



CAMPBELL
UNIVERSITY

Jerry M. Wallace
School of Osteopathic Medicine

NEWBORN CAREGIVER SELECTIVE

**Medical / Surgical Selective
OMED 785**

**Elective
OMED 86X**

COURSE SYLLABUS

Rotation Director(s)

Name: Lori Langdon, MD, FAAP

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Assistant Dean for Clinical Affairs

Name: James J. Cappola, III, MD

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Credit/Week: 2.5/Week

Duration: 4 weeks

Course Instructor: Lori Langdon, MD

Prerequisite: Successful Completion of 2nd Year, birth or adoption of a newborn, either or both parents

Start/End Dates: Per rotation schedule

Type of Experience: Independent Study

Purpose:

Newborn and maternal care is relevant to every medical specialty. Physicians are often asked for advice and reassurance regarding newborn and maternal care. For students that become a parent during medical school, this selective offers a more flexible rotation and continuity of education. Understanding the nuances of this phase of care allows students to integrate anatomy, physiology, and pathology with real-world applications in obstetrics and neonatology. Caring for newborns and their mothers requires a compassionate and empathetic approach, which this course provides. Additionally, exposure to maternal and newborn care helps refine diagnostic reasoning, patient counseling, and multidisciplinary coordination. Emphasizing screenings, breastfeeding support, and newborn wellness exams prepares students for community health initiatives. The intention of this curriculum is to allow new parents the opportunity to learn from doing, in their own environment.

Course Overview:

The Newborn Caregiver Selective/Elective is an online independent study course focusing on newborn care. The course content includes the personal experience of parenting or caring for a neonate in a reflective and structured educational opportunity.

Course Description:

This four-week rotation allows the personal experiences of the medical student to be integrated into their curriculum. This online selective / elective incorporates the study of infant health and development with experiential, reflective, and didactic components. The rotation will provide the student with exposure to normal patterns of growth, development, behavior, elimination, and sleep as well as nutrition and safety of an infant from the perspective of both a physician and a parent or caregiver. It is clear that the student is not the medical provider for the newborn and should always consult the newborn's pediatrician for specific medical concerns.

Course Requirement:

Completion of the second year of medical school and the birth or adoption of a newborn. The course should start within the first 45 days of life of the newborn.

Textbook and Resource Requirements: available through CUSOM library

Required Textbook(s):

Nelson Essentials of Pediatrics
ISBN: 978-0-323-77562-5

Karen J. Marcadante and Robert M. Kliegman,
Elsevier, 9th edition

American Academy of Pediatrics Breastfeeding Support and Promotion Speaker Kit

Breastfeeding education, including an overview, benefits, process, management, and advocacy

| | Required Reading |
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| | Journal Articles and Websites |
| Week 1 | https://publications.aap.org/pediatrics/article/148/2/e2021052228/179783/Evaluation-and-Management-of-Well-Appearing |
| Week 2 | https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022 |
| Week 3 | https://publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management-of |
| Week 4 | Dontshake.org/purple-crying and healthychildren.org |

Recommended Textbooks and Journals:

Nelson Textbook of Pediatrics
ISBN: 978-0-323- 52950-1

Robert M. Kliegman, Joseph W. St Geme, Nathan J. Blum, Samir S. Shah, Robert C. Tasker, Karen M. Wilson, Elsevier, 21st edition, Clinical Key Author/Publisher/Edition

Your Baby's First Year
IBSN: 978-0553579048

Steven P. Shelov, American Academy of Pediatrics, 4th edition

CURRENT Diagnosis and Treatment-Pediatrics
ISBN: 978-1-259-86290-8

William W. Hay, Jr., Myron J. Levin, Robin R. Deterding, Mark J. Abzug, Lange, 24th edition, Access Medicine

The Harriet Lane Handbook ISBN: 978-0-323-67407-2

The Johns Hopkins Hospital, Keith Kleinman, and Lauren Mcdaniel, Elsevier, 22nd edition

