Please Note: At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. 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 syllabi before beginning your rotations. This syllabus is active for any rotation August 1, 2018 to July 30, 2019.
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Introduction and Overview

It is your responsibility to read this syllabus in its entirety and to understand what is expected of you while on this rotation.

This rotation is a balance of clinical encounters, didactic sessions, video/on-line presentations and reading assignments (both on-line and textual). This blend will provide you with a strong foundation in your approach to anesthesiology during urgent, elective and emergency conditions. There will be one-on-one teaching on this rotation. The more interest you demonstrate in learning, the more you will benefit from this clinical experience.

The enclosed syllabus represents general and specific didactic requirements that are inherent in your rotation. All anesthesiology educational conferences in your institution are mandatory. You must check with the department rotation office for time and scheduled dates that will be in effect during your rotation.

Please note that we have included links to the reading materials. Should the links not work for you, please cut and paste them the link into a browser window and the material should load for you.

You can find additional resources at: http://libguides.lib.msu.edu/medicalebooks.
GOALS

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

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.
6. Review the Entrustable Professional Activities and the Osteopathic Core Competencies located in the Additional Information section on D2L.

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

A. Pre-Anesthesia History and Physical Examination.
Be able to perform a history and physical examination, including musculoskeletal status, on a scheduled preoperative patient. At a minimum, pertinent information will include: preoperative data (laboratory, x-ray/ecg findings), informed consent, anesthetic plan, and determination of ASA status and appropriate pre-anesthetic medication.

SPECIFIC LEARNING OBJECTIVES
1. Perform a pre-anesthetic history and physical examination
2. Interpret pre-operative data, including laboratory, ECG and X-ray findings
3. Explain the need for and how to obtain an informed consent
4. Determine an anesthetic plan
5. Determine ASA physical status and what it means
6. Determine proper preanesthetic medication(s), including need and route
7. Start an intravenous line utilizing proper technique
BASIC SCIENCE LINKS
1. Review/know the basic physiology of the cardiopulmonary system and,
2. All affected operative areas/sites

LABS/OTHER ACTIVITIES
1. Know if the patient is stable and, if not, why not.
2. Interpret all applicable labs, ECGs, radiographs
3. Discuss the basic uses of various intravenous solutions and why/when they are used.
4. Discuss the uses of intravenous cannulas and how to insert them using proper technique
5. VIDEO: Peripheral Venous Cannulation
   (https://www.youtube.com/watch?v=qRWb9CJU0Yk)

OPC SKILLS REVIEW
1. Vital signs
2. Cardiac physical examination
3. Pulmonary physical examination
4. Examination of affective operative area/site (as applicable)
5. Proper interviewing technique
6. Proper use of empathy

EQUIPMENT NEEDED
1. Intravenous start equipment as per institution

B. Basics of Anesthesiology/Machine/Monitoring
Complete an anesthesia machine preoperative check. Critical elements of this check include: knowledge of the proper utilization of nitrous oxide, oxygen, gas metering and flow, use of a semi-closed circle absorber system, vaporizer function, and the basics of intraoperative ventilator use. Discuss the safety features of the anesthesia machine and all applicable monitors.

SPECIFIC LEARNING OBJECTIVES
1. Complete an anesthetic machine preoperative safety check and have basic knowledge of:
2. Proper utilization of anesthetic gases/agents,
3. Metering and flow,
4. Vaporizer function,
5. Absorber system, and
6. Intraoperative ventilator use
7. Discuss the basic uses of all applicable intraoperative monitoring devices

BASIC SCIENCE LINKS
1. Basic physiology of the cardiopulmonary system
2. Basic pharmacology of anesthetic agents (gas and liquid)

LABS/OTHER ACTIVITIES
1. VIDEO: Monitoring Ventilation with Capnography ([link](https://www.youtube.com/watch?v=Mxz-drVdS58))
2. VIDEO: Pulse Oximetry ([link](https://www.youtube.com/watch?v=2v3rae-73jc))
3. VIDEO: Capnography ([link](https://www.youtube.com/watch?v=BbQIlIsit6eo))

EQUIPMENT NEEDED
As supplied by institution

C. Anesthetic Agents/Medications
Define and describe pharmacodynamics, pharmacokinetic, physiological, and postoperative effects of all anesthetic agents as well as appropriate drug interactions.

