



ELEC 703, GLOBAL HEALTH ROTATION SYLLABUS
 2 CREDITS FOR 2-WEEK ROTATION/4 CREDITS FOR 4-WEEK ROTATION
 CLINICAL EDUCATION

1. Contact Information

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2. Course Description/Overview

This Global Health clerkship is scheduled with a preceptor who works in a global health setting. The student will experience the day-to-day activities of clinicians as he/she assists in the care of their patients. Exposure to patients in the clinic setting will give the student the opportunity to practice interview and documentation skills. The student may be given the opportunity to participate in procedures as the preceptor determines their readiness.

In addition, the mission of Pacific Northwest University of Health Sciences, Office of Scholarly Activity (OSA) fosters and engages the best talents of each individual and group in order to cultivate an inter-professional and collaborative environment that stimulates the creation of knowledge about health care, education, our communities, and our organization. As a component of the global health elective, scholarly activities are a necessity to elevate the level of rigor and share the global health experience on a public platform. According to the Accreditation Council for Graduate Medical Education (ACGME), scholarly activities fall into the following categories:

- Research (bench, translational, and/or human subjects)
- Organized clinical discussions
- Rounds
- Journal clubs
- Conferences
- Peer-reviewed funding
- Publication of original research or review articles in peer reviewed journals
- Chapters in textbooks
- Publication or presentation of case reports or case series
- Clinical series at local, regional, or national professional and scientific society meetings
- Participation in national committees or educational organizations

The ability to complete a global health elective provides a unique research experience and a better understanding of clinical practices around the world. Disseminating the experience is a responsibility of the training physician and can be accomplished by, but not limited to: literature review, drafting protocols, collecting data, data entry, subject recruitment, data analysis,

abstract preparation, manuscript preparation, and presentation. A preceptor must be identified (with prior approval) to supervise the student’s activities on this rotation. Students will participate in various stages of the process of conducting and evaluating the scholarly activity.

3. Course Purpose/Goals

The purpose of this 4-8 week experience is to provide the student with exposure to the burgeoning and rapidly developing discipline of Global Health. (*Electives less than 4 weeks will be considered on a case-by-case base). To accomplish this, the rotation provides broad exposure to both public health and direct clinical experience in a variety of settings, both within the US and abroad. As Global Health is a discipline gaining in definition and specialty status, the precise environment and supervision for the elective is intentionally adaptable to student interest. To restate the Lancet Commission’s statement to this regard, “All aspects of the educational system are deeply affected by both local and global contexts. Although many commonalities might be shared globally, there is local distinctiveness and richness”. This is to say that a Global Health Elective may be completed as close to PNWU as the Yakima Valley, or as far afield as the student may obtain approved oversight and supervision for their elective. In the case that direct clinical supervision is obtained, appropriate consultation practices may include Family Medicine, OBGYN, Pediatrics, Internal Medicine, Surgery, and Psychiatry. Settings that allow for observation of population health practices are also permitted through Health District and Ministry of health in various regions. For all rotations arranged and conducted abroad, the two facilitating organizations that provide the structure and assistance to best fit with PNWU’s purpose for this elective are AAMC’s Visiting Student Learning Opportunities and Child Family Health International.

4. Entrustable Professional Activities (EPAs)

EPAs	Description of Activity	Domains of Competence
<p>EPA 1: Gather a history and perform a physical examination including an osteopathic structural exam as appropriate.</p>	<p>Osteopathic medical students should be able to perform an accurate, complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.</p>	<ul style="list-style-type: none"> ● Patient Care ● Knowledge for Practice ● Interpersonal and Communication Skills ● Professionalism ● Osteopathic Principles and Practice (OPP)
<p>EPA 2: Prioritize a differential diagnosis following a clinical encounter (musculoskeletal considerations that may lead to somatic dysfunction).</p>	<p>To be prepared for the first day of residency, all osteopathic medical students in training need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to the selection of a working diagnosis. Developing a differential diagnosis is a dynamic and reflective process that requires continuous adaptation to avoid common errors of clinical reasoning such as premature closure.</p>	<ul style="list-style-type: none"> ● Patient Care ● Knowledge for Practice ● Practice-Based Learning and Environment ● Interpersonal and Communication Skills ● Personal and Professional Development ● Osteopathic Principles and Practice (OPP)

