Western University of Health Sciences | College of Osteopathic Medicine of the Pacific & Heatherington College of Osteopathic Medicine

IM 1 and 2 Clerkship Syllabus

Academic Year 2026–2027

Course Title	IM 1 & 2 Syllabus
Course No. / Credit Hours / Level	OM 7020, 7021/ 4 Credit Hours / OMS III
Term	Academic Year 2026–2027
Course Faculty Leads	Emmanuel Katsaros DO, Nishita Patel MD

Contact Information

Role	Name	Contact
Course Faculty Lead	Emmanuel Katsaros, DO (Chair) Nishita Patel, DO (Vice-Chair)	EKatsaros@westernu.edu (909) 469-8693 NPatel2@westernu.edu (909) 469-8411
Associate Dean of Clinical Education	Stephanie White, DO	swhite@westernu.edu (909) 469-8414
Associate Director of Clinical Ed.	Marisa Orser, M.Ed	morser@westernu.edu 909-469-5253
Office of Clinical Education	Refer to the Clinical Education Manual (CEM) for additional COMP and HCOM-specific contacts and routing. Preceptors may email compsite@westernu.edu (COMP) or nwsite@westernu.edu (HCOM)	

Purpose of the Clerkship

These rotations provide supervised clinical education in general internal medicine including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional communication. Students are exposed to progressive involvement and independence in patient management when students are taking their second internal medicine core rotation.

Clerkship Learning Objectives

Upon successful completion of the Internal Medicine 1& 2 Clerkship, the student will be able to:

1. Apply basic knowledge of the pathology and physiology of the organ systems into the care of the medical patient.

2. Apply basic knowledge of molecular, biochemical, and cellular mechanisms to the care of the medical patient for maintaining homeostasis.

3. Perform an appropriately comprehensive history and physical examination, collect pertinent diagnostic data, and develop an assessment and plan. Then synthesize these items into a concise oral presentation and written note.

4. Formulate and communicate differential diagnoses tailored to each medical patient and prioritize the list.

5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient.

6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance.

7. Formulate strategies of treatment and apply them to the care of the individual medical patient in the context of their ability to comply with the plan, whether it be due to socioeconomic or medical/behavioral conditions.

8. Formulate diagnostic and treatment plans taking into consideration a cost-benefit analysis and access to healthcare.

9. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their medical care.

10. Display honesty, integrity, respect, and compassion.

11. Participate in the education of patients, families, and other students.

12. Display collegiality and professionalism toward all members of the healthcare team.

13. Communicate effectively with the patient, patient family member, and all members of the patient's larger health care team, including through organized oral presentations and clinical documentation.

14. Apply an osteopathic approach to patient care by incorporating whole-person assessment, health promotion, disease prevention, and consideration of factors that influence health and disease, including osteopathic structural assessment and manipulative treatment when clinically appropriate and supervised.

15. Demonstrate professionalism, accountability, and integrity; seek and incorporate feedback; engage in self-directed learning; and recognize the physician's role in patient safety, care coordination, and quality improvement

Alignment of clerkship learning objectives to COMP/AOA core competencies, Entrustable Professional Activities, and WesternU program learning outcomes is provided in the appendix.

Clinical Expectations

The following expectations describe how the clerkship learning objectives are expressed in day-to-day clinical practice. Students are expected to actively participate in supervised patient care and function as contributing members of the healthcare team. Students function under appropriate supervision at all times in accordance with the Clinical Education Manual (CEM) and may not provide patient care independently.

Patient Care

- Obtain, synthesize, and document accurate and pertinent histories.
- Perform focused and comprehensive physical examinations appropriate for the clinical scenario.
- Participate in the evaluation and management of acute and chronic medical conditions.
- Develop daily care plans and task lists.
- Manage acute and chronic conditions (supervised).
- Incorporate preventive care and health maintenance recommendations into care.
- Provide patient education and counseling when appropriate.

Clinical Reasoning

- Develop prioritized problem list and differential diagnoses.
- Formulate evidence-based assessment and management plans.
- Apply current clinical guidelines and evidence to patient care.
- Recognize patients requiring urgent or emergent evaluation and notify supervising physicians appropriately.

