

Clinical Rotation Landscape across Colleges of Osteopathic Medicine

An analytical synthesis of dean survey data, accreditor-reported rotation records, and institutional site inventories

AACOM Division of Research, Learning and Innovation | 2023 and 2025 Data

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CITE AS

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DATA SOURCES AND DESIGN

This report draws on three datasets. The 2023 Dean Survey (31 respondents) captured perceptions of difficulty, concerns, and strategies related to clinical rotations. Separately, a subset of COMs were asked to report on the characteristics of their rotation sites: each COM completed either the AACOM 2024 clinical rotation distance survey (11 COMs, 422 site records) or uploaded the COCA 6.9b clinical rotation worksheet (15 COMs, 2,571 records), but not both.

These two site-level datasets therefore represent distinct, non-overlapping groups of schools, and comparisons across them should be made with that design in mind. The Dean Survey respondents partially overlap with both site-reporting groups but were not matched by design.

Which COMs are in which dataset

FIGURE 1

Which COMs are in which dataset

One mark per participating COM campus, positioned by state. The left half of each mark records Dean Survey participation; the right half records which site-level dataset the COM filed.



26 COMs reported rotation-site-level data: 11 through the AACOM site survey, 15 through the COCA 6.9b worksheet, never both. 11 COMs appear in two datasets; none appears in all three. Tiles are a schematic state grid, not a geographic projection; states with no participating COM are shown empty for context.

PARTICIPATING COMS BY DATASET

Dean Survey N = 31 COMs

ARCOM · ATSU-KCOM · ATSU-SOMA · AZCOM · BCSOM · CHSU-COM · CCOM · DMU-COM · ICOM · KCU-COM · LECOM-Bradenton · LMU-DCOM · MU-WCOM · NYITCOM · NYITCOM-Arkansas · OCOM · OSU-COM · OSU-COM Tahlequah · PCOM · PCOM Georgia · PCOM South Georgia · UP-KYCOM · PNWU-COM · Rowan-Virtua SOM · RVU-COM · RVU-MCOM · SHSU-COM · TouroCOM-Harlem · UNE-COM · UNT Health Fort Worth – TCOM · WesternU/COMP

AACOM Site Survey N = 11 COMs, 422 site records

AZCOM · BHSU-COM · DUQ-NCOM · KCU-COM Kansas City · LMU-DCOM · MSOM · NYITCOM · OCOM · PNWU-COM · WesternU/COMP · WVSOM

COCA 6.9b Worksheet N = 15 COMs, 2,571 rotation records

ARCOM · ATSU-KCOM · CHSU-COM · CUSOM · KHSU-KansasCOM · LUCOM · MU-WCOM · OU-HCOM · Rowan-Virtua SOM · TouroCOM-Harlem · UIWSOM · VCOM-Auburn · VCOM-Carolinas · VCOM-Louisiana · VCOM-Virginia

Part I • What Rotations Look Like across COMs

Structure and Volume

The standard third-year rotation block is four weeks, reported by 26 of 34 respondents. COMs require a median of 9 core clerkships spanning 44 weeks.

Number of Rotation Sites per COM

The number of clinical sites a COM uses varies enormously, and the two site-reporting groups show distinctly different profiles.

MEASURE	AACOM SITE SURVEY (11 COMS)	COCA 6.9B (15 COMS)
Mean sites per COM	38.4	89.9
Median sites per COM	20	31
Range	6–178	12–236

Among the 11 COMs in the AACOM site survey, the median COM operates 20 sites (mean 38.4), ranging from 6 (WesternU/COMP) to 178 (WVSOM). Among the 15 COCA-reporting COMs, the median is 31 sites (mean 89.9), ranging from 12 (CUSOM) to 236 (LUCOM). The COCA group's higher mean is driven by several COMs with very large networks: LUCOM at 236, ARCOM at 228, OU-HCOM at 217, and MU-WCOM at 197.

