaxs@midwestern.edu</a></td>
<td>630-515-7480</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Data Coordinator</td>
<td>Ms. Michelle Sloan</td>
<td><a href="mailto:msloan@midwestern.edu">msloan@midwestern.edu</a></td>
<td>630-515-6313</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Electives Coordinator: Last names A through L</td>
<td>Ms. Lisa Fogarty</td>
<td><a href="mailto:lfogar@midwestern.edu">lfogar@midwestern.edu</a></td>
<td>630-515-6048</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Electives Coordinator: Last names M through Z</td>
<td>Ms. Kathy Hesser</td>
<td><a href="mailto:khesse@midwestern.edu">khesse@midwestern.edu</a></td>
<td>630-515-6312</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Acting Emergency Medicine Program Assistant</td>
<td>Ms. Roberta Flot</td>
<td><a href="mailto:rflotx@midwestern.edu">rflotx@midwestern.edu</a></td>
<td>630-515-7482</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Family Medicine Coordinator</td>
<td>Ms. Helen Chong</td>
<td><a href="mailto:hchong@midwestern.edu">hchong@midwestern.edu</a></td>
<td>630-515-7267</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Internal Medicine Coordinator</td>
<td>Ms. Kelly Zajac</td>
<td><a href="mailto:kzajac@midwestern.edu">kzajac@midwestern.edu</a></td>
<td>630-515-7438</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology Coordinator</td>
<td>Ms. Tina Valderrama</td>
<td><a href="mailto:cvalde@midwestern.edu">cvalde@midwestern.edu</a></td>
<td>630-515-7488</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>Ms. Roberta Flot</td>
<td><a href="mailto:rflotx@midwestern.edu">rflotx@midwestern.edu</a></td>
<td>630-515-7482</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Osteopathic Manipulative Medicine Assistant</td>
<td>Mr. Greg Pytlak</td>
<td><a href="mailto:gpylta@midwestern.edu">gpylta@midwestern.edu</a></td>
<td>630-515-6039</td>
<td>630-515-6949</td>
</tr>
<tr>
<td>Pediatrics Coordinator</td>
<td>Ms. Tina Valderrama</td>
<td><a href="mailto:cvalde@midwestern.edu">cvalde@midwestern.edu</a></td>
<td>630-515-7488</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Psychiatry Coordinator</td>
<td>Ms. Lenora Collier</td>
<td><a href="mailto:lcollier@midwestern.edu">lcollier@midwestern.edu</a></td>
<td>630-515-7487</td>
<td>630-515-6314</td>
</tr>
<tr>
<td>Surgery Coordinator</td>
<td>Ms. Beth Gabryszak</td>
<td><a href="mailto:bgabry@midwestern.edu">bgabry@midwestern.edu</a></td>
<td>630-515-7429</td>
<td>630-515-6314</td>
</tr>
</tbody>
</table>
I. **DRESS CODE**

A. **Rotations**

1. Clean, professional white lab coats that clearly identify students according to their professional program and status, and distinguish 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., scrub suits 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 dress shirt, tie and slacks.
   b. Females are expected to wear a professional dress, or knee length skirt with a shirt or, slacks with shirt.
   c. Hair is to be neat, clean, and properly maintained.
   d. Dress shoes with socks/nylons are required.
   e. Fragrances, T-shirts, sweat shirts, sleeveless shirts, halter tops, backless tops midriff tops, jeans, fatigues, shorts, short skirts, short dresses, open-toed shoes, sandals, sneakers, visible body piercings (other than for ears), and visible tattoos are **NOT ACCEPTABLE**.
   f. Jewelry should remain at a minimum.
   g. The photo identification badges issued (CCOM and hospital), must be worn so that they are visible to anyone approaching.

3. Scrub suits must not be worn in other areas of medical centers, particularly not on the floors where there are patients or in the cafeteria (except in an emergency and only if a white coat covers the scrub suit.) Scrub suits 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, with the following modifications:
   1. Male students are encouraged to wear a tie. When they do not wear ties, only the top button of their shirt should be open at the neck.
   2. Casual slacks or white trousers are acceptable.