Zitelli and Davis' Atlas of Pediatric Physical Diagnosis ISBN: 978-0-323-39303-4

Basil J. Zitelli, Sara C. McIntire, and Andrew J. Nowalk, Elsevier, 7th edition, Clinical Key

Additional Resources:

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| Stanford Newborn Photo Gallery | Photo gallery of normal and abnormal newborn findings |
| Pediatrics in Review | Clinical review journal of the American Academy of Pediatrics |
| Pediatrics | Journal of the American Academy of Pediatrics |
| Centers for Disease Control and Prevention Childhood Immunization Schedules | Recommended childhood immunizations, catch-up schedule, parent-friendly schedule, and other provider resources related to vaccines |
| Bright Futures | Provider's guide to health supervision/promotions by the American Academy of Pediatrics |
| HealthyChildren.org | Parenting website by the American Academy of Pediatrics |
| American Academy of Pediatrics Clinical Practice Guidelines | Evidence-based guidelines for clinical decision-making by the American Academy of Pediatrics |
| American Academy of Pediatrics Policy Statements | Organizational principles to improve the health of children by the American Academy of Pediatrics |

Grading:

Newborn Caregiver Selective Grading Rubric

| Factor | Unacceptable...Below Average | Average...Good | Very Good....Excellent | Score |
|---|---|--|---|-------|
| Week 1 Assignment <hr/> <hr/> | (0-9 points) Student appears to have made little effort into the assignment demonstrating limited research or insight into the topic. | (10-15 points) Student satisfactorily completed the tasks demonstrating basic understanding of the topic chosen. | (16-20 points) Student exceeded expectations producing a thoroughly researched discussion and demonstrates advanced understanding of the topic. | |
| Week 2 Assignment <hr/> <hr/> | (0-9 points) Student appears to have made little effort into the assignment demonstrating limited research or insight into the topic. | (10-15 points) Student satisfactorily completed the tasks demonstrating basic understanding of the topic chosen. | (16-20 points) Student exceeded expectations producing a thoroughly researched discussion and demonstrates advanced understanding of the topic. | |
| Week 3 Assignment <hr/> <hr/> | (0-9 points) Student appears to have made little effort into the assignment demonstrating limited | (10-15 points) Student satisfactorily completed the tasks demonstrating basic | (16-20 points) Student exceeded expectations producing a thoroughly researched discussion and | |

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| | research or insight into the topic. | understanding of the topic chosen. | demonstrates advanced understanding of the topic. | |
| Week 4 Assignment _____ _____ | (0-9 points) Student appears to have made little effort into the assignment demonstrating limited research or insight into the topic. | (10-15 points) Student satisfactorily completed the tasks demonstrating basic understanding of the topic chosen. | (16-20 points) Student exceeded expectations producing a thoroughly researched discussion and demonstrates advanced understanding of the topic. | |
| Assessment of this course with detailed recommendations _____ | (0-9 points) Student appears to have made little effort into the assignment demonstrating limited research or insight into the topic. | (10-15 points) Student satisfactorily completed the tasks demonstrating basic understanding of the topic chosen. | (16-20 points) Student exceeded expectations producing a thoroughly researched discussion and demonstrates advanced understanding of the topic. | |

Total Points Available: 100 points

Total maximum Score 100

Grading scale:

90-100: Honors
80-89 High pass
70-79: Pass
<70: Fail

Please see the Academic Bulletin for additional grading information.

Attendance:

In accordance with the CUSOM Attendance Policy contained in the Academic Bulletin, attendance is mandatory for clinical rotations. Please refer to the Academic Bulletin regarding clinical rotation attendance. There is no holiday schedule with a newborn.

Honor Code:

The CUSOM Honor Code is based on the fundamental belief that every student is worthy of trust and trusting a student is an integral component in making them worthy of trust.