<p>EPA 3: Recommend and interpret common diagnostic and screening tests</p>	<p>This EPA describes the essential ability of the day one resident to select and interpret common diagnostic and screening tests* using evidence-based and cost-effective principles as one approaches a patient in any setting</p>	<ul style="list-style-type: none"> • Recommend first-line, cost-effective diagnostic • evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance. • Provide a rationale for the decision to order the test. • Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans. • Interpret the results of basic diagnostic studies (both lab and imaging); know • Common lab values (e.g., electrolytes). • Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed. • Elicit and consider patient preferences in making recommendations. • Clinical Experiences • Presentations • COMAT
<p>EPA 4: Enter and discuss orders and prescriptions and applicable Osteopathic treatments.</p>	<p>Writing safe and indicated orders is fundamental to a physician’s ability to prescribe therapies or interventions beneficial to patients. It is expected that Osteopathic medical students will be able to do this without direct supervision when they matriculate to residency. Entering students will have a comprehensive understanding of some but not necessarily all of the patient’s clinical problems for which they must provide orders. They must also recognize their limitations and seek review and guidance for any orders and prescriptions they are</p>	<ul style="list-style-type: none"> • Patient Care • Knowledge for Practice • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Professionalism • Osteopathic Principles and Practice (OPP)

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	<p>expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of clinical settings (e.g., inpatient, ambulatory, urgent, or emergent care).</p>	
<p>EPA 5: Document a clinical encounter in the patient record.</p>	<p>Osteopathic medical students should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, and email).</p>	<ul style="list-style-type: none"> ● Patient Care ● Interpersonal and Communication Skills ● Professionalism ● Osteopathic Principles and Practice (OPP)
<p>EPA 6: Provide an oral presentation of a clinical encounter.</p>	<p>Osteopathic medical students should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient's current condition.</p>	<ul style="list-style-type: none"> ● Practice-Based Learning and Environment ● Interpersonal and Communication Skills ● Professionalism ● Personal and Professional Development
<p>EPA 7: Form clinical questions and retrieve evidence to advance patient care.</p>	<p>It is crucial that students be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Osteopathic medical students should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.</p>	<ul style="list-style-type: none"> ● Knowledge for Practice ● Practice-Based Learning and Improvement
<p>EPA 8: Give or receive a patient handover to transition care responsibility.</p>	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP, pediatric to</p>	<ul style="list-style-type: none"> ● Patient Care ● Practice-Based Learning and Environment ● Interpersonal and Communication Skills ● Professionalism

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	adult caregiver, discharges to lower-acuity settings) or within settings (e.g., shift changes).	
EPA 9: Collaborate as a member of an interprofessional team.	Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.	<ul style="list-style-type: none"> • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Interprofessional Collaboration
EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	The ability to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential for all physicians. New residents, in particular, are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provide the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills
EPA 11: Obtain informed consent for procedures/tests (under preceptor supervision).	All physicians must be able to perform patient care interventions that require informed consent. Osteopathic medical students may be in a position to obtain signatures for informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions, and OMM) after risks and benefits have been explained by the physician caring for the patient.	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Personal and Professional Development
EPA 12: Perform general procedures of a physician including applicable Osteopathic treatments.	All Osteopathic medical students must demonstrate competency in performing a few core procedures under supervision on completion of medical school in order to provide basic patient care. These procedures include: <ul style="list-style-type: none"> • Basic cardiopulmonary resuscitation (CPR) • Bag and mask ventilation • Venipuncture • Inserting an intravenous line • Osteopathic manipulative medicine (OMM) 	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Personal and Professional Development • Osteopathic Principles and Practice (OPP)

