



**Clerkship, Senior Medicine, and
Senior Clinical Rotation Policy and
Procedure Handbook**

CLASS OF 2025



This handbook has been developed to provide you with helpful information for your 804xx level Rotations. It also provides the policies and procedures that you will be expected to know, understand and follow as you move out of the classroom and into the arena of clinical Rotations.

Directors or rotation coordinators will assess your performance in several areas, basic knowledge, communication skills, analytical skills, problem solving, basic podiatric skills and character qualities. These character qualities largely include your maturity, things like: can you follow rules, do you have a sense of responsibility and motivation, can you work independently or are you more comfortable with supervision, can you work with people (including patients, staff and other members of the health care team), can you accept and respond reasonably to constructive criticism, can you be depended on (do you arrive when expected, on time and well-kept)?

If during the course of your clinical rotations you have any questions or concerns, please contact the Office of Academic Operations & Institutional Research.

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804xx Level CORE AND CLINICAL ROTATIONS

As a fourth-year student at Kent State University College of Podiatric Medicine, you will complete three (3) months of core rotations. Core rotations are mandatory rotations that you will be scheduled in according to your 4th year clinic group assignment.

Students will be randomly assigned into groups twice-once for 3rd year clinical rotations and once for 4th year clinical rotations by the Office of Academic Operations and Institutional Research. Switching of groups and/or rotation months is not *permitted*.

CORE ROTATIONS

CLI 80443 Senior Clinical Rotations (Midtown/Indy) and VA Rotation

- Your time will be spent at Cleveland Foot and Ankle Clinic-Midtown, Cleveland Foot and Ankle Clinic-Independence, or at DVA-Louis Stokes (Cleveland).
- Your schedule will be sent from the Office of Academic Services and Institutional Research.
- Failure to turn in the VA paperwork by the given deadline will result in being removed/failing.
- Four students from each 4th year group will be scheduled at the VA. The Office of Academic Services & Institutional Research will first take volunteers, but if 4 students do not volunteer per group, The Office of Academic Services & Institutional Research will randomly draw names and assign students.

CLI 80521 and CLI 80522-Senior Medicine Rotation

- Time on a medicine rotation should be maximized since it is the primary exposure to non-podiatric experiences. External sites will review time off requests based on the site's scheduling and other considerations. KSUCPM policy on personal days does not apply to 805xx level rotations.
- Students should refrain from requesting time off from the Senior Medicine Rotation to visit residency programs.
- This is a two-month consecutive rotation that places you in a non-podiatric based medical service at an affiliated hospital. You will be instructed in skills, values, and knowledge necessary to perform both complete and focused medical histories and physicals. This rotation is under the discretion of the KSUCPM adjunct clinical faculty.
- The date of the selection of senior medicine rotations will be determined by the [Office of Academic Operations and Institutional Research](#). A list of available rotation spots will be sent to each group along with a deadline for student selections. If an agreement on senior medicine selections within a student group cannot be reached by the group members, the final determination will be made by random selection by a representative of the Office of Academic Operations and Institutional Research.

- Senior medicine rotations may include out-of-state locations and facilities not within the immediate area of the college. The [Office of Academic Operations and Institutional Research](#) and the college administration will determine which locations will be considered mandatory (i.e., all spots available at those locations will be required to be filled by students in each group). An approved list of senior medicine options will be distributed to each of the groups with a deadline for the finalization of selections.
- The number of spots for each senior medicine rotation is limited within each group. The number of available spots at each location is determined by numerous factors, including facility preference and availability and the number of students in that particular group.
- Students wishing to complete their senior medicine rotation at a location not on the college's approved list will be given the opportunity to submit a request with the names of the facility and doctors and a narrative rationale as to how this experience will meet the requirements of the rotation and benefit the student academically. After review, the Office of Academic Operations and Institutional Research and the CPM administration will either approve or deny the request. This decision is final.

CLINICAL ROTATIONS

- **CLI 80460, CLI 80465, CLI 80470, CLI 80475, CLI 80480, CLI 80485, CLI 80486, or CLI 80487**
 - Clinical rotations that you will schedule yourself through AACPM's DPM Clerkship website in the months that are allotted. There are seven (7) months within the 4th year scheduled that are strictly for clerkship rotations. You are required to complete six (6) months of clerkship rotations. If eligible, you may choose to take one (1) of the seven (7) months allotted for clerkship rotations as an elective month. *Please Note: Clerkship rotations cannot be scheduled during any month where you are scheduled to complete a core rotation.*
 - Clerkship rotations are one-month long rotations that make up 7 months of your 4th year schedule and are designed to enhance your clinical education and patient exposure.
 - Clerkship rotations follow the national calendar provided by AACPM.
 - Some months are 4-week, some are 5-week rotations. You are expected to rotate for the entire duration of the month.