*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.*

II. **PROFESSIONAL DEEMANOR**

Behavior in the clinical settings must be respectful and reserved. A breach in professional behavior will result in disciplinary action. Professional counseling or referral by the Chair to the Dean of Students may also be required. The determination of what constitutes a breach of professional behavior is at the discretion of the preceptor and the MWU/CCOM Clinical Department Chair and is not debatable.
III. **ROTATIONS**

The 5 Global Learning Objectives:
Chicago College of Osteopathic Medicine (1) educates osteopathic physicians to provide quality compassionate care, (2) promotes the practice of osteopathic medicine, and (3) lifelong learning, (4) research and (5) service.

A. **Core Rotations**

*Please do not contact any core site directly to schedule a core rotation. Always go through your 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.

1. Psychiatry
2. Emergency Medicine
3. Family Medicine/Community Health
4. Internal Medicine
5. Obstetrics and Gynecology
6. Osteopathic Manipulative Medicine
7. Pediatrics
8. Surgery

All Core rotations must be done at an approved core affiliated site. Please see the respective rotation syllabus and/or Blackboard course for additional details.

https://midwestern.blackboard.com/webapps/blackboard/execute/announcements?method=search&context=course&course_id=_7865_1&handle=cp_announcements&mode=cpview

B. **Elective rotations**

*Please do not contact any core site directly to schedule an elective rotation. Always go through the appropriate department’s 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.

1. Electives must be done at locations approved through the Electives Coordinator and the Department of Clinical Education. **All rotations must be approved and scheduled 65 days prior to the start of the rotations.** Final approval rests with the Associate Dean of Clinical Education. **Please see the Electives rotation syllabus and/or Blackboard course for additional details.**

2. Students may schedule unlimited elective rotations in any of these five primary areas of practice:
   a. General Internal Medicine
   b. Family Medicine/Community Health
   c. Pediatrics
   d. Obstetrics & Gynecology
   e. General Surgery

3. Specialties not listed above may not exceed 12 weeks total in length. For example: Orthopedic specialty rotations may not exceed 12 weeks in length.

4. Students may not rotate with any one preceptor greater than a total of 4 weeks for their elective rotations.
5. Students may initiate only one site rotation request for each elective block. Multiple requests for the same elective block will not be accepted by the Elective Coordinators and may result in the student being assigned to a rotation.
6. Students who have not arranged an elective rotation at least 45 days prior to the start of the rotation will be assigned to an elective rotation site.

C. Military Rotations
1. Military students have the opportunity to complete a portion of their clinical rotations at military institutions.
2. Only those military students with active duty orders may complete their core rotations with the military.
3. Requests for military rotations must be confirmed and submitted in writing, to the appropriate CCOM Clinical Coordinator, a minimum of 30 days prior to the start of the rotation.

IV. ALLOWED TIME OFF

Academic Break
A. Students are allowed approximately two weeks of vacation between their 3rd and 4th year, but as determined by the academic calendar.
B. An additional two weeks of holiday time will be given during Block 7 each year, as determined by the academic calendar.

Vacation
C. Two elective blocks may be used for vacation during the 3rd or 4th years. Students are allowed to take either two elective blocks as vacation or split their vacation into four 2-week blocks that can be taken during four separate elective blocks for a total of 8 weeks.
D. Students are encouraged to use an elective block as vacation during the residency interview season to maximize their learning during clinical rotations and maximize the number of interview invitations that may be accepted.

V. SUPERVISION OF MEDICAL STUDENTS
A. 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.
B. 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 American Osteopathic Association/COCA, may practice under the direct, on-premises supervision of a physician who is licensed to practice medicine in all its branches in Illinois who is a member of the faculty of an accredited medical or osteopathic college. (Source: P.A. 89-702, eff. 7-1-97.) [www.ilga.gov](http://www.ilga.gov)
C. 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.
VI. **GRADE**
Each Clinical Department has established criteria for evaluating student performance. All rotations, both core and elective, require an evaluation form to be completed by the preceptor.
A. A letter grade will be recorded on the student’s transcript for all core rotations. A grade of a “C” or greater is required to pass each core rotation. In addition, each core Clinical Department may have additional assessments or exercises that must be satisfactorily completed to pass the rotation.
B. Elective rotation grades are recorded as Pass/Fail and the student must have passed and completed 20 weeks of elective credit to graduate.