Communication and Documentation

- Deliver organized and concise oral presentations.
- Document patient encounters (admission and progress notes) in accordance with site policies and preceptor expectations.
- Communicate professionally with patients, families, and health care team members.

Osteopathic Integration

- Apply an osteopathic approach to patient care through whole-person assessment and consideration of factors that influence health and disease.
- Identify opportunities for osteopathic structural assessment and osteopathic manipulative treatment when clinically appropriate and supervised.

Professionalism

- Arrive prepared and on time for effective and efficient patient care.
- Demonstrate accountability, integrity, respect, and responsiveness.
- Maintain patient confidentiality and comply with institutional and site-specific policies.
- Contribute positively to the clinical learning environment.
- Maintain patient confidentiality.

Practice-Based Learning and Improvement

- Self-evaluate methods and quality of clinical practice.
- Be able to readily incorporate feedback into clinical practice.
- Integrate evidence-based medicine into patient care.
- Formulate a clinical question and be able to seek peer reviewed quality evidence pertinent to a patient's clinical scenario.
- Critically evaluate the quality if a peer reviewed journal article.
- Describe basic research methodology.

Systems-Based Practice

- Participate in discharge planning
- Communicate with outpatient providers as necessary
- Coordinate transitions of care while maintaining awareness of the patient's insurance and socioeconomic status
- Utilize clinic/hospital resources effectively during all aspects of patient care

Feedback and Self-Directed Learning

To succeed in this rotation, students are advised to:

- Seek regular feedback from preceptors and members of the healthcare team and incorporate it into subsequent clinical performance.

- Proactively identify gaps in knowledge and clinical exposure and engage in self-directed learning throughout the rotation to address them.
- Utilize evidence-based references to support patient care and professional growth.

Clinical Experiences

Students should actively seek opportunities to engage in the full breadth of Internal Medicine practice, including the following clinical experiences:

Care Across the Lifespan

- Adult patients, including health maintenance and management of common adult conditions.
- Older adults, including geriatric assessment, functional status, and polypharmacy.

Preventive Care

- Health maintenance, wellness, and well-child visits.
- Age-appropriate screening.
- Immunizations.
- Lifestyle and risk-reduction counseling.

Acute Care

- Evaluation and management of common acute complaints.
- Recognition of patients requiring urgent or emergent evaluation.

Chronic Disease Management

- Longitudinal management of common chronic medical conditions.
- Medication management and monitoring.
- Patient education and self-management support.

Undifferentiated Presentations

- Evaluation and management of patients presenting without a clear or established diagnosis.
- Developing a systematic approach to workup and management in the context of diagnostic uncertainty.

Mental and Behavioral Health

- Recognition and initial management of common mental health and behavioral health conditions, including depression, anxiety, and substance use disorder.
- Motivational interviewing and brief behavioral interventions.

Care Coordination and Team-Based Care

- Continuity of care and longitudinal patient management.
- Referrals and consultation.
- Transitions of care.
- Interprofessional collaboration.
- Identification of social determinants of health and barriers to care.
- Community resources and support services.

Procedures

Students should seek opportunities to observe or participate in common outpatient and inpatient procedures when available and appropriate to the clinical setting. Examples may include joint aspiration and injection, thoracentesis, lumbar puncture, paracentesis, peripheral line placement, wound care, osteopathic manipulative treatment, point-of-care ultrasound, and other procedures (see procedures videos in Emedly IM 1 & 2 site) Because procedural exposure varies significantly by site, students are encouraged to discuss available opportunities with their preceptor early in the rotation.

Clinical Site Variability

Clinical experiences vary by rotation site and may include outpatient, inpatient, or mixed practice settings. No single site provides exposure to every diagnosis, procedure, patient population, or clinical scenario encountered in Internal Medicine. Students are expected to achieve the clerkship learning objectives regardless of site structure and should supplement areas of limited exposure through self-directed learning.

Clinical schedules and site-specific expectations vary by preceptor and clinical setting. Students should come prepared with a stethoscope and any personal medical equipment appropriate to their setting; additional site-specific requirements will be communicated by the preceptor.