RESEARCHING CLERKSHIP ROTATIONS

Researching programs in advance is a critical step in the decision-making process. A handful of residencies select their residents exclusively from students who have completed clerkship rotations with them. The Office of Academic Operations and Institutional Research will do its best to assist and provide guidance to you in making confident and well-suited selections for your Clerkship Rotations. There are several methods of research you can do to help you make well-informed decisions about which clerkship/residency programs will suit your needs.

- **AACPM Website**-American Association of Colleges of Podiatric Medicine (www.aacpm.org) is where you will find information about clerkship programs. The website provides a Clerkship Handbook which lists all approved hospitals that have active clerkship programs. This handbook will give you the contact information and application requirements for each clerkship program. **The Clerkship Handbook for the Class of 2025 will be available in the Summer of 2023, at www.aacpm.org. You will use the handbook when applying for clerkships.** You will also want to look at the CASPR Directory of participating residency programs. While the current directory was posted for the purpose of aiding the Class of 2024 as it applies for residencies (a similar directory will be made available for the Class of 2025).
- **Podiatric Scope of Practice** –Knowing how each state’s medical board defines the Doctor of Podiatric Medicine and the human foot and what specific provisions/privileges it grants to the podiatric physician is key to helping you make a well-informed decision about what clerkship/residency programs will best help you reach your podiatric aspirations. The American Podiatric Medical Association provides a Podiatric Scope of Practice on their website at www.apma.org. To obtain this information you must have a Member Account. As podiatric medical students each of you has the privilege of having a Member Account and using this very helpful website at no cost. During your first year at KSUCPM you were automatically enrolled in the APMSA and should have received a letter from them that outlined the benefits of your membership. Included in that letter was your specific Member ID and Log-in. All you need to do to access the Scope of Practice on the APMA website is plug in the Member ID and Log-in that was assigned to you. If you have misplaced the letter, you received or do not remember your ID and Log- in, just call APMA Member Services at 1-800-275-2762 and they can give you that information.
- **Residency State Requirements** -**American Association of Colleges of Podiatric Medicine (AACPM)**-For the most current information regarding state licensure, contact the individual state licensing board. Contact information by state is provided by the Federation of Podiatric Medical Boards at www.fpmb.org/memberboards.asp.
- **Feedback Requests**-You can request clerkship or senior medicine feedback from students who have rotated at the program you are interested in by contacting our office.
- **APMSA Residency Surveys** - You can login to APMSA to view residency surveys. These surveys provide a resident “point of view” and can give you a unique view of a residency program from an insider’s perspective.
- **Visit the Program** –Students are encouraged to visit clinical programs when they can find the free time in their schedules to do so. You should not be scheduling visits during a scheduled day at a rotation. If you are visiting a program outside of your assigned clinical rotation and you plan to be hands-on and not just observational, you must notify the Office of Academic Operations & Institutional Research as we have to track these visitations.
- **Residency Fair** –KSUCPM hosts a Residency Fair every year during the fall semester. All students are welcome to attend, but the fair is **mandatory** for third year students. Many programs from around the country come to share information and speak with interested students about what their residency programs have to offer. This is a terrific way to meet residency directors/residents face to face and a nice alternative to those students who may not have the time or money to visit programs. **The 2023 Residency Fair is August 18th from 9am-2pm at Holiday-Inn Independence. The event is mandatory, and you are**

required to sign-in at the event.

- **Contact the Program of Interest** -If you have utilized all the above methods of research and still find that you have unanswered questions about a program, please feel free to contact the program directly. Their contact information is in the Clerkship Handbook.
- **Affiliation Agreements**-We must have an affiliation agreement in place for you to rotate at that hospital. Periodically, the Office of Academic Operations and Institutional Research will send out the affiliation agreement list or you may request a copy to be sent via email. If we do not have an affiliation agreement with a program you are interested in, you are not permitted to commit to this program. The status of an affiliation agreement can change at any time.
- **Adjunct Clinical Faculty**-Majority of the clerkship directors have an approved adjunct appointment on file here at KSUCPM. Some directors wish not to complete this application. *Students who spend any time with a clerkship director who does not have an Adjunct Clinical Faculty appointment do so at their own risk.*

SELECTING CLERKSHIP ROTATIONS

- **Location**-Are you limited to a certain location? Can you afford the bare expenses (airfare, housing)? You need to consider all costs associated with living in an area.
- **Type of Residency**-When considering a clerkship program, also consider what type of residency program is associated with it (PMSR or PMSR/RRA). Does the residency program teach the specific skills you want to acquire during your post-graduate training?
- **Self-Assessment**-Are you self-confident and quick on your feet? Can you handle long hours? Do you find it easy to adapt to new environments/situations? Be honest with yourself and select clerkship programs that are a good match for your academic credentials and your personality/temperament.
- **Potential for Growth**-Select clerkship programs that will provide you experiences in areas in which you may recognize a weakness in your training or one that concentrates on a subject matter in which you have an interest.
- **Financial Needs**-You must be aware of the financial demands of each program before you commit yourself to a program. Your 4th year will by far be your most expensive. Select programs that will allow you to stay within your projected financial budget. Many programs do not provide room and board. You will also need to consider travel expenses and residency application and interview fees. *Overextending yourself financially will not be an acceptable excuse to back out of a scheduled clerkship/senior medicine rotation.*
- **Residency Opportunities**-Selection of clerkship programs solely because of their associated residency programs may shortchange your overall clinical education. If you decide that you are no longer interested in a certain residency program but have committed yourself to complete a clerkship rotation with that program, you are still committed to attend the clerkship rotation. *Failure to attend a program for this reason will warrant a professionalism deficiency evaluation, failure of the rotation, make-up the rotation at the end of the academic year and be placed on academic program for the remainder of your 4th year.*
- **Rotation Hours**-Rotation hours differ from program to program, so this must be taken into consideration when selecting.
- **Cost**-It is difficult to estimate the total cost of your 4th year, but you will need to consider CASPR/CRIP costs, travel to/from programs, housing, food, etc. You are encouraged to speak with the financial aid office about what your options are if an emergency were to arise.

