

CURRICULUM

The four-year curriculum¹ is under the supervision of the Curriculum Committee⁴ with guidance and input from the faculty and students, Dean and Senior Associate Dean(s), and other LUCOM associate and assistant deans and chairs. LUCOM's curriculum adheres to the development of the following seven osteopathic core competencies among its students as outlined by the AOA. LUCOM's Program Learning Outcomes for students reflect the seven AOA core competencies, in addition to the eighth programmatic outcome of spiritual care. Additional information is available in the LUCOM Academic Catalog.

American Osteopathic Association Core Competencies and LUCOM Program Learning Outcomes

LUCOM's curriculum adheres to the development of the following seven osteopathic core competencies among its students as outlined by the AOA². LUCOM's Program Learning Outcomes for students reflect the seven AOA core competencies, in addition to the eighth programmatic outcome of spiritual care.

- **Osteopathic Principles and Practice/Osteopathic Manipulative Treatment:** The student will understand and apply osteopathic principles to patient care.
- **Medical Knowledge:** The student will demonstrate knowledge of established biomedical, epidemiological, social, and behavioral sciences and their application to patient care.
- **Patient Care:** The student will have the knowledge, attitudes, and skills to provide compassionate, appropriate, and effective patient care.
- **Interpersonal and Communication Skills:** The student will demonstrate interpersonal and communication skills that result in effective interactions with patients, families, and colleagues.
- **Professionalism:** The student will demonstrate a commitment to carrying out professional responsibilities in an ethical and sensitive manner.
- **Practice-based Learning and Improvement:** The student will demonstrate the ability to investigate and evaluate patient care practices using scientific evidence and apply these to patient care.
- **Systems-based Practice:** The student will demonstrate an awareness of and responsiveness to the larger context and systems of health care, to provide care of optimal value.
- **Spiritual Care:** The student will demonstrate an awareness of and responsiveness to the spiritual needs of patients, families, and colleagues.

LUCOM Program Learning Outcome Descriptions

Osteopathic Principles and Practice/Osteopathic Manipulative Treatment³

Both cognitive and psychomotor skill sets are taught and assessed in this competency domain. Classroom-based learning occurs throughout years one and two. Laboratories for training in clinical and manipulative medicine skills are conducted through years one and two. Requirements for the incorporation and application of osteopathic principles are incorporated in clinical rotation syllabi, reading, case-based modules, and through the required OMS-III OMM rotation. The principles of structure and function, the clinical osteopathic examination, the diagnosis and treatment of somatic dysfunction, viscerosomatic, and

somatovisceral dysfunction are integrated throughout the curriculum through coordination of OMM with principles of clinical medicine and biomedical foundations and systems. Knowledge and skills are assessed through written examinations in years one and two, observation and evaluation of performance during laboratory sessions and structured evaluations of diagnostic and treatment knowledge and skills during the OMM courses. Clinical competence in this domain is evaluated during years three and four via the preceptor evaluation of student as well as performance in hands-on learning activities in select OMS-III and OMS-IV courses. Overall, competency in osteopathic manipulative medicine is assessed by laboratory practical examinations, through assessments utilizing standardized patients, and OSCEs during years one and two along with demonstration during the OMM laboratory sessions and/or preceptor evaluation during the core rotations of OMS-III. This competence is further tested by the NBOME (COMLEX) with passage of Levels 1 and 2-CE required of all degree candidates.

Medical Knowledge⁴

Each course has established learning objectives established by the faculty and the curriculum committee, including learning objectives for the clinical rotations. These include humanistic and professional objectives as well as cognitive learning objectives during preclinical and clinical clerkship.

Medical knowledge is assessed through written or computer module examinations during preclinical courses, through student presentations and participation during active learning, case-based or team learning sessions, by student scholarly research, papers, and presentations. It is measured by both the preclinical and clinical faculty through assessment of the quality and depth of student patient assessments, presentations, research and documentation of patient interviews, assessments and plans during clinical rotations as well as through the utilization and evaluation of performance on assigned case-based modules, during practical examinations at the bedside as much as during clinical and osteopathic skills laboratories. Knowledge is measured by the students' performance during the end-of-rotation examinations at the completion of each core and required clinical rotation (unless otherwise noted in the course syllabus), and their performance on each of the levels of COMLEX.