Required Clerkship Activities

Pre-Rotation Orientation Session (4th Friday)

Students are expected to attend the Internal Medicine pre-rotation orientation session, which reviews:

- Clerkship expectations
- COMAT preparation
- Available learning resources
- Strategies for success in a variety of clinical settings

Additional Required Activities

Additional required clerkship activities are found in the Internal Medicine 1 and Internal Medicine 2 eMedly course and will be communicated during the pre-rotation orientation session.

Failure to complete all required clerkship activities will result in a delay of a finale rotation grade and may result in an “incomplete” until they are completed.

Assessment and Grading

Assessment, grading, remediation, and progression policies are governed by the Clinical Education Manual (CEM).

For OMS III core rotations, the final clerkship grade is determined by a combination of:

Component	Weight
Clinical Evaluation	70%
COMAT Examination	30%

Both the Clinical Evaluation and COMAT examination must be passing before a final grade can be assigned. Successful completion of all required clerkship activities is expected.

Students are encouraged to review the CEM for additional information regarding grading, remediation, grade disputes, and academic progression.

Clinical Evaluation

Clinical performance is assessed through direct observation and evaluation by supervising physicians and may include assessment of:

- Patient care
- Clinical reasoning
- Medical knowledge

- Communication skills
- Documentation
- Professionalism
- Teamwork
- Responsiveness to feedback

Students are encouraged to seek regular feedback throughout the rotation and discuss performance expectations with their preceptors early in the clerkship.

Clerkship Resources

The following resources are available to support clinical learning:

- Clinical Education Manual (CEM)
- Harrison's Principle of Internal Medicine (Access Medicine through WesternU Pumerantz Library).
- Uptodate (free through WesternU Pumerantz Library)
- Current Medical Diagnosis & Treatment (Access Medicine).
- Hospital Medicine, 2nd Edition (Access Medicine).
- Bates' Guide to Physical Examination & History Taking (Wolters Kluwer)
- Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine
- Clinician's Pocket Reference: The Scut Monkey, 11e. McGraw-Hill. (Access Medicine).
- OpenEvidence.com
- U.S. Preventive Services Task Force (USPSTF)
- Bates' Guide to Physical Examination and History Taking (Bates' Physical Exam Videos available through the WesternU library)
- UpToDate

Students are encouraged to check with their clinical site for access to additional evidence-based resources, which may vary by institution.

COMAT Preparation

Students are encouraged to utilize question banks and board-review resources throughout the clerkship. Resources available through COMP may vary and will be communicated during clerkship orientation.

Policies

The Internal Medicine Clerkship follows all policies outlined in the Clinical Education Manual (CEM), the University Catalog, and the College (COMP) Catalog. Students are responsible for reviewing and adhering to all applicable policies. Failure to complete required clerkship activities, professionalism concerns, or violations of academic honesty and integrity may affect successful completion of the clerkship and are addressed in accordance with CEM and Catalog policies.

The following policies are highlighted due to their importance during the clerkship.

Attendance and Participation

Students are expected to attend all scheduled clinical activities and required clerkship sessions. Requests for time away from clinical duties must follow procedures outlined in the Clinical Education Manual.

Accommodations

Students seeking accommodations during clinical rotations should initiate the approval process through the Harris Family Center for Disability and Health Policy (CDHP) as early as possible, and prior to the Core Rotation Selection Process when feasible. Students must adhere to the enrollment and documentation procedures set

forth by the CDHP to formally request accommodation. Refer to the CEM for complete information regarding the accommodations process, site-specific considerations, and student responsibilities.

Artificial Intelligence (AI)

Students are expected to comply with all University, College, clinical site, and CEM policies regarding the use of AI tools. Students who encounter AI-assisted documentation tools, including ambient AI scribes, which are increasingly common in both outpatient and inpatient settings, should discuss appropriate use, oversight, and documentation responsibilities with their preceptor before use. Students should be aware that the ability to document without AI assistance is a core competency and may be assessed during the rotation. Refer to the CEM for guidance regarding acceptable use, academic integrity, and patient confidentiality.