SPECIFIC LEARNING OBJECTIVES
1. Define/describe:
   a. Pharmacodynamics
   b. Pharmacokinetic
   c. Physiological, and, the
   d. Post-operative effects of all anesthetic agents and medications and, e. All appropriate drug interactions

BASIC SCIENCE LINKS
1. Pharmacology of anesthetic agents and premedicants

LABS/OTHER ACTIVITIES
1. VIDEO: Conscious Sedation for Minor Procedures in Adults ([link](https://www.youtube.com/watch?v=BSYYq01Y9xQ))

EQUIPMENT NEEDED
As supplied by institution

D. Airway Management
Identify and/or describe anatomic considerations of the airway, conditions that may compromise that airway, and airway management under mask, oral pharyngeal, nasal pharyngeal, and endotracheal tube placement. Demonstrate familiarity with common complications and treatment of aspiration as well as indications for postoperative extubation.

SPECIFIC LEARNING OBJECTIVES
1. Identify/describe all anatomical and physiological considerations of the airway and,
2. Conditions that may compromise that airway
3. Demonstrate appropriate airway management techniques utilizing:
   a. mask and bag
   b. oropharyngeal airway
   c. nasopharyngeal airway
   d. endotracheal tube
4. Demonstrate familiarity with common airway complications as well as treatment for pulmonary aspiration/pulmonary aspiration pneumonitis
5. Know the indications for post-operative extubation

**BASIC SCIENCE LINKS**
1. Become familiar with the anatomical structures of the nose, pharynx and pulmonary tree

**LABS/OTHER ACTIVITIES**
1. VIDEO: Orotracheal Intubation (https://www.youtube.com/watch?v=c0v5hpLQXZU&list=PL5v3YzNPkiRNbTuPrIAPrA3cyWRgTMKzB)
2. VIDEO: Positive Pressure Ventilation with Face Mask and Bag Valve Device (https://www.youtube.com/watch?v=Y6wdxZmdKuU&list=PL8tZP77vSdwuliyhRBhLid83RfyL6mI6U)
3. VIDEO: Fiber optic Intubation (https://www.youtube.com/watch?v=UG4n7AwRRBU)
4. VIDEO: Endotracheal Intubation iSIM2 (https://www.youtube.com/watch?v=LpPEDvd_RDg)
5. VIDEO: Fiber optic Endotracheal Intubation (https://www.youtube.com/watch?v=T277QD2PUXI)

**OPC SKILLS REVIEW**
1. Examination of the mouth and posterior pharynx
2. Examination of the respiratory tree

**EQUIPMENT NEEDED**
As supplied by institution

**E. Spinal, Epidural, and Regional Anesthesia**
Describe appropriate patterns of regional anesthesia usage, including indications, contraindications, principles of use, physiological effects, medications, basic techniques, proper dosage, as well as recognition of the manifestations of toxicity.

**SPECIFIC LEARNING OBJECTIVES**
1. Describe the appropriate patterns of regional anesthesia usage, including:
   a. indications
   b. contraindications
   c. principles of use
   d. physiological effects

e. medications
f. basic techniques
g. proper dosage
h. recognition and treatment of the manifestations of toxicity

BASIC SCIENCE LINKS
1. Anatomy of the central and peripheral nervous system
2. Dermatome recognition
3. Pharmacology of agents utilized in conduction and regional anesthetic techniques
4. Physiological manifestations of toxicity of all applicable agents and treatment indicated

OPC SKILLS REVIEW
1. Neurological examination (central and peripheral)
2. Dermatome recognition and application

LABS/OTHER ACTIVITIES
1. VIDEO: Lumbar Puncture (https://www.youtube.com/watch?v=weoY_9tOcJQ)
2. VIDEO: Epidural Anesthesia (https://www.youtube.com/watch?v=ndYzw_ISfJA)

EQUIPMENT NEEDED
As supplied by institution

F. Pain Management (Intraoperative / Post-Operative)
Demonstrate familiarity with the various analgesic agents, their modes of administration, physiological effect, and potential complications. If appropriate to your service, you should also be able to define and describe various nerve blocks and their use in intraoperative as well as postoperative acute pain management.