Newborn Caregiver Selective Core Domains and Associated Competencies (in blue)

| A. Practice-Based Learning and Improvement | |
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| 1 | Evaluates personal strengths and deficiencies in knowledge of neonatal medicine and sets and achieves goals for improvement. |
| 2 | Analyzes the Period of Purple Crying initiative as a public education measure to prevent shaken baby syndrome. |
| 3 | Utilizes resources to locate, interpret and apply evidence from scientific studies regarding newborn care. Finds user friendly, evidence-based websites to recommend to other parents. |
| 4 | Uses evolving information technology, including electronic medical records, to track growth and development, screen for postpartum depression, locate newborn metabolic screening testing done in NC. |
| 5 | Becomes able to educate other parents and family members on anticipatory guidance for newborn care. |

| B. Patient Care and Procedural Skills | |
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| 1 | Elicits newborn history including intake and output information, complete pregnancy and delivery history. |
| 2 | Understands how to perform and document a comprehensive newborn physical examination including all newborn reflexes. |
| 3 | Recognizes signs and symptoms of dehydration, constipation, poor weight gain. |
| 4 | Recognizes value of human milk for newborn nutrition and is skilled at providing guidance and advice to other parents concerning breastfeeding, including troubleshooting for the most common concerns. |
| 5 | Recognizes hunger cues as well as signs of satiety in a term newborn. |

| C. System-Based Practice | |
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| 1 | Works collaboratively with a lactation consultant if needed, with the healthcare provider at the newborn hospital follow up visit as well as the 2 week or 1 month well check. |
| 2 | Advocates for policies which are best for newborns and infants. Discusses importance of advocacy in pediatrics. |
| 3 | Recognizes the societal importance of newborn metabolic screening, routine public health measures such as the newborn dose of Vitamin K and erythromycin ophthalmic ointment. |
| 4 | Describes the cost of childcare for an infant and how that impacts the decision to have a baby and return to work. Recognizes value of parental leave for newborn care. |

| D. Medical Knowledge | |
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| 1 | Demonstrates knowledge of newborn weight loss and then gain, normal growth patterns. |
| 2 | Demonstrates knowledge of newborn nutrition, breastfeeding, formula. Recognizes normal patterns of urine and stool output. |
| 3 | Demonstrates knowledge of common difficulties with breastfeeding and knows strategies to address these. |
| 4 | Demonstrates knowledge of normal newborn sleeping patterns. |

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| 5 | Demonstrates knowledge of significance of fever in a newborn and is familiar with the current AAP guidelines for evaluation of febrile neonates. |
| 6 | Demonstrates knowledge of the period of PURPLE crying and colic. |
| 7 | Demonstrates knowledge of the newborn metabolic screen and why specific diagnoses justify the urgency of receiving and documenting results. |
| 8 | Demonstrates knowledge of increased risk of depression in the postpartum period. |
| 9 | Details the recommended screening for postpartum depression. |
| 10 | Demonstrates knowledge of Sudden Infant Death Syndrome and the evidence-based strategies to lower risk. |
| 11 | Demonstrates knowledge of the strategies to prevent shaken baby syndrome. |
| 12 | Demonstrates knowledge of typical developmental abilities in the newborn. |
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| E. Interpersonal and Communication Skills | |
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| 1 | Uses appropriate language in verbal, nonverbal, and written communication that is non-biased, non-judgmental, respectful and empathetic when communicating with parents. |
| 2 | Uses appropriate language in verbal, nonverbal, and written communication that is non-biased, non-judgmental, respectful and empathetic when communicating with colleagues about the newborn's social situation, parental decisions. |
| 3 | Demonstrates awareness of different cultural views around newborn care and breastfeeding and sleeping patterns. |
| F. Professionalism | |
| 1 | Demonstrates ethical behavior and integrity when caring for a newborn. |
| 2 | Displays compassion and respect towards all parents when counseling about newborn care. |