Patient Care⁵

Patient care is taught through the clinical evaluation and care of patients, through active learning opportunities in small groups with case-based scenarios, in the standardized patient and simulation laboratories, medical outreach experiences, and then assessed through observational evaluation by the faculty, written or computer-provided case-based and educational modules and associated formative and substantive examinations, through student presentations and participation during case-based or team-learning sessions, through student-generated patient assessments and notes during clinical rotations, during practical examinations in clinical and osteopathic skills laboratories, through the utilization of end-of-rotation examinations at the completion of each core and required clinical rotation (unless otherwise noted in the course syllabus), through performance on the various stages of COMLEX and/or USMLE and through direct faculty interaction. Students also participate in formal case write-ups and oral presentations during clinical education.

Interpersonal and Communication Skills⁶

The COM provides structured curriculum, simulation opportunities, group and active learning requirements, practical experiences, role models, and mentors designed to foster the ability of each student to interact with patients and peers in a manner that exhibits clarity and respect in the Patient-Centered Medicine course that extends over years one and

two as well as in day-to-day interactions at the campus, during outreach events, and throughout the clinical curriculum. Students receive formal interview training and communication training, coupled with training in the psychology, sociology and diversity of patients during the pre-clinical years of the curriculum during their Patient-Centered Medicine courses.

Ethics and professionalism are emphasized as features of the curriculum and high standards of each are expected by the COM for all students. An emphasis is placed on an understanding of population-based as well as individual healthcare issues, public health policy concerns and development, and the role the patient's diversity plays in their life and health care.

The art and requirements of the medical interview are part of the early curriculum for the students and the required skills are reinforced through clinical laboratory experiences, standardized patient encounters, case-based group interactions and team-based learning environments, along with early community clinic experiences. As students gain greater experience and skills during their supervised clinical experiences during OMS-III and IV years, so do the expected levels of performance increase.

These competencies are also assessed by observation by the faculty and other students during both professional and social settings occurring at the COM and problems and concerns dealt with through faculty and student governance structure. The actions and interactions with other students, staff and faculty are important assessments of the student's competency. Students are observed during small group, classroom, clinical laboratory, and outreach experiences beginning in year 1 and continuing into their clinical rotations. OSCEs are conducted utilizing standardized patients and simulation which are recorded for both formative and summative evaluation and to promote self-improvement on the part of the student. Peer feedback in OMS-I as a part of this assessment is highly valuable in shaping and changing behavior as well as improving skills, in addition to evaluation by faculty in OMS-I and OMS-II. Students are evaluated by their clinical faculty in this domain during OMS-III and OMS-IV clinical rotations.

Professionalism⁷

Professionalism and ethics are presented during Patient Centered Medicine Courses, during small group educational sessions that are a component of the curriculum, as a component of clinical laboratories, simulation and standardized patient encounters.

While the competency is evaluated through written examinations including Standardized Patient and simulation scenario's, it is evaluated more importantly through the action of the student in active learning environments such as small groups and team-based learning events, by their compliance with the policies and procedures of the institution, the students' involvement in COM and University activities and organizations and professional organizations and associations. Further assessment is made through the students' contributions for the benefit of other students, demonstrations of their leadership, their actions and interactions with other professionals, students, staff, and faculty all are important assessments of the student's competency in this domain. Students are observed by the faculty during clinical laboratory, simulation, standardized patient encounters, small group, team-based learning, and/or outreach experiences beginning in year 1 and continuing into their clinical rotations. OSCEs are conducted utilizing standardized patients and low and high-fidelity simulation which are recorded for both formative and subjective evaluation as well as self-improvement on the part of the student.

Students are evaluated for professionalism and ethics by their clinical faculty and other educators during OMS-III and OMS-IV clinical rotations.

Practice-Based Learning and Improvement

Activities that promote reflective learning require scholarly research and application of knowledge. Such actions requiring evaluation of outcomes compared to standards and peers provide students with opportunities to gain competence through both pattern recognition, analysis of these outcomes, and the acquisition of new knowledge.

Each student is placed in clinical environments during the OMS-III and OMS-IV years that provide for outcome-based and evidence-based practice. These occur in both institutional and outpatient settings. During these rotations, they are exposed to quality-of-care reviews, patient safety programs, patient registries, and standards of care requirements. Their skill and knowledge are assessed through small group, case-based, and practical evaluations of patient care and outcomes occurring as a component of the Patient-Centered Medicine curriculum, written examinations during preclinical course work that measure knowledge of standards of care, patient safety, patient registries, outcome and scientific-based practices, as well as their knowledge of methods of research and analysis.

