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)

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 hour, 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.

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 of Hematology/Oncology as related to the specialty of the preceptor.
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).

Educational Goals:

The hematology/oncology rotation is intended to provide the student with hands on experience in the evaluation and treatment of various hematological and oncological conditions.

The clinical experience will emphasize the diagnosis and management of acute and chronic hematology/oncology diseases and the management of the risk factors associated with each disease. Learning objectives highlight the complete and accurate patient history and physical exam, indications for appropriate diagnostic studies and the understanding of first line therapy for common hematological/oncological conditions.

1. The clinical experience will emphasize the diagnosis and management of acute and chronic Hematology/Oncology diseases.
2. The clinical experience will emphasize evaluation of risk factors, and management of risk factors to prevent disease advancement if possible.
3. The clinical experience will include learning to perform a complete and accurate patient history and physical exam.
4. The clinical experience will include identification and indications for appropriate diagnostic studies.
5. The clinical experience will help the student identify the first line therapy for common Hematology/Oncology disorders.
Competencies/Objectives

**Medical Knowledge:** The student is expected to be able to describe the clinical presentation, pathophysiology and management of the following hematologic/oncologic issues:

**Hematology Competencies/Objectives**

**LAB EVALUATION**

1) Describe the role of the **peripheral smear** in the diagnosis of various diseases

2) Identify and list the significance of the various red blood cell abnormalities including microcytosis, macrocytosis, schistocytes, target cells, Howell-Jolly bodies etc.

3) Identify and list the significance of the various white blood cell abnormalities including hypersegmented neutrophils, blast cells, Auer rods, hairy cells, etc.

4) Be familiar with the significance and indications of a bone marrow biopsy

**WHITE BLOOD CELL DISORDERS**

1) Define and identify causes of the following white blood cell disorders:
   a) Leukopenia
   b) Neutropenia
   c) Lymphopenia
   d) Leukocytosis

**RED BLOOD CELL DISORDERS**

1) Understand the definition of **anemia** for both men and women
   a) Be familiar with the clinical symptoms and signs of anemia
   b) Discuss the diagnostic approach to anemia with regard to the complete blood count, MCV, RDW, reticulocyte count, and peripheral smear findings
   c) Understand the approach, pathophysiology, and diagnosis of anemias associated with decreased production
      i) **Microcytic anemia**
         (1) Iron deficiency anemia
         (2) Sideroblastic anemia
         (3) Anemia of chronic disease
         (4) Thalassemias
         (5) Lead poisoning
      ii) **Normocytic anemias**
         (1) Anemia of chronic disease
         (2) Anemia of chronic renal failure
         (3) Endocrine disorders
      iii) **Macrocytic anemia**
         (1) Vitamin B12 deficiency
         (2) Folate deficiency
         (3) Drug induced disorders
   d) Understand the approach, pathophysiology and diagnosis of anemias associated with increased destruction
      i) **Hemolytic anemias**
         (1) Sickle Cell anemia
         (2) Glucose-6-Phosphate Dehydrogenase deficiency
(3) Hereditary spherocytosis
(4) Acquired immune hemolytic anemia
   (a) Warm antibody
   (b) Cold antibody
(5) Acquired nonimmune hemolytic anemia
   (a) Microangiopathic hemolytic anemia
      (i) Thrombotic thrombocytopenic purpura (TTP)
      (ii) Disseminated intravascular coagulation (DIC)
      (iii) Hemolytic-uremic syndrome
      (iv) Eclampsia
      (v) Malignant hypertension
   (b) Microangiopathic hemolytic anemia
      (i) Prosthetic valves
      (ii) Severe aortic stenosis
(6) Physical and chemical trauma
(7) Infection
(8) Hypersplenism
(9) Paroxysmal nocturnal hemoglobinuria

e) Understand the approach, pathophysiology and diagnosis of **anemias associated with decreased production of red blood cells**

(1) Malignancies and other marrow infiltrative diseases
   (a) Leukemia and lymphoma
   (b) Plasma cell disorders
(2) Stem cell disorders
   (a) Myelofibrosis
   (b) Aplastic anemia
   (c) Pure red cell aplasia
   (d) Myelodysplasia

**PLATELET DISORDERS**

1) **Thrombocytopenia**
   a) Understand the definition of thrombocytopenia
   b) Discuss the differential diagnosis of thrombocytopenia with regard to decreased production and increased destruction
   c) Review TTP and HUS
   d) Review DIC
   e) Discuss the etiologies and pathophysiological mechanism of **Heparin induced thrombocytopenia (HIT)**
      (1) Distinguish between HIT I and HIT II
      (2) Discuss treatment goals of HIT
   f) Discuss the pathophysiology, presentation and management of **idiopathic thrombocytopenic purpura**
2) **Thrombocytosis**
   a) Understand the etiology, diagnostic criteria and treatment of **Essential Thrombocytosis**
   b) Understand causes of reactive thrombocytosis
DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM