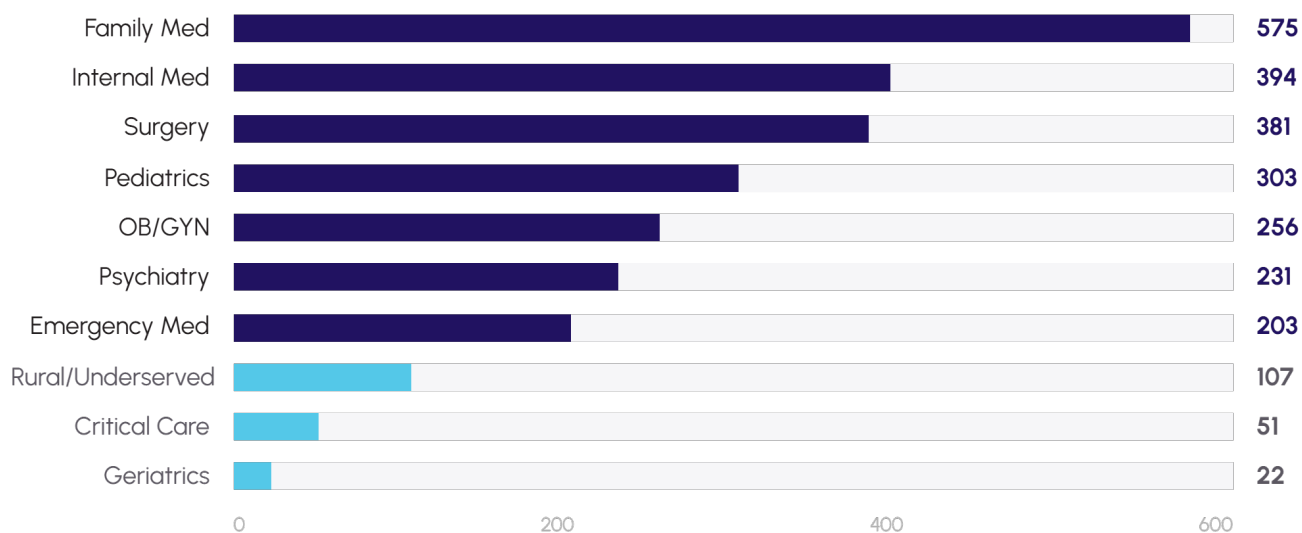
This variation reflects differences in geographic footprint, institutional history, and clinical network strategy, not in quality. COMs with fewer sites often concentrate students in larger health systems with more slots per site.

Rotation Inventory by Specialty

FIGURE 2

Rotation records by specialty

COCA 6.9b · 15 COMs · 2,571 records



Family Medicine dominates the rotation inventory at 22% of all records, followed by Internal Medicine, Surgery, Pediatrics, OB/GYN, Psychiatry, and Emergency Medicine. Below the core specialties, rural and underserved rotations represent a meaningful presence at 107 records.

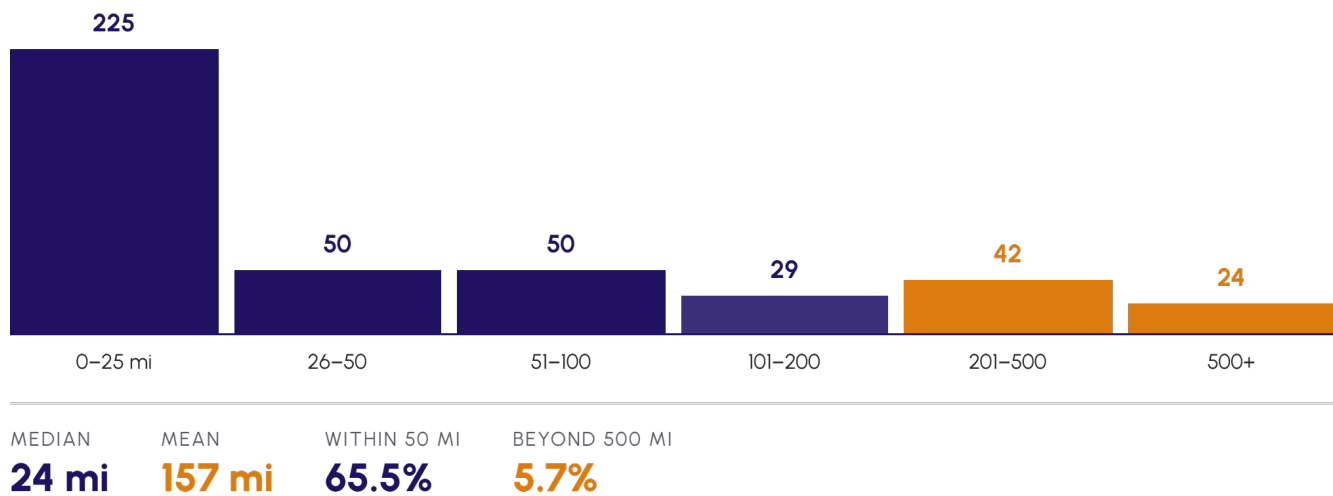
Distance from Campus

The two site-reporting groups used different distance measures, but both reveal a common pattern: a right-skewed distribution where most sites are relatively close to campus, while a substantial tail of very distant placements pulls the mean far above the median.

