Edward Via College of Osteopathic Medicine

MED 8191/MED 8192
OMS 3 Clinical Military Emergency Medicine and Modules
Academic Year 2026 – 2027

COURSE SYLLABUS

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I. Course Description

The Military Emergency Medicine Rotation is a four-week clinical experience at a military medical facility designed for OMS-3 students participating in the Military Medicine Track. Military Medicine Track students may elect to complete this rotation as a substitute for the Rural and Medically Underserved Population Primary Care rotation. Military students wishing to take this rotation must get approval from the Associate Dean for Clinical Affairs prior to scheduling the rotation.

The Military Emergency Medicine rotation is a specialized curriculum designed to equip medical students with skills critical to becoming a military physician. Although Emergency Medicine is traditionally a required fourth-year rotation due to the advanced clinical reasoning, acute patient management, and procedural skills expected of learners, an exception is made for students enrolled in the Military Medicine Track. Military

physicians frequently serve in environments where the ability to rapidly assess, stabilize, triage, and manage urgent medical conditions is essential to operational readiness and mission support. Early exposure to emergency medicine provides military-track students with foundational experience in acute care, trauma assessment, teamwork, leadership, and decision-making under pressure, competencies that align closely with the unique responsibilities of military medical officers. This rotation is intended to complement the student's military medicine training and enhance preparedness for future military service while remaining under appropriate supervision and educational oversight.

This rotation provides supervised exposure to the evaluation and management of acute medical, surgical, traumatic, and operational emergencies within a military healthcare environment. Students will develop clinical decision-making skills in the assessment and stabilization of patients with urgent and emergent conditions while gaining insight into the unique role of emergency physicians in supporting military readiness, force health protection, disaster response, and operational medicine. Clinical experiences may include care of active-duty service members, military beneficiaries, and civilian patients in military treatment facilities. Emphasis is placed on professionalism, teamwork, leadership, communication, patient safety, triage principles, and the integration of osteopathic principles into emergency care. Through direct patient care, clinical discussions, and participation in interdisciplinary teams, students will strengthen competencies in emergency medicine while developing an understanding of military medical systems and the responsibilities of military physicians.

II. Course Goals and Objectives

A. Goals of the Course

By the completion of this course, students will be expected to:

1. Apply foundational clinical knowledge and osteopathic principles to the evaluation and management of patients presenting with acute medical, surgical, traumatic, and behavioral emergencies.
2. Develop clinical decision-making skills necessary to assess patient acuity, establish differential diagnoses, and formulate initial management plans in the emergency care setting.
3. Demonstrate proficiency in emergency stabilization and triage principles**,** including recognition of life-threatening conditions and appropriate escalation of care.
4. Participate effectively as a member of an interdisciplinary healthcare team**,** demonstrating communication, collaboration, and professionalism in high-acuity clinical environments.
5. Develop an understanding of the role of emergency medicine in military healthcare systems**,** including force health protection, operational readiness, disaster response, and care of service members.
6. Demonstrate leadership, adaptability, and situational awareness in dynamic clinical environments that require prioritization of multiple patients and evolving clinical conditions.
7. Apply principles of patient safety, ethical practice, and military professionalism while providing compassionate, patient-centered care.
8. Recognize the unique challenges associated with military and operational medicine**,** including trauma care, mass casualty preparedness, environmental exposures, and deployment-related health concerns.
9. Strengthen procedural knowledge and familiarity with emergency medicine workflows appropriate for the level of an OMS 3 student under physician supervision.
10. Prepare for future military medical service through early exposure to the clinical skills, teamwork, leadership expectations, and emergency response capabilities frequently required of military physicians.

III. Rotation Design

A. MED 8192: Military Emergency Medicine Modules

This course evaluates the student's acquisition of discipline-specific knowledge through didactic activities, and logging patient encounters and procedures.

- **Didactics**
  Didactics for this rotation include all structured learning activities associated with the rotation, including reading assignments, TrueLearn quizzes, and Body Interact cases.

- **Logging Patient Encounters and Procedures**
  During the clinical years students need to develop the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty observation during rotations, by examinations, by the COMLEX Level 2 CE examination, and VCOM's OMS 3 summative examinations. In order to develop many of these competencies and meet the objectives required for graduation, VCOM needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical years. For these reasons, as well as others discussed below and to meet accreditation standards, VCOM has developed requirements to log patient encounters and procedures.