1) Be familiar with the risk factors associated with DVT and PE
2) Understand the etiology of DVT and PE
3) Review the clinical symptoms and signs of DVT/PE
4) Understand the diagnostic approach to DVT/PE
5) Be familiar with the management of DVT/PE
6) Review the importance of prevention of DVT/PE

THROMBOPHILIA

1) Understand the clinical and laboratory manifestations of the various causes of thrombophilia
   a) Activated Protein C Resistance / Factor V Leiden
   b) Prothrombin G20210A
   c) Antithrombin deficiency
   d) Protein C and S deficiency
2) Be familiar with the work up of the hypercoagulable state
3) Discuss the clinical and laboratory features of Antiphospholipid syndrome

COAGULOPATHY

1) Discuss the presentation, diagnosis and treatment of Hemophilia A
2) Discuss the presentation, diagnosis and treatment of Hemophilia B
3) Discuss the presentation, diagnosis and treatment of Von Willebrand Disease

PANCYTOPENIA

1) Understand the etiology and classification of pancytopenia
2) Review the various causes of pancytopenia
3) Be familiar with the proper workup for pancytopenia

BONE MARROW FAILURE

1) Define Myelodysplasia
2) Review the epidemiology and pathogenesis of myelodysplasia
3) Briefly discuss the classifications of myelodysplasia

APLASTIC ANEMIA

1) Define aplastic anemia
2) Review the causes of aplastic anemia
3) Understand the pathogenesis of acquired aplastic anemia
4) Discuss the diagnosis and treatment of aplastic anemia

PAROSYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

1) Explain the pathogenesis and presentation of PNH
2) Discuss the diagnosis and treatment of PNH
MYELOPROLIFERATIVE DISORDERS

1) Be familiar with the background, epidemiology, and clinical presentation of **Polycythemia Vera** (PV)
2) Discuss the diagnostic criteria for PV
3) Review the treatment options for PV
4) Define and review the epidemiology of **Essential Thrombocytosis** (ET)
5) Discuss the diagnostic criteria of ET
6) Discuss the treatment options of ET

TRANSFUSIONS

1) Discuss the indications, risks and benefits of the following transfusions
   a) Red cell transfusions
   b) Platelet transfusions
   c) Plasma products

SICKLE CELL DISEASE (SCD)

1) Review the pathophysiology of SCD
2) Discuss the clinical symptoms and signs of SCD
3) Discuss the treatment options of SCD
4) Review the important acute complications of SCD

PLASMA CELL DISORDERS

1) Discuss the pathophysiology and clinical presentation of **Multiple Myeloma** (MM)
2) Review the diagnosis and proper work up of MM
3) Briefly review the treatment options of MM
4) Define Monoclonal Gammopathy of Undetermined Significance (MGUS)
5) Discuss the natural history, clinical presentation and management of MGUS
6) Be familiar with the diagnosis, presentation and treatment of **Waldenstrom Macroglobulinemia**
7) Discuss the causes, presentation and treatment of **amyloidosis**

BREAST CANCER

1) Review the risk factors associated with breast cancer
2) Discuss the recommended screening modalities for the early detection of breast cancer
3) Explain the various pathologic subtypes of breast cancer
   a) Types of Adenocarcinoma
   b) Ductal carcinoma in situ (DCIS)
   c) Lobular carcinoma in situ (LCIS)
   d) Paget disease of the nipple
4) Review the diagnosis and work up of a breast mass
5) Discuss the prognosis of breast cancer with regard to estrogen, progesterone receptors and Her-2 overexpression
6) Briefly review treatment options for the various forms of breast cancer

LUNG CANCER

1) Discuss the risk factors associated with lung cancer
2) Review the epidemiology of lung cancer
3) Discuss the various classifications, presentation and management of **Non-Small-Cell Lung Cancer**
4) Review the presentation, associated syndromes and management of **Small-Cell Lung Cancer**
COLORECTAL CANCER

1) Discuss the epidemiology and pathophysiology of colorectal cancer
2) List the risk factors associated with colorectal cancer
3) Review the recommendations regarding screening for colorectal cancer
4) Briefly discuss the work-up, diagnosis and treatment of colorectal cancer

GASTROINTESTINAL CANCERS

1) Discuss the presentation, risk factors, diagnosis and treatment of the following GI malignancies:
   a) Esophageal cancer
   b) Gastric cancer
   c) Pancreatic cancer
   d) Hepatocellular cancer
   e) Gallbladder cancer
   f) Cholangiocarcinoma

MALIGNANT MELANOMA

1) Review the incidence, epidemiology and risk factors associated with melanoma
2) Discuss the clinical presentation, diagnosis and treatment options for melanoma

PROSTATE CANCER

1) Review the epidemiology and risk factors associated with prostate cancer
2) Discuss the current recommendations regarding screening for prostate cancer
3) Explain the presentation, diagnosis, prognosis and treatment options of prostate cancer

LEUKEMIA

1) Differentiate the various leukemias with regard to presentation, cytogenetics, diagnostic workup, treatment options and prognosis
   a) Acute Myelogenous Leukemia
   b) Chronic Myelogenous Leukemia
   c) Chronic Lymphocytic Leukemia
   d) Acute Lymphocytic Leukemia
   e) Hairy Cell Leukemia