<p>EPA 13: Identify system failures and contribute to a culture of safety and improvement.</p>	<p>Preventing unnecessary morbidity and mortality requires health professionals to have both an understanding of systems and a commitment to their improvement. This commitment must begin in the earliest stages of health professional education and training. Therefore, this EPA is critical to the professional formation of a physician and forms the foundation for a lifelong commitment to systems thinking and improvement.</p>	<ul style="list-style-type: none"> ● Knowledge for Practice ● Practice-Based Learning and Environment ● Interpersonal and Communication Skills ● Professionalism ● Systems-Based Practice
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Prepared by the American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools. April 2016.
Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency, 2016.

5. Course Learning Objectives (NBOME)		
Course Learning Objectives	Methods of Assessment	Learning Activities
<p>Osteopathic Practice and Principles Candidates must be able to demonstrate knowledge of osteopathic principles and practice, and to demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>
<p>Patient Care Provide patient-centered care that is culturally responsive, compassionate, and appropriate for the effective treatment of illness and promotion of health.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>
<p>Medical Knowledge Develop a foundation of practical clinical knowledge on rotations while applying basic science knowledge. Develop skill in transitioning from passive to active learning. Elements include an understanding and application of the evolving ethics of human subject research, osteopathic, biomedical, clinical, epidemiological, biomechanical, and cognate (e.g., epidemiological and social-behavioral) sciences in order to optimize patient care.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>
<p>Clinical Skills Recognize important roles of administrative personnel, nurses and physicians in the delivery of health care that contributes to a student's professional development. Further refine patient history and physical exam, and patient case presentations.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>
<p>Practice-Based Learning and Improvement Demonstrate the ability to continuously evaluate patient care practices, scientific evidence and personal beliefs and biases as they relate to improving the care of patients and optimizing patient outcomes.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>

<p>Interpersonal and Communication Skills Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, allied health care providers, staff and colleagues, to optimize patient and research outcomes.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations</p>
<p>Professionalism Cultivate professional growth through interactions with all members of the health care organization Exhibit appropriate, professional behavior.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations, Skills Labs</p>
<p>Knowledge for Practice Develop a foundation of knowledge in anatomy, physiology, pathophysiology, clinical medicine, osteopathic principles related to Primary Care, and clinical research. Students will be expected to apply this knowledge and demonstrate effective diagnostic and therapeutic reasoning skills related to these systems.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations, Skills Labs</p>
<p>Systems-Based Practice Effectively utilize available health care system resources to provide optimal health care to the individual patient and local and global communities.</p>	<p>Preceptor and Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations, Interprofessional Education (IPE)</p>

NBOME Fundamental Osteopathic Medical Competencies. June 2016.

In addition to NBOME general learning objectives, a set of learning objectives for this rotation are provided. If the international experience varies significantly from these learning objectives, alternative objectives may be provided by the student. The Case Logs list from another syllabus may be submitted for approval. The objectives are intended to be a guide for the student's learning activities and serve as a baseline for assessment of the student's enhanced knowledge, skills, and professional behavior. As knowledge and skills progress, the objectives involved higher order processing of clinical information than experienced in core rotations. Logs may be satisfied by patient interactions, reading assignments, and/or modules. At least one objective should be logged for each clinical workday with a minimum of five objectives for each week. All of the objectives must be completed during the rotation, as well as any specific objectives as directed by your preceptor.