VII. **EVALUATION OF STUDENTS**
The preceptor will complete an electronic and/or written evaluation of the student’s performance following each core and elective rotation. The evaluations should be submitted through the Rotation Management System (RMS) or directly to the appropriate 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 be completed by an attending physician.

Students will be evaluated on the seven AOA Core Competencies:
1. Medical Knowledge
2. Professionalism
3. Interpersonal and Communication Skills
4. System-based Learning
5. Practice-based Learning and Improvement
6. Osteopathic Medicine
7. Patient Care
VIII.  END OF ROTATION EXAM
Comprehensive Osteopathic Medical Achievement Test (COMAT)
A.  The NBOME Subject (COMAT) exams are administered at the end of OMSIII core rotations; Psychiatry, Family Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry and Surgery. 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 any additional time off from their clinical rotations to study for the COMAT and 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.
B.  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. Students are expected to study throughout the rotation and are expected to be on rotation the day prior to a COMAT. Absence from the rotation the day prior to a COMAT is considered an unexcused absence and therefore subject to the unexcused absence penalties described elsewhere in this manual. Students may be required to return to the rotation site or participate in rotation activities after the COMAT. 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 Clinical Coordinator prior to the start of the exam. With supporting documentation and approval by the Department Chair, the exam will be rescheduled as soon as it is feasible to do so.
C.  Grading Rubric for COMAT exam:
   • Passing on first attempt:
     Exam Component = Earned exam score x 60%
   • Failing on first attempt (may retake one time):
     Exam Component = 0
   • Passing on second attempt:
     Exam Component = 70 x 60%
   • Failing on second attempt:
     Exam Component = 0

IX.  MEDICAL STUDENT PERFORMANCE EVALUATIONS (MSPE)
Medical Student Performance Evaluations (MSPE), 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.

X.  EVALUATION OF ROTATIONS
Students are required to complete online evaluations for each core rotation. This information is used to assess teaching effectiveness and educational quality. MWU/CCOM takes this information very seriously and expects that each student will carefully and honestly assess his or her educational experiences. Using this data, MWU/CCOM can modify the rotation experience for the enhancement of clinical education.
XI. **ATTENDANCE**

**100% ATTENDANCE REQUIREMENT**

100 percent attendance at all clinical rotation activities, both core and elective is required for all students.

A. *Any unexcused absence* may result in a required explanation to or appearance before the **CCOM Promotions Committee**.

B. The requirements and schedule of each rotation dictate the amount of time students spend on the service. The department faculty, in conjunction with the CCOM Clinical Coordinator, create a schedule for 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.

C. 100% attendance is required during each rotation for all clinical hours, core lectures, and all other required academic activities as defined by the MWU/CCOM Clinical Department Chair. Attendance requirement at lectures may vary by department. Please refer to the specific course syllabus for further information. Students are not to work hours that exceed the nationally recognized work hour limitations for residents, as stated in the basic standards.

XII. **ABSENCES**

A. **Notification of an absence**

The CCOM Clinical Coordinator responsible for the department must be notified of any absence, late arrival, or early departure from any rotation activity. This applies to all Core and Elective rotations.

1. When notifying the CCOM Clinical Coordinator of an absence, students must provide the following: date, reason for the absence and name of the preceptor and/or site.

2. Any absence not reported to the CCOM Clinical Coordinator will be considered unexcused.

B. **Requesting an Excused Absence**

Absence from a rotation is highly discouraged. To obtain an excused absence for any reason, the following procedures must be followed:

1. Submit an email to the MWU/CCOM Clinical Coordinator and explain the reason for the request.

2. Requests must be submitted 30 days prior to the start date of the rotation. (For residency interviews and emergency situations, the 30 day rule may or may not be waived. See below.)

