

# ROTATION SYLLABUS

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While the end-of-rotation exam is derived from the didactic curriculum and objectives described above in the “Clinical Modules Required Curriculum” section, the end-of-rotation evaluation completed by your preceptor is based on clinical core competencies. These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. Your end-of-rotation evaluation from your preceptor will be based directly on your performance in these 6 core competencies as described below.

- the student should demonstrate the following clinical communication skills:
  - a. Effective listening to patient, family, peers, and healthcare team
  - b. Demonstrates compassion and respect ( )Tj an7 0 Td [(10 (c)-3 (om)1 (pa)-4 (s)5 (s)g

- e. Displays integrity & honesty in medical ability and documentation
- f. Acknowledges errors, seeks to correct errors appropriately
- g. Is well prepared for and seeks to provide high quality patient care
- h. Identifies the importance to care for underserved populations in a professional & altruistic manner

Educational modules using lectures, cases, and other forms of delivery are used for third year curriculum.

every diagnostic entity students must learn. The list reflects the common and typical clinical entities that the faculty feels VCOM students should experience. The list can be found in VLMS or CANVAS.

- Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the rotation. Clinical experience is an important part, but only a part, of your rotation requirements. Students may discover they have not seen some of the presentations/procedures on the list during the rotation; however, they should arrange to see these problems in the 7 (e)-3 (m)th year or learn about them in other ways through the other course materials provided. Students need to commit themselves to extensive reading and studying during the clinical years. "Read about patients you see and read about patients you don't see".

One of the competencies students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. The thoroughness and accuracy with which students maintain and update their patient logs are measures of professionalism. Students must review these logs with their preceptor prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their VLMS entries with their preceptor during the rotation period.

Throughout the year, data is reviewed by Clinical Affairs, the curriculum committees, and administration to ensure the clinical experiences meet the objectives of the rotation and to assess the comparability of experiences at various sites. The goals are:

- Demonstrate student exposure to patients with medical problems that support course objectives.
- Demonstrate level of student involvement in the care of patients.
- Demonstrate student exposure to, and participation in, targeted clinical procedures.
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- Nicholas, Alexander, and Evan Nicholas. \_\_\_\_\_, 4<sup>th</sup> ed. Baltimore, MD: Lippincott, Williams & Wilkins, 2023. ISBN: ~~9781127480978~~ 9781193411 (retail price \$179.99) – Available in VCOM's eLibrary in LWW Osteopathic Medicine Collection
- Seffinger, Michael. \_\_\_\_\_, 4<sup>th</sup> ed. Philadelphia, PA: Wolters Kluwer Health, 2019. ISBN: ~~9781496368324~~ (retail price \$142.99) available in VCOM's eLibrary in LWW Osteopathic Medicine Collection
- Wing, Edward J., and Fred Schiffman. Benjamin, Ivor, et al. \_\_\_\_\_, 10<sup>th</sup> ed. Philadelphia, PA: Elsevier, 2021. ISBN: ~~0323722711~~ (retail price \$89.99) available in VCOM's eLibrary in Clinical Key

- basic understanding of the principles and applications of medical imaging and be able to interpret common radiological studies in the context of presenting patient conditions. In addition, students should be able to recognize common osteopathic structural viscerosomatic/somatosomatic changes that correlate to specific radiographic findings.
- o In order to receive credit for the radiology cases and meet the requirements for passing the rotation, students must complete the course, including all associated components of the online program such as the knowledge assessment questions associated with the cases. The same case may be included under multiple topics in the syllabus to show and





<https://www.vcom.edu/academics/clinical-education/third-year/forms> to access the evaluation form.

- o Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website <https://www.vcom.edu/academics/clinical-education/third-year/forms> to access the mid-rotation evaluation form.
- Successful completion of the end-rotation written exam:  
The content of the end-rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this syllabus, the clinical case modules, and the Aquifer Radiology cases and their associated references.

Students must pass both the "module" and "rotation" portions of the course. All rotations have a clinical rotation grade and clinical modules/exam grade. Failure to submit all of the case module files using the Canvas link provided above and the Aquifer Radiology cases will result in a

Grade Legend						
A	90-100	4.0	H	Honors	IP	In Progress
B+	85-89	3.5	HP	High Pass	INC	Incomplete
B	80-84	3.0	P	Pass	CP	Conditional Pass
C+	75-79	2.5	F	Fail	R	Repeat
C	70-74	2.0			Au	Audit
F	<70	0.0				

Students who fail a clinical rotation, fail an end-rotation exam twice, or who have more than one first attempt failure on end-rotation exams within an academic year (if the student has successfully remediated the prior end-rotation exam on the second attempt) will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professional and Ethical Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

- Students must pass each end of rotation exam with a C (70%) or better to receive a passing grade for the clinical medical knowledge module. Students who fail an end of rotation exam but pass the clinical rotation evaluation component have a second opportunity to pass the exam within 28 days of notification. If the student passes the remediation exam, the remediated end-rotation grade will be the grade recorded on the transcript and be GPA accountable.