LYMPHOMA

1) Differentiate Hodgkin lymphoma and Non Hodgkin lymphoma with regard to epidemiology, pathophysiology, presentation, diagnosis, staging, and treatment

ADDITIONAL MALIGANCIES

1) Discuss the epidemiology, pathophysiology, risk factors, screening, diagnosis, treatment and prognosis for the following cancers
   a) Head and Neck Cancers
   b) Sarcomas
   c) Endocrine malignancies
   d) Renal Cell Cancer
   e) Bladder Cancer
f) Testicular Cancer
g) Gynecological Cancers
h) Intracranial Cancers

ONCOLOGICAL EMERGENCIES

1) Discuss the definition, pathophysiology, presentation, diagnosis and treatment of the following emergencies
   a) Malignant pericardial effusion and tamponade
   b) Superior Vena Cava Syndrome
   c) Acute Tumor Lysis Syndrome
   d) Hypercalcemia of Malignancy
   e) Syndrome of Inappropriate Antidiuretic Hormone and Hyponatremia
   f) Neutropenic Fever
   g) Epidural Spinal Cord Compression
   h) Pathologic Fractures

Clinical Skills

A. The student should complete a thorough medical history including details of current symptoms, previous hematologic issues and management efforts, and risk factors that could impact on the diagnosis or management of their current problem.
B. Perform a complete physical exam with appropriate emphasis on the hematopoietic system exam.
C. Interpret common diagnostic tests utilized in the evaluation of the patient with a hematologic or oncologic disorder.
D. Interpret laboratory test with emphasis on the CBC, iron studies, Vitamin B12 and Folate disorders

Socioeconomic: the student will:

1) Appreciate the psychosocial issues that potentially impact the patient’s hematologic problems (professionalism and sensitivity to disability issues).

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, write daily notes to accurately and concisely project the status of the patient’s condition, and recognize unstable patients in need of urgent evaluation and management.

2) Medical Knowledge: The student can demonstrate knowledge of the criteria for diagnosis of common clinical problems, know the first line therapies for common clinical problems, and demonstrate a knowledge of the interpretation of diagnostic tests.

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, clinical support staff, and supervising residents and attending physicians.

4) Professionalism: The student will demonstrate respect for patients, families, co-workers, and work effectively with nurse coordinators, social services, and 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 patients.

7) Osteopathic Principles and Practices: The student should be able to integrate osteopathic principles and treatments in the management of the hematologic patient.

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 office or clinic, the completion of admission history and physicals, the completion of pre-rounding progress notes on assigned patients, participation in conducting and the interpretation of diagnostic testing and clinical management.

Participation in Clinical Conferences and/or Structured Educational Programs: The student is expected to participate in clinical conferences and educational programs appropriate for the clerkship course including those generally associated with residency educational programs.

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
Review of the Hematology Modules from the Heme course OST 578 course pack will be of value to the student. 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-service.

- 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 *the determination of a satisfactory</td>
<td>To be appropriately submitted per the instructions at the end of each evaluation</td>
<td>Final Day of Rotation</td>
</tr>
<tr>
<td>attending evaluation is governed by the College Policy for Retention,</td>
<td>form</td>
<td></td>
</tr>
<tr>
<td>Promotion, and Graduation*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>“Evaluate” Link in Kobiljak Schedule <a href="http://Kobiljak.msu.edu">http://Kobiljak.msu.edu</a></td>
<td>11pm Last Sunday of Rotation</td>
</tr>
<tr>
<td>(this link will activate on the final Monday of the rotation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Types and Procedure Log</td>
<td>See page 15 at end of syllabus and upload into D2L Drop Box 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.</td>
<td>Not to be submitted until the last Friday-</td>
</tr>
<tr>
<td></td>
<td>of OMS ATTN: Steve Stone 909 Fee Rd., B315A West Fee Hall East Lansing, MI 48824</td>
<td>Sunday of the rotation, and must be the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>schedule you worked, not what you were</td>
</tr>
<tr>
<td></td>
<td></td>
<td>scheduled to work.</td>
</tr>
</tbody>
</table>
**IM 653 Hematology-Oncology Corrective Action Policy**

There is no Corrective Active Policy or Plan as there are no graded components to the IM 653 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.

**MSU College of Osteopathic Medicine Standard Policies**

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).

**ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY:** NONE
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.

http://Kobiljak.msu.edu

Exposure Incidents Protocol

You must also notify your attending and the DME Office of your base institution of the incident. A form has been developed by the University to report exposure incidents. These forms should be on file in your DME’s office. While on rotations that occur outside of the base hospital system notify your attending immediately of any exposure, and follow the MSU procedure for evaluation and treatment. The form can be accessed 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.
### 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>Evaluate 2 patients with cancer</td>
<td>1. 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate 2 patients with anemia</td>
<td>1. 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret 10 CBC</td>
<td>1. 2. 3. 4. 5. 6. 7. 8. 9. 10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in five Hematology/Oncology consults in the hospital or office.</td>
<td>1. 2. 3. 4. 5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>