SPECIFIC LEARNING OBJECTIVES
1. Demonstrate familiarity with the various analgesic agents, and,
2. Their modes of administration, and,
3. Their physiological effect/affect, and,
4. Potential complications.
5. Describe/define various nerve blocks and their use in intraoperative as well as postoperative acute pain management

BASIC SCIENCE LINKS
1. Physiological/pharmacological properties and effects of analgesic agents
2. Impact upon and the neurological response to analgesic agents

LABS/OTHER ACTIVITIES
1. VIDEO: Lumbar Puncture (https://www.youtube.com/watch?v=weoY_9tOcJQ)
2. VIDEO: Epidural Anesthesia/Analgesia (https://www.youtube.com/watch?v=ndYzw_lSfJA)
3. VIDEO: Local Anesthesia Injection Techniques (https://www.youtube.com/watch?v=Uxav0kAWU14)
4. VIDEO: Pain Management Techniques (https://www.youtube.com/watch?v=eQVaVhHf50)

EQUIPMENT NEEDED
As supplied by institution

G. Post-Anesthesia Care Unit
List factors related to anesthetic emergence, recall its effect upon hemodynamics and physiological status, and explain the use of reversal agents and all monitoring modalities, and scoring techniques utilized in the post-anesthesia care unit.

SPECIFIC LEARNING OBJECTIVES
1. List factors related to anesthetic emergence, and,
2. Its effect upon the patient’s hemodynamic and physiological status, and,
3. Explain the use of reversal agents and all monitoring modalities, and,
4. Know the scoring techniques utilized in the PACU.

BASIC SCIENCE LINKS
1. Know the pharmacological and physiological response to anesthetic emergence.
2. Know the pharmacological properties of reversal agents utilized in the operating room and within the PACU.

LABS/OTHER ACTIVITIES
1. VIDEO: Arterial Puncture for Blood Gas Analysis (https://www.youtube.com/watch?v=YuFK22n-tvl)
2. VIDEO: Monitoring Ventilation with Capnography (https://www.youtube.com/watch?v=Mxz-drVdS58)
3. VIDEO: Nasogastric Intubation (https://www.youtube.com/watch?v=ARHfqRB3t4M)
4. VIDEO: Pulse Oximetry (https://www.youtube.com/watch?v=2v3rae-73jc)
5. VIDEO: Post-Anesthesia Care Unit (https://www.youtube.com/watch?v=8PqCyzJ DV_4)

OPC SKILLS REVIEW
1. Vital signs in the emergent patient (BP, P, R, Temperature)
EQUIPMENT NEEDED
As supplied by institution

H. Shock: Fluid and Electrolyte Management/Blood Therapy
Distinguish between appropriate uses of fluids intraoperatively, replacement of intravenous volume during the operative procedure, use of blood products, as well as identify complications and side effects associated with volume replacement.

SPECIFIC LEARNING OBJECTIVES
1. Distinguish between the appropriate use of fluids intraoperative, and,
2. The replacement of intravenous volume during the operative procedure, and,
3. The administration of blood replacement products and when you would use them, and,
4. Identify the complications associated with fluid volume replacement, and,
5. The complications and side effects associated with blood replacement therapy.
6. Know the different types of shock and the treatment for each.

BASIC SCIENCE LINKS
1. Know the physiological effect of volume overloading upon the cardiovascular, pulmonary, renal and hepatic systems
2. Know the physiological impact/effect of volume depletion, including blood loss, upon the cardiovascular, pulmonary, renal and hepatic systems.

LABS/OTHER ACTIVITIES
1. VIDEO: Fluids and Electrolytes, Part I (https://www.youtube.com/watch?v=K3VRehFOZUw)
2. VIDEO: Fluid Overload (https://www.youtube.com/watch?v=uFggEqh_OS8)
3. VIDEO: What is Shock? (https://www.youtube.com/watch?v=9a7N9AU1GiQ)
4. VIDEO: Shock Explained Clearly (https://www.youtube.com/watch?v=PrkNmVPI9sc)

OPC SKILLS REVIEW
1. Know vital signs, both normal and pathological
2. Be able to perform a cardiac and pulmonary examination
3. Be able to perform an abdominal examination including the examination for hepatomegaly
4. Be able to perform a lower extremity examination for ankle and pretibial edema

EQUIPMENT NEEDED
As supplied by institution
I. Specific Types of Anesthesia Care
Discuss different physiological and psychological parameters encountered in the administration of Pediatric, Cardiac, Neurosurgical, Obstetrical, Ophthalmic, Thoracic, Vascular and Trauma Anesthesia.