  Each day, students are required to log all patient type/clinical conditions and procedures/skills that they encounter that day into the VLMS application.
  - Within the daily log, the clinical discipline chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation that should be logged in VLMS as you experience it. Students should be familiar with this list and should actively work to see these patients or be involved in these procedures. The list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even 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 requirement. 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 fourth 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 seriousness 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 logs serve to:

- 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.
- Demonstrate student exposure to patient populations in both inpatient and outpatient settings.
- Demonstrate comparability of experiences at various clinical sites.
- Quantify for students the nature and scope of their clinical education and highlight educational needs for self-directed learning.

Students will receive a report at the end of the OMS 3 year that outlines the patient encounters the student was involved in throughout their rotations. These individual log reports can be shared during interviews and audition rotations to demonstrate the scope of their clinical experiences.

B. MED 8191: Clinical Military Emergency Medicine

This course evaluates each student's clinical skills and application of medical knowledge in the clinical setting through the clinical rotation competency evaluation.

- **Clinical Rotation Competency Evaluation**

  This course evaluates each student's clinical skills and application of medical knowledge in the clinical setting through the clinical rotation competency evaluation. Performance during each rotation is evaluated by the primary clinical faculty member supervising the student. Each student must successfully pass the clinical rotation competency evaluation. The clinical rotation competency evaluation is completed by the preceptor, who assesses the student's performance in the following 6 key clinical core competencies:

  1. **Communication** - the student should demonstrate the following clinical communication skills:
     a. Effectively listen to patients, family, peers, and healthcare team.
     b. Demonstrates compassion and respect in patient communications.
     c. Effectively collects chief complaint and history.
     d. Considers whole patient: social, spiritual & cultural concerns.
     e. Efficiently prioritizes essential from non-essential information and presents cases in an accurate, concise and well organized manner.
     f. Ensures patient understands instructions, consents & medications.
  2. **Problem Solving** – the student should demonstrate the following problem-solving skills:
     a. Identifies important questions and separates data in organized fashion; organizing positives & negatives.
     b. Discerns major from minor patient problems.
     c. Formulates a differential identifying the most common or likely diagnoses.
     d. Identifies indications for & applies findings from the most common radiographic and diagnostic tests.
     e. Identifies correct management plan considering contraindications & interaction.
  3. **Clinical Skills** - the student should demonstrate the following clinical skills:
     a. Assesses vital signs & triages patient according to degree of illness.
     b. Performs an appropriate HEENT exam and identifies pertinent findings and

abnormalities.
   c. Performs an appropriate cardiopulmonary exam, including auscultation, and identifies pertinent findings and abnormalities.
   d. Performs an appropriate gastrointestinal/abdominal exam, including auscultation and palpation, and identifies pertinent findings and abnormalities.
   e. Performs an appropriate neurologic exam and identifies pertinent findings and abnormalities.
   f. Performs a thorough physical exam pertinent to the patient's chief complaint.
4. **Osteopathic Manipulative Medicine** - the student should demonstrate the following skill in regard to osteopathic manipulative medicine:
   a. Applies osteopathic manipulative medicine successfully when appropriate.
5. **Medical Knowledge** – the student should demonstrate the following in regard to medical knowledge:
   a. Can identify & correlate anatomy, pathology and pathophysiology related to most disease processes.
   b. Self-motivated learner demonstrating interest and enthusiasm about patient cases.
   c. Thorough & knowledgeable in researching evidence based literature.
   d. Actively seeks feedback from preceptor on areas for improvement.
   e. Correlates patient findings with the most common diagnoses.
   f. Identifies and understands treatments for common presenting diseases and conditions.
6. **Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
   a. Is dutiful, arrives on time, stays until all tasks are complete and follows through on patient care responsibilities
   b. Accepts feedback and acknowledges errors. Readily responds to feedback, seeks to improve performance and is not resistant to advice.
   c. Assures professionalism in relationships with patients, staff, & peers.
   d. Displays integrity & honesty in medical ability and documentation.
   e. Is well prepared for and seeks to provide high quality patient care.
   f. Identifies the importance to care for underserved populations in a nonjudgmental & altruistic manner.