Curriculum:

| Week | Assignments |
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| <p>ONE</p> <p>1. Watch all 5 of the breastfeeding modules (AAP) 2. Review the AAP Clinical Practice Guidelines for Evaluation of Febrile Neonate</p> | <p>-List specific ways to assess for a quality latch (D-3) (PC 1.b,f. 2.b.,MK 1.j.) -Detail the ways to recognize hunger cues as well as signs of satiety (B-5, D-2) (PC 1.b.,MK 1.j.) -Be able to counsel a breastfeeding mother and provide troubleshooting for multiple issues (D-3, A-5) (HP.3, CC.6, PC/HPDP 5.c.) -Record your own newborn's intake and output including time on the breast in minutes, wet and stool diapers (B-1, D-2) (PC 6.a.) -Create a simple, straightforward diagram of the guidelines for febrile newborns and from this develop the anticipatory guidance you would provide to new parents about avoiding crowds/sick people (D-5, A-5) (HSL 5, MK 1.j., PC 5.c.) -Explore local lactation consultation services, make a list (C-1) (IPC 4,7) -Note any new developmental abilities this week (D-12) (MK 1.j., PC 6.a.)</p> |
| <p>TWO</p> <p>1. Watch the normal newborn exam video from clinical skills 2. Review the "Back to Sleep" campaign from the AAP</p> | <p>-Examine your own infant including newborn reflexes. Listen to their heart and lung exam with your stethoscope. Evaluate their palate, attempt to visualize their TMs (may still be not able to be visualized due to debris in the EAC), palpate the anterior and posterior fontanels. (B-2) (OPP 3.b., PC 1.d., 3.a.) -Continue to record intake and output data. (B-1, D-2) (PC 6.a.) -Be sure to attend the 2 week WCC visit, prepare questions for your pediatrician ahead of time. (C-1) (ICS 4.a.) -Know the goals of 2-week WCC: newborn screen to be finalized, available, and recorded in the chart, for the newborn to be back up to birth weight, and for the cord to be detached by now. (C-3, D-1) (PHS 1, SB 1.b., MK 1.j.) -Discuss all the safe sleep recommendations including keeping the home temp 68-70 degrees, running a fan, using a pacifier if desired, no smoke indoors, no fluffy bedding, no co-sleeping, place on back. (A-3, D-10) (MK 1.j., 3.c., PC 5.c.,g) -Know all mothers should be screened for postpartum depression at the 2 week WCC with a validated screening tool called the Edinburgh. (D-8,9) (PBLI 2.c, SB1.a, HP 1.9) -Note any new developmental abilities this week. (D-12) (MK 1.j, PC 6.a.)</p> |
| <p>THREE</p> <p>1. Investigate which screening tests are done on the NC newborn metabolic screening 2. Review the postpartum depression screening recommendations from the AAP</p> | <p>-Get a copy of the list of all things screened for on the newborn screen. (A-4, C-3, D-7) (HSL 1) -Write a brief description of your top 3 diagnoses that most urgently need screening, so that permanent damage is not done. (D-7) (MK 1.j, 3.f., HSL 1) -Fill out the Edinburgh as a patient yourself and call your pediatrician or OB if the total score is elevated. (D-8) (OPP 1.a., 4.b., 7.a., PC 6.g.) -Review the scoring. Write a paragraph of what your score is and how the screening is scored. What strategies have you found to help you feel better? (D-8,9) (PC 6.g., P 8.b.) -This week, monitor sleeping patterns of your baby and track these. (D-4) (MK 1.j, PC 6.a.) -In one paragraph, discuss the availability of childcare in your area, what you are planning to do, and the impact on women in medicine. (C-2,4) (SB 2.b.) -Note any new developmental abilities this week. (D-12) (MK 1.j., PC 6.a.)</p> |