3. The CCOM Clinical Coordinator will inform the student that either: (a) the request is granted and will inform student of any make up requirements; or (b) the request is declined.
C. **Types of Excused Absences**

Four types of excused absences may be requested: (1) Personal, (2) Conference/Event, (3) Residency interview, (4) Emergency. Students’ requests should not be submitted to the Clinical Department Chairman, but should only be submitted to the CCOM Clinical Coordinator

1. **Personal requests:**
   The request should be directed to the CCOM Clinical Coordinator who will submit the request to the Clinical Department Chair for review.

2. **Conference/Events requests:**
   The request should be directed to the CCOM Clinical Coordinator who will submit the request to the Dean’s Office for review. The Dean’s Office will approve no more than two Dean-approved conferences per academic year, with the exception of the Chair and Vice Chair of the CCOM Student Government Executive Board, who may attend four COSGP meetings a year. Evidence of attendance at such events must be submitted to the appropriate CCOM Clinical Coordinator. The Dean’s Office will approve absence requests from students presenting research papers, posters, or who are attending a medical conference/meeting while serving as an organization officer (e.g. SOMA). All absences must be made up within 60 days of completion of the rotation.

3. **Residency interview requests:**
   a. The request should be directed to the CCOM Clinical Coordinator who will submit the request to the Clinical Department Chair. Send an email to the CCOM Clinical Coordinator with 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 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. *If possible it is recommended that you not schedule interviews on the first day of a rotation.

   b. Students are allowed excused absence(s) for a maximum of four days per four-week block for residency interviews including travel time. Travel time is included in the four-day limit. These four missed days do not have to be made up.

4. **Emergency absence requests:**
   a. Students must submit requests to the CCOM Clinical Coordinator, Preceptor and rotation site coordinator as soon as they are able to communicate. During a weekend, notify the CCOM Clinical Coordinator by email as soon as the emergency is made known.

   b. The CCOM Clinical Coordinator will inform the rotation site of the absence. Over the weekend, the student must notify the Preceptor and the rotation Site Coordinator.

   c. Students may be required to provide documentation of the emergency. Required documentation must be received by the CCOM Clinical Coordinator within 72 hours of the request.
D. **Religious Holidays**
Students observing standard religious holidays as defined by each particular faith may take off those days with prior departmental approval. Requests for excused absences for religious holidays must be submitted in writing a minimum of 30 days prior to the start of the rotation to the appropriate MWU/CCOM Clinical Coordinator. Students must make up missed assignments and missed work days. The make-up requirements and schedule are at the discretion of the appropriate Clinical Chair. Students wishing to be excused from rotation for daily prayer observance must submit the request, in writing, to the appropriate MWU/CCOM Clinical Coordinator a minimum of 30 days prior to the start of the rotation. Such requests will be granted only if the observance does not interfere with clinical duties. Every attempt will be made by the department to find a quiet location in which the prayer observance may be conducted. Students may not leave the rotation site for prayer observance without the permission of their preceptor. If it does not interfere with clinical duties, students on call or late duty who are fasting for Ramadan should be given a 15-minute break at sundown in order to break their fast. Variations from the policy are at the discretion of the Clinical Department Chair.

E. **Leave of Absence (LOA)**
A Leave of Absence is typically required if a student is absent from a rotation 5 days or more for a four week rotation (the number of days is prorated as defined in the table below for rotations other than four weeks) except for approved residency interviews (for a four-week clinical rotation). Students who need to take a Leave of Absence (LOA) for any reason during a course will be required to complete and/or repeat the course requirements upon his/her return as defined in the table below. The following table outlines the requirements based upon the length of the rotation and amount of time missed during the course.

*Modifications to this table may be made at the discretion of the Department Chair.*

<table>
<thead>
<tr>
<th>Length of Rotation</th>
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<tr>
<td>12 weeks</td>
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<td>≥ 10*</td>
</tr>
<tr>
<td>4 weeks</td>
<td>1-5*</td>
<td>≥ 6*</td>
</tr>
<tr>
<td>2 weeks</td>
<td>1-5*</td>
<td>≥ 6*</td>
</tr>
</tbody>
</table>

* Days may be consecutive or nonconsecutive
** Requirements to complete the course:
  - Make up all missed clinic and/or hospital time
  - Complete “Lecture” make-up assignments (if applicable)
  - Complete all missed quizzes (if applicable)
  - Complete all missing assignments (if applicable)
  - Any other coursework and/or days required by the Course Director and/or Chair
*** Repeat entire course

XIII. **REPORTING CLERKSHIP ISSUES**
All questions regarding clinical clerkships are to be directed by email to the specialty-specific clinical coordinator. The clinical coordinator will direct each concern to the appropriate pathway for resolution.
XIV. **SCHEDULE CHANGES**

Only in exceptional cases will a student’s request to make any changes to their rotation schedule be reviewed by the Department Chair.