Clerkship Communication

Questions?	Contact
• Clerkship learning objectives • IM specific educational sessions (2nd/4th Fridays) • Required clerkship activities • Clerkship expectations • Student learning experiences (preceptors)	Course Faculty Lead *Copy campus specific Administrative Support on all correspondence*
• Access to orientation materials or clerkship handouts	Administrative Support
• Scheduling • Attendance • Time-away requests • Evaluations • Grading • Remediation • Academic progression • Credentialing • COMP clinical education policies	Office of Clinical Education Submit a TDX ticket
• Supervision • Patient safety • Professionalism • Learning environment • Preceptor conflicts • Mistreatment	Submit a confidential TDX ticket per CEM reporting procedures

For a complete list of Clinical Education contacts, refer to the Clinical Education Manual.

Students are encouraged to provide feedback on their clinical experiences and training sites. Information obtained through student evaluations and preceptor feedback supports continuous quality improvement of the clerkship.

Appendix: Curriculum Alignment

The following tables align the Internal Medicine Clerkship learning objectives (numbered 1–15 as listed in this syllabus) to COMP/AOA core competencies, Entrustable Professional Activities (EPAs), COMP Program Learning Outcomes, and WesternU Institutional Learning Outcomes.

AACOM Entrustable Professional Activities (EPAs)

Skills expected on your first day of residency.

EPA	Description	Learning Objective
EPA 1	Gather a history and perform a physical examination	3
EPA 2	Prioritize a differential diagnosis following a clinical encounter	4
EPA 3	Recommend and interpret common diagnostic and screening tests	1, 2, 3
EPA 4	Enter and discuss orders and prescriptions	3, 7, 8, 13
EPA 5	Document a clinical encounter in the patient record	3, 4, 13
EPA 6	Provide an oral presentation of a clinical encounter	3, 4, 13
EPA 7	Form clinical questions and retrieve evidence to advance patient care	5, 15
EPA 8	Give or receive a patient handover to transition care responsibility	3, 4, 13
EPA 9	Collaborate as a member of an interprofessional team	12,13
EPA 10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management	4, 5, 14
EPA 11	Obtain informed consent for tests and/or procedures	5, 15
EPA 12	Perform general procedures of a physician	14
EPA 13	Identify system failures and contribute to a culture of safety and improvement	15

WU Institutional Outcomes

WU Institutional Outcome	Health Professional Education	Learning Objective
1. Critical Thinking	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.	1, 2, 3, 4, 5, 6, 7, 8, 11, 14
2. Breadth and Depth of Knowledge in the Discipline / Clinical Competence	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.	1, 2, 3, 4, 5, 7,9, 9, 11, 14
3. Interpersonal Communication Skills	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.	3, 4, 9, 10, 11, 12, 13,
4. Collaboration Skills	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.	3, 4, 8, 9, 11, 12, 13
5. Ethical and Moral Decision-Making Skills	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.	8, 9, 11

6. Lifelong Learning	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.	5, 7, 8, 9, 14
7. Evidence-Based Practice	The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.	2, 3, 4, 5, 6, 7,8, 9, 14
8. Humanistic Practice	The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.	8, 10, 11, 12, 13

COMP/AOA Core Competencies

COMP/AOA Core Competency	Learning Objective	Competency Description
1. Osteopathic Philosophy and Osteopathic Manipulative Medicine	1, 2, 6, 7, 14	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
2. Medical Knowledge	1, 2, 3, 4, 5, 6, 7, 8, 14	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
3. Patient Care	2, 3, 5, 6, 7, 9, 10, 11, 13, 14	Residents on their first day of residency must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.
4. Interpersonal and Communication Skills	4, 5, 6, 11, 13	Residents on their first day of residency are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. Professionalism	7, 9, 10, 11, 12, 13, 14	Residents on their first day of residency are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.
6. Practice-Based Learning and Improvement	5, 7, 8, 15	Residents on their first day of residency must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
7. Systems-Based Practice	5, 6, 7, 8, 15	Residents on their first day of residency are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

Comparison of Outcomes Standards: WU and COMP

WU Institutional Outcome	WU	COMP
Critical Thinking	1	1, 2, 3, 6
Breadth and Depth of Knowledge in the Discipline / Clinical Competence	2	1, 2, 3, 4, 5, 6, 7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision-Making Skills	5	1, 3, 5, 6
Lifelong Learning	6	1, 2, 3, 6, 7
Evidence-Based Practice	7	1, 2, 3, 6, 7
Humanistic Practice	8	3, 4, 5

Copyright Statement