- Before accepting a clerkship or private practice rotation the cost of living must be considered. Students will need to budget accordingly to plan for the year.
- **Commitments**-Each clerkship including a private practice rotation and each month of the senior medicine rotation holds a separate grade which is 4 credit hours each. By committing to a clerkship, you are required to complete it as it will count towards your graduation requirements. You are required to complete all clerkships in which you commit. Once you accept a clerkship during the rounds, you will be committed to attending that rotation. Be sure of the program before accepting.
- If a residency interview is not granted, that would ***not*** be an approved reason to cancel a scheduled clerkship or private practice rotation.
- If you do not meet your commitments, you will run the risk of the following:
 - **Fail the rotation-Receives an NF for the rotation.**
 - **Academic probation for the remainder of the 4th year**
 - **Professionalism Deficiency**
 - **Required to make up the rotation at the end of the academic year.**
 - **Dismissal from the program if more than one clinical rotation is failed in an academic year or if a failure occurs while on academic probation.**

APPLYING TO CLERKSHIP ROTATIONS

There are 3 types of clerkship programs that can fill your clerkship schedule. They are defined as follows:

- **Office-Based (Private Practice) Clerkship:** Program that trains a student solely in a podiatrist's office. *Students who wish to complete more than one private practice rotation must get approval from the Office of Academic Operations & Institutional Research.*
- **Hospital-Based Clerkship:** Program that trains a student solely in the podiatry department at a Hospital.
- **Non-Podiatric Clerkship:** Non-podiatric based programs take place in private offices with physicians who specialize in a field of medicine other than podiatry. A non-podiatric rotation is an option, but it will require special consideration and approval from the Office of Academic Operations & Institutional Research.
Please Note: No more than 1 month in your 4th year schedule can be used for this type of rotation.

You will notice that some of your scheduled rotations consist of five (5) weeks. During a five (5) week rotation you are expected to complete all 5 weeks. However, some programs allow students to be released after completing 4 weeks. **You should never ask to leave a clerkship after 4 weeks. The Clerkship Director may grant you permission to leave a rotation.** You should refrain from scheduling any visits to other programs or making other plans until after you have received permission from the director to do so. Some directors may want you to stay the fifth week due to patient coverage and scheduling needs. **Always get permission or you could run the risk of failing a rotation.**

STUDENT MALPRACTICE INSURANCE COVERAGE POLICY

Students are encouraged to visit clinical programs when they can find the free time in their schedules to do so. If you are visiting a program outside of your assigned clinical rotation and you plan to be hands-on and not just observational, you must notify the Office of Academic Operations & Institutional Research.

ADDITIONAL MATERIALS FOR CLERKSHIP ROTATIONS

Being organized is the key to keeping yourself on track during the application process, so it is suggested that you create a file for each program you will be applying to and keep all documents pertinent to each program in those files. You are also encouraged to upload all hard copy documents into PDF files on your computer, as you may be asked to send your application and additional documents to programs via email.

To obtain a copy of your transcript:

- **Unofficial:** Print a copy from your Flashline account
- **Official:** Login to your Flashline account to make a request.

To obtain a copy of your immunizations:

- Login to your CASE account and print a copy of your summary immunizations.

To request the following, fill out a form outside of our office or request a DocuSign form.

- Part I, Part II, CSPE board scores
- Enrollment Verification/Letter of Good Standing
- Class Ranking
- GPA
- HIPAA/OSHA training letter
- Background Check
- Drug Test
- Certificate of Insurance/Malpractice Insurance

Photograph-Each student will upload their photograph to AACPM's DPM Clerkship website and CASPR application. Please be sure to take a professional looking head shot of yourself.

Curriculum Vitae (CV)- Nearly every clerkship program will request that you send a Curriculum Vitae (CV) along with your application. It is important to understand the difference between a CV and a Resume. A Resume is a short synopsis of your career goals and employment history and is typically limited to two pages in length. Its main purpose is to get the writer an interview and ultimately a job. A Curriculum Vitae, commonly referred to as CV, is a longer (two or more pages), more detailed synopsis than a Resume. It includes a summary of your educational and academic background, as well as teaching and research experience, publications, presentations, awards, honors, affiliations, and other details.

