

OSU-CHS Class of 2020 Rural Medical Track Sub-Internship Clerkship Syllabus

Sub-Internship I CLME 9285

Sub-Internship II CLME 9295

Sub-Internship III CLME 9315 (optional)

Rural Medical Education Contact Information

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Office Information

Center for Rural Health Office Hours: Monday-Friday, 8:00 AM to 5:00 PM OSU Holidays Observed. OSU Badge needed for entry.

Title IX

Information, including confidential and non-confidential reporting options, can be found at <http://1is2manychs.okstate.edu>

Rural Medical Track Sub-Internship Prerequisites

Successful completion of the first four semesters of the prescribed eight semester courses of study (OMS1 and OMSII). Must be a member of the Rural Medical Track to enroll in this course. Must complete all OMSIII required Clerkships (Health Care Center Clinic, Psychiatry/Behavior Health, OMM, Pediatrics, Core Surgery, Core Internal Medicine, Cord OB/GYN, RMT Community Clinic, Rural Clinic). It is preferred (but not required) that you have completed all required Clerkships (Community Hospital I and II and Emergency Medicine) prior to the Sub-Internships.

Rural Medical Track Sub-Internship Course Description

Rural Medical Track students are required to complete two Sub-Internship Clerkships to gain experience and knowledge of the residency program and what is expected of the residents. An optional third Sub-Internship is available and replaces an Elective requirement. Each Sub-Internship Course is a 4-week clerkship. Sub-Internships are set-up through the Rural Health Coordinator Advisor based on student's future goals. Sub-Internships must be in state at a residency site. Rotations must be set up at primary care rural residencies if available (Emergency Medicine, Family Medicine, or Internal Medicine). If not available, students are required to apply for other **in state** primary care residencies (OB/GYN, Pediatric, General Surgery) at OSU-CHS (first) and OU. Out of state rotations are considered Electives.

Rural Medical Track Electives

Rural Medical Track students have three Electives. The three Electives can be split into 1, 2 or 3 weeks. Up to 4 weeks of Elective 3 can be used for an Optional second Vacation. **Scheduling Electives at out of state sites for the purpose of auditioning at out of state residency sites** are the responsibility of the student. Rural Medical Track students must work with their RMT Coordinator Advisor when setting up Elective rotations. Rural Medical Track Elective Forms must be preapproved by the Center for Rural Health, signed by the preceptor and submitted to Rural Health no less than thirty days before the first day of the rotation (or the length of time in advance that onboarding paperwork is due), approved by the Department of Clinical Education, and entered into LCMS. Site evaluations and grades for electives are all handled by the Department of Clinical Education. Although Patient Encounter Tracking Cards are not required as a part of your Elective grade, they are a good way to keep track of your Entrustable Professional Activities (EPA) documentation needed for Residency and thus are highly recommended.

Housing at Rural Clerkship Sites

At most rural sites, complimentary housing is provided (for students only) Housing varies from site to site. Some sites require pre-rotation paperwork or refundable deposits. More information about the housing at specific sites is available from regional coordinators. Contact regional coordinators as soon as possible if NOT planning to utilize provided housing for any reason. **Contact the housing contact at least 2 weeks prior to arrival for more information.** No housing is available for sites in or close to Tulsa or Oklahoma City.

Sub-Internship Grading: Pass/Fail/Incomplete

Pass Requirements At the discretion of the Course Coordinator:
Preceptor's Evaluation of student's performance is complete, acceptable and with no more than one concern.
Patient Encounter Tracking Card is completed, signed and uploaded to LCMS.
No more than 3 (approved) days missed from a 4-week Selective and any make-up has been completed.
Student's Evaluation of the Site is complete.

Fail	<p>At the discretion of the Course Coordinator:</p> <p>Two or more boxes are checked on Evaluation Failure Criteria (See Clerkship Handbook).</p> <p>May be based on documented negative comments from coordinator, site or preceptor.</p> <p>Course assignment is unacceptable or grade is below 70%.</p> <p>Unapproved time or excessive time was missed from the rotation and not made-up.</p> <p>Requirements are incomplete 30 days after the end of the rotation and deadline extension was not approved.</p>
Incomplete	<p>At the discretion of the Course Coordinator:</p> <p>Preceptor Evaluation has not been completed.</p> <p>Course assignments have not been completed and/or uploaded to LCMS.</p> <p>Make-up for time missed has not been made-up as instructed by preceptor or course coordinator.</p> <p>Student's Site Evaluation has not been completed.</p>
Grievance or Complaint	<p>Grievance of a rotation, preceptor evaluation or grade for Rural Clinic would start with the Course Coordinator.</p>