IV. Credits

MED 8191: 4 credit hours
MED 8192: 1 credit hour

I. Course Texts and Reference Materials

A. Required Textbooks

- Birnbaumer, Diane. *Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care*, 8th ed. Philadelphia, PA: Elsevier, 2019. ISBN: 978-0323779227 (retail price $209.99) – Available in VCOM eLibrary in ClinicalKey
- Tintinalli, J.E. (Ed.). *Tintinalli's Emergency Medicine,* 9th ed. New York, NY: McGraw-Hill Education, 2020. ISBN: 978-1260019933 (retail price $273.00) – Available in VCOM's eLibrary in Access Medicine

B. Recommended Textbooks

- Hoffman, R.S. et al. (Eds.) *Goldfrank's Clinical Manual of Toxicological Emergencies,* 2nd ed. New York, NY: McGraw-Hill Education, 2024. ISBN: 978-1260474992 (retail price $110.00)

- Walls, R.M. (Ed.) *Rosen's Emergency Medicine: Concepts and Clinical Practice*, 10th ed. Philadelphia, PA: Elsevier, 2023. ISBN-13: 978-0-323-75789-8 (retail price $398.99) – Available in VCOM eLibrary in ClinicalKey

V. Course Grading and Requirements for Successful Completion

A. Requirements

- Attendance according to VCOM and preceptor requirements as defined in the College Catalog and Student Handbook.

- Review of the syllabus topics, learning objectives, and reading assignments:
  - In addition to the learning experience in the clinical site, the clinical curriculum consists of the reading assignments and learning objectives that are included in this syllabus. A student's success as a physician will depend upon the learning skills they develop during this core rotation, as guided by this syllabus. National boards, residency in-training examinations, and specialty board examinations require ever increasing sophistication in student's ability to apply and manipulate medical knowledge to the clinical context.

- Completion of 3 Body Interact cases:
  Students are required to complete three (3) Body Interact virtual patient cases during each rotation. Body Interact is an immersive, simulation-based platform that presents realistic clinical scenarios designed to develop and reinforce clinical decision-making, patient assessment, and management skills in a safe learning environment. Each case requires active clinical reasoning — students must gather a history, interpret findings, order investigations, and manage the patient in real time.
  - Each case has an associated article that is highly recommended to be completed prior to completing the Body Interact virtual patient case.
  - Students must complete each case and achieve Body Interact's built-in passing benchmark score. Students may complete each case as many times as needed to earn a passing score.
  - A report will be generated from Body Interact to ensure completion by each student. Students must successfully complete the cases to receive credit for completion of this component of the course **by no later than 5 PM on the day of your end-of-rotation examination.**
    - Case 1 – 1523: Traumatic Left Pneumothorax
      - Recommended Pre-Reading: Pneumothorax – ClinicalKey
    - Case 2 – 1452: Septic Schock Due to Acute Pyelonephritis
      - Recommended Pre-Reading: Pyelonephritis - ClinicalKey
    - Case 3 – 1503: Acute Left Hemispheric Stroke
      - Recommended Pre-Reading: Acute Ischemic Stroke: Emergency Department Management After the 3-Hour Window
  - A Body Interact account has been created for you. To finalize setting up your account you should have received an email to confirm your account and to create a login password.
    - Students must download the Body Interact web app that can be installed on iOS, macOS, Android, and Windows in order to access the cases. To download an app visit: https://web.bodyinteract.com/WebGL/
    - Once a Body Interact app is installed on a device, students can access the Body Interact cases 2 different ways:
      - Links to each case can be accessed through VLMS. A list of the cases for each rotation can be found in VLMS on the Presentations and Procedures page at: https://vlms.app. The link to the case will take you directly to the

case on the Body Interact app.
        - Cases can be accessed directly through the Body Interact app.
            - To find the assigned cases go to the Simulations Sessions. This is the 2nd of the 3 main tabs in the Body Interact app, identified by a calendar icon.
            - The sessions will be listed as the name of each rotation. Inside each session listed, students will find the cases assigned to them.