Student evaluations, presentations, and documentations during clinical rotations are evaluated and the students are given feedback by the faculty on how these evaluations and treatment plans meet established standards and could be expected to affect outcomes. The student will learn to utilize electronic assessment tools for the formulation of and narrowing of differential diagnosis and the appropriate diagnostic and evaluation. Subject examinations at the completion of each core and required clinical rotation (unless otherwise noted in the course syllabus), all levels of COMLEX and/or USMLE, along with direct faculty interaction, will provide the student with a guide to his/her progress along with performance during formal case write-ups and oral presentations.

Systems-Based Practice⁸

Students are taught about patient health care challenges and opportunities surrounding both the United States and global medical systems and their effect on patient outcomes both as individuals and as populations during their Patient-Centered Medicine courses and symposium during the first two years of medical school at LUCOM. Active learning during case-based learning opportunities, including interdisciplinary/interprofessional experiences during simulation, and standardized patient encounters all require the student to apply knowledge of variant systems in determining appropriate evaluation and treatment of the "patients". Clinical faculty provide practical insight into health care services in a complex interdisciplinary/interprofessional environment during core and required clinical rotations. Clinical experiences provide for practical experience working inside differing systems, including settings such as private clinics and institutions, rural and critical access hospitals, and/or military institutions. Students also participate in formal case write-ups and oral presentations during both preclinical and clinical years that require them to address the issue.

The domain is taught and assessed through participation in small group discussion occurring as a component of the preclinical curriculum, interactive learning opportunities with nursing students at Liberty University, through written examinations during preclinical years that measure knowledge of the operations of differing systems of care, knowledge of patient safety, and patient registry programs. Student patient evaluations, documentation, evaluation and treatment plans are evaluated by faculty. The topics are covered during examinations at the completion of each core and required clinical rotation (unless otherwise

noted in the course syllabus) and the topic is included on COMLEX and USMLE evaluations. Students are assessed for this competency as well during the high stakes end-of-second year clinical competency and end-of-third year clinical competency examination conducted by the COM.

All students are required to become certified in BLS and ACLS, in that order, as a component of their prep for clinical practice curriculum. Students are taught the basics of acute care of the sick and injured patient during clinical medicine and as a component of their systems courses. This knowledge is assessed on end-of-rotation examination, during Standardized Patient and Simulation events, and during small group and team learning discussions and presentations. Students are taught the process for research and information retrieval during clinical medicine and the prep for clinical practice course utilizing on-line resources such as Up-to-Date, Epocrates, MEDLINE, etc.

Spiritual Care

Spiritual care is an integral part of providing holistic patient care in the osteopathic approach, due to its emphasis on the positive relationship between an individual's body, mind, and spirit. Spiritual care aims to encourage, nurture, and strengthen a patient's ability to achieve wholeness in relation to personal, spiritual, and social well-being characterized by a sense of connection to self, others, and a higher power. Spiritual care consists of demonstrating an awareness of and responsiveness to the spiritual needs of patients, families, and colleagues, characterized by interpreting the situations that individuals experience, providing counseling as applicable, and highlighting the use of coping mechanisms. Specific spiritual care interventions include forming a trusting patient-physician relationship, actively listening to patient concerns, understanding the patient's values and religious beliefs, learning how the patient views the illness, showing empathy, and providing resources to the patient in addressing spiritual needs. Spiritual care will be evident by a servant's heart approach seen in patient care, community outreach, and missions. Students will embody LUCOM's mission by serving rural and underserved communities and will recognize and respond to individual needs for spiritual care.