Prepare your CV in a format that you are comfortable with that presents your information in the way you want it to be presented. You can find a collection of CV writing resource materials in the library or go to <http://libguides.cpm.kent.edu/creating-CV>

SCHEDULING CLERKSHIP ROTATIONS

After you have submitted your clerkship application online to programs, you will follow the round schedule provided by AACPM. As you begin to accept positions, there are several key factors to keep in mind.

- **Correspondence with programs**-All correspondence with programs should be done in writing. You should retain the emails, as you may need to refer to them later if an issue arises. Clerkship programs will correspond with many students, and it is very easy for misunderstandings and errors to occur during scheduling.
- **Deadline for submission of scheduling worksheet**-You are expected to submit your completed scheduling worksheet, clerkship scheduling form, and written correspondence to the Office of Academic Operations & Institutional Research by date TBD.
- **Clerkship paperwork requirements**-It is your responsibility to know what each clerkship program requires of you and to have the documents readily available to send prior to the start of your rotation.
- **Scheduling rotations at the same site as other students**-If you are coordinating travel with another student to the same program, and one student is no longer eligible or has an approved schedule change, you will still be required to attend your schedule rotation. Costs that are incurred by having to make new travel plans, housing reservations, etc. will not be an approved reason to cancel your rotation.
- **Private practice rotation or non-podiatric rotation**-You will need an email confirmation from the private practice or non-podiatric office stating the month they have accepted you for at their program. A private practice rotation is considered a clerkship rotation and the workload should be comparable to a clerkship at a hospital. A copy of this email along with the scheduling form must be submitted to the Office of Academic Operations & Institutional Research.
 - The Office of Academic Operations and Institutional Research keeps records of all podiatric physicians who have an Adjunct Clinical Faculty Appointment with KSUCPM.
 - You can elect to complete a private practice with an Adjunct Clinical Faculty that is already on file, or you can complete this rotation with a doctor that has yet been approved as an Adjunct Clinical Faculty. For a doctor who is not an Adjunct Clinical Faculty, we will need to send them paperwork to complete. An adjunct application must be completed and approved before the student starts a private practice rotation.
 - **Private Practice outside of US**-If you wish to complete a private practice rotation outside of the US, you will need to complete an application with Global

Education besides the paperwork for KSUCPM. There is an application fee, plus you will pay for medical insurance while on rotation.

- **Schedule changes are not allowed**-You are to fulfill all commitments to a program once you have agreed to attend. Applying to a program does not commit you to go, but if you have been accepted by a program, then you have committed yourself to going there.
- **Failing APMLE Part I or Part II**-Failing an APMLE exam is not an extenuating circumstance to cancel a rotation. This would not be an approved schedule change.
 - **Clerkship/Private Practice Schedule Change Policy**
 - Clerkship/private practice programs provide students with clinical exposure and training. In return, the programs receive much needed help in clinical settings. When students withdraw from programs, they jeopardize rotations at clerkship programs for future students and promote a negative perception of KSUCPM and our students.
 - Once a student selects a Clerkship, private practice, or Senior Medicine rotation, the student is required to attend that specific rotation for the month chosen. Schedule changes, including dropping rotations or switching months, are not permitted. Students who do not attend a scheduled rotation will fail the rotation, will take place during the 4th year Summer after other academic responsibilities are completed. Location and specifics of make-up rotations will be assigned to the student by the Office of Academic Operations and Institutional Research), receive a professional deficiency, and will be placed on academic probation. In rare cases, schedule changes may be permitted provided that the student can demonstrate extreme circumstances that will prevent the completion of a rotation. Students who wish to be considered for this type of schedule change must submit the request in writing along with supporting documentation to the Office of Academic Operations & Institutional Research. Once the request is reviewed, the student will be sent notification of the decision either approving or denying the requested schedule change. If the request is denied, the student will be required to attend the rotation as scheduled.

Unapproved Schedule Change: If a schedule change is made without approval it will result in:

- 1. Fail the rotation-Receive and NF for the rotation.
- 2. Academic probation for the remainder of the 4th year
- 3. Professionalism Deficiency
- 4. Required to make up the rotation at the end of your academic year
- 5. Dismissal from the program if more than one clinical rotation is failed in an academic year or if a failure occurs while you are on academic probation.

You are not to attend an unapproved clerkship. If you have to make up a rotation the dates and location will be determined by the Office of Academic Operations and Institutional Research.

- **Schedule Approval**-Your 4th year schedule must meet the approval of the Office of Academic Operations & Institutional Research. Your schedule will be reviewed once you have submitted it to the office. If any problems are found, you will be contacted with the appropriate steps to correct it. Problems can be avoided by following all the procedures and policies laid out in this handbook.

PROCEDURES FOR REQUESTING A SCHEDULE CHANGE

Do not contact the Director of the program regarding a schedule change before you receive an approval from the Office of Academic Operations & Institutional Research. If you contact the program first, you may receive a professionalism deficiency.

