OSS 648
ADVANCED ANESTHESIA CLERKSHIP
Selective/Elective Clerkship Rotation Syllabus

OSTEOPATHIC SURGICAL SPECIALTIES
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MSUCOM constantly strives to improve and advance its curriculum through innovation while assuring compliance with current AOA accreditation standards. While major changes are generally instituted at the beginning of each academic year, minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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PRE-APPROVALS AND PRE-REQUISITES

• An application is required for every selective/elective rotation.
• 30-day advance application approval required (applies to a rotation add, change or cancellation)

General Description

This course is designed to provide the student with an opportunity to actively engage in patient-based learning experiences under the guidance of a faculty member in collaboration, as appropriate, with residents and/or fellows. The purpose of this Advanced Anesthesia clerkship is to provide the student with an overview of the clinical specialty.

Rotations are typically two weeks, 3 credit hours or four weeks, 6 credit hours in duration. Timeframes for each rotation are decided at least 30 days prior to the beginning of the rotation.

The overall performance of course participants will be evaluated through customary assessment instruments normally employed by the department for core rotations, at the discretion of the instructor of record.

Entrustable Professional Activities

EPA 1: Gather a history and perform a physical examination.

Functions

History
• Obtain a complete and accurate history in an organized fashion.
• Demonstrate patient – center interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
• Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
• Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
• Consider cultural and other factors that may influence the patient’s description of symptoms.
• Identify and sue alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
• Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care.
• Demonstrate cultural awareness and humility (for example, by recognizing that one’s own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.

**EPA 2: Prioritize a differential diagnosis following a clinical encounter.**

**Functions**
- Synthesize essential information from the previous records, history, physical exam, including an osteopathic structural exam, and initial diagnostic evaluations.
- Integrate information as it emerges to continuously update differential diagnosis.
- Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
- **Integrate musculoskeletal considerations that may lead to somatic dysfunction and somatovisceral finding as they may relate to disease or health promotion.**
- Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.
- Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.
- Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.

**EPA 3: Recommend and interpret common diagnostic and screening tests.**

**Functions**
- Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
- Provide a rationale for the decision to order the test.
- Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
- Interpret the results of basic diagnostic studies (both lab and imaging).
- Common lab values (e.g., electrolytes).
- Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.
- Elicit and take into account patient preferences in making recommendations.

**EPA 4: Enter and discuss orders and prescriptions.**

**Functions**
- Demonstrate an understanding of the patient’s current condition and preferences that will underpin the orders being provided.
• Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders.
• Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
• Compose prescriptions in verbal, written, and electronic formats.
• Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
• Discuss the planned orders, including those for osteopathic manipulative medicine (OMM), and prescriptions (e.g. indications, contraindications, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient’s comfort with orders and prescriptions.

EPA 5: Document a clinical encounter in the patient record.

Functions
• Filter, organize and prioritize information.
• Synthesize information into a cogent narrative.
• Record a problem list, working and differential diagnosis and plan.
• Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).
• Document an osteopathic structural exam.
• Document a procedural note, including an OMM procedure note.
• Comply with requirements and regulations regarding documentation in the medical record.
• Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
• Record documentation so that it is timely and legible.
• Accurately document the reasoning supporting the decision making in the clinical encounter for any ready (e.g., consultants, other health care professionals, patients and families, auditors).
• Document patient preferences to allow their incorporation into clinical decision making.

EPA 6: Provide an oral presentation of a clinical encounter.

Functions
• Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
• Provide an accurate, concise, and well-organized oral presentation.
• Adjust the oral presentation to meet the needs of the receiver of the information.
• Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient’s condition and needs.
EPA 7: Form clinical questions and retrieve evidence to advance patient care.

Functions
- Develop a well-formed, focused, pertinent clinical question based on clinical scenarios or real time patient care.
- Demonstrate basic awareness and early skills in appraisal of both the sources and content of medical information using accepted criteria.
- Identify and demonstrate the use of information technology to access accurate and reliable online medical information.
- Demonstrate basic awareness and early skills in assessing applicability/generalizability of evidence and published studies to specific patients.
- Demonstrate curiosity, objectivity, and the use of scientific reasoning in acquisition of knowledge and application to patient care.
- Apply the primary finding of one’s information search to an individual patient or panel of patients.
- Communicate one’s findings of one’s information search to an individual patient or panel of patients.
- Communicate one’s finding to the health care team (including the patient/family).
- Close the loop through reflection on the process and the outcome for the patient.

EPA 8: Give or receive a patient handover to transition care responsibility.

Functions for transmitter of information
- Conduct handover communication that minimizes known threats to transitions of care (e.g., by ensuring you engage the listener, avoiding distractions).
- Document and update an electronic handover tool.
- Follow a structured handover template for verbal communication.
- Provide succinct verbal communication that conveys, at a minimum, illness severity, situation awareness, action planning, and contingency planning.
- Elicit feedback about the most recent handover communication when assuming primary responsibility of the patients.
- Demonstrate respect for patient privacy and confidentiality.