**Block Switch** requests are completed online through the RMS program. Students will be required to provide evidence for the necessity/exceptional circumstance relevant to the request. Once the request is received it will be reviewed by the appropriate department. Students contacting the Department directly will be re-directed to the online form.

**Site Switch** requests must be submitted by email to the appropriate CCOM Clinical Coordinator. Requests must be sent to the CCOM Clinical Coordinator no less than 30 days prior to the start of the rotation and should not be sent to anyone except the CCOM Clinical Coordinator. The CCOM Clinical Coordinator will inform their corresponding Department Chair of the request. The Coordinator will notify the student of the decision by email using the student’s MWU email address.

Students wishing to have further discussion regarding the decision should contact the CCOM Clinical Coordinator by email.

XV. **REQUEST TO PERFORM CORE ROTATIONS OUT-OF-SYSTEM**

A. It is the educational policy of MWU/CCOM that all core rotations must be done at one of our core affiliate sites. Requests for a waiver from this requirement must be submitted in writing to the appropriate CCOM Clinical Coordinator for the Clinical Department Chair’s consideration a minimum of 60 days prior to the rotation starting date. Waivers will only be granted in exceptional circumstances.

B. Students making cumulative requests for out-of-system core rotations that exceed 12 weeks in length will be referred to the Clinical Department Chairs Committee for review. If such a request is approved, additional requirements may be mandated, such as restrictions on the location of future electives.

XVI. **CLINICAL EDUCATION WEB PAGE AND BLACKBOARD COURSES**

The Department of Clinical Application has a Web Site and Blackboard course for rotation information. All Clinical Departments maintain individual pages as well as individual Blackboard courses, which are linked to the department pages/course. Both resources contain specific rotation information. The web site and Blackboard courses are useful for current and future rotations. Rotation sites, lecture schedules, contact persons, rotation syllabi, and required forms are posted. Both resources are maintained and updated regularly by the department.
XVII. COMMUNICATION
All CCOM Clinical Coordinators will use the MWU email system and/or Blackboard as the sole means of communication with students regarding clinical rotations. It is required that students check their MWU email, and if applicable, the appropriate clerkship Blackboard site daily as that is where all clinical rotation correspondence is sent. Communications via personal e-mail addresses that have not originated from the MWU e-mail system are often discarded by the campus SPAM filter. CCOM Clinical Coordinators are not responsible for e-mails that are not read or not received because the student has forwarded the MWU email to a secondary address. CCOM Clinical Coordinators will only respond to inquiries originating from the student’s email account within the MWU email system.

XVIII. 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.

XIX. IMMUNIZATIONS CLINICAL ROTATION COMPLIANCE DOCUMENTATION
A. Students are required to have proof of current immunizations before beginning clinical rotations. 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 and 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. All documentation regarding immunizations should be sent to the MWU Wellness Center. Students should always keep a copy of any documents for their personal file. Students who are not in compliance with MWU/CCOM's immunization policy will not be allowed to start and/or continue clinical rotations.

B. Please be aware that any charge pertaining to immunizations will be the responsibility of the student unless otherwise stated. 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.

C. 2-step PPD’s and the QuantiFERON Gold Standard Test are considered current for one year. Chest x-rays are current for two years. Please make sure documentation of the 2-step PPD, QuantiFERON Gold Standard Test or chest x-ray is sent to the Wellness Center. Some rotations may require additional PPD testing.

D. Many rotations now require drug screening tests; some require criminal background checks and fingerprinting. CCOM completes fingerprinting and background checks upon matriculation and provides drug screening on an as-needed basis for approved rotations. Students requiring current Criminal Background Tests should contact the Office of Student Services at 630-515-7203.