If you feel you have just cause to request a release from a clerkship program you have scheduled, you must submit the following in writing to the Office of Academic Operations & Institutional Research.

- The name of the program that you wish to cancel.
- The month that you are scheduled to attend the program.
- Your reasons and supporting documentation for requesting a release from your scheduled program.

After reviewing your request, the Office of Academic Operations & Institutional Research will contact you on the decision. If it is deemed that you **do** have a just cause to request a release from a rotation, you will be advised on how to proceed. If it is deemed that you **do not** have a just cause, you will still be required to attend your scheduled rotation. An unapproved schedule change will follow the clerkship schedule change policy.

*Do not cancel a rotation or fail to attend a rotation without notifying the Office of Academic Services & Institutional Research **first and receiving an approval.***

***Hold on Flashline account-If we cannot register you because of a hold on your account, you will be dropped from that course/rotation. You cannot attend a rotation without being registered.*

CLINICAL EXCEPTION POLICY (4XX CLINICAL ROTATIONS)

Students completing 4xx level clinical rotations (during the 3rd year summer or at any point in their 4th year) may request, due to personal reasons, a one-time change in their clinical schedule. These requests will be evaluated, and a decision will be made by the Office of Academic Operations & Institutional Research. Switches to a student's clinical schedule are rare and will only be approved in the event of extreme and extenuating circumstances. Documentation must be provided.

In rare cases, schedule changes or rotation exceptions may be permitted provided that the student can demonstrate extreme and unforeseen circumstances that will prevent the completion of a particular rotation. Students who wish to be considered for this type of schedule change

must submit the request in writing along with supporting documentation to the [Office of Academic Operations and Institutional Research](#). If the request is denied, the student will be required to attend the rotation as scheduled.

The process for requesting a clinical schedule change due to medical reasons may be found under the Leave of Absence policy.

PREPARING FOR CLERKSHIP ROTATIONS

- **Contacting programs before rotation**- You should contact programs at least **60** days prior to the start of your rotation so that you can be sure they have all the necessary paperwork needed and so you can determine where/when you need to report. This includes clerkship rotations and the senior medicine rotation. Failure to meet this requirement may result in not attending the rotation, failing grade, professionalism deficiency, and placed on academic probation for the remainder of your 4th year. You would be required to make up this rotation at the end of the academic year.
- **Staying in touch**- Email is our main communication with students while you are here on campus or away. Emails from the Office of Academic Operations & Institutional Research usually have specific times/dates that paperwork must be turned in, so pay close attention to the details. Login to your Flashline account to make sure you have the most current phone number listed, as emergencies arise from time to time and a clerkship director may need to reach you.
- **Goals and Objectives of Clerkship Rotations**- The core philosophy behind the training you will receive at clerkship programs is that people learn best when they actively participate in their own learning. Clerkship programs will expect you to learn while you are with them and take a responsible and professional approach to the experience.

Clerkship program directors, attendings, residents, and other various staff members will be part of your educational experience.

On the following two pages are the KSUCPM Clerkship Goals and Objectives. All clerkship programs affiliated with the school (both hospital and office based) are provided with a copy of these Goals and Objectives. You should go to each rotation prepared to work towards gaining competency in each of the listed goals and objectives. This will help you gain the most knowledge and experience throughout the course of your 4th year clerkship experiences.

KENT STATE UNIVERSITY COLLEGE OF PODIATRIC MEDICINE

CLERKSHIP GOALS AND OBJECTIVES

GOAL I

The podiatric medical student should develop an understanding of the policies and procedures of office practice/hospital practice.

OBJECTIVES:

1. Describe methods of and rationale for patient scheduling.
2. Describe methods of and rationale for patient processing for the initial visit and subsequent visits.
3. Describe methods of and rationale for scheduling of surgery and/or other procedures, in the office setting or in the hospital setting.

GOAL II

The podiatric medical student should develop an understanding of case presentation, charting and documentation procedures for the medical record.

OBJECTIVES:

1. Accurately, clearly, and concisely make a case presentation.
2. Accurately, clearly, and concisely chart an initial history and physical examination.
3. Accurately, clearly, and concisely write an outpatient visit progress

note. GOAL III

The podiatric medical student should develop an understanding of history and physical examination techniques and procedures and their interpretations.

OBJECTIVES:

1. When given a chief complaint be able to perform and interpret an appropriate history and physical examination including:
 - ☐ History of present illness
 - ☐ (N.L.D.O.C.A.T.)-Nature, Location, Duration, Onset, Course, Aggravated by, and past treatments
 - ☐ Significant Past Medical History
 - ☐ Medications
 - ☐ Allergies
 - ☐ Review of systems
 - ☐ Physical Findings
2. Develop an appropriate differential list.

GOAL IV

The podiatric medical student should develop an understanding of the indications for special tests and examinations and their interpretations based on the differential diagnosis.

OBJECTIVES:

1. When given historical and physical findings of foot problems, be able to order appropriate studies to aid in diagnosis.
2. When given results of special studies be able to interpret the results.