If the student fails the end of rotation exam a second time, the student will receive an "F" grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated. The repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module course and the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course.

evaluation course. The repeated course will have the letter "R" at the end of the course number to reflect that they are repeated. Both the grade earned for the initial and the repeated course will be recorded on the transcript, but only the repeated course will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

In addition, students who fail more than one first attempt failure of rotation exams within a semester (i.e. failed the first attempt of rotation exam for pediatrics and failed the first attempt of rotation exam for surgery within the first semester), even if the student has successfully remediated the prior rotation exam on the second attempt, will be placed on academic probation (at a minimum through their OMS 3 year) by the Campus Dean.

- If a student fails the clinical rotation evaluation the student will receive an "F" grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the rotation, all components of the rotation must be repeated. The repeated rotation must be with a different preceptor than the one from the original rotation that the student failed. Once repeated, the transcript will show both the initial clinical medical knowledge module and course the initial clinical rotation competency evaluation course, as well as the repeated clinical medical knowledge module course and the repeated clinical rotation competency evaluation course. The repeated course will have the letter "R" at the end of the course number to reflect that they are



absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the “Excused Absence Clinical Rotations Approval” form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor’s office by 8:30 AM on the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4 rotation in order to pass the rotation. Any time missed must be remediated during the course of the rotation for credit to be issued. Students may remediate four missed days or 48 hours missed during any rotation period by working on normal days off. OMS 3 students who have any unexcused absences will be referred to the PESB.

At times, there may be lectures on VCOMTV where completion will be documented as part of passing the course (these will be clearly indicated in the course syllabus). For these lectures, the use of an external accelerator is prohibited, as VCOMTV is unable to track completion through these programs. If a student uses an external accelerator for these assignments, they will be required to re-lecture(s) in VCOMTV within the required timeline. Failure to document a student’s completion of these assignments within the required timeline due to use of an external accelerator may result in failure of the course.

It is advised that students review and adhere to all behavioral policies including attendance, plagiarism code, and other aspects of professionalism. Behavioral policies may be found in [College Catalog and Student Handbook](#).

The VCOM Honor Code is based on the fundamental belief that every student is worthy of trust and that trusting a student is an integral component in making them worthy of trust. Consistent with honor code policy, by beginning this exam, I certify that I have neither given nor received any unauthorized assistance on this assignment, where “unauthorized assistance” is as defined by the Honor Code Committee. By beginning and submitting this exam, I am confirming adherence to the VCOM Honor Code. A full description of the VCOM Honor Code can be found in [College Catalog and Student Handbook](#).

Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline you are expected to know for each topic/module. Refer to the rotational calendar for specific dates and exams.

The faculty of the course will make every effort to adhere to the syllabus and rotation schedule; however, the Office of Clinical Affairs reserves the right to make changes to the syllabus; including changes to examinations, quizzes, modules, homework or other assignments; and/or the schedule with as much advance notice as possible. These changes will be communicated to the students in writing via Canvas email.

In addition to the topics below with reading references and learning objectives, students must also complete the assigned clinical cases and the assigned Aquifer Radiology cases. The content of the rotation exams will be based upon the learning objectives and reading assignments, including OMM, in this

syllabus, the clinical case modules, and the Aquifer Radiology cases and their associated references. The clinical case modules must be submitted in Canvas at: <https://canvas.vcom.edu>

: Diagnosis, management and complications

- l. Correlate increased incidence of immune suppressing diseases such as HIV with multi resistant tuberculosis.
- m. Recognize various presentations of tuberculosis.
- n. Identify common side effects associated with tuberculosis therapy.

Leukemias (chronic myelogenous leukemia, acute myeloid leukemia, acute lymphoblastic leukemia, chronic lymphocytic leukemia), lymphomas (Hogkin and Non-Hodgkin), multiple myelomas, MGUS, myelo mmaeukei, MG3o0 0 Tw 1014

- g. Determine the best management of CNS tumors surgery, radiation, chemotherapy, and targeted agents
- h. Relate genetic mutations in diagnosis and management of brain tumors
- i. Predict general prognosis for patients with solid tumor cancers.
- j. Recognize laboratory abnormalities associated with renal and bladder cancer.
- k. Identify common radiologic findings of renal and bladder cancers.
- l. Classify the genetic disease and syndrome associated with renal cancer.
- m. Explain the concept behind MR spectroscopy of the brain and its application.
- n. Describe the features of mass effect on brain CT and MRI scans.