Examples of Acceptable Objectives:

- Develop a research hypothesis with objectives and goals
- Type a selective literature review manuscript summarizing the current evidence base and foundations for the global burden of disease
- Display a case study and/or case series on a digital poster display
- Create and submit an IRB proposal
- Obtain IRB approval for a proposed study
- Submit a manuscript for publication
- Submit a case study and/or case series for publication
- Co-author a manuscript for publication
- Co-author a case study and/or case series for publication
- Co-author a clinical opinion for publication
- Co-author an editorial for publication
- Co-author a book chapter for publication
- Submit an abstract to a national conference for dissemination
- Submit an abstract to a state and/or local conference for dissemination
- Be listed and perform as a co-investigator on a study (e.g. collecting data or managing day-to-day study operations)
- Present an abstract at a national conference
- Present an abstract at a state and/or local conference

- Demonstrate and apply an understanding of essential topics in care for the health of women/mothers and children
- Demonstrate and apply an understanding of the importance of environmental health in the global context
- Demonstrate and apply an understanding of the importance of nutrition in the global context
- Discuss the importance of primary health care in the global context
- Demonstrate and apply the aspects of clinical care and prevention for Tuberculosis and HIV/AIDS
- Discuss the impact of war, catastrophes, displaced persons, refugees, and terrorism
- Demonstrate and apply understanding of injury and global health
- Demonstrate and apply understanding of aging populations and chronic illness
- Demonstrate and apply understanding of emerging diseases and antimicrobial resistance
- Diagram the epidemiology of significant communicable and non-communicable disease endemic to the region
- Describe the appropriate preventative approaches to both the primary communicable and non-communicable diseases endemic to the region
- Recognize dermatological manifestations of systemic infections
- Perform a focused history and physical as appropriate in the diagnostic approach to a patient with an infectious disease or epidemic non-communicable
- Differentiate the various antibiotic/anti-microbial regimens used in treating infectious disease
- List current treatment regimens for HIV patients
- During this elective rotation, the student is expected to function as an integral member of a clinical and/or health district (or health ministry) team responsible for the direct clinical care of patients or local population, under the direct supervision of attending physicians and/or interns/residents
- Demonstrate knowledge of the characteristics of the most commonly prescribed drugs, including pharmacokinetics, pharmacodynamics, indications for use, contraindications, appropriate dosage, common side effects, drug interactions, interactions with foods, potentials for abuse, cost-effectiveness, and inpatient versus outpatient use of the adverse effects of drugs and drug combinations on particular patient populations, such as the elderly, children, pregnant women, nursing mothers and their infants, substance abusers, patients with allergies, and patients with chronic diseases or disorders
- Demonstrate similar knowledge of the over-the-counter, traditional drugs, and healing interventions that are commonly used by patients and communities in the region
Demonstrate and describe the contribution of epidemiology, biostatistics, and surveillance relevant to direct patient care and monitoring population health

6. Course Schedule/Calendars

Please refer to the rotation schedule in E*Value. The rotation block is scheduled from Monday of the first day through Sunday of the last day. It is the expectation that the student will be available to assist the preceptor or designee whenever they are working. This may include evening and weekend call time as assigned by the preceptor and may be up to 80 hours per week.

7. Course Format

The Clinical Didactics longitudinal course takes place over the third and fourth years of medical school. It consists of two hundred hours of educational activities. Faculty-led components will be held on Wednesday afternoons. Attendance and completion of assigned tasks will be tracked and will be reviewed with the student's Assistant Dean on a periodic basis. Successful completion of the Clinical Didactics course is required for graduation. Details for educational activities will be shared with students on a weekly basis.

8. Course Logistics

The rotation orientation provides an opportunity to answer questions and define roles, assess skill level and experience, set expectations, and anticipate and proactively resolve problems. The student should try to meet or discuss with the Clerkship Director at least three (3) months prior to the first day of the rotation. Rotation participation is contingent upon receiving Clerkship Director's ERF approval. Thoughtfully selecting a rotation location and carefully outlining rotation objections, following a review of the following options and details will help to ensure a rewarding and successful rotation.