GOAL V

The podiatric medical student should develop an understanding of the process of evaluating the results of the history and physical as well as any other diagnostic tests in order to develop a provisional diagnosis.

OBJECTIVES:

1. When given historical, physical, and diagnostic test results, be able to arrive at an appropriate provisional diagnosis.

GOAL VI

The podiatric medical student should develop an understanding of the management strategies available to treat common podiatric medical conditions.

OBJECTIVES:

1. Describe treatment regimens for foot problems.
2. Suggest treatment(s) for specific foot problems.

REQUIREMENTS FOR SATISFACTORY COMPLETION OF ALL 4TH YEAR ROTATIONS

In order to receive full credit for core rotations and clerkship rotations, all the following must be completed at the end of each rotation.

- **Patient Logs**- You must submit a patient log for every patient encounter you experience (observed, assisted, or performed) for core rotations, clerkship rotations, and senior medicine. You will submit these logs via Typhon. The Office of Academic Operations & Institutional Research will monitor your patient log submissions.
 - In Typhon you can view your clinical schedule, evaluations, and enter patient logs. Once you login you can view training videos on how to navigate the system.
 - Patient logs for each rotation must be completed by Monday at 8am after completion of the rotation. Failure to complete the logs by the deadline will lead to a professionalism deficiency as well as other possible disciplinary actions.
 - Students are expected to log a sufficient number of patient logs for each month in order to satisfactorily pass the rotation.
 - You can log a case under a doctor or nurse practitioner. NOT residents or MA, PA

- We will check for accuracy of the course, site, faculty, and ICD-10 codes. For a student who incorrectly logs a patient will be contacted to make the corrections.
- **Student Feedback Evaluation**-You are required to complete a feedback evaluation for each clerkship and senior medicine rotation. You will submit your feedback evaluation in an online survey. When you complete the feedback evaluation, you will be automatically directed to a separate page asking for your name. This is a separate page that is in no way connected to your responses on the feedback portion. Your responses on the feedback evaluation are anonymous. The purpose of completing the feedback is to help future students when selecting clerkships.
 - Feedback evaluation for each clerkship and senior medicine rotation must be completed by Monday at 8am after completion of the rotation. Failure to complete the feedback evaluation by the deadline will lead to a professionalism deficiency as well as other possible disciplinary actions.
- **Satisfactory Evaluation**-Each rotation coordinator/clerkship director will submit an evaluation of your clinical performance. These evaluations will be requested and sent by the Office of Academic Services & Institutional Research on a monthly basis. As the evaluations are turned in, they will be reviewed, and you will be notified of any failures. You are encouraged to contact the Office of Academic Operations and Institutional Research to review any paper evaluations we may have received.

CASPR Application

College material will be uploaded to your CASPR application for residency. This material includes; 3rd year clinical evaluations, transcript, GPA, and class ranking.

ROTATION REMEDIATION

Any student with one course or rotation failure will be placed on academic probation until the course is successfully remediated. Remediation of the failed course or rotation will take place during the four-week period detailed below.

- Remediation for students in their fourth year will take place beginning will take place during the 4th year Summer after other academic responsibilities are completed.

In addition to standard tuition, students will be charged an additional fee for remediation. Failure of a remedial course or rotation will result in academic dismissal with the right of appeal, provided that the student has not previously been academically dismissed from the College of Podiatric Medicine. Students with a previous academic dismissal on their record will be academically dismissed without the right to appeal.

Students are advised that remediation takes precedence over all other educational responsibilities.

You will be assigned by the Office of Academic Operations & Institutional Research to a location for remediation.

Please see the CPM catalog for all policies and procedures.

804xx Level ATTENDANCE POLICY

Participation in the external programs is a valuable and important part of the podiatric medical student's education. Attendance for the entire duration of the scheduled external experience is expected; therefore, 100% attendance is required by all students on rotation. All absences must be excused.

Once a student selects a Clerkship, Private Practice or Senior Medicine rotation, the student is required to attend that specific rotation for the month chosen. Schedule changes, including dropping rotations or switching months, are not permitted. Students who do not attend a scheduled rotation will fail the rotation, will be required to make-up the rotation will take place during the 4th year Summer after other academic responsibilities are completed. Location and specifics of make-up rotations will be assigned to the student by the Office of Academic Operations and Institutional Research), receive a professional deficiency, and will be placed on academic probation. In rare cases, schedule changes may be permitted provided that the student can demonstrate extreme circumstances that will prevent the completion of a rotation. Students who wish to be considered for this type of schedule change must submit the request in writing along with supporting documentation to the Office of Academic Operations & Institutional Research. Once the request is reviewed, the student will be sent notification of the decision either approving or denying the requested schedule change. If the request is denied, the student will be required to attend the rotation as scheduled.