E. If any required immunization is not shown on a student’s personal MWU student portal location, then the student is not in compliance with CCOM policy. 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 completed prior to the start of any rotation.

F. 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. Any student who cannot wear an N-95 mask for any reason will not be allowed to care for a patient with TB.

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
A. Procedure for Exposure Incident
Students exposed to a patient via blood or potentially infectious body fluid should proceed as follows:
1. Seek immediate treatment and follow-up in accordance with appropriate medical standards. Fill out injury and treatment forms following the protocol of the rotational facility or physician.
2. Fill out injury and treatment forms following the protocol of the rotational facility or physician's office where they are assigned.
3. Go immediately to the nearest hospital’s emergency department.
4. Immediately notify the preceptor of the occurrence.
5. Students who incur expenses related to treatment of an accidental needle stick should seek reimbursement first through their health insurance company. Any unpaid expenses thereafter should be referred to the Director of Risk Management, at (630)515-7232 or Mary Armagast, Assistant Director of Risk Management, at (630)-515-6340

B. Within 5 days, students must forward a copy of the injury and treatment forms to their preceptor, 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:
1. Date and time of exposure
2. Job duty being performed by student
3. 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)
4. 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 contract)
5. 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.

C. **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.

D. **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. 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 a CCOM Clinical Coordinator for further assistance.

**XXIII. 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.

**XXIV. Residency Applications**
Students interested in learning more about postdoctoral opportunities should go to the
Opportunities Web Site of the AOA (http://opportunities.osteopathic.org/) Students are
strongly encouraged to become proactive in their career planning activities.

**XXV. Match Information**
Match information can be found online. (https://natmatch.com/aoaирp/) For further
assistance, please contact Ms. Sandy Frait, Education Specialist in the Dean’s Office
(630) 515-6294 or sfrait@midwestern.edu.
XXVI. LETTERS OF RECOMMENDATION (LoR)

A. The 2016 ERAS Letter of Recommendation upload process has changed. The Dean’s Office no longer has access to upload or transmit LoRs for students on behalf of letter writers. Therefore, all letter writers must upload their LoRs to ERAS. If you have any questions or need assistance while uploading the letter, please contact Ms. Helen Chong at 630-515-7122.

B. The following are the instructions from the Dean’s Office for uploading your LoR:

1. Applicants access MyERAS to enter and finalize LoR Authors in May 2015. Note: If an applicant waived his/her rights, he/she should not see the completed letter.(see below)

2. LoR Author completes the LoR; saves it in PDF format; and accesses the Letter of Recommendation Portal (LoRP) to start the uploading process.
   https://www.aamc.org/services/eras/282520/lor_portal.html

3. LoR Author or administrator registers on the LoRP and creates a username and password.

4. Save an electronic copy (PDF) of the letter in preparation for uploading. If you’re writing this letter before May 2015, please hold onto the completed letter. When the student can access ERAS 2016 in May 2015, he/she will send you the Letter ID#.

5. LoR Author logs in; enters the applicant’s Letter ID; verifies the applicant and LoR Author details; and follows the prompts to upload the letter in PDF format (PDFs with encryption, password protection, or digital signatures cannot be processed). The LoR is transmitted to ERAS. LoR Authors may view uploaded LoRs and/or upload new versions at any time (if needed). Once a LoR has been uploaded, it cannot be deleted or altered in any way. To make changes, you must submit a new version of the LoR. Programs will only be able to view the most recent LoR version.

XXVII. NBOME/COMLEX

Students scheduling their COMLEX CE and/or PE exams during clinical rotations must provide the CCOM Clinical Coordinators with written verification and adhere to the 30 day policy (30 days prior to the start of the rotation) as noted in the attendance guidelines. 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.
XXVIII. REGISTRAR'S OFFICE
A. 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.
B. 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 third and fourth year students. Students with COMLEX failures, rotation failures and/or academic deficiencies are required to meet with the committee. Students who have not met the professional standards set forth in the Osteopathic Oath must also meet with the committee. Notification of the date, time, and place of the committee meeting is sent to students by the MWU email system at least 48 hours in advance. A summons received from the committee mandates student appearance. Decisions of the committee are emailed to students by the MWU email system.