In the preclinical years, students are trained to take patients' spiritual history during Standardized Patient encounters and are evaluated by clinical lab instructors. Furthermore, students are evaluated on spiritual empathy through written assessments. In the clinical years, OMS-III and OMS-IV students are evaluated by preceptors at each site on the core competencies along with spiritual care, to demonstrate an awareness of and responsiveness to the spiritual needs of patients. Finally, students complete a self-reflection assessment that includes spiritual care in each OMS year, as a part of co-curricular and/or curricular programs.⁹

Additional Information

- Curriculum Schedule
- Osteopathic Educational Continuum

¹ 6.3 Maximum Length of Completion

² 6.2 Programmatic Level Educational Objectives, 6.4 Osteopathic Core Competencies, 11.4.a COMLEX-USA

³ 6.6 Principles of Osteopathic Medicine

⁴ 6.1 Curriculum Design and Management

⁵ 5.4 Patient Care Supervision

⁶ 6.12 Diversity, Equity, and Inclusion Curriculum

⁷ 5.1 Professionalism

⁸ 6.8 Interprofessional Education for Collaborative Practice

⁹ References:

Connerton, C. S., & Moe, C. S. (2018). The essence of spiritual care. *Creative Nursing*, 24(1), 36-41. <https://doi.org/10.1891/1078-4535.24.1.36>

Hvidt, N. C., Nielsen, K. T., Kørup, A. K., Prinds, C., Hansen, D. G., Viftrup, D. T., Assing Hvidt, E., Hammer, E. R., Falkø, E., Locher, F., Boelsbjerg, H. B., Wallin, J. A., Thomsen, K. F., Schrøder, K., Moestrup, L., Nissen, R. D., Stewart-Ferrer, S., Stripp, T. K., Steinfeldt, V. Ø., . . . Wæhrens, E. E. (2020). What is spiritual care? professional perspectives on the concept of spiritual care identified through group concept mapping. *BMJ Open*, 10(12), e042142-e042142. <https://doi.org/10.1136/bmjopen-2020-042142>

Türkben Polat, H., & Özdemir, A. A. (2022). Relationship between compassion and spiritual care among nurses in turkey. *Journal of Religion and Health*, 61(3), 1894-1905. <https://doi.org/10.1007/s10943-021-01287-6>

Curriculum Description

The normal course of study to gain a **Doctor of Osteopathic Medicine (D.O.)** degree from LUCOM consists of four years of progressive integrated education. Two years are held predominately on campus and the second two years are held predominately at clinical sites that are collaborative partners of LUCOM.

The College of Osteopathic Medicine has a dedicated faculty, established affiliations with medical centers, hospitals, and healthcare systems, and a mission to educate the finest osteopathic physicians possible.

The design of the curriculum guides students to develop a holistic, and more importantly, osteopathic approach to medicine. We continually correlate basic scientific information and methodology with fundamental clinical application. Students are exposed to clinical settings via standardized patients in their first year, which gives them the opportunity to prepare for the "real world" of medicine.

This clinical exposure expands in the second year and the students continue to interact with standardized patients on campus. Additionally, students in OMS-I and OMS-II may be involved in clinical shadowing, under physician supervision, with real patients in the office and hospital setting.

In the OMS-III year, students are assigned to one of our core educational centers and may be required to travel to other core sites to ensure continuity and coordination of clinical education within our vast and growing clinical training network. Our innovative curriculum is designed to fulfill our mission of training students who are competent and ready to enter graduate medical education and training with an emphasis on preparing students to become primary care physicians.

Beginning with the Class of 2028, OMS-I and OMS-II years will include co-curricular anchor weeks throughout the preclinical curriculum, with required student engagement to enhance the curriculum through additional lectures, hands-on learning, and/or clinical shadowing opportunities. Anchor weeks allow for times of active recovery, integration and reflection on learning, as well as engaging in additional topics of value to educate holistic osteopathic physicians.

Pre-Clinical Curriculum ¹

For the first two years of the osteopathic medical education, LUCOM utilizes a blended, spiral curriculum that features a variety of learning

modalities to prepare its students to meet the competencies established by the AOA COCA, acquire the knowledge and skills expected of a graduate osteopathic physician and develop the tools required to become a life-long learner and contributor to the expansion of medical knowledge and patient health. The curriculum seeks to provide the opportunity for students to develop the level of professional and ethical standards and behaviors expected of osteopathic physicians in addition to the medical knowledge and skills required of a graduate osteopathic physician.

Where possible, early clinical experiences are provided during the first two years of medical school in order to integrate the student into the professional atmosphere and to attempt to maintain the humanistic qualities that the COM expects students to bring into the program. An emphasis on active learning and graduated student responsibility for their education and professional development is fostered through a variety of learning experiences, including classroom presentations and application exercises, laboratory sessions, small group and team-based learning activities, near-peer instruction, the use of standardized patients and patient simulators, clinical experiences and guided and self-directed independent study. The entirety of the educational experience at LUCOM aims to encourage students to develop a pattern of individual responsibility and capacity for life-long learning and growth as competent, patient-centered, holistic excellent osteopathic physicians.