Functions for receiver of information
- Provide feedback to transmitter to ensure information needs are met.
- Ask clarifying questions.
- Repeat back to ensure closed-loop communication.
- Ensure that the health care team (including patient/family) knows that the transition of responsibility has occurred.
- Assume full responsibility for required care during one’s entire care encounter.
- Demonstrate respect for patient privacy and confidentiality.
EPA 9: Collaborate as a member of an inter-professional team.

**Function**
- Identify team members’ roles and the responsibilities associated with each role.
- Establish and maintain a climate of mutual respect, dignity, integrity, and trust.
- Communicate with respect for and appreciation of team members and include them in all relevant information exchange.
- Use attentive listening skills when communicating with team members.
- Adjust communication content and style to align with team-member communication needs.
- Understand one’s own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery.
- Help team members in need.
- Explain to team member’s appropriate utilization of OMM and OPP in the treatment of patients.
- Prioritize team needs over personal needs in order to optimize delivery of care.

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

**Functions**
- Recognize normal vital signs and variations that might be expected based on patient – and – disease - specific factors.
- Recognize severity of a patient’s illness and indications for escalating care.
- Identify potential underlying etiologies of the patient’s decompensation.
- Apply basic and advanced life support as indicated.
- Start initial care plan for the decompensating patient.
- Engage team members required for immediate response, continued decision making, and necessary follow-up to optimize patient outcomes.
- Understand how to initiate a code response and participate as a team member.
- Communicate the situation to responding team members.
- Document patient assessments and necessary interventions in the medical record.
- Update family members to explain patient’s status and escalation – of – care plans.
- Clarify patient’s goals of care upon recognition of deterioration (e.g.; DNR, DNI, comfort care).

EPA 11: Obtain informed consent for tests and/or procedures.

**Functions**
- Describes the indications, risks, benefit alternatives, and potential complications of the procedure.
Communicates with the patient/family and ensures their understanding of the indications, risks, benefit alternatives, and potential complications.

Creates a context that encourages the patient/family to ask questions.

Enlists interpretive services when necessary.

Documents the discussion and the informed consent appropriately in the health record.

Displays an appropriate balance of confidence with knowledge and skills that puts patients and families at ease.

Understands personal limitations and seeks help when needed.

**EPA 12: Perform general procedures of a physician.**

**Functions**

- Demonstrate the technical (motor) skills required for the procedure.
- Understand and explain the anatomy, physiology, structure and function relationships, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
- Communicate with the patient/family to ensure pre- and post-procedure explanation and instructions.
- Manage post-procedure complications.
- Demonstrate confidence that puts patients and families at ease.

**EPA 13: Identify system failure and contribute to a culture of safety and improvement.**

**Functions**

- Understand systems and their vulnerabilities.
- Identify actual and potential (“near miss”) errors in care.
- “Speak Up” in the face of real or potential errors.
- Use system mechanisms for reporting errors (e.g., event reporting systems, chain of command policies).
- Recognize the use of “workarounds” as an opportunity to improve the system.
- Participate in system improvement activities in the context of rotations or learning experience (e.g., rapid-cycle change using plan – do – study – act cycles; root cause analyses; morbidity and mortality conferences; failure modes and effects analyses; improvement projects).
- Engage in daily safety habits (e.g., universal precautions, hand washing, time – outs).
- Admit one’s own errors, reflect on one’s contribution, and develop an improvement plan.

**Educational Goals**

Course participants will:
1. Observe and participate in the evaluation, intra – operative, pre - operative and post - operative management of patients requiring surgery.
2. Demonstrate the ability to appropriately evaluate in post-operative care management of patients.
3. Demonstrate the ability to perform and record an osteopathic structural examination on a surgical patient and document such using acceptable osteopathic terminology
4. Interact with patients and their families in a respectful, sensitive, and ethical manner.
5. Interact with members of the team, patient care units and ambulatory clinic personnel in a respectful, responsible, and professional manner.

Clinical education in anesthesiology involves achieving competence in two important areas:

A. Acquisition of a specific body of information/knowledge.

B. Acquisition of the various mechanical (psychomotor) skills associated with anesthesiology.

The acquisition and demonstration of a core set of anesthesia skills is especially relevant to the adequate application of the art and science of anesthesiology. These skills vary in complexity from the insertion of an intravenous line to endotracheal intubation and progress to many increasingly complex diagnosis and therapeutic modalities. Mastery of these skills will often require repetition, in order for students to achieve the requisite skill level and degree of competence required.