FIGURE 3

Site distance from campus

AACOM site survey · 11 COMs · N = 420 sites



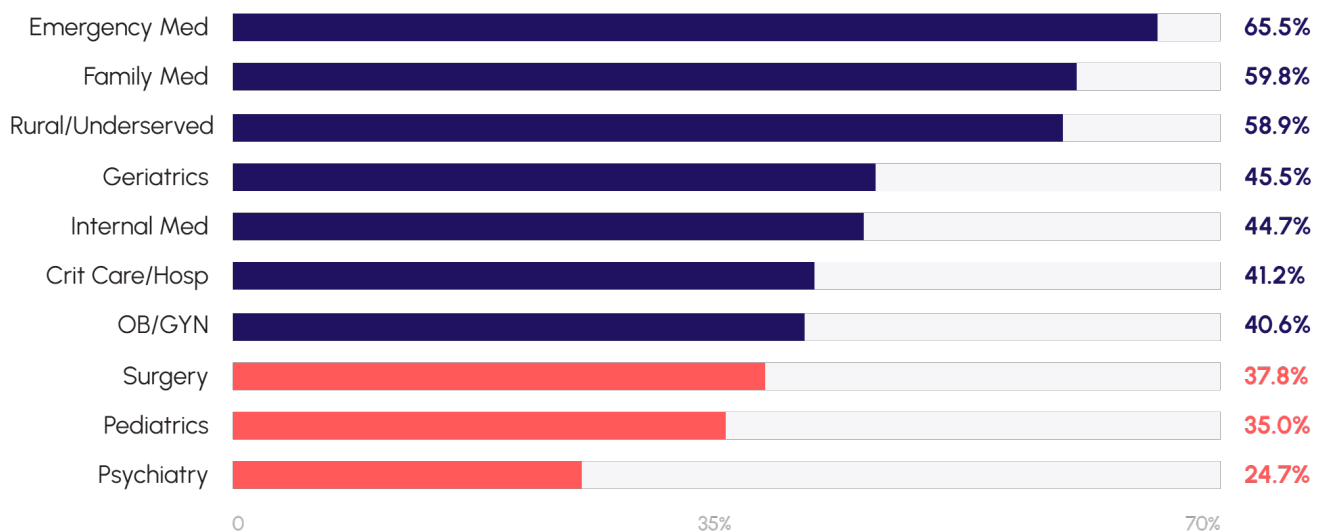
In the COCA data, CHSU-COM's median driving distance is just 7 miles, while ATSU-KCOM's is 309 miles. Several COMs in both groups operate at extreme geographic spread: PNWU-COM averages 700 miles in the AACOM survey, and ATSU-KCOM averages 578 driving miles in the COCA data.

Supervision and Staffing

FIGURE 4

Rotations with at least one DO supervisor

COCA 6.9b · 15 COMs · specialties below 40% shown in coral



DO supervision varies sharply by specialty. Emergency Medicine leads at 65.5%, while only 24.7% of Psychiatry rotations have a DO supervisor. The average site has 1.5 DO supervisors and 3.6 MD supervisors, and the median number of student slots per site is 8. Nearly three-quarters of sites (73.5%) have zero residents, indicating that most COM clinical training in this group happens in community settings without structured GME infrastructure, placing even greater weight on individual preceptor engagement.

Part II • What Is Difficult and What Is Getting Harder

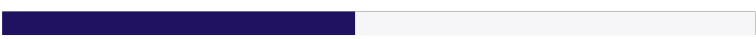
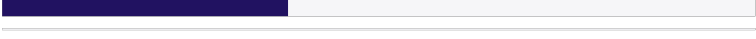
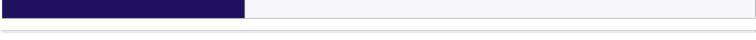
Difficulty Finding Rotations by Specialty

The dean survey rated difficulty on a four-point scale, from No Difficulty to Major Difficulty. The top three specialties are dramatically more difficult to staff.

FIGURE 5

Difficulty finding rotations, by specialty

Dean Survey · 31 COMs · mean difficulty on a 0–3 scale

SPECIALTY	N	MEAN DIFFICULTY (0–3)	MEAN	% MAJOR
OB/GYN	29		2.55	62%
Pediatrics	30		2.40	60%
Psychiatry	29		2.24	45%
Dermatology	29		1.52	17%
General Surgery	29		1.45	7%
Anesthesiology	29		1.41	14%
Surgical Subspecialties	29		1.28	14%
Emergency Medicine	29		1.14	10%
Internal Medicine	29		0.97	3%
Family Medicine	29		0.72	3%

Zero respondents reported no difficulty with OB/GYN. Only one reported no difficulty with Pediatrics or Psychiatry. These three specialties share structural features: declining independent practitioners, fewer residency-based training sites accessible to DO students, and growing workforce shortages in the specialties themselves.