- Completion of 4 TrueLearn Quizzes
  Students are required to complete four (4) TrueLearn quizzes, each consisting of 25 questions derived from discipline-specific content relevant to the rotation. Quiz content is aligned with the rotation's didactic materials and includes osteopathic manipulative medicine (OMM) concepts appropriate to the clinical discipline. These quizzes are designed to reinforce key knowledge areas, support preparation for the end-of-rotation examination and COMLEX Level 2 examination and promote application of core clinical concepts.
    - TrueLearn Quizzes will be assigned to each student within the TrueLearn platform. Each of the 4 quizzes will be labeled "Week 1", "Week 2", "Week 3", and "Week 4" to indicate the expected timing of completion. Students are expected to complete each quiz **by 11:59pm on the Sunday of the corresponding week of the rotation.**
    - Student must submit a screenshot showing completion of each week's quiz to CANVAS **by 11:59pm on the Sunday of the corresponding week of the rotation.**

- Logging patient encounters and procedures in VLMS:
    - **Students are required to log daily** all patient type/clinical conditions and procedures/skills that they encounter that day into the VLMS application at: https://vlms.app. Do not enter your email address, instead, click the "Microsoft" button to login.
        - Within the daily log, the clinical discipline chairs have also identified a specific set of patient presentations and procedures that each student is expected to see/do during the course of the rotation that should be logged in VLMS as you experience it. Students should be familiar with this list and should actively work to see these patients or be involved in these procedures. The list serves as a guide for the types of patients the clinical faculty think students should encounter during the rotation. The list does not include every possible diagnosis or even 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 should log only an encounter with or exposure to a real patient.
        - Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for COMLEX Level 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with "real" patients.
        - Longitudinal care of a patient that results in a new diagnosis or secondary diagnosis should be entered as a new entry instead of editing the original entry.
        - Multiple encounters with the same patient that do not result in a new diagnosis or procedure should not be logged. However, if multiple encounters result in a new diagnosis or a new procedure is performed, these should be entered as a new entry.

        - Student involvement with patients can occur in various ways with different levels of student responsibility. The most "meaningful" learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.
    - All students must review these logs with their preceptors 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. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete.

- Rotation evaluations:
  The following evaluations must be completed and submitted for successful completion of the rotation:
    - Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: https://www.vcom.edu/academics/clinical-education-third-year/forms to access the mid-rotation evaluation form.
    - Clinical Rotation Competency Evaluation: Student competency-based rating forms are completed by the preceptor to evaluate each student's clinical skills and the application of medical knowledge in the clinical setting. It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an evaluation by the preceptor at the end of that rotation. Preceptors must complete the evaluation at: https://vlms.app/evaluationsPage
        - Students must login to VLMS.
        - Once on the Evaluations page, have your preceptor scan the QR code displayed on your evaluation.
        - After scanning the QR code, your preceptor will be redirected to a sign-in page. Have them enter their email address to gain access to VLMS.
        - Once logged in, the preceptor will select the student's evaluation and will complete and finalize the evaluation.
    - Student Evaluation of the Preceptor: Students must complete and submit an evaluation of their preceptor at the end of the rotation. The form must be completed at: https://vlms.app/evaluationsPage
    - Student Evaluation of the Site: At the end of the student's last OMS 3 year rotation, the student must complete and submit an evaluation of their core rotation site. The form must be completed at: https://vlms.app/evaluationsPage
    - Student Evaluation of the DSME: At the end of the student's last OMS 3 year rotation, the student must complete and submit an evaluation of their DSME. The form must be completed at: https://vlms.app/evaluationsPage
    - Student Evaluation of the Site Coordinator: At the end of the student's last OMS 3 year rotation, the student must complete and submit an evaluation of their Site Coordinator. The form must be completed at: https://vlms.app/evaluationsPage

B. Grading Scale

Clinical Grading Scale and GPAs						
OMS 3 End-of-Rotation Examination Grades			**OMS 3 AND OMS 4 Clinical Rotation Competency Evaluation Grades**		**Other Grades**	
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				

D. Grading

Students must pass the Clinical Rotation Competency Evaluation in order to pass this rotation. Each competency of the evaluation is rated as to how often the student performs the skill appropriately (i.e. unacceptable, below expectation, meets expectation, above expectation, exceptional). These ratings are compiled and result in a clinical rotation grade that uses the Honors, High Pass, Pass, Fail system; these grades are not calculated in the GPA.

MED 8192: Military Emergency Medicine Modules Course Grading

MED 8192 is a Pass/Fail course. Students must complete all course requirements to pass the course.