**OBJECTIVES**

In addition to the objectives covered in the Core Anesthesia Syllabus (OSS 654) you will be expected to:

**Central Line Placement**

Be aware of the indications/contraindications as well as the mechanic’s relative to central line placement. Participation in the insertion of central lines will be at the discretion of the attending anesthesiologist and the Department of Anesthesiology.

**Specific Learning Objectives**

Know the indications/contraindications as well as the mechanics needed relative to Central Line Placement.

**Basic Science Links**

Physiology of the cardiac and venous systems

**Labs/Other Activities**

1. VIDEO: Central Venous Cauterization (NEMJ)
   
   https://www.youtube.com/watch?v=HE5QhsPRApu
2. VIDEO: Placement of a Formal Venous Catheter (NEJM)  
https://www.youtube.com/watch?v=HE5QhsPRApU

3. VIDEO: Peripheral Venous Cannulation  
https://www.youtube.com/watch?v=qRWb9CJU0Yk

4. VIDEO: Central Line Placement (YouTube)  
https://www.youtube.com/watch?v=PAr4kC5BQbY

**OPC Skills Review**

Knowledge of the peripheral vascular system and the examination thereof.

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**Arterial Line Placement**

Be aware of the indications/contraindication relative to arterial line placement. Participation in the insertion of arterial lines will be at the discretion of the attending anesthesiologist and the Department of Anesthesiology.

**Specific Learning Objectives**

Be aware of the indications and contraindications relative to arterial line placement.

**Basic Science Links**

Physiology of the peripheral arterial system

**Labs/Other Activities**

5. VIDEO: Placement of Arterial Line (NEJM)  
https://www.youtube.com/watch?v=8hK04ai17-k

6. VIDEO: A-Line Insertion (YouTube)  
https://www.youtube.com/watch?v=x0zI4VFLa4

**OPC Skills Review**

1. Knowledge of the peripheral vascular system and the examination thereof.

2. Knowledge of how to perform and the meaning of the Allen test

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**Ultrasound**

Be aware of the use(s) of ultrasound in the placement of arterial lines, nerve blocks and central line placement.

**Specific Learning Objectives**

Be aware/knowledgeable relative to the placement of arterial lines, central venous lines and the use of ultrasound in the placement/technique of various nerve blocks.

**Basic Science Links As Applicable Labs/Other Activities**
7. VIDEO: Ultrasound Guided Peripheral Intravenous Placement (NEJM)
   https://www.youtube.com/watch?v=fduljQ8EH4

8. VIDEO: Ultrasound Guided Internal Jugular Vein Cannulation (NEJM)
   https://www.youtube.com/watch?v=hPPzFnGcLRs&list=PLUajvl7lPt53aTwLzHNdP7ZcAAbcfMYFT

9. VIDEO: Central Line Placement with Ultrasound (You Tube)
   https://www.youtube.com/watch?v=HE5QhsPRApU&list=PL5JaZVPnPe4a8dW3J_ortbLOnzJeb4MG

10. VIDEO: A-Line Insertion with Ultrasound (You Tube)
    https://www.youtube.com/watch?v=YOxysqqYNE

**COLLEGE PROGRAM OBJECTIVES**

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.

**Special Considerations**

A. Medicare cases. Per HCFA regulations, medical students may not chart on a patient with Medicare insurance if the department wishes to obtain reimbursement for this care. Medical students may participate in the care of these patients but may not be the primary caregiver. There may be other special types of insurance that have the same rules in the area where you are performing your anesthesia rotation and you must follow the department rules regarding who you may and may not see.

B. Special Cases: Upon occasion you may be asked not to be involved in certain anesthesia cases owing to a variety of reasons—both published and unpublished. Please do not write on these patient's charts.

C. Attire: First impressions are very important. You must wear a clean lab jacket when not in the operating room and professional attire at all times. Name tags must be worn at all times. You must follow the guidelines relative to head, face, and foot coverings as established and determined by your institution.

D. Sharps: When using sharp instrumentation, all sharps including needles and/or other invasive modalities must be properly disposed of. This is the responsibility of the person performing the procedure and you must take care to remove all sharp instruments in order to avoid injury to your co-workers.

E. Keys to good care: You should be aware of the physical, mental, and laboratory status of all patients in whose care you may anticipate. Constantly reassess your patients and update them of their status in the process as appropriate. Your attending physician should be able to easily access information through you. In short, take full responsibility for all aspects of the patient's care.