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| <p>1. Research the period of PURPLE crying including this website: dontshake.org/purple-crying</p> <p>2. Explore the healthychildren.org website.</p> <p>3. Read Chapter 1 of the Essentials of Pediatrics, Population and Culture: the Care of Children in Our Society</p> <p>FOUR</p> | <p>-Write a paragraph explaining what the acronym PURPLE means and stands for. (A-2, D-6) (HSL 1, 5)</p> <p>-Write an additional paragraph on what this campaign is attempting to prevent and the long-term complications of that diagnosis. (D-11) (PHS 7, MK 1.c.,h.)</p> <p>-Reflect on ways that you can remain calm during stressful situations. (D-11) (P 8.b.)</p> <p>-Pick two topics and research the guidance on the healthychildren.org website for these two topics. Write a paragraph for each topic on what you found from this website. (A-3) (PC 5.c.g., HSL 1)</p> <p>-For this week, continue tracking sleep patterns. (D-4) (PC 6.2, MK 1.j.)</p> <p>-In one paragraph, explain why pediatricians believe advocacy is important. (C-2) (SB 2.b., PHS 8)</p> <p>-Note any new developmental abilities this week. (D-12) (MK 1.j., PC 6.2)</p> |
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Osteopathic Core Competencies (in red)

The goals and objectives of the Newborn Medicine Selective have been mapped to the AACOM Osteopathic Core Competencies for Medical Students:

- Competency 1: Osteopathic Principles and Practices **(OPP)**
- Competency 2: Medical Knowledge **(MK)**
- Competency 3: Patient Care **(PC)**
- Competency 4: Interpersonal and Communication Skills **(ICS)**
- Competency 5: Professionalism **(P)**
- Competency 6: Practice-Based Learning and Improvement **(PBLI)**
- Competency 7: Systems-Based Practice **(SB)**
- Competency 8: Counseling for Health Promotion / Disease Prevention Competencies **(HP)**
- Competency 9: Cultural Competencies **(CC)**
- Competency 10: Evaluation of Health Sciences Literature Competencies **(HSL)**
- Competency 11: Environmental and Occupational Competencies **(OEM)**
- Competency 12: Public Health Systems Competencies **(PHS)**
- Competency 13: Global Health Competencies **(GH)**
- Competency 14: Interprofessional Collaboration Competencies **(IPC)**

A table with a description of each of the AACOM Osteopathic Core Competencies for Medical Students is found at the end of this document for reference.

AACOM Osteopathic Core Competencies for Medical Students

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| AACOM Osteopathic Core Competencies | Competency 1: Osteopathic Principles and Practices (OPP): <ol style="list-style-type: none"> 1. Approach the patient with recognition of the entire clinical context, including mind-body, and psychosocial interrelationships. 2. Use the relationship between structure and function to promote health 3. Use OPP to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination. 4. Diagnose clinical conditions and plan patient care. 5. Perform or recommend OMT as part of a treatment plan. 6. Communicate and document treatment details. 7. Collaborate with OMM specialists and other health care providers to maximize patient treatment and outcomes, as well as to advance osteopathic manipulation research and knowledge. 8. Evaluate the medical evidence concerning the utilization of osteopathic manipulative medicine. |
| | Competency 2: Medical Knowledge (MK): <ol style="list-style-type: none"> 1. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation. 2. Apply current best practices in osteopathic medicine. 3. Physician interventions. |

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| | <p><u>Competency 3: Patient Care (PC):</u></p> <ol style="list-style-type: none"> 1. Gather accurate data related to the patient encounter. 2. Develop a differential diagnosis appropriate to the context of the patient setting and findings. 3. Implement essential clinical procedures. 4. Form a patient-centered, interprofessional, evidence-based management plan. 5. Health promotion and disease prevention. 6. Documentation, case presentation, and team communication. |
| | <p><u>Competency 4: Interpersonal and Communication Skills (ICS):</u></p> <ol style="list-style-type: none"> 1. Establish and maintain the physician-patient relationship. 2. Conduct a patient-centered interview. 3. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals. 4. Work effectively with other health professionals as a member or leader of a health care team. |
| | <p><u>Competency 5: Professionalism (P):</u></p> <ol style="list-style-type: none"> 1. KNOWLEDGE—Demonstrate knowledge of the behavioral and social sciences that provide the foundation for the professionalism competency, including medical ethics, social accountability and responsibility, and commitment to professional virtues and responsibilities. 2. HUMANISTIC BEHAVIOR—Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness. 3. PRIMACY OF PATIENT NEED—Demonstrate responsiveness to the needs of patients and society that supersedes self-interest. 4. ACCOUNTABILITY—Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others. 5. CONTINUOUS LEARNING—Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning. 6. ETHICS—Demonstrate knowledge of and the ability to apply ethical principles in the practice and research of osteopathic medicine, particularly in the areas of provision or withholding of clinical care, confidentiality of patient information, informed consent, business practices, the conduct of research, and the reporting of research results. 7. CULTURAL COMPETENCY—Demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities. 8. PROFESSIONAL AND PERSONAL SELF-CARE—Demonstrate understanding that he/she is a representative of the osteopathic profession and is capable of making valuable contributions as a member of this society; lead by example; provide for personal care and well-being by utilizing principles of wellness and disease prevention in the conduct of professional and personal life. 9. HONEST, TRANSPARENT BUSINESS PRACTICES. |