- Failure to complete the Body Interact cases **by no later than 5 PM on the day of your end-of-rotation examination** will result in an Fail for that component resulting in an F grade for the course and the student will be brought before the Promotion Board.
- Failure to complete any of the TrueLearn Quizzes **by 11:59pm on Sunday of the corresponding week in which the quiz is assigned** will result in a Fail for that component resulting in an F grade for the course and the student will be brought before the Promotion Board.
- Students are required to log all clinical presentations and procedures in VLMS daily. Daily logging is a requirement of the course and will be recorded as Pass/Fail as outlined below:
    - Students who log fewer than 14 days will receive an "F" grade for the course and will be brought before the Promotion Board.
        - If on a rotation with shift work that results in a student being in the clinical setting for less than 20 days, the daily logging requirement can be met by noting that no patients were seen that day in VLMS. Not being able to meet the 20 day logging requirement should be rare during the OMS 3 year.

Components	Grade Required
Completion of All 4 TrueLearn Quizzes	Pass
VLMS Logging	Pass
Completion of Body Interact Cases	Pass

MED 8191: Clinical Military Emergency Medicine Course Grading

Component	Contribution of Each to Final Grade
Clinical Rotation Competency Evaluation Grade	100%

C. Remediation

Students who fail the course 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.

- **Failure of the Module Course**
  If a student fails to complete any portion of the course by the last day of the course 5:00 pm, the student will receive an "F" grade for the course and will be brought before the Promotion Board. If the student is allowed to repeat the course, all components of the course must be repeated. In this case, the "F" grade remains the permanent grade for the initial course and the student will receive a new grade for the repeated course. The grade will be recorded in a manner that designates that it is a repeated course (eg. R-pass).

- **Failure of the Clinical Rotation Competency Evaluation**
  If a student fails the clinical rotation competency evaluation, the student will receive an "F" grade for the clinical rotation course 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, and 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 module course and the initial clinical rotation competency evaluation course, as well as the repeated module course and the repeated clinical rotation competency evaluation course. The repeated courses 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 courses and the repeated courses will be recorded on the transcript, but only the repeated courses will be GPA accountable, regardless of whether the initial or repeated course grade is higher.

- **Failure to Make Academic Progress**
  In general, students should show a progression of improvement in clinical performance throughout rotations. Repeated poor or failing performance in a specific competency area on the clinical rotation competency evaluation form across more than one rotation may also be a reason for a required remediation at the discretion of the Associate Dean for Clinical Affairs in consultation with the clinical discipline chair, the preceptor, and the Promotion Board. Those students who receive a mere "Pass" on multiple rotations will be counseled about overall performance and may be required to complete an additional rotation at the end of the year. Any additional curriculum or required remediation will be based on the performance measure. Those students who continually score in the "unsatisfactory" category or repeated "performs some of the time, but needs improvement" consistently and do not improve over time or who fail one or more rotations may be deemed as not making academic progress and, as a result, may be referred to the Promotion Board and be required to complete additional curriculum. Multiple rotation failures may result in dismissal.

  Poor ratings on the clinical rotation competency evaluation in the professional and ethical areas of the assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean

may design a remediation appropriate to correct the behavior or, if needed, may refer the student to the Professional and Ethical Standards Board. In the case of repeated concerns in a professional and/or ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean for a referral to the Professional and Ethical Standards Board or Promotion Board. The Campus Dean will act upon this referral depending on the severity and the area of the performance measure. Poor ratings in this area will include comments as to the exact nature of the rating.

VI. Academic Expectations

Grading policies, academic progress, and graduation requirements may be found in the College Catalog and Student Handbook.

A. Attendance

Attendance for all clinical rotation days is mandatory. The clinical site will determine the assigned days and hours to be worked within the rotation period. Students are required to attend any orientation the clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by site and are required to maintain assignment to the site. Although the clinical site determines the assigned days and hours to be worked, VCOM has established the following guidelines:

- 4-week rotations may not be less than 20, eight-hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
    - Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-month rotation, including call and weekends at the discretion of the clinical site.
    - If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
        - Students should not work greater than an average of 12 out of every 14 days.
        - Students should not work more than 12 hours daily, exclusive of on-call assignments.
        - If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
        - Students may be required to work weekends but in general should have 2 weekends per month free and an average of 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4-week rotation. The institution's DSME and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours.

Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

Students are expected to arrive on time for all clinical rotations. Tardiness is defined as not arriving at

the designated start time of a mandatory learning activity, exam, or clinical rotation or not being ready to participate at the scheduled start time. If a student is late, he/she must notify the Site Coordinator and the preceptor prior to the time they are scheduled to arrive. Students must have a reason for being late such as illness or vehicle issues, and it is not anticipated that this would occur on more than one occasion. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the Honor Code Council.