F.
# Rotation Clinical Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Evaluation of Rotation</td>
<td>To be appropriately submitted per the instructions at the end of each evaluation form</td>
<td>Final Day of Rotation</td>
</tr>
<tr>
<td><em>the determination of a satisfactory attending evaluation is governed by the College's Policy for Retention, Promotion, and Graduation</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>“Evaluate” Link in Kobiljak Schedule (this link will activate on the final Monday of the rotation)</td>
<td>Final Day of Rotation</td>
</tr>
<tr>
<td>Activity Log</td>
<td>Submit via the Dropbox on D2L</td>
<td>Within one week of last day of rotation</td>
</tr>
</tbody>
</table>
## Activity Log

**Advanced Anesthesia Rotation**

**Student Name:**  
**Base Hospital:**  
**Rotation Dates:**

***Please note that extra lines can be added to each log by tabbing after last column***

Please list all procedures observed:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Surgeon</th>
</tr>
</thead>
</table>

Please list Primary Diagnosis of Patients Seen:

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>Date</th>
<th>Clinic / Hospital</th>
</tr>
</thead>
</table>

Please list all meetings and Lectures attended

<table>
<thead>
<tr>
<th>Meeting / Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
</table>

Please list all reading materials read on the rotation:

<table>
<thead>
<tr>
<th>Material</th>
<th>Topic</th>
</tr>
</thead>
</table>
Reference Materials

There is no assigned textbook. Reading assignments are under the purview of the preceptor.

Student Responsibilities

Course participants will meet the preceptor on the first day of the rotation at a predetermined location to be oriented to rotation hours, location(s), and expected duties and responsibilities while on-duty.

- The student will meet the following **clinical responsibilities** during this rotation:
  - Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

- The student will meet the following **academic responsibilities** during this rotation:
  - Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.
  - Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

MSU EMAIL

To facilitate communication from faculty and staff to students, students are required to have a functioning MSU email address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received. Forwarding MSU email to another email account or failure to check email are not valid excuses for missing a deadline or other requirements of the clinical education program.

Further, students must use secure email when working in a hospital, clinic or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.
End of Rotation Exams

MSUCOM Department of Osteopathic Surgical Specialties does not give an End of Rotation Examination for their Selective/Elective Rotations. Students in their fourth year should be preparing for COMLEX 2 CE and PE during their rotations and maximize your knowledge regarding this clerkship rotation’s field of surgery.

Unsatisfactory Clinical Performance

A student’s clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation (4.e).

An overall “Below Expectations” rating on Section 1 of the Clinical Clerkship Rotation Evaluation will be referred to the Instructor of Record/Department Chairperson for review and grade determination.

Students who receive two or more Clinical Clerkship Rotation Evaluations with an overall “Below Expectations” rating will be referred to the COSE Clerkship Performance Subcommittee for review.

An overall “Below Expectations” rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.

IMPORTANT NOTE: The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course. Attending Evaluations do not follow the above “Corrective Action” process. ALL Marginal Attending Evaluations will be reviewed by the department, where the Instructor of Record will then determine whether to give the students a Pass or an N grade for the rotation. If the department determines students will be given an N grade in light of the evaluation, they will then proceed to “N Grade Policy” process.
MSU College of Osteopathic Medicine Standard Policies

The following are standard MSUCOM policies across all Clerkship rotations.

CLERKSHIP ATTENDANCE POLICY

Clerkship activities are mandatory and timely attendance is expected at all educational events.

In the event a student must be absent from clerkship activities, he/she must, firstly, have prior approval from the Graduate Medical Education office (DME/DIO, Clerkship Director, and/or Student Clerkship Coordinator per the rotation sites process/policy). The clinical preceptor must also approve the absence, and determine an acceptable make-up plan which may include, but is not limited to: additional time on rotation, additional presentation(s), or written assignment(s). In the event of an emergency, the student must contact the Graduate Medical Education office and clinical preceptor as soon as the situation allows. Any exception to this attendance policy for any given rotation will be noted in the course syllabus.

Abuse of this policy, as determined by the GME office or a clinical preceptor, may be documented in a student evaluation(s) and/or reported to the Associate Dean of Student Services at MSUCOM via the Student Incident Report Form: http://com.msu.edu/Students/Registrar/Policies.htm or via phone call to the Associate Dean of Student Services (517-353-8799).

ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY:

POLICY FOR MEDICAL STUDENT SUPERVISION

Supervisors of the Medical Students in the Clinical Setting

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

Level of Supervision/Responsibilities

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to
follow clinical policies of the facility regarding medical records and clinical care. Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:
  o The students demonstrated ability
  o The students level of education and experience
  o The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available.

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student’s level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures. Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.

**STATEMENT OF PROFESSIONALISM**

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments.

Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

**STUDENTS RIGHTS AND RESPONSIBILITIES**

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college’s function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.
FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

N-GRADE POLICY

- Remediation is not offered for Clerkship courses. Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
ROTATION EVALUATIONS

Attending/Faculty/Resident Evaluation of Student

Students are responsible for assuring that his/her clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.

Students should assertively seek feedback on his/her performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

Student Evaluation of Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.

EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME’s office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.