

FM 706, MILITARY MEDICINE ELECTIVE ROTATION SYLLABUS ROTATION LENGTH TBD CLINICAL EDUCATION

1.	Contact Information				
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2. Course Description/Overview

This Military Medicine Syllabus applies to students attending the officer basic course of the Health Professions Scholarship Program (HPSP). Military HPSP students may utilize the military syllabus during their 3rd and 4th OMS years and upon successful completion of their 2nd year classes and exams in the summer between the 2nd and 3rd years. The various branches of the military and public health service conduct entry level military training to newly commissioned officers where various medical military skills, protocols, and military duties are taught to all medical officers of the Army, Navy, Air force, US Coast Guard, and US Public Health commissioned officers. This military basic training must be completed during their medical school undergraduate years. The student undergoes training in all aspects of the respective services medical and officer requirements and capabilities. Military students are taught how to live and function while delivering medical care in environments that can range from austere field conditions to medical center environments. This training exposure is designed to prepare the student to manage military service members' unique requirements, in order to maintain the military member's readiness as well as his/her own readiness and wellbeing. The curriculum for this rotation is based on individual service requirements for training incoming medical officers. This rotation is scheduled with the student's respective Military Medicine operations center. The student will experience the day-to-day activities of officers and clinicians as he/she assists in the care of their patients in a military environment. Exposure to patients in the clinic and organizations structural setting, as appropriate will give the student opportunity to practice interview and documentation skills. The student may be given the opportunity to participate in procedures as the preceptor determines his/her readiness.

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3. Course Purpose/Goals

The purpose of this Military Medicine clerkship is designed to give the student exposure to the clinical practice of this specialty as well as an understanding of the military infrastructure. Completion of this course should prepare the student well for success in a military medicine rotation and future military services in their respective service in addition to making them competitive for a military residency. Military students may be presented with triage scenarios where they will utilize their medical training. Therefore, many of the Entrustable Professional Activities (EPAS) may or may not apply in the military officer basic courses, since it is highly dependent of the military training scenario that will be offered to the HPSP students that year.

4. Entrustable Professional Activities (EPAs)				
EPAs	Description of Activity	Domains of Competence		
EPA 1: Gather a history and perform a physical examination including an osteopathic structural exam as appropriate.	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.	 Patient Care Knowledge for Practice Interpersonal and Communication Skills Professionalism Osteopathic Principles and Practice (OPP) 		
EPA 2: Prioritize a differential diagnosis following a clinical encounter (musculoskeletal considerations that may lead to somatic dysfunction.	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 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.	 Patient Care Knowledge for Practice Practice-Based Learning and Environment Interpersonal and Communication Skills Personal and Professional Development Osteopathic Principles and Practice (OPP) 		
EPA 3 : Recommend and interpret common diagnostic and screening tests.	This EPA describes the essential ability of the day one resident to select and interpret common diagnostic and screening tests* using evidence-based	Recommend firstline, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance		

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		•	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
EPA 4: Enter and discuss orders and prescriptions and applicable Osteopathic treatments.	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 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).	•	Patient Care Knowledge for Practice Practice-Based Learning and Environment Interpersonal and Communication Skills Professionalism Osteopathic Principles and Practice (OPP)

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EPA 5: Document a clinical encounter in the patient record.	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).	 Patient Care Interpersonal and Communication Skills Professionalism Osteopathic Principles and Practice (OPP)
EPA 6: Provide an oral presentation of a clinical encounter.	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.	 Practice-Based Learning and Environment Interpersonal and Communication Skills Professionalism Personal and Professional Development
EPA 7: Form clinical questions and retrieve evidence to advance patient care.	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.	Knowledge for Practice Practice-Based Learning and Improvement
EPA 8: Give or receive a patient handover to transition care responsibility.	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 adult caregiver, discharges to lower-acuity settings) or within settings (e.g., shift changes).	 Patient Care Practice-Based Learning and Environment Interpersonal and Communication Skills Professionalism

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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.	 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 provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.	 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.	 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: Basic cardiopulmonary resuscitation (CPR) Bag and mask ventilation Venipuncture Inserting an intravenous line Osteopathic manipulative medicine (OMM)	 Patient Care Interpersonal and Communication Skills Professionalism Systems-Based Practice Personal and Professional Development Osteopathic Principles and Practice (OPP)
EPA 13: Identify system failures and contribute to a culture of safety and improvement.	Preventing unnecessary morbidity and mortality requires health professionals to have both an understanding of systems and a commitment to their improvement.	 Knowledge for Practice Practice-Based Learning and Environment

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	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.	•	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
Not applicable to the NBOME		

6. Course Schedule/Calendar

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. The student will inform their Regional Site Administrator (RSA) of their rotation schedule and provide their RSA with a copy of their military orders ordering them to temporary active duty for training.

Course Format

The rotation block is scheduled by the respective military service. Please see your military orders for the rotation specifics.

8. **Course Logistics**

Each military service issues and provides the military HSPS student with the upcoming logistics.

Case Logs

This course does not require case log entry in E*Value.

Learning Assessment

Formative Assessments	
Assessment	Pass/Fail
N/A	

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Summative Assessments	
Assessment	Pass/Fail
Military course Evaluation of Student Performance	Pass/Fail
Military Attendance (any unexcused absence constitutes a fail)	Pass/Fail

Grades for this course are Pass/Fail by the respective military service. Students who have not completed the rotation satisfactorily will be referred to Student Progress Committee for determination of remediation.

Students will present their military certificate of successful completion of the military course to their RSA upon their return. Successful completion as evidenced by the military branch's certificate will be accepted as the pass for this course.

10. Exam Policy

The various military exams and assessments are conducted by each military service. The issuance of a passing certificate to the HPSP military student by their respective military branch is accepted by PNWU as evidence of having met the military training course requirements.

11. Course Textbooks & Supplies	
Required Textbooks	
Title/ISBN	Author/Publisher/Edition
To be determined by the military service.	

Suggested Additional Resources	
Title/ISBN	Author/Publisher/Edition
Fundamentals of Military Medicine	Francis G. O'Connor, MD, MPH, et al.

12. Student Roles and Responsibilities

Links to current Student Catalog and Student Handbook:

https://www.pnwu.edu/students/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.

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c. Academic Support as it pertains to military HPSP

Students in need of peer tutorial assistance are directed to contact the military club advisor who are familiar with military requirements.

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