Concerns about the Preceptor Pipeline

FIGURE 6

Concerns about the preceptor pipeline

Dean Survey · 31 COMs · mean concern on a 0–3 scale

CONCERN	MEAN CONCERN (0–3)	MEAN	% VERY CONCERNED
Finding sufficient OMM preceptors		2.33	60%
Future supply of qualified preceptors		2.07	33%
Finding residency-based rotations		2.00	33%
Finding specialty preceptors		1.97	33%
Finding primary care preceptors		1.17	10%

OMM preceptors are the single greatest concern across all items in the dean survey. This connects to the COCA supervision data showing DO supervision below 40% in several core specialties. No respondent said they were not concerned about the future supply of qualified preceptors.

Threats to Retaining Existing Sites

FIGURE 7

Threats to retaining existing sites

Dean Survey · 31 COMs · mean impact on a 0–3 scale

FACTOR	MEAN IMPACT (0–3)	MEAN	% MAJOR IMPACT
Competition from MD schools		2.57	57%
Competition from other COMs		2.33	50%
Difficulty finding OMT preceptors		2.33	50%
Health system mergers/acquisitions		2.03	30%
Competition from other HPE programs		2.03	27%
Pressure to increase payment		1.90	34%
Difficulty finding DO preceptors		1.53	13%
High preceptor turnover		1.47	10%
Competition from international schools		1.30	27%

The Five-Year Trajectory

When asked directly whether developing clinical sites or recruiting preceptors has become easier or harder over five years, 73% of respondents (22 of 30) said it has become harder. Seven said about the same. One said easier.



Dean Survey · 30 responses. The remaining bar segment, in cyan, is the one COM reporting that site development has become easier.

Qualitative responses from deans paint a consistent picture.

- "Less availability, increasing number of schools encroaching into our area, bidding wars for rotation sites."
- "More new physicians do not feel any obligation to give back to the profession."
- "Most clinical sites are saturated with other programs (PA/NP programs) and medical schools."
- "Preceptors who had been paid are no longer, and quit teaching."
- "Less interested docs, docs under more pressure from health systems to be more productive."
- "Uncontrolled increase in DO medical students across the country with too few quality sites."

