



**SOMA**  
STUDENT OSTEOPATHIC MEDICAL ASSOCIATION

December 1<sup>st</sup>  
2018

**COCA MEETING**

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# Element 5.4 (Current) vs. (Revised Proposal)

- Patient Care Supervision: (CORE) A COM must ensure that osteopathic students in clinical learning situations involving patient care are under direct supervision by a licensed healthcare professional at all times in order to ensure safety. The COM must ensure that all supervised activities are within the scope of practice of the supervising health care professional. Students must have clear guidelines on their role in care and the limits of their scope of authority.
- A COM must ensure that osteopathic **medical** students in clinical learning situations involving patient **care are under supervision by a physician (MD or DO) and that clinical training and evaluation is physician lead.** The COM must ensure that all supervised activities are within the scope of practice of the supervising **physician (MD or DO).** Students must have clear guidelines on their role in care and the limits of their scope of authority.



# Element 6.9 (Current) vs. (Revised Proposal)

- A COM must define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the skills to be performed by the students, the appropriate clinical setting for these experiences and the expected levels of student responsibilities. **COMs must be able to provide clinical education rotations, including demonstration of adequate faculty, for at least 110% of the three-year rolling average of the number of first-year matriculates and repeat students.** A COM must also have published policies and procedures (protocols) addressing methodologies by which students can complete the entire clinical education curriculum.
- A COM must define the types of patients and clinical conditions that osteopathic medical students are required to encounter, the skills to be performed by the students, the appropriate clinical setting for these experiences and the expected levels of student responsibilities. COMs must be able to provide clinical education rotations, including demonstration of adequate faculty, for at least 110% of the three-year rolling average of the number of first-year matriculates and repeat students. **COMs must ensure that all clinical hub sites demonstrate this minimum threshold of clinical faculty such that disparities do not exist across hubs.** A COM must also have published policies and procedures (protocols) addressing methodologies by which students can complete the entire clinical education curriculum.



# Element 6.10 (Current) vs. (Revised Proposal)

- A COM must ensure that each student participates in one or more required core rotations during the third-year clinical clerkship **experience that is conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education.** In addition to the above expectation, a minimum of one required third year clinical clerkship must be completed under the supervision of an osteopathic physician and **a minimum of one required third year clinical clerkship must be completed in an inpatient facility.**
- A COM must ensure that each student participates in one or more required core rotations during the third-year clinical clerkship experience that is conducted in a health care setting in which the student works with resident physicians currently enrolled in an accredited program of graduate medical education. **This working relationship with the resident physician must be direct and for the entirety of at minimum one core rotation.** In addition to the above expectation, a minimum of one required third year clinical clerkship must be completed under the supervision of an osteopathic physician and a minimum of one required third year clinical clerkship must be completed in an inpatient facility, **throughout the entirety of that given rotation. (and possibly add a weekly minimum)**