As a student in a professional degree program, students are expected to arrive early for all scheduled events. Timely arrival is 10 minutes prior to the scheduled academic activity. Punctuality is considered an important tenet of professionalism and is an expectation for all VCOM students. Depending on the requirements of the activity, a student who arrives late may be refused participation and/or receive an incomplete on an assignment. A student who arrives late may be denied participation depending on the requirements of the activity. For examinations, doors will close at the designated start time. Any student who arrives after the designated start time will be considered tardy and must report to the exam proctor to determine whether testing may begin. If the proctor determines that testing may not begin, the proctor will refer the student to the Associate Dean for Clinical Affairs who will establish a make-up exam time/date. Students who are not permitted to complete the exam during the scheduled time must submit a request for an unplanned excused absence; submission of such a request does not guarantee approval, and the absence may be documented as unexcused. Repeated tardiness will be referred to the Honor Code Council.

Repeated tardiness in regard to mandatory learning activities and exams will be defined as:

- Two or more tardy incidences in a rotation
- Three or more tardy incidences in consecutive rotations

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: https://www.vcom.edu/academics/clinical-education-third-year/forms. The student must have this form signed by their preceptor and others designated on the form to obtain an excused 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-week 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 up to 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.

B. Prohibited Use of External Accelerators

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-watch the 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.

VII. Professionalism and Ethics

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

A. VCOM Honor Code

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 the College Catalog and Student Handbook.

II. Military Emergency Medicine Clinical Curriculum

1. Population Initial Assessment and Stabilization of the Acutely Ill Patient

Reading Assignments:

- Procedure from Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, 8th ed., Chapter 25: Intraosseous Access

Tintinalli's Emergency Medicine, 9th ed.	**Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed.**
Ch. 11 Sudden Cardiac Death	Ch. 3 Shock
Ch. 12 Approach to Nontraumatic Shock	Ch. 106 Allergy, Anaphylaxis, and Angioedema
Ch. 13 Approach to Traumatic Shock	
Ch. 14 Allergy and Anaphylaxis	
Ch. 24 Cardiac Resuscitation	
Ch. 28 Noninvasive Airway Management and Supraglottic Airways	
Ch. 29 Tracheal Intubation	
Ch. 31 Vascular Access	
Ch. 32 Hemodynamic Monitoring	

Learning Objectives:

a. Identify signs and symptoms of life-threatening illness requiring immediate intervention.
b. Apply a systematic approach to the initial assessment of critically ill and injured patients.
c. Differentiate stable from unstable patient presentations.
d. Formulate an initial diagnostic and management plan for common emergency department presentations.
e. Recognize indications for escalation of care and specialty consultation.

2. **Trauma Evaluation and Management**

Reading Assignments:

- Procedures from Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, 8th ed.:
  - Chapter 34: Wound Management
  - Chapter 35: Wound Closure
  - Chapter 47: Splinting

Tintinalli's Emergency Medicine, 9th ed.	**Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed.**
Ch. 254 Trauma in Adults	Ch. 32 Multiple Trauma
Ch. 257 Head Trauma	Ch. 33 Head Trauma
Ch. 258 Spine Trauma	Ch. 34 Facial Trauma
Ch. 260 Trauma to the Neck	Ch. 35 Spinal Trauma
Ch. 261 Pulmonary Trauma	Ch. 36 Neck Trauma
Ch. 263 Abdominal Trauma	Ch. 37 Thoracic Trauma
Ch. 264 Trauma to the Flank and Buttocks	Ch. 38 Abdominal Trauma
Ch. 265 Genitourinary Trauma	Ch. 39 Genitourinary Trauma
Ch. 266 Trauma to the Extremities	Ch. 40 Peripheral Vascular Trauma
Ch. 267 Initial Evaluation and Management of Orthopedic Injuries	Ch. 41 General Principles of Orthopedic Injuries
	Ch. 42 Hand Injuries
	Ch. 43 Wrist and Forearm Injuries
	Ch. 44 Humerus and Elbow Injuries
	Ch. 45 Shoulder Injuries
	Ch. 46 Pelvic Injuries
	Ch. 47 Femur and Hip Injuries
	Ch. 48 Knee and Lower Leg Injuries
	Ch. 49 Ankle and Foot Injuries
	Ch. 160 Pediatric Trauma

Recommended Videos:

- Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed.:
  - Video e3.1 – RUQ FAST view with free fluid in the chest representing hemothorax
  - Video e3.2 – RUQ FAST view with free fluid in and around the tip of the liver
  - Video e3.4 – Normal parasternal long axis view of the heart
  - Video e3.9 – Apical four-chamber view with cardiac tamponade and RV diastolic collapse
  - Video e3.11 – Apical four-chamber view with signs of RV strain and a "D" sign
  - Video 68.1 – POCUS showing cardiac tamponade

Learning Objectives:

a. Describe the principles of primary and secondary trauma surveys.
b. Identify common blunt and penetrating traumatic injuries.
c. Recognize signs of hemorrhagic shock and other life-threatening traumatic conditions.
d. Formulate initial management strategies for trauma patients.
e. Explain the role of interdisciplinary trauma teams in acute patient care.

3. Emergency Management of Common Medical Conditions
Reading Assignments:

Tintinalli's Emergency Medicine, 9th ed.	**Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed.**
Ch. 48 Chest Pain	Ch. 11 Syncope
Ch. 49 Acute Coronary Syndromes	Ch. 14 Seizures
Ch. 52 Syncope	Ch. 15 Dizziness and Vertigo
Ch. 53 Acute Heart Failure	Ch. 16 Headache
Ch. 56 Venous Thromboembolism Including Pulmonary Embolism	Ch. 22 Chest Pain
Ch. 62 Respiratory Distress	Ch. 23 Abdominal Pain
Ch. 68 Pneumothorax	Ch. 64 Acute Coronary Syndromes
Ch. 71A Acute Abdominal Pain	Ch. 67 Heart Failure
Ch. 88 Acute Kidney Injury	Ch. 74 Pulmonary Embolism and Deep Vein Thrombosis
Ch. 89 Rhabdomyolysis	Ch. 83 Renal Failure
Ch. 151 Sepsis	Ch. 87 Stroke
Ch. 165 Headache	Ch. 89 Headache Disorders
Ch. 167A Ischemic Stroke	Ch. 115 Diabetes Mellitus and Disorders of Glucose Homeostasis
Ch. 168 Altered Mental Status and Coma	Ch. 116 Rhabdomyolysis
Ch. 170 Vertigo	Ch. 127 Sepsis Syndrome
Ch. 171 Seizures and Status Epilepticus	
Ch. 225 Diabetic Ketoacidosis	

Learning Objectives:

a. Recognize common medical emergencies involving the cardiovascular, respiratory, neurologic, endocrine, renal and gastrointestinal systems.
b. Develop differential diagnoses for patients presenting with acute symptoms such as chest pain, dyspnea, altered mental status, and abdominal pain.
c. Interpret common laboratory and imaging findings used in emergency medicine.
d. Formulate evidence-based initial treatment plans for common emergency presentations.
e. Identify patients requiring admission, observation, or outpatient follow-up.

4. Triage and Mass Casualty Response
Reading Assignments:

- Procedures from Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, 8th ed.:
  - Chapter 43: Decon for Poisoned Patients
  - Chapter 75: Mass Casualty Incident
- Tintinalli's Emergency Medicine, 9th ed.:
  - Chapter 1: Emergency Medical Services
  - Chapter 3: Air Medical Transport
  - Chapter 4: Mass Gatherings
  - Chapter 5: Disaster Preparedness
  - Chapter 6: Natural Disasters
  - Chapter 7: Bomb, Blast, and Crush Injuries
  - Chapter 8: Chemical Disasters

- Chapter 9: Bioterrorism
- Chapter 10: Radiation Injuries

Learning Objectives:

a. Explain the principles of triage in emergency and disaster situations.
b. Differentiate among commonly used triage systems.
c. Identify factors influencing resource allocation during mass casualty incidents.
d. Describe the roles of healthcare personnel during disaster response operations.
a. Recognize the physician's responsibilities during public health emergencies and large-scale incidents.

5. Military and Operational Medicine

Reading Assignments:

- Tintinalli's Emergency Medicine, 9th ed.
  - Chapter 21: Hyperbaric Oxygen Therapy
  - Chapter 162: Global Travelers
  - Chapter 238: Transfusion Therapy
  - Chapter 302: Military Medicine

Learning Objectives:

a. Describe the mission and structure of military healthcare systems.
b. Recognize the role of emergency medicine in sustaining force health protection and operational readiness.
c. Identify medical conditions commonly encountered in military populations.
d. Describe challenges associated with providing healthcare in austere and deployed environments.
e. Recognize the physician's role in military leadership, readiness, and medical support operations.