Leave of Absence

A currently enrolled student at the College of Podiatric Medicine is entitled to request a leave of absence when his/her personal life situation necessitates such a request. A leave of absence is an excused absence (one-day to a maximum of 30 calendar days) from scheduled course and/or clinical responsibilities. In rare instances, the senior associate dean can authorize a one-time extension of leave for an additional 30 calendar days per academic year. The request for an additional 30-day extension must be substantiated with the appropriate medical records submitted to the senior associate dean. A student who is granted a leave of absence due to psychological, emotional or other like reasons will be required to be evaluated by a counselor or physician, either of the college's choice or approved by the college, prior to return, ensuring the student is able to fully meet educational and/or clinical obligations.

Below are the procedures to requesting an official leave of absence.

1. Student secures the Leave of Absence form from the Office of Academic Operations and Institutional Research, completes the form, returns it to and meets with the director or assistant director of academic services and Institutional Research. Any request form received without a complete explanation and supporting documentation for the request will be automatically denied.

2. If the Office of Academic Services and Institutional Research approves the request for leave, all appropriate faculty and staff members will be notified of the approval and the intended return date.
3. Upon returning from the approved leave of absence, the student meets with the director or assistant director of academic services and enrollment analytics to secure the “Return from Leave” form, completes the form and returns the completed form to the Office of Academic Operations and Institutional Research. Once the return is approved, all appropriate faculty and staff members will be notified.

NOTE: Any requests for a leave of absence longer than 60 consecutive days will be viewed as a “Withdrawal” from the college. It is important to note that even though a currently enrolled student is on a leave of absence, the granting of the leave does not constitute a waiver of the student’s responsibility for tuition, fees or academic assignments.

Tardiness:

Tardiness to any of the activities of an external rotation – including conferences, clinics, lectures, rounds, or other patient care activities – constitutes a professional standards violation. Repeated incidents will result in disciplinary action including notice of professional deficiency and failing of the rotation.

Clerkship directors will be advised to report all tardiness and requests to leave the program to the KSUCPM Office of Academic Operations and Institutional Research. Absences and tardiness will be reported as part of the student evaluation.

2024 Clerkship Calendar
For clerkships served March 2024 – May 2025

**The clerkship calendar will be sent out at a later date and posted at
www.aacpm.org/clerkships**

Sample-Clerkship Evaluation

Kent State University College of Podiatric Medicine

Clerkship/Senior Medicine Evaluation Form

Student Name: _____

Rotation Dates: _____

Program Name: _____

Director/Evaluator: _____

Instructions for Evaluator

Complete ALL questions using the rating system and item descriptions provided.

Questions 1-7 pertain to *cognitive* assessment of the student with respect to clinical activity during the rotation.

Questions 8-13 pertain to *non-cognitive* traits and behavior of the student during the rotation.

Email the completed evaluation to Jaclyn Macomber at jmacomb1@kent.edu

If you have any questions, please contact Jaclyn Macomber at the email above or by phone at 216-916-7510 or by fax at 216-916-9430.

Question 1: Data Gathering (History/Interviewing) (II.1)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable	Needs Improvement	At Expected Level	Above Expectations	Outstanding.
	Disorganized. Fails to gather important historical information or patient's perspective. Fails to identify patient's agenda. Never reviews old records or seeks collateral informants.	Incomplete at times. Frequent closed-ended questioning. Unfocused. Inappropriate communications rendered. Rarely reviews old records.	Obtains appropriate basic history in patient-centered manner. May need attention to efficiency and exploration of difficult ideas. Reviews old records as available.	Precise, detailed history appropriate to the setting. Seeks understanding of patient perspective. Seeks collateral informants when appropriate.	Consistently precise and efficient detailed history of illness. Insightful and consistently elicits subtle historical points. Gathers and carefully reviews old records.

Question 2: Physical Examination (II.1)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable	Needs Improvement	At Expected Level	Above Expectations	Outstanding.
	Unreliable, incomplete, disorganized. Major deficiencies. Inadequate technique. Disregards patient comfort.	Sometimes unreliable, incomplete or disorganized. Some major findings missed. Exam skills need refinement.	Most findings identified. Usually logical and focused exam. Properly structured, properly ordered, few omissions, considers patient's comfort.	Very comfortable approach to the exam. Major findings always identified. Focused, organized skills.	Well organized. Subtle findings elicited. Very efficient.

Question 3: Oral patient presentations (III.2)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Unprepared. Major omissions frequent. Poorly organized and incomplete. Misses key data.	Needs Improvement Presentations incomplete. Poorly focused. Some omissions in characterizations, chronology and pertinent data. Irrelevant facts. Rambling. Relies heavily on notes.	At Expected Level Uses proper format. Acceptable delineation of primary problems with reasonable characterization and chronology. Culturally-sensitive presentations. Minimal use of notes.	Above Expectations Presentation usually complete, well characterized and organized. May need attention to length and efficiency, and summarization of problems and plans.	Outstanding. Consistently clear and succinct delineation of patient story. Accurate characterization with differential diagnosis and plan. Mastery of oral presentation.