Rural Medical Track Sub-Internship Grading: Honors

Honors Criteria and Recommendation Requirments	<p>At the discretion of the Course Coordinator, Honors will be recommended if applicable following criteria is met. Student...</p> <p>Completed all onboarding requirements in a timely and appropriate manner consistent with the site's requests.</p> <p>Is a self-directed learner</p> <p>Is self-directed, takes initiative.</p> <p>Demonstrated an outstanding grasp of the concept of structure-function interrelationships.</p> <p>Has a superior ability to understand the role of somatic dysfunction in health and disease as it applies to the nervous, circulatory, respiratory and musculoskeletal systems.</p> <p>Demonstrated an exceptional understanding of how to promote health in the patient.</p> <p>Demonstrated a knowledge base superior in both breadth and depth.</p> <p>Rapidly focuses on correct working and differential diagnosis.</p> <p>Accurately interprets any and all diagnostic or lab studies.</p> <p>Has the ability to provide constructive and timely feedback.</p> <p>Responds calmly in all situations.</p> <p>Demonstrates ability to adapt effectively to multiple settings.</p> <p>Is a humble leader, respectfully educating and sharing knowledge with peers and members of the team.</p> <p>Completed and uploaded all assignments to LCMS before the deadline (7 days after the rotation ended).</p> <p>Assignments were complete, accurate, and of the highest quality as determined by the Course Coordinator.</p> <p>Performance Evaluation completed by preceptor had many strengths checked, including Rural Barriers and Rural Resources.</p> <p>Performance Evaluation completed by preceptor contained positive comments or preceptor indicated to Course Coordinator or others that student's performance was exceptional.</p> <p>Stayed in the rural community during the rotation, when rural housing was provided, to gain a better rural perspective and rural cultural experience.</p> <p>Did not miss more than 1 (approved) day from the Clerkship.</p> <p>Responded to all communications in a timely and courteous manner.</p> <p>Received written recommendation from a regional coordinator, a site representative and/or the preceptor.</p>
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Rural Medical Track Selective Course Applicable Objectives

Clinical history taking	Perform a focused or comprehensive medical history, as indicated by presenting a case, in an organized, complete and efficient manner and identifying areas of clinical concern.
Clinical PE skills	Perform either a focused or comprehensive physical examination, as indicated by presenting case, in an efficient, correct and sensitive manner and identifying abnormal findings.
Use of Medical knowledge	Demonstrate solid understanding of pathophysiology and disease mechanisms. Demonstrate the ability to use of basic science knowledge and identify the relationships among patients' problems. Display knowledge about drugs commonly prescribed for patients.
Differential Dx	Using medical decision-making, construct a differential diagnosis and develop treatment/management strategies for common diseases and conditions seen in a rural family practice with an understanding of differentiating factors in rural and urban medical settings. Rapidly focus on correct working and differential diagnosis; accurately interpret any and all diagnostic or lab studies.
Plan	Develop a patient management plan appropriate to the diagnosis and medical decision-making. Identify any rural barriers to patient compliance and educate patients/families about most aspects of the plan.
Oral Presentation	Case presentation is organized, accurate, complete, concise and includes prioritization and analysis of medical issues and suggestions for management; preceptor can rely on case presentations to contain all relevant material necessary to determine plan of care. Demonstrate organizational and presentation skill by presenting a research project to peers and designated graders.
Time management	Chart efficiently and keep up with charting throughout the day, while simultaneously seeing patients and performing other assigned duties. Identify needs in workflow; recognize when a task, such as charting, should be put on hold in order to complete or participate in another activity, such as seeing the next patient.
Practice systems	Demonstrate an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the rural patient.
OMM skill	Consistently perform thorough osteopathic structural exam. Demonstrate ability to make a structural diagnosis and choose a manipulative treatment that is specifically suited for the diagnosis and patient's condition. Demonstrate skill in performing specific osteopathic manipulation.
Clinical Mental Status Exam (MSE)	Perform Mental Status Exam as indicated by presenting issue, in an efficient, correct and sensitive manner and be able to identify abnormal findings.