Recommended programs and application procedures:

- AAMC's Visiting Student Application Service (VSAS) - <https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>
- Child Family Health International (CFHI) - <http://www.cfhi.org/web/index.php/program/viewall>
- WHO Internship - <http://www.who.int/employment/internship/interns/en/>

**Other organizations and institutions will be considered on a case-by-case basis, following discussion with the ELEC 703 clerkship director.*

1. Steps for pursuing ELEC 703 Rotation:

- a. Read Consortium of Universities for Global Health (CUGH)'s Educational Module: "[How to Find, Plan, and Fund your Global Health Opportunity](#)"
 - b. Completion of Pre-Departure Training (see ELEC 703 Moodle Page)
 - c. Completion of International Travel form (available at pnwu.edu under Student Forms)
 - d. Completion of ELEC 703 Jot Form (see form on Moodle)
 - e. Host program's expectations of the student on the service
 - f. Goals, objectives, and the structure of the rotation
 - g. Review required rotation assignments and responsibilities in the preceptor's practice (e.g. clinics, lectures, conferences, other didactics, journal clubs rounds, office hours, morning report)
2. On arrival to rotation site: discuss the Evaluation of Student Clinical Performance form with supervising attending.
 3. The student should ask for feedback several times during the rotation, especially at mid-rotation. In addition, he/she should be prepared to share past clinical experiences and personal objectives for this rotation with the preceptor.

Case Logs

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

Electives occur predominantly in the fourth year, and fourth-year students should focus on a deeper understanding of the disease processes than encountered during core rotations. Beyond the areas covered in 3rd year cores (signs, symptoms and physical exam, differential diagnosis, basic pathophysiology, diagnostic studies needed and their interpretation, and initial treatment) the fourth-year student should also be able to address:

- Comorbidities
- Polypharmacy and Drug interactions

- Diagnostic testing
- Chronic treatment

Logs of the cases will be documented in E*Value (see the *Case Logs* tab in E*Value). Logs may be satisfied by seeing a patient with the condition, completing a reading assignment on the condition, or completing an online module providing the student an understanding of the above concepts.

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

While elective rotations must have at least one objective entered per day on rotation to meet graduation requirements (i.e. 5+ objectives per week), logging the total number of encounters participated in will better reflect the student’s rotation experience. The logs may be collated in a portfolio to showcase student work for residency interviews.

Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Pathology due to income inequality			
Pathology due to language barrier preventing access			
Pathology due to barrier from remote location preventing health system access			
Advanced pathology due to inaccessible health system (e.g. non-insured, health care worker strike, etc...)			
Pathology due to indigenous prejudice preventing health system access			
Pathology due to racial discrimination preventing health system access			
Pathology due to undocumented/absent ID/DNI preventing health system access			
Pathology due to gender-based discrimination			
Pathology due to refugee status-based discrimination			
Pathology due to environmental health hazard			
Pathology due to ineffective or fragmented health system			
Pathology due to over treatment			
Pathology due to absent primary health care system			
Pathology due to war/displacement			
Pathology due to natural crisis/disaster			
Pathology due to non-communicable disease epidemic			
Pathology due to interpersonal violence			
Improved health due to coordinated health system			

Improved health due to adequate access to health system			
Improved health due to adequate access to primary prevention			
Improved health due to adequate access to secondary prevention			
Improved health due to adequate access to tertiary prevention			
Improved health due to adequate social support			
Improved health due to physical environment design			
Improved health due to reduced income inequality			
Improved health due to adequate antenatal/prenatal care			
Improved health due to prioritization of maternal health			
Improved health due to adequate integration of community health workers within the health system			
Improved health due to health system focused on addressing chronic problems (e.g. obesity, tobacco, city planning) and embracing complexity			

DISSEMINATION GENERAL OUTLINE:

- I. **Complete CITI Training**
 - a. Upload completion certificate to E*Value
 - b. See instructions on Moodle for more details
- II. **Scholarly Activity Product Progression**
 - a. Discuss with your preceptor:
 - i. The goals and objectives of your rotation
 - ii. Decide on the final scholarly activity product to be completed by the end of the rotation
 - b. Complete a selected literature review manuscript of your topic
 - i. The PNWU Library can help you with a literate review
 1. <http://form.jotform.us/form/32467044656155>
 - c. Provide a manuscript of your literature review findings with all citations referenced in the review
 - d. Discuss these findings with your preceptor
- III. **E*Value**
 - a. Daily work logs reflecting readings and activities
 - b. Complete evaluations
- IV. **Scholarly Activity Final Product**
 - a. Please email to your preceptor and course director by last Friday of rotation:
 - i. Write up your case study and/or case series in manuscript form
 - ii. Prepare the case study and/or case series manuscript for publication
 - iii. Complete an academic poster summarizing the case study and/or case series using the following template:
 - a. <http://www.pnwu.edu/inside-pnwu/departments/osa/>

iv. Submit all the above to your preceptor and course director by last Friday of rotation