The integrated spiral nature of the pre-clinical curriculum consists of three longitudinal “strands” of learning: (1) osteopathic manipulative treatment (OMM), (2) patient-centered medicine (PCM), and (3) biomedical basis of health, disease, and intervention (BBHDI), and (4) humanities. Each of these four strands runs throughout the first two years of the curriculum, and the contemporaneous learning in each of these strands is integrated, interrelated, and complementary – similar to the double helical nature of strands of DNA within chromosomes. LUCOM desires to create a culture of informed inquiry. The most valuable learning experiences are motivated by a rational recognition of the “need to know and grow.” The development of problem-solving skills, the application of inductive and deductive reasoning and a thoughtful, intentional process of clinical reasoning is introduced early in the curriculum of each of the three strands.

Strand 1: Osteopathic Manipulative Medicine (OMM)²

The courses regarding osteopathic principles, practice, and treatment may be viewed as one longitudinal curriculum spanning over four years divided into semesters and subdivided into four phases. The OMM courses may include didactic presentations, demonstrations, practical laboratory experiences and hands-on clinical opportunities utilizing other students as well as real and standardized patients to establish the student’s knowledge and ability to recognize and utilize the relationship between structure and function that is integral to Osteopathic Medicine.

During the OMS-I and OMS-II years, the student will receive instruction in osteopathic principles and practice (OPP). Both observation and hands-on application of osteopathic manipulative medicine (OMM) through longitudinal Osteopathic Manipulative Medicine courses introduce the student to osteopathic principles and practices, as well as manipulation and treatment skills.

Lastly, through hands-on review lab sessions, online modules, and face-to-face and/or virtual contact with faculty and preceptors, students will be expected to carry, review and apply their knowledge and treatment skills during their third and fourth years of training.

Strand 2: Patient-Centered Medicine (PCM)

The PCM courses are designed to provide educational experiences that promote the development of the students into medical professionals and physicians rather than repositories of knowledge. The courses will require the development of active learning skills, the ability to inquire and communicate effectively with patients to acquire medical and historical information to guide patient care, the development of the skills required to work in health care teams and collaborative settings, and maturation of the skills required to become life-long learners. Throughout the PCM courses, the students should be able to develop their clinical skills related to the systems being studied and demonstrate the ability to interpret, evaluate, and apply both knowledge and clinical skills to improve patient outcomes.

The student will be expected to develop and demonstrate skills and competencies in areas of interviewing and communicating with patients and colleagues, demonstrate diagnostic and therapeutic reasoning, and problem-solving skills. The student will be taught the diagnostic and therapeutic procedures and skills required of an osteopathic graduate prepared to enter graduate medical education. The student will demonstrate competencies required to function in different systems of health care, collaborative, and team-based settings.

The student, as a component of this strand, will have the opportunity to participate in early clinical experiences including experiences with standardized patients and in the simulation laboratories.

The courses’ curriculum requires both passive and active learning in the classroom, in the physical diagnosis and procedures laboratory, in small group settings and in clinical settings. It includes both the formative and summative utilization of simulator cases; computer-assisted clinical cases, early clinical exposure, and standardized patient encounters.

Strand 3: Biomedical Basis of Health, Disease, and Intervention (BBHDI)

The Biomedical Basis of Health, Disease, and Intervention runs the length of the preclinical curriculum. As a part of this strand, students attain the medical knowledge necessary to be successful in Osteopathic Medicine. Specifically, this strand of the curriculum emphasizes foundational biomedical information and understanding; normal structure and function that defines health and wellness and approaches to health promotion in individuals and populations; fosters recognition of disease and the application of clinical understanding that leads to rational patient-centered approaches to prevention, diagnosis, and treatment of disease; and enables summation and synthesis of the understanding and application of information that has grown throughout the preceding phases.

Specifically, the BBHDI curriculum includes a study of traditional biomedical science disciplines (molecular and cellular biology, genetics, biochemistry, developmental biology and embryology, histology, anatomy, physiology, microbiology and immunology, pathology, and pharmacology) as well as systems-based courses with a focus on clinical integration.