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| | <p><u>Competency 6: Practice-Based Learning and Improvement (PBLI):</u></p> <ol style="list-style-type: none"> 1. Describe and apply evidence-based medical principles and practices. Interpret features and meanings of different types of data, quantitative and qualitative, and different types of variables, including nominal, dichotomous, ordinal, continuous, ratio, and proportion. 2. Evaluate the relevance and validity of clinical research. 3. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice. 4. Clinical evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care. 5. Describe and apply systematic methods to improve population health. <p><u>Competency 7: System-Based Practice (SB):</u></p> <ol style="list-style-type: none"> 1. The candidate must demonstrate understanding of variant health delivery systems and their effect on the practice of a physician and the health care of patients. 2. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society. 3. Demonstrate knowledge of how different delivery systems influence the utilization of resources and access to care. 4. Identify and utilize effective strategies for assessing patients. 5. Demonstrate knowledge of and the ability to implement safe, effective, timely, patient-centered, equitable systems of care in a team-oriented environment to advance populations' and individual patients' health. |
| | <p><u>Competency 8: Counseling for Health Promotion/Disease Prevention Competencies (HP)</u></p> <ol style="list-style-type: none"> 1. Coordinate preventive health care across providers. 2. Identify roles for existing providers who provide clinical preventive services. 3. Collaborate within a patient-centered team. 4. Demonstrate an understanding of and commitment to the patient-centered medical home concept of continuous, coordinated, and comprehensive care focused on quality, safety, and enhanced access for all. 5. Apply quantitative epidemiological principles to inform clinical practice with regard to screening and prevention (include limitations of study designs). 6. Identify and use existing sources of health data as well as appropriate prevention guidelines. 7. Describe clinical, ethical, and legal issues which may result from screening (e.g., genetic counseling). 8. Apply criteria used for screening tests, such as sensitivity, specificity, predictive values, bias, safety, cost, and prevalence. 9. Apply periodic health screening guidelines from the U.S. Preventive Services Task Force. 10. Demonstrate preventive health principles by modeling a healthy lifestyle. |
| | <p><u>Competency 9: Cultural Competencies (CC)</u></p> |

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| | <ol style="list-style-type: none"> 1. Demonstrate an understanding of the scope of culture and the elements that form and define it. 2. Recognize personal and professional tendencies toward bias and stereotyping and work to counter them. 3. Understand the public health implications of cultural competence in health care. 4. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment. 5. Assess other health care resources and methods patients use (or used) either in addition to, or instead of, their physician's recommended treatment (e.g., home remedies, traditional healers). 6. Assist the health care team in developing a mutually acceptable, culturally responsive plan for patients. 7. Demonstrate effective communication that takes into consideration the ability to elicit another's perspective, present concerns from another's perspective, refrain from behaviors that cause others to become defensive. 8. Identify and attempt recovery from mistakes in communication. 9. Use interpreters appropriately and effectively. 10. Use the cultural profile and history in the treatment of individual patients and record them appropriately in the medical record. 11. Use the cultural profile and history with individual patients to assess health care needs in the community. |
| | <p><u>Competency 10: Evaluation of Health Sciences Literature Competencies (HSL)</u></p> <ol style="list-style-type: none"> 1. Utilize current technologies, e.g., websites, online search engines, PDA-based programs, information services, and journals, to locate health science literature. 2. Use appropriate tools to critically appraise health science literature for its validity, reliability, impact, and applicability. 3. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature. 4. Judge the statistical and clinical significance of findings in the health science literature. 5. Appropriately apply scientifically valid outcome guidelines and other current standards to patient care. 6. Apply critical concepts from statistics, epidemiology, and research design in the treatment of patients. 7. Recognize personal limitations in evaluating health science literature. |
| | <p><u>Competency 11: Environmental and Occupational Competencies (OEM)</u></p> <ol style="list-style-type: none"> 1. Provide osteopathic evidence-based clinical evaluation and treatment for injuries and illnesses that are occupationally or environmentally related. 2. Understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e., regulations essential to works' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.) |