9. Learning Assessments

Formative Assessments	
Assessment	Pass/Fail
Assistant Dean Reviews	Pass/Fail
Review of Case Logs to ensure 100% completion	Pass/Fail
Evaluation of Formal Presentation – Assistant Dean	Pass/Fail
Mid-rotation Preceptor Review (if applicable)	Not graded
Preceptor Evaluation of Student Performance in Core Competencies	Pass/Fail
PNWU Global Health Blog Post (mid-rotation)	Pass/Fail

Summative Assessments	
Assessment	Pass/Fail
Preceptor Evaluation of Student Performance	Pass/Fail
Attendance (any unexcused absence constitutes a fail)	Pass/Fail
Case/Population Health Topic Presentation (PNWU Global Health Symposium)	Pass/Fail
Submission of Case Presentation Write-up (BMJ) <i>or</i> Poster (CHGH)	Pass/Fail

A passing grade for the rotation is contingent upon completion of presentation requirements. Presentations should be made to your cohort at your regional site, or an alternative (PNWU Academic Day, hospital grand rounds) Student presentations may be *either* a focused case discussion, reflective of health system encountered upon rotation, emphasizing a specifically encountered disease or condition; *or* a topical/epidemiologic review on a condition of population health concern. The completed presentation is due to Clerkship Director *within four (4) weeks following the final participation date* of the elective rotation. Students are encouraged to follow abstract and case presentation guidelines from the Consortium of Universities for Global Health and British Medical Journal, respectively (see appendix).

Grades for this course are Pass/Fail. All assessments must have a grade of “Pass” to pass a rotation. Any of the summative assessments with a “Fail” will require remediation of the rotation. Students who have not completed the rotation satisfactorily will be referred to Student Progress Committee for determination of remediation.

10. Exam Policy

No end-of-service examinations are given by PNWU during electives. Students in their fourth year should be preparing for COMLEX 2 CE during their rotations.

11. Course Textbooks & Supplies

Required Textbooks	
Title/ISBN	Author/Publisher/Edition
<i>CUGH Training Modules</i>	http://www.cugh.org/resources
<i>Gapminder</i>	http://www.gapminder.org/videos/dont-panic-the-facts-about-population

<i>Understanding Global Health</i> ISBN: 9780071791007	William Markle, Melanie Fisher & Ray Smego, Jr., McGraw-Hill, 2nd edition. Available on AccessMedicine
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Suggested Additional Resources	
Title/ISBN	Author/Publisher/Edition
<i>CURRENT Medical Diagnosis and Treatment 2021</i> ISBN: 978-1-26-046986-8	Maxine A. Papadakis, MD, et al., McGraw-Hill, 60th edition. Available on AccessMedicine
<i>Epidemiology</i> ISBN: 9780323552295	Leon Gordis, Saunders, 6th edition. Available on ClinicalKey
<i>Foundations for Osteopathic Medicine</i> ISBN: 9781496368324	Michael A. Seffinger (editor), Lippincott Williams & Wilkins, 4 th edition. Available on LWW Health Library
<i>Global Health: An Introductory Textbook</i> ISBN: 9789144021980	A. Lindstrand, S. Bergstrom & H. Rosling, Studentlitteratur AB, 2006
<i>Improvised Medicine: Providing Care in Extreme Environments</i> ISBN: 9780071847629	Kenneth Iserson, McGraw-Hill, 2nd Edition. Available on AccessMedicine
<i>Harrison's Principles of Internal Medicine</i> ISBN: 9781259644047	J. Larry Jamesonet al. (editors), McGraw-Hill, 20th edition. Available on AccessMedicine
<i>Merck Manual</i>	http://www.merckmanuals.com
<i>Merriam-Webster MEDLINE Plus Medical Dictionary</i>	http://www.nlm.nih.gov/medlineplus/mplusdictionary.html
<i>The Travel and Tropical Medicine Manual</i> ISBN: 9780323375061	Elaine C. Jong & Christopher A. Sanford, Saunders, 5th edition. Available on ClinicalKey
<i>The Washington Manual of Medical Therapeutics</i> ISBN: 9781975113483	Zachary Crees, et. al., Lippincott Williams & Wilkins, 36th edition. Available on Ovid