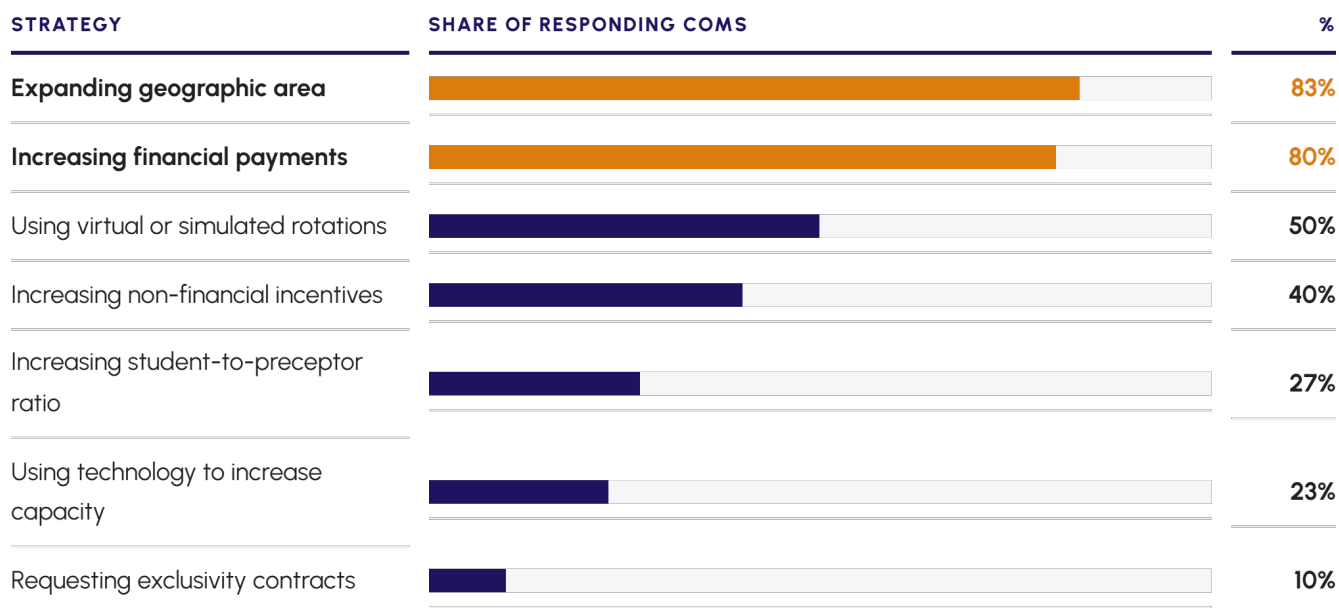
Part III · What COMs Are Doing about It

Strategies to Expand Available Rotations

FIGURE 8

Strategies to expand available rotations

Dean Survey · share of responding COMs using each strategy



The two most common strategies — expanding geographic area at 83% and increasing financial payments at 80% — are interrelated: COMs are spending more money to send students farther away. This is adaptive but potentially unsustainable, raising costs for institutions and students while possibly degrading supervision quality and the student experience.

Cost Trajectory

COMs expect significant cost increases over the next three years. For institution and facility fees, the median expected increase is roughly 20%, with several respondents anticipating increases of 50 to 100%. Preceptor fee expectations are even higher, with a median around 30% and multiple respondents projecting increases of 50 to 100%.

INSTITUTION / FACILITY FEES

+20%

median expected increase, 3 years

PRECEPTOR FEES

+30%

median expected increase, 3 years

UPPER RANGE, BOTH ITEMS

+50–100%

anticipated by multiple respondents

Part IV • Associations and Structural Patterns

Can We Link Difficulty to Site Count or Distance?

Because the site-level data come from two non-overlapping groups of COMs, and the dean survey only partially overlaps with each, the samples available for cross-dataset association testing are very small, between six and eight schools. The correlations calculated are statistically non-significant: difficulty versus site count gives $r = 0.39$, $p = 0.34$, $n = 8$ for the AACOM survey COMs, and $r = -0.04$, $p = 0.94$, $n = 6$ for the COCA COMs. This does not mean there is no relationship; it means the either/or data collection design and modest response rates produce samples too small to detect one.

What the data do suggest is that difficulty is specialty-specific rather than institution-wide. A COM might have no trouble filling Family Medicine and Internal Medicine rotations while facing crisis-level shortages in OB/GYN and Psychiatry, and this pattern appears consistent across the dean survey regardless of a school's total site count or geographic reach.

Convergent Patterns across Both Site-Reporting Groups

Despite representing entirely different sets of schools, both site-reporting groups show the same structural patterns: right-skewed distance distributions, Family Medicine dominance in the rotation inventory, and wide variation in network size from single-digit to triple-digit site counts.

The distance–access tradeoff is real

Schools already operating at 500 to 700 mile mean distances will find it difficult to expand further. When 83% of dean survey respondents report expanding their geographic area as a strategy, these distances are likely to grow.

The DO supervision gap is structural, not just a recruitment problem

If only 25% of Psychiatry rotations and 35% of Pediatrics rotations have a DO supervisor, the osteopathic character of clinical education in those specialties depends almost entirely on pre-clinical preparation.

The “no residents” majority matters

With 73.5% of COCA-reported sites having zero residents, most clinical training happens without the structured educational infrastructure of academic medical centers, placing even greater weight on individual preceptor engagement — precisely the resource under pressure.

Part V • What These Data Cannot Tell Us

GAP	WHY IT MATTERS
Student experience	No data on how students perceive quality, satisfaction, or educational value of distant placements
Cost to students	Housing, travel, and lost income during distant rotations are not captured here
Outcomes	No linkage to match rates, board performance, or competency assessments
Longitudinal trends	Snapshot data; cannot confirm whether “getting harder” is a steady trend, inflection point, or plateau
Full COM landscape	Only 26 COMs reported site-level data; non-responding schools may systematically differ
Cross-dataset linkage	The either/or collection design means site characteristics and difficulty perceptions cannot be linked at the school level for most COMs

BOTTOM LINE

The clinical rotation landscape for COMs is under significant and multidirectional pressure. OB/GYN, Pediatrics, and Psychiatry face acute staffing shortages. Competition — from MD schools, other COMs, and allied health programs — is the dominant threat to site retention. The OMM and DO supervision challenge pervades the system. Costs are rising, geographic reach is expanding, and nearly three-quarters of deans say the situation is harder than five years ago.

The primary responses — paying more and going farther — are adaptive but unsustainable. Structural innovations in clinical education models, rather than incremental expansion of the current approach, will be necessary to sustain the quality and distinctiveness of osteopathic clinical training.