Question 4: Recording Clinical Data (III.3)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Disorganized, incomplete, incoherent flow to written work. Illegible. Always late.	Needs Improvement Often lacks relevant details. Somewhat disorganized. Often late. Occasional omissions in problem lists.	At Expected Level Usually organized and complete. Adequate problem list/formulation documented. Timely.	Above Expectations Concise, well-organized comprehensive.	Outstanding. Superior organization. Sophisticated problem list/formulation and diagnostic/therapeutic approach. Documentation reflects thorough understanding of problems/ formulation.

Question 5: Procedural Skills (II.4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Careless, frequent disregard for technical accuracy. Poor dexterity.	Needs Improvement Improvement Occasionally careless. Some mistakes. Awkward at times. Fair dexterity.	At Expected Level Proficient. Appropriate use of instruments. Average dexterity.	Above Expectations Above average proficiency and dexterity.	Outstanding. Superb technical skills. A natural. Great dexterity.

Question 6: Problem Solving (II.2, I.4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Cannot interpret basic data. Unable to identify basic issues on problem list.	Needs Improvement Frequently reports data without interpretation. May be able to list problems, but analysis of issues is superficial. Cannot prioritize problems.	At Expected Level Constructs appropriate problem list and develops basic differential diagnosis. Analysis of problems reflects basic understanding of issues.	Above Expectations Consistently offers reasonable interpretation of data. Arrives at prioritized differential diagnosis.	Outstanding. Consistently understands complex issues and interrelated patient problems. Always well prioritized.

Question 7: Clinical Knowledge (I.4, II.2)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Unable to apply preclinical knowledge to understand basic medical problems.	Needs Improvement Inconsistent understanding of patient problems. Limited differential diagnosis.	At Expected Level Knows basic differential diagnosis of major/active problems in patients. Understands team's choice of therapy.	Above Expectations Knows expanded differential diagnoses, including recognition of emergencies. Can discuss therapeutic options.	Outstanding. Knows nuances of differential diagnosis, including disease prevalence and anticipated history & exam findings. Able to independently formulate a management plan. Able to assign prognoses.

Question 8: Respectfulness (IV.1)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Inconsiderate, lacks respect. Unable to work with medical team. Indifferent to concerns/opinions of others.	Needs Improvement Occasional lapses in respectful behavior. Often intolerant to opinions/concerns of others.	At Expected Level Considerate and shows appropriate deference. Treats patients, families, and staff with respect. Culturally sensitive.	Above Expectations Shows respect in difficult situations such as conflict resolution. Extra effort in cultural sensitivity.	Outstanding. Actions can both foster and maintain respectful environment.

Question 9: Reliability/Responsibility (IV.4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Unexplained absences. Unreliable. Inappropriately dressed. Does not follow through with assigned tasks.	Needs Improvement Often unprepared, lackadaisical, needs reminders in fulfillment of responsibilities. Often late, appears uninterested.	At Expected Level Punctual. Fulfills assigned tasks consistently. Responsible and reliable.	Above Expectations Seeks and is capable of taking on additional responsibility.	Outstanding. Excellent initiative. Unusual dedication to patient care and education.

Question 10: Response to feedback (V.4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Completely unaware of own inadequacies. Uninterested in receiving feedback on performance. Refuses or makes no effort to improve.	Needs Improvement Resistive or defensive in accepting feedback. Makes marginal efforts to improve with feedback.	At Expected Level Accepts and generally makes efforts to improve with feedback.	Above Expectations Seeks and accepts feedback. Shows consistent improvement.	Outstanding. Able to self-assess and make necessary changes for growth and progress.

Question 11: Integrity (IV.1)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Unreliable. Lapses in: truthfulness, honesty with patients and peers, respect for other health professionals, patients or families. Disregards need for self-assessment.	At expected level Appropriate behaviors of honesty, truthfulness and respect.

Question 12: Rapport with colleagues (III.4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Avoids contact with team members. Inadequate skills to establish relationships with medical colleagues and other health professionals.	Needs Improvement Sometimes has difficulty in relating well to medical colleagues and other health professionals. Maintains distance from the team.	At Expected Level Relates well with medical colleagues and other health professionals. "Good team player." Functions well within the team structure.	Above Expectations Able to establish excellent rapport with medical colleagues and other health professionals. Gains confidence of team leaders.	Outstanding. Establishes tone of mutual respect and dignity with medical colleagues and other health professionals. Highly integrated into the team structure.

Question 13: Rapport with patients (III.1)					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not observed	Unacceptable Avoids contact with patients. Little attempt to establish therapeutic rapport relationship. Disorganized. Generally unable to communicate facts to patients.	Needs Improvement Difficulty establishing physician-patient relationships. Insensitive to patients' needs.	At Expected Level Good skills at developing rapport with patients and responding to emotional needs of patients.	Above Expectations Excellent communication skills. Able to gain trust and confidence of patients and families.	Outstanding. Student becomes preferred contact for patients due to highly effective communication.

Important Relevant Comments

Final Grade	
Pass	<input type="checkbox"/>
Fail	<input type="checkbox"/>

Signature: _____