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| | <ol style="list-style-type: none"> Understand the ethical considerations related to environmental and occupational health. Complete an environmental health history, recognize potential environmental hazards and sentinel illnesses, and make referrals for conditions with environmental etiologies (i.e., the basic mechanisms and pathways of exposure to environmental health hazards, basic prevention and control strategies, the interdisciplinary nature of effective interventions, the role of research, etc.) Demonstrate knowledge and skills relating to fitness and disability to determine whether a worker can safely work and complete required job tasks. Demonstrate knowledge and skills required to recognize, evaluate, and treat exposures to toxins at work or in the general environment (i.e., interpretation of laboratory or environmental monitoring test results, toxico-kinetic data, etc.) Demonstrate the knowledge and skills necessary to assess and provide control measures if there is risk of an adverse event from exposure to physical, chemical, or biological hazards in the workplace or environment. Identify and address individual and organizational factors in the workplace (i.e., absenteeism, health enhancement, and population health management) in order to optimize the health of the worker, etc.) Demonstrate the knowledge and skills to plan, design, implement, manage, and evaluate occupational and environmental health programs and projects. |
| | <p>Competency 12: Public Health Systems Competencies (PHS)</p> <ol style="list-style-type: none"> Apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Asses and address the determinants of health and illness factors contributing to health promotion and disease prevention. Assess and address the factors influencing the use of health services. Apply basic public health principles, practices, and sciences to the practice of osteopathic medicine. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine. Recognize the impact of environmental influences on human health. Understand and apply knowledge of cultural differences to improve public health among divergent populations. Understand the role of health policy on populations and individuals. |
| | <p>Competency 13: Global Health Competencies (GH)</p> <ol style="list-style-type: none"> Diagnose and manage diseases and/or patient presentations infrequently encountered in the United States. Provide appropriate preventative and post-return care for patients travelling outside the United States. Compare and contrast differing non-U.S. health care systems. Understand the threat of pandemic and/or endemic health events. |

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| | <ol style="list-style-type: none"> Analyze the risk/benefit ratio of health care management in countries with differing health delivery systems and resources. Identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast population health and community health in the United States and in other countries. Identify key international organizations involved in global health. |
| | <p>Competency 14: Interprofessional Collaboration Competencies (IPC)</p> <ol style="list-style-type: none"> Act with honesty and integrity in relationships with patients, families, and other team members. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Communicate one's role and responsibilities clearly to patients, families, and other professionals. Explain the roles and responsibilities of other care providers and how the team works together to provide care. Chooses effective communication tools and techniques, including information systems and communication technologies, for facilitating interprofessional discussions and interactions that enhance team function. Give timely, sensitive, instructive feedback to others about their performance on the team, and respond respectfully to feedback from other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient-centered problem solving for effective team-based care. |

Teaching Physician Responsibilities

- Critique and provide feedback to student on written presentations.
- Monitor that student completes student directed learning modules.
- Monitor that student turns in the intake and output sheets, the sleeping pattern data, and any developmental milestone achievements.
- Assign grades for weekly assignments as well as the final grade.
- Meet with student online for a weekly check-in.