B. A request for consideration of an appeal must be filed in writing to the Dean within three working days following official email notification of the committee’s decision. The appeal request must follow the procedure as described in the MWU catalog. The student will be notified by the Dean’s Office whether or not the request for consideration of the appeal has been granted. The Dean has the right to not accept a request for a consideration of an appeal.

C. The Promotions Committee also recommends to the Faculty Senate for graduation those students who have successfully completed their two years of clinical training, who have passed COMLEX Level 1 and Level 2 CE and PE examinations of the National Board of Osteopathic Medical Examiners and who have paid all tuition and fees.

XXX. RESEARCH
In order to receive approval for a Research project, students must:
A. Successfully complete the approved online Research Module.
B. Prepare a 1-2pg NIH style protocol, i.e., significance, aims, protocol, etc.
C. Gain approval from the Course Director and/or Department Chair.
D. Have appropriate IRB (Institutional Review Board) approval
E. Follow standard research protocol, 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.
F. If a student has questions or concerns regarding the research, he/she must discuss the appropriate Department Chair.
**CODE OF ETHICS**

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

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 physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association 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. The physician shall divulge information only 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 because of the patient's race, creed, color, sex, national origin or handicap. 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 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 he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice 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 advisable for the care 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 osteopathic 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 current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

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. (Approved July 2003)

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, and 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 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 healthcare 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 1985)

Part I - Indications of Specialty Practice

1. Osteopathic physicians who are not certified by the AOA or a member board of the ABMS or who do not devote their time exclusively to a specialty should not indicate any area of practice specialization. They may designate the nature of their practice in one of the following ways:
   - General Practice
   - General Practice of Osteopathic Medicine
   - Surgery
2. Osteopathic physicians 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
3. Osteopathic physicians who are certified by the AOA or a member Board of the American Board of Medical Specialties may designate themselves as “board certified.”

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

Part II - Membership in Professional Organizations

Professional stationery may contain indication of membership or fellowship status in professional organizations or of any present or past office held in any professional organization, if such use is deemed appropriate by the AOA or AMA-recognized specialty college or specialty society.

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 unless such use is deemed appropriate by the AOA or AMA-recognized specialty college or specialty society conferring the status of “fellow.”

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 Osteopathy

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 D.O.)**

It is strongly recommended that only the degree D.O. appear on professional stationery. However, the following additional guides are offered: No undergraduate degree (B.A., B.S., etc.) should be used.

Graduate degrees (M.A., M.S., Ph.D., 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, pharmacy and chemistry may be used but their use is not recommended. Law degrees may be used if the physician carries on medical-legal activities.

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."

**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 D.O.s 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 letter 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. 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.

4. . . . 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.

5. In classified telephone directories it is not improper to indicate "Practice limited to" or simply to name the field of specialty. Only specialties or practice interests recognized as such by the American Osteopathic Association should be indicated. Only physicians who are certified in or who limit their practice exclusively to a specialty should list themselves in a particular field.

**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 and in the best interest of their patients 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 of limited value and 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 substance or 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
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**Data Coordinator –**  
Ms. Michelle Sloan, 4

**Electives Coordinator –**  
(A-L) Ms. Lisa Fogarty, 4  
Electives Coordinator -  
(M-Z) Ms. Kathy Hesser, 4  
Emergency Medicine Program Assistant -  
Ms. Roberta Flot, 4

**Family Medicine Coordinator –**  
Ms. Helen Chong, 4

**Internal Medicine Coordinator –**  
Ms. Kelly Zajac, 4

**Obstetrics & Gynecology Coordinator –**  
Ms. Tina Valderrama, 4

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**Osteopathic Manipulative Medicine –**  
Mr. Greg Pytlak, 4

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Chicago College of Osteopathic Medicine
CLINICAL CLERKSHIP POLICIES
Academic Year 2015-2016

SIGNATURE PAGE

I ____________________________________________, a student enrolled at MWU/CCOM, acknowledge receipt of the 2015-2016 Clinical Clerkship Policies. 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 Clerkship Policy Manual: May 1, 2015