IM 668  
Emergency Medicine EMS and Disaster Management  
Selective/Elective Clerkship Rotation Syllabus  

Osteopathic Medical Specialties  
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At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.  

Please be mindful of the need to read your syllabus BEFORE beginning your rotations.
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Pre-Approval 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)
- The EMS rotation requires a supervising faculty member who has oversight of the EMS agency that the student proposes to work with. As such, scheduling at least 3 months in advance, with a defined curriculum provided for approval is necessary. The CV of the supervising faculty member, the goals and objectives of their particular rotation, and proposed schedule should be submitted 3 months in advance for approval by the instructor of record.

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 (preceptor) in collaboration, as appropriate, with residents and/or fellows.

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. This rotation is most amenable to the two weeks, 3 credit hours’ format.

Rotation schedules are not to be submitted until the last Friday-Sunday of the rotation. You must document your actual schedule worked. You are required to document any time off for illness, boards, etc. that caused a deviation from the schedule you were provided. All rotation days must be accounted for.

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.

Educational / Instructional Goals & Objectives

Course participants will:

A. develop an appreciation of the practice and provision of EMS services under a variety of circumstances and clinical settings.

B. assimilate what they learn and demonstrate their understanding of patient-care through ongoing interaction and dialogue with, as well as formative feedback from, the preceptor.

C. demonstrate an understanding of the (seven) osteopathic core competencies (as applicable).

I. Educational Goals:

A. The EMS rotation is intended to provide the student with experience in the evaluation and treatment of a range of medical emergencies in the prehospital setting. The clinical experience is intended to emphasize the diagnosis and management of acute disorders, with initial triage being paramount. Learning objectives focus on the initial scene survey, a focused history and physical on the patient and communication with the receiving hospital and emergent treatment if indicated. Determining when a patient needs to be transferred to a specialized hospital, bypassing the closest hospital is integral to EMS care.
II: Clinical Skills

A. The student should complete an abbreviated medical history including details of current symptoms, relevant past medical history and important scene clues/information that will assist the hospital personnel in provided rapid, accurate management of a potentially unstable circumstance.

B. Perform an abbreviated, but relevant physical exam with appropriate emphasis on the presenting complaint.

C. Interpret vital signs, ekg and oximetry readings in the setting of the EMS scene.

D. Initiate care related to abnormalities found, with emphasis on the ABCs of patient management.

III: Socioeconomic: the student will:

A. Appreciate the psychosocial issues that potentially impact the patient’s emergency condition problems (professionalism and sensitivity to schedule disruption, life altering disorder being experienced by the patient).

Assessment of Clinical Competencies:

1. **Patient Care**: The student will be able to complete an accurate history and physical exam and accurately document the findings, is the patient being evaluated or treated for a poisoning or drug overdose.

2. **Medical Knowledge**: The student can demonstrate knowledge of the criteria for diagnosis of poisoning or drug overdose, the typical methods used to encourage ongoing psychiatric care, the likely duration of observation and/or therapy for such conditions.

3. **Communication Skills**: The student can effectively present the clinical evaluation of a new patient and/or the clinical progress of a continuing patient, and communicate effectively with patients and clinical support staff, as well as the attending physician.

4. **Professionalism**: The student will demonstrate respect for patients, families, co-workers, and work effectively with ancillary staff.

5. **Practice Based Learning**: The student will be able to identify and discuss appropriate, evidence based approaches to assist in the diagnosis and management of clinical problems encountered in their patients.

6. **Systems Based Practice**: The student will be able to incorporate a team approach in the management of complicated wound patients.

7. **Osteopathic Principles and Practices**: The student should be able to integrate osteopathic principles and treatments in the management of the patient with a chronic wound.

Teaching Methods: The student is expected to function as a viable member of the supervising physician health care team. Assigned student responsibilities can include: supervised first patient contact in the clinic, participation in conducting and the interpretation of diagnostic testing and clinical management.

Evaluation: The student is encouraged to solicit feedback related to his/her clinical performance on a daily basis. The student should receive formative performance evaluations at the mid-point and end of the rotation that outlines faculty perceived strengths and weaknesses related to the student’s performance that includes recommendations for strengthening his/her performance as warranted.
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.

Reference Materials
Free through MSU Libraries Accessemergencymedicine site

- Tintinalli's Emergency Medicine: A Comprehensive Study Guide

- Section 1 Prehospital Care

- Section 2 Disaster Preparedness

Other readings may be assigned by 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-service. A syllabus will be submitted of anticipated activities besides riding in the ambulance, as well as the supervising faculty name and CV at the time this rotation is scheduled- a minimum of three months before the rotation is to occur.

- 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.
# 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>11pm Last Sunday of Rotation</td>
</tr>
<tr>
<td>Patient Types and Procedure Log</td>
<td>See page 9 at end of syllabus and upload into D2L dropbox for the course</td>
<td>11pm Last Sunday of Rotation</td>
</tr>
<tr>
<td>Clinical Shift Schedule</td>
<td>Online D2L Drop Box if you have access to a scanner -or- Mail to: MSUCOM, Dept. of OMS ATTN: Steve Stone 909 Fee Rd., B315A West Fee Hall East Lansing, MI 48824</td>
<td>Not to be submitted until the last Friday-Sunday of the rotation, and must be the schedule you worked, not what you were scheduled to work</td>
</tr>
</tbody>
</table>
IM 668 EMS Corrective Action Policy

There is no Corrective Active Policy or Plan as there are no graded components to the IM 668 rotation. All items with the exception of the attending evaluation are under the direct control of the student and there is no reason that they cannot be completed in a timely fashion. If the student has an extension in the rotation due to some verifiable reason, then they will receive this same extension for submitting the required end of rotation paperwork.

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.
The following are standard MSUCOM policies across all Clerkship rotations.

**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](http://com.msu.edu/Students/Registrar/Policies.htm) or via phone call to the Associate Dean of Student Services (517-353-8799).

**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:

- The students demonstrated ability
- The students level of education and experience
- 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. It is never a good idea to sign the form and then give it to the preceptor, but rather sit with the preceptor while they fill it out.

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](http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf). Please make yourself familiar with the procedure and the form.
# IM 668
## Patient Types and Procedure Log

<table>
<thead>
<tr>
<th>Procedure</th>
<th>#Required</th>
<th>Date</th>
<th>Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret 2 12lead ekgs from the field</td>
<td>1.</td>
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<td></td>
<td>2.</td>
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<tr>
<td>Start 2 peripheral IVs</td>
<td>1.</td>
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<td></td>
<td>2.</td>
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<tr>
<td>Evaluate 10 patients who are transported to the ED by EMS</td>
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<td></td>
<td>10.</td>
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<tr>
<td>Assist with the immobilization of one patient from a MVC</td>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>Obtain vitals on two patients being transported via EMS</td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td></td>
<td></td>
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</tbody>
</table>