Initially, the curriculum emphasizes normal structure-function relationships and the principles, mechanisms, and processes of the human body that are important for the maintenance and promotion of health in individuals as well as populations. In the context of abnormal structure-function relationships, basic principles and mechanisms of disease processes and the rationale for approaches to intervention are

introduced as well. Additionally, principles of public health, epidemiology, and clinical research are taught.

The LUCOM curriculum involves extensive cadaveric dissection by students. Students also study human gross anatomy by examining prosected human cadavers and preserved specimens, models, and digital images.

Furthermore, the preclinical curriculum includes system-based courses, in which a greater focus is placed on understanding the epidemiology, risks, pathogenesis and pathophysiology of disease, as well as rational approaches to diagnostic evaluations and interventions aimed at advancing patient health and wellness. An emphasis is placed on developing sound clinical reasoning in generating appropriate differential diagnoses, working diagnoses, and on the rationale for patient management plans.

Strand 4: Humanities

The Humanities strand runs longitudinally through the preclinical years. The humanities curriculum builds through each of the Humanities and Medical Ethics I and II courses and then the subsequent Humanities and Medical Jurisprudence I and II courses. Through active learning sessions, quizzes, group discussion, and interprofessional event(s), students learn about ethical foundations and principles as well as medical jurisprudence topics related to the practice of medicine. Students engage in discussions regarding application of medical ethics.

OMS-III Clinical Curriculum ³

Core Rotations: Family Medicine (2 months), Internal Medicine (2 months), Surgery, Women's Health, Pediatrics, and Psychiatry/Behavioral Health

Required Rotations: Osteopathic Manipulative Medicine, and Emergency Medicine (beginning with the Class of 2028, can be met in OMS-III or OMS-IV)

The OMS-III year is primarily based at one or more of LUCOM's core clinical sites and each student follows a COM directed curriculum that includes patient care as well as didactics, independent learning assignments, interactive computer case-based learning, simulation scenarios to ensure development of foundational competencies for each discipline are provided for each student. The students will complete OMS-III core and required clinical rotations occurring both in the hospital and in community settings. Each rotation has designated learning objectives for the accompanying curriculum, may include integrated osteopathic learning objectives and requirements, and includes an end-of-rotation evaluation. OMS-III students participate in a four-week OMM rotation centered on a hands-on, proctored, osteopathic experience with patients. Additionally, OMM modules may be embedded into select OMS-III rotations.

LUCOM recognizes the important benefit of interprofessional training and fully supports and anticipates scheduled and extemporaneous opportunities for our students to train as a member of a patient-centered team comprised of multiple healthcare providers. It is the expectation that students will respect the roles of different members of the team and how each contributes to the delivery of complete care within the healthcare delivery system. Dependent upon the resources available at each core or required rotation site, students will be engaged in interdisciplinary didactic training, participation in team-based health care delivery discussions, and opportunities for simulation and standardized patient training alongside team members who are either in clinical training or providing care through training they have acquired in other

healthcare disciplines. Interprofessional educational experiences may be done with pharmacists, physician assistance, nurses, nurse practitioners, certified nurse's aides, medical assistants, personal care technicians and among other disciplines while under the supervision of their physician preceptor or course director.

The core rotations during the OMS-III year, supervised by COM appointed faculty at one of the COM affiliated core hospitals, as well as required rotation(s) are integral to the development of physicians and is designed to allow the student to convert facts and information accumulated during their preclinical years into application of that knowledge for the benefit of the patient, develop confidence in themselves as professionals as well as expose areas of need for further learning. Core rotations include: family medicine, internal medicine, surgery, women's health, pediatrics, and psychiatry/behavioral health. Required rotations include: osteopathic manipulative medicine, and Emergency Medicine (beginning with the Class of 2028, can be met in OMS-III or OMS-IV). During rotations, while the students are not primarily responsible for the care or outcome of the patient, the patient remains the primary concern of all members of the health care team, including the student. Students are challenged to demonstrate to the faculty that they have acquired and can utilize a foundation of basic clinical skills, medical knowledge, and competencies that has them prepared to move into graduate medical education.

Based in a community and outpatient setting, this portion of the education of the OMS-III student is designed to expose the student to the practice of medicine originating outside of the hospital and academic settings. With an emphasis on public health, preventive medicine, wellness, primary and secondary care of acute and chronic illness, and emphasizing a holistic approach to the patient, the student will have opportunity to follow the physician from the clinic to the hospital and back, providing an opportunity to participate in the total care of the patient regardless of where the care originated.