12. Student Roles and Responsibilities

Links to current Student Catalog and Student Handbook:

<https://www.pnwu.edu/admissions/student-catalog>

<https://www.pnwu.edu/students/student-handbook>

a. Student Professionalism

Professional behavior is expected at all times during this course. It is important that students learn to discuss topics of a sensitive nature in a caring and professional manner. Use of cell phones or texting during class is prohibited. For further clarification of student professionalism expectations, see Student Catalog.

b. Honor Code

The highest standards of academic honesty are required of all PNWU-COM students at all times. It is expected that no PNWU student will be dishonest in any way, or give the impression of dishonest behavior, nor will PNWU students tolerate dishonesty in others. Disciplinary action may occur as a result of failure to comply with these standards.

c. Academic Support

Students who are having difficulty meeting the requirements of this course should discuss it with their Assistant Dean whenever a problem arises. Students in need of peer tutorial assistance are directed to contact the Learning Skills Specialist on campus through Student Affairs. Though Student Affairs strives to accommodate all tutorial assistance requests, priority will be given to students who demonstrate need based on their academic performance.

The most successful students will practice the following behaviors:

First day

- Share contact information with the preceptor and learn what expectations of communication are.
- Ensure the preceptor has a copy of the PNWU syllabus for the course.
- Ask about the regular schedule, on-call expectations and notify the preceptor if there are any excused absence days (i.e. COMLEX exams).
- Find out where personal items may be placed and documentation can be done, as well as policies regarding student access to and documentation on medical records.
- Greet and be courteous to clinic staff. Be careful of joking, off-color humor or comments that could be misunderstood.
- Clarify expectations for the use of electronic aids.
- Ask if he/she should pre-round on hospital inpatients and clarify time and place for meeting daily.

Daily

- Be on time and prepared with what is needed.
- Greet and be courteous to clinic staff. Be careful of joking, off-color humor or comments that could be misunderstood. Review patients for the next day for topics to read on.
- Read or do modules on patients seen that day for reinforcement of learning.
- Log every day. Two to three cases logged every day will help get through the "must see" cases without last minute cramming.
- Be prepared to assist in any opportunities that present.
- Be enthusiastic. No matter what his/her area of interest is, there are things the student will be exposed to that may not be seen again in his/her career.

Weekly

- Participate in didactics.
- Be prepared with interesting cases he/she has seen throughout the week - help teach classmates.
- Return to his/her clinical responsibilities before/after didactics (this should not be a full day off!).
- Review progress on logs and the growth of his/her understanding.

Mid-Rotation (Optional on Electives but Encouraged)

- The student should request feedback on how he/she is doing. It is the student's responsibility to document the feedback on the mid-rotation feedback form and upload to Portfolio for future reference. Students should adjust performance based on that feedback.

End of Rotation

- The student should ask for a final review of his/her performance during the last week of the rotation. Students should be getting feedback from the preceptor informally daily on performance and areas needing improvement. Supplying the preceptor with a paper copy of the evaluation will help secure completion of the evaluation while the student's performance is fresh in the preceptor's mind. If the student has felt especially positive about the interactions, the student should consider asking the preceptor if he/she would be willing to write a strong letter of recommendation.