Disclaimer:

In a distance-learning environment, the Family Educational Rights and Privacy Act (FERPA), a federal privacy law, continues to remain in effect and students need to understand their role in supporting the privacy of fellow students. As this course incorporates remote interactions, be cognizant that shared pictures, written assignments, audio, videos, emails, blog posts, discussion boards, etc. remain part of the content of the course, just as they would if they were shared in the face-to-face classroom setting. The expectation is that each member of the class treats those materials with care and does not reshare or post beyond this course.

Accordingly, any student accessing class or other educational materials on Blackboard or any other electronic media:

1. Acknowledges the faculty members' intellectual property rights and that distribution of the materials outside the course participants violates the copyright policy; and
2. Recognizes the privacy rights of fellow students who speak or appear on video in class; and
3. Accepts that recording, distributing, posting, or uploading materials to students or any other third party not authorized to receive them or to those outside the classroom is an Honor Code violation; and
4. Agrees that the materials are to be accessed and used only as directed by the faculty member(s) teaching the course.

It should be noted the content of this syllabus may change according to the needs of the course. CUSOM reserves the right to amend the content of this syllabus and students will be notified of such changes.

Disability Services

Students with documented disabilities may request accommodations by contacting the office of Disability Services located in the Wallace Center. A health condition may rise to the level of a disability if it substantially limits one or more major life functions, one of which is learning. A disability may be temporary or ongoing. Services are often similar to IEP or 504 plans students may have had in high school, but can also include support in campus housing, dining halls, and other University events and services. Appointments can be scheduled through the [Disability Services page](#) of the Campbell website, by emailing disabilityservices@campbell.edu or calling 910-893-7514. Students in the School of Law should contact the office of Academic Support to request accommodations.

Nourish Market

The Campus Pantry is open to students and staff experiencing food insecurity, offering a space for shoppers to choose their food and personal hygiene items. With the main location at the Wallace Center and smaller satellite locations, there are multiple options to shop. Satellite Pantries are located in Counseling Services, Wiggins Memorial Library, Bob Barker Hall and Pat Barker Hall (for residents). For more information on location hours and frequently asked questions please check our [webpage](#).

For assistance and questions, contact Rev. Morgan Pajak at pajak@campbell.edu or 910-814-4769.

Title IX, Title VI, and Protected Class Status

Campbell University is committed to equality of educational opportunity. Campbell University does not permit discrimination or harassment in our programs and activities on the basis of race, color, national origin, sex, age, religion, or disability, genetic information, veteran status, military status and any other characteristic protected by law, except where exemption is appropriate and authorized by law.

Students who believe they have been subjected to sexual harm (sex or pregnancy discrimination,

sexual harassment, or sexual violence, (i.e., domestic violence, dating violence, stalking, and sexual assault) in violation of Title IX of the Education Amendments, may report these concerns to the Director of Compliance and Title IX Coordinator, Danielle Evans at titleix@campbell.edu or via the Campbell's online reporting form by clicking "[Report Sexual Harm](#)," or scheduling a Supportive Measures meeting directly with Danielle at [Calendly.com/dani-evans](https://calendly.com/dani-evans).

Students who believe they have been subjected to race, color, or national origin discrimination or harassment in violation of Title VI of the Civil Rights Act, may report these concerns to the Office of Student Life & Christian Mission through the online [Bias Incident Reporting Form](#), or scheduling a Supportive Measures meeting directly with Danielle at [Calendly.com/dani-evans](https://calendly.com/dani-evans) for more information.

Other protected class status discrimination and harassment based on age, religion, disability, genetic information, veteran status, and military status, may be reported to the Office of Student Life & Christian Mission through the online [Bias Incident Reporting Form](#). Campbell University prohibits retaliation by any student and/or employee against anyone who reports or participates in a subsequent investigation related to discrimination and harassment described above.

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For more information please visit: [Title IX](#)

Safety and Security

The health and safety of our community is of utmost importance. Please familiarize yourself with your classroom and building surroundings, emergency information posters, and make sure you have registered your cell phone number with CU Notify for timely warnings and emergency alerts. For more information visit: [Emergency Preparedness](#)