Beginning with the Class of 2028, students will be required to complete four weeks of a required advanced clinical rotation, which may be in a clinical specialty of interest, emergency medicine, and/or research. Additionally, students will be required to complete four weeks of emergency medicine in OMS-III or OMS-IV. This requirement may be met via the OMS-III advanced rotation requirement or OMS-IV elective or selective rotation(s) requirements.

OMS-IV

The OMS-IV year requires that a student complete twenty credits or more of GME selective rotations within an ACGME accredited residency program. The student will learn to work within the framework of an accredited residency program. The GME selective rotation includes options in Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics and General Surgery, among others. Suggested areas of study within the general field of medicine may include the fields of: Cardiology, Dermatology, Endocrinology, Gastroenterology Hematology/Oncology, Infectious Diseases, Nephrology, Pulmonary Medicine, and Radiology. Suggested areas of study within the general field of surgery may include the fields of: General Surgery, Colorectal Surgery, Neurosurgery, Trauma Surgery, Ophthalmology, Urology, Urogynecology, Orthopedic Surgery, Otolaryngology, Oral and Maxillofacial Surgery, Pediatric Surgery, Plastic and Reconstructive Surgery, Surgical Oncology, Cardiothoracic Surgery, and Vascular Surgery. Selective OMS-IV rotations are intended to transition the osteopathic medical student from active learner to active medical decision maker and care planner and to expand knowledge in preparation for residency and/or parallel planning toward a second specialty. Both selective and elective rotations can be arranged in two-

or four-week blocks. The objective of selective clinical rotations is to provide a framework for the evaluation and management of the patient with acute and chronic pathophysiology that requires the consultation of the specialty physician. The osteopathic medical student is given the opportunity to observe and participate in the management of medical and surgical cases in the hospital and/or out-patient environment and to experience the intricacies of necessary diagnostic and therapeutic planned procedures. Elective and selective rotations may be completed by the student with COM approved faculty at COM approved sites in accordance with LUCOM's policies and procedures. Elective experiences enable an individual's pursuit of concentrated intellectual, clinical, or research interests.

LUCOM makes available to all students adequate opportunities to provide and practice OMM under the supervision of COM credentialed physicians. During the OMS-IV year, students are required to participate in the Osteopathic Approach to Pain Management course to ensure they receive a comprehensive osteopathic education. The Osteopathic Approach to Pain Management course is designed to provide each graduating senior the opportunity to be exposed to OMM and OMT prior to entering residency. It is also designed to incorporate the Virginia Core Competencies in Pain Management and Addiction with an osteopathic approach utilizing the integration of OMT, behavioral considerations and modalities, the spiritual impact of pain, and procedural interventions.

¹ 6.7 Self-Directed Learning

² 6.6 Principles of Osteopathic Medicine

³ 6.8 Interprofessional Core Clinical Curriculum

Curriculum Phases

Preclinical Education

The curriculum consists scheduled facilitated learning sessions, which may include traditional didactic lectures, interactive problem-solving sessions, patient case study discussions, hands-on laboratory exercises, panel discussions, demonstrations, and clinically focused encounters with standardized patients. Learning activities are constructed to provide a strong foundation in the basic biomedical and social sciences as well as clinical skills as they apply to the rapidly changing practice of medicine in the 21st century. A thorough grounding in the manual skills of Osteopathic Manipulative Medicine (OMM) and Osteopathic Principles and Practices (OPP), is provided in the first two years. Students begin to develop patient care skills through Patient-Centered Medicine (PCM) courses threaded through the first two years. These PCM courses are designed to align with the biomedical didactic activities. Humanities courses on medical ethics and jurisprudence introduce students to the foundational values and knowledge needed as medical professionals to provide ethical care to future patients.

Pre-Clinical Student Timeline

The timeline is subject to change and may require adjustments from year to year.

Start of 1st year

Date	Event
July	Orientation; White Coat Ceremony
July/August	Fall Courses Begin
August	Donor Memorial Ceremony

Date	Event
October	Fall Break
December	Fall Courses End; Christmas Break
January	Spring Courses Begin
March	Spring Break
May/June	Spring Courses End
June	Optional Summer Electives

Start of 2nd year

Date	Event
July	Optional Summer Electives
July/August	OMS 2 Fall Courses Begin
August	Donor Memorial Ceremony
October	Clinical Site Showcase; Fall Break
December	Fall Courses End; Christmas Break
January	Spring Courses Begin; COMSAE
March	Spring Break
May/June	Spring Courses End; 2nd COMSAE, Board Preparation
June	Sit for COMLEX L1 by final day of Spring semester; Orient to Core Site

Note: In the Fall of the 2nd year, the SPIN process for Core Site Placement in year 3 occurs. Specific timelines are communicated to the class each fall.