Differential diagnosis of seizure, focal seizures, generalized seizures, syncope and  
Vertigo dizziness

- Cecil Essentials of Medicine 10<sup>th</sup> ed.
  - Ch. 115 Dizziness and Vertigo
  - Ch. 120 Epilepsy
- [Clinical Problem Solvers](#)

- d. Recall the diagnostic criteria for multiple sclerosis.
- e. Recognize common treatments for relapsing episodes of multiple sclerosis.
- f. Formulate a plan for symptom management for multiple sclerosis.
- g. Compare and contrast the immune-mediated etiology of multiple sclerosis (MS).
- h. Recall the immune-mediated etiology, symptoms and diagnosis of GBS.
- i. Identify the complications that cause the increased morbidity/mortality in GBS patients.
- j. Recall the immune-mediated etiology, symptoms and diagnosis of myasthenia gravis (MG).
- k. Recall the immune-mediated etiology, symptoms, and diagnosis of Lambert Eaton myasthenic syndrome.
- l. Compare underlying pathophysiology in the development of the above demyelinating disorders.
- m. Formulate the appropriate workup to distinguish these disorders.
- n. Diagnose demyelinating disorders based on history, physical examination, and testing results.

: Charcot-Marie Tooth, ALS, peripheral neuropathy, Wilson's disease, Huntington's disease, tremor, Parkinson's disease, Shy-Drager syndrome (multisystem atrophy)

- Cecil Essentials of Medicine, 10th ed.
    - Ch. 116 Disorders of the Motor System
    - Ch. 123 Neuromuscular Diseases Disorders of the motor Neuron and Plexus and Peripheral Nerve Disease
- [Disorders of Motor System & Nerves](#)
- a. Identify other common disorders that should be included in the differential diagnosis of central and peripheral demyelinating disorders.
  - b. Recall the underlying pathophysiology responsible for development of the disorders below.
    - i. Charcot-Marie Tooth disorder
    - ii. Radiculopathy
    - iii. Peripheral neuropathy
    - iv. Amyotrophic lateral sclerosis
    - v. Parkinson disease
    - vi. Benign essential tremor
  - c. Recognize clinical manifestations and physical examination findings for the above disorders
  - d. Distinguish lower motor neuron syndrome versus upper motor neuron syndrome.
  - e. Interpret cerebral spinal fluid analysis to aid in diagnosis of specific motor neuron disorders.
  - f. Predict appropriate therapy for above neuropathies.
  - g. Diagnose disorders associated with peripheral nerves, including neuropathy, hereditary neuropathies and acquired peripheral neuropathies.
  - h. Relate complications and prognosis to underlying disease pathophysiology.
  - i. Recognize the etiologies and diagnostic workup for -4 (nd phy)7 (s)-5 g3 (om)1 (e)-3 (.)1/TT1 1 T



- [AccessMedicine Case Files Family Medicine: Migraine and Other Headache Syndromes](#)

- o. Identify methods to incorporate holistic care in the management of a patient with Upper GI disorders.
- p. Demonstrate how to effectively utilize the ~~ACR~~ website to select appropriate imaging.
- q.





- e. Identify the articular and extra-articular clinical patterns of psoriatic arthritis.
- f. Briefly describe the goals of Osteopathic Manipulative Medicine (OMM) in the treatment of arthritis
- g. Describe the facilitated segments model for pain and spinal cord levels involved in upper and lower extremity arthritic conditions
- h. Identify pertinent indications and contraindications for OMM in arthritic patients
- i. Identify OMM treatment approaches to the care of patients with arthritic conditions
- j. Identify methods to incorporate holistic care in the management of a patient with arthritis
- k. Discuss the rationale for lymphatic treatments in arthritic patients
- l. Discuss the rationale for cranial treatments in arthritic patients

Granulomatous with polyangitis, microscopic polyangitis, ~~Sjogrens~~ Sjogrens syndrome, polyarteritis nodosa, secondary vasculitis, Takayasu's arteritis  
Cecil's Essentials of Medicine<sup>th</sup>, 40, Ch. 83: Systemic Vasculitis

[Rheumatologic Disorders](#)

- a. Identify common clinical features of vasculitis.
- b.



- e. Diagnose lymphadenopathy etiologies utilizing clinical presentation such as age, associated symptoms, duration, recent exposures, medications and physical exam findings.
- f.