Professional responsibility	Demonstrate ability to self-reflect and set goals; take initiative and attempt to solve problems independently before seeking assistance; be a self-directed learner and use resources available to answer questions before asking for assistance; take primary responsibility for patients and advocate for their needs; anticipate the needs of the team and actively attempt to meet those needs; demonstrate sensitivity and compassion.
Communication and Interpersonal Skills	Demonstrate ability to communicate complicated or difficult information to patients and families and appropriately respond to their concerns/questions. Exhibit interpersonal skills with patients and their families to facilitate the communication process between physicians and patients through active listening, empathy and sensitivity, appropriate eye contact, proper closure of interaction, attentiveness and concern, proper greetings and introductions, confidence, and respect.
Procedure skill	Demonstrate appropriate choice of procedure with clear insight into benefits, risks, and alternative options and understand the important steps with reasonable progression of the procedure.
Research Presentations	Demonstrate understanding of research design and methodology by presenting research results and leading the discussion with peers, coordinator and faculty.
Rural Emphasis	Demonstrate an understanding of the rural Osteopathic family physician's roles as the physician of first contact and a community leader. Identify your leadership strengths, limitations and responsibilities as it would relate to your role in a rural practice. Identify barriers rural patients face that affect compliance and medical decision-making, and explore resources available in the rural community that help to overcome rural specific barriers. Identify agricultural variables that are prevalent in rural medicine and its effect on a rural practice and the community leadership role.

Rural Medical Track Sub-Internship Course Requirements and Assignments

Requirements Prior to start of course	Contact regional coordinator and preceptor 6 weeks prior to the beginning of the rotation to get specific information about housing, onboarding procedure, daily schedule and other pertinent aspects of the rotation. Prior to arrival, provide site with a Curriculum Vitae (CV) containing your contact information. Review course information in LCMS.
Selective Orientation	The Orientation for Sub-Internship is provided by the Site. You must check into your housing (if applicable) and meet with your preceptor on the first day of the rotation. Watch emails from your Regional Coordinators and Advisors for more information. Meet with your preceptor on the first day about the Patient Encounter Tracking Card requirement.
Requirements During Sub-Internship Rotations	Consider this an audition rotation. Work with the residents and attendings to gain a better understanding of how the residency works and the resident's responsibility. Meet with the assigned Residency Director to discuss the specifics of the Residency and the expectations for the rotation. You are expected to gain an understanding of what it is like to be a resident by participating in all residency activities. Work with other health professionals and students from other health related degree programs as part of the learning experience and function collaboratively on health care teams. Participate in department or school events, participate in research, give presentation, or complete any readings special assignments at the request of the preceptor, the department, or the school.
Patient Encounter Tracking Card or LCMS (PET)	Provide Entrustable Professional Activities (EPA) documentation needed during residency by documenting everything you see and do while on the rotation. Use the Patient Encounter Tracking (PET) Card provided or the Patient Encounter Tracking (PET) System provided in LCMS or whatever Entrustable Professional Activities (EPA) documentation form that is used by the Residency site. Complete with date and level for each procedure and have physician sign card or provide verification of accuracy. Without initials or physician verification, document is considered incomplete. No grade will be issued without physician verification. Report sent after graduation.
Requirements At end of course	Thank your preceptor and others that volunteered their time and expertise for your educational experience. Ask your preceptor to sign and initial your Patient Encounter Tracking Card and upload to LCMS. Ask your preceptor to complete your Performance Evaluation and provide feedback to help you improve for your next rotation. Be sure your preceptor has a copy of your CV and ask for letters of recommendation. Complete the Site Evaluation in LCMS.

Rural Medical Track Student Opportunities

Rural Medical Track students may be asked, while on any Rural Health rotation, to assist with school events and provide a rural perspective. This can include such events as Operation Orange, Rural Focus Course, Rural Health Day, Didactic Weeks, RMT Meetings or other similar events. Students may be provided the opportunity, and are highly encouraged, to attend conferences or events depending on the location of the event, your rotation site and the date of the event. This may include DO Day on the Hill, Rural Health Conferences (NRHA, RHAO), Osteopathic or OSU-CME Conference (EM Update, PC Update, Spring Fling), ECHO or OSU Mobile Telemedicine Clinic (MTC) events. This will be offered at Orientation or through Rural Health emails. Attendance in most cases will require a signed Exception to the Rotation Form.

Student Responsibilities for a Successful Rotation

Dress appropriately at all times. Identify yourself as a non-graduate medical student with College approved identification. Exhibit professionalism and behave in an ethical manner. Demonstrate a desire to exceed expectations. Show interest in learning. Treat everyone with respect. Prepare for and participate in course activities. Turn in assignments on time. Accept and apply constructive feedback and ask for ways to improve. Demonstrate reliability and dependability by arriving prior to the start time. Do not leave early or without preceptor approval.