Clinical Education

The final two years of being equipped for graduate medical education (GME) relies on experiential learning in a clinical setting to further develop individual and team learning and to expand clinical acumen. The OMS-III curriculum is conducted at affiliated community-based medical education sites within a specific geographic region that allows coordinated delivery of the academic training experience. Each community-based site provides the patient experiences, didactic and experiential learning opportunities, supervisory infrastructure, and longitudinal evaluation necessary for the accomplishment of the clinical educational goals.

Ambulatory care programs train students in office practice and familiarize students with the collaborative roles and skills of non-physician health care providers. While community hospitals form OMS-III and OMS-IV clinical courses, affiliations with specialty-focused facilities allow students to pursue a range of clinical experiences. OMS-IV students continue their learning with selective and elective clinical courses at multiple hospitals and with healthcare organizations in United States and abroad. The GME selective rotation is designed to immerse students in the US residency system. This allows students to learn to work within the framework of an accredited residency program and further prepares them for GME. Additionally, Osteopathic Principles and Practices are reinforced in years 3 and 4.

Clinical Student Timeline

The third- and fourth-year curriculum requires students to follow a rotation schedule which ensures timely progress towards graduation and the start of a residency program. The below schedule outlines the standard expectations for LUCOM students who are not on an altered rotation schedule. This timeline applies to students who matriculated prior to Fall 2024 and will be revised in response to changes in dates and/or curriculum. The following timeline may vary slightly in comparison to

confirmed course dates, therefore students should verify their course dates in ASIST and Canvas.

Start of 3rd year

Date	Event
June	Sit for COMLEX Level 1 by final day of Spring semester; Orient to Core Site
July	Start 1st OMS-III rotation/course & Receive ERAS Token
September	Complete 3rd OMS-III rotation/course.
December	Complete 6th OMS-III rotation/course & start winter break
January	Start 7th or 8th OMS-III rotation/course & start to contact sites for 4th yr. audition rotations. OCE to provide direction.
February	Start 8th or 9th OMS-III rotation/course & actively schedule 4th year audition rotations. Register for COMLEX Level 2CE.
March	Start 10th or 11th OMS-III rotation/course. Continue to schedule 4th yr. audition rotations.
April	Complete OMS-III required curriculum. Continue to schedule 4th yr. audition rotations. Begin COMLEX 2-CE preparation.
May	Continue to schedule 4th yr. audition rotations. Continue COMLEX preparation and sit for exam.

Start of 4th year

Date	Event
June	Sit for COMLEX Level 2-CE by final day of Spring semester; Apply to Residency on ERAS.
July	Start 1st Rotation and start residency interviews.
September	Complete 3rd Rotation and register for NRMP (match)
December	Complete 5th rotation and military students enter Military Match. Surgical Specialties students submit Match list.
January	Start 6th rotation & non-military students prepare match list. Urology/Ophthalmology Specialties students enter Specialties Match. Spring semester: Complete remaining elective/selective rotations and take required Pain Course.
February	All other students submit match list to NRMP.

Date	Event
March	All Course Requirements Completed & NRMP Match around the middle of month.
April	Prepare for LUCOM Graduation & a Successful Future Career!
May	LUCOM Graduation

Note: In the Fall of the 2nd year, the SPIN process for Core Site Placement in year 3 occurs. Specific timelines are communicated to the class each fall.

Additional Information

Students who find themselves following a schedule that does not directly align with the outline provided here need to work closely with the Office of Clinical Education (OCE). Students on alternate schedules will need to follow a tailored schedule of milestones to ensure eligibility for graduation and to participate in the Match process. Students participating in the military match will need to work with the military to clarify timelines related to the respective branch processes. The timeline is subject to change and may require adjustments from year to year.

View the Curriculum Schedule and degree requirements. LUCOM Administration and the Office of Clinical Education strongly encourage students to complete 50 credit-hours of selective rotations in Fall semester to enhance each student's application for residency.