6. Environmental and Occupational Emergencies

Reading Assignments:

- Procedure from Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care, 8th ed., Chapter 38: Burn Care Procedures

Tintinalli's Emergency Medicine, 9th ed.	**Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed.**
Ch. 208 Cold Injuries	Ch. 52 Mammalian Bites
Ch. 209 Hypothermia	Ch. 53 Venomous Animal Injuries
Ch. 210 Heat Emergencies	Ch. 54 Thermal Injuries
Ch. 211 Bites and Stings	Ch. 55 Chemical Injuries
Ch. 212 Snake Bites	Ch. 128 Hypothermia, Frostbite, and Nonfreezing Cold Injuries
Ch. 213 Marine Trauma and Envenomation	Ch. 129 Heat Illness
Ch. 214 Diving Disorders	Ch. 130 Electrical and Lightning Injuries
Ch. 215 Drowning	Ch. 132 High-Altitude Medicine
Ch. 216 High-Altitude Disorders	Ch. 133 Drowning
Ch. 217 Thermal Burns	Ch. 135 Care of the Poisoned Patient
Ch. 218 Chemical Burns	Ch. 148 Inhaled Toxins
Ch. 219 Electrical and Lightning Injuries	Ch. 153 Plants, Herbal Medications, and Mushrooms
Ch. 220 Mushroom Poisoning	

Ch. 221 Poisonous Plants	
Ch. 222 Carbon Monoxide	

Learning Objectives:

a. Identify clinical manifestations of heat-related illness, cold injury, dehydration, and environmental exposure.
b. Recognize emergency conditions associated with military training and operational environments.
c. Formulate management strategies for common environmental injuries.
d. Describe preventive measures used to reduce environmental health risks among service members.
e. Explain the impact of environmental conditions on operational readiness.

7. Psychiatric Emergencies

Reading Assignments:

- Rosen's Emergency Medicine: Concepts and Clinical Practice, 10th ed., Chapter 101: Suicidal Behavior
- Tintinalli's Emergency Medicine, 9th ed.
    - Chapter 1: Emergency Medical Services
    - Chapter 4: Mass Gatherings
    - Chapter 5: Disaster Preparedness
    - Chapter 27: Ethical Issues of Resuscitation

Learning Objectives:

a. Identify signs and symptoms of severe psychiatric distress, active suicidality, acute psychosis, or severe post-traumatic stress requiring immediate intervention.
b. Demonstrate safe de-escalation of an acute agitated patient while preventing self-harm or harm to others. Which includes non-pharmacological methods and short-term medical interventions.
c. Recognize and be able to differentiate organic causes such as traumatic brain injury (TBI), severe substance withdrawal, or acute medical toxicity.
d. Formulate treatment plan of patient's need for immediate inpatient admission, intensive outpatient, placement, or safe discharge.

8. Teamwork, Leadership, and Communication in Emergency Medicine

Reading Assignments:

- Tintinalli's Emergency Medicine, 9th ed., Chapter 27: Ethical Issues of Resuscitation

Learning Objectives:

a. Demonstrate effective communication with patients, families, and healthcare professionals in emergency settings.
b. Recognize the importance of leadership and teamwork during acute patient care.
c. Apply principles of situational awareness and resource management to emergency scenarios.
d. Demonstrate professionalism in interactions with patients, military personnel, and healthcare teams.
e. Identify strategies for managing conflict and maintaining effective team performance.

9. Patient Safety, Ethics, and Professionalism

Reading Assignments:

- Tintinalli's Emergency Medicine, 9th ed.
    - Chapter 27: Ethical Issues of Resuscitation
    - Chapter 163: Occupational Exposures, Infection Control, and Standard Precautions
    - Chapter 301: Death Notification and Advance Directives
    - Chapter 303: Legal Issues in Emergency Medicine

Learning Objectives:

a. Demonstrate ethical decision-making in emergency and military healthcare environments.
b. Recognize patient safety risks commonly encountered in emergency medicine.
c. Apply principles of confidentiality, informed consent, and professional conduct.
d. Identify factors contributing to medical errors and adverse events.
e. Describe the physician's responsibility to maintain professional and ethical standards under challenging clinical conditions.