SPECIFIC LEARNING OBJECTIVES
1. Discuss the different physiological and psychological parameters encountered in the administration of:
2. Pediatric
3. Cardiac
4. Neurological
5. Obstetrical
6. Ophthalmic
7. Thoracic
8. Vascular
9. Trauma anesthesia

BASIC SCIENCE LINKS
1. As applicable to the various systems noted under Specific Learning Objectives

LABS/OTHER ACTIVITIES
1. VIDEOS: All types of anesthetic care (Thoracic, Vascular, Trauma, et al) (https://www.youtube.com/watch?v=89G-NKm4Dfw)

OPC SKILLS REVIEW
1. As applicable to the various systems noted under Specific Learning Objectives

EQUIPMENT NEEDED
As supplied by institution
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:

http://www.com.msu.edu/About/Accreditation/overview_of_program.htm

http://www.com.msu.edu/About/Accreditation/accred_policies/Program-Level-Educational-Objectives-KSA.pdf

OPP Objectives for Clinical Clerkships: Anesthesiology Specific Objectives:

- Students must be able to demonstrate knowledge of osteopathic principles and practice, and to demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.
- Provide patient-centered care that is culturally responsive, compassionate, and appropriate for the effective treatment of illness and promotion of health.
- Demonstrate an understanding and application of the evolving osteopathic, biomedical, clinical, epidemiological, biomechanical, and cognate (e.g., epidemiological and social-behavioral) sciences to optimize patient care.
- Demonstrate the ability to continuously evaluate patient care practices, scientific evidence and personal beliefs and biases as they relate to improving the care of patients and optimizing patient outcomes.
- Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, allied health care providers, staff and colleagues, to optimize patient outcomes.
- Demonstrate a commitment to the highest standards of professional responsibilities, adherence to ethical principles and cultural responsiveness to diverse beliefs and customs.
- Effectively utilize available health care system resources to provide optimal health care to the individual patient and local and global communities.
References

Required Study Resources

https://d2l.msu.edu

Suggested Study Resources and Recommended Text

While there are many fine anesthesiology texts available, much of the information contained in this protocol and study guide may be found in the Handbook of Clinical Anesthesia, Barash, Cullen and Stoelting, Lippincott Williams & Wilkins, Fifth Edition on the MSU Libraries Medical Library site. http://libguides.lib.msu.edu/medicalebooks
Course Requirements

To successfully complete this rotation, you must complete, and document where required, all of the following administrative and clinical requirements.

a. Meet with the department where you will be rotating prior to the rotation and set your schedule. Pick up all required and/or necessary educational materials and determine the educational conference schedule as well as any other mandatory requirements as per the department. Show and go over the end-of-rotation evaluation sheet with your attending so that you are both aware what is required of you.

b. Complete all assigned shifts.

c. Complete the on-line Breeze module in Anesthesiology. This introductory course and pre-service examination is the online module posted in the course Desire 2 Learn Site. Documentation of your access to the online module will be tracked by the Department of Osteopathic Surgical Specialties and the Clinical Clerkship office. This module and the available case studies will help prepare you for your rotation and your final exam.

d. Short Answer Questions. You will have up to one week post rotation to complete and submit your Short Answer Questions. Completion of these will assist you in taking the End of Rotation Examination.

e. End of the rotation final examination. You will take the post-service examination online in Desire 2 Learn. In order to receive a passing grade in the course, Complete and pass the End of Rotation Final Examination with a grade of 80% or more. Failure to do so will require a retake of the Examination and a score of 90% minimum. Failure of this second Examination will necessitate an Oral Examination, Extensive Remediation, and/or a repeat of the Entire Rotation.

f. Inter Personal Education Form. You will need to complete one on this rotation. You must record this encounter on the Inter Personal Education Form and upload that to the Dropbox on Desire 2 Learn.

g. When working in the hospital, keep a log of all your daily patient encounters. You must record these encounters on the Anesthesiology Procedure Log and upload that to the Dropbox on Desire 2 Learn. You must record all patients you observe and attend to each day. At the end of your rotation, print out a copy of your entries and give it to your attending along with your evaluation so that the attending can make a judgment about your logs.
h. Return all books (if borrowed) to the hospital library and/or anesthesia department within two weeks of the end of the rotation.

i. Attend all scheduled conferences as assigned.

j. Complete any additional didactic work as required by the hospital anesthesia department and return to their office by their deadlines.

k. If illness precludes you from completing a shift, you must make it up.

l. Vacation days may not be scheduled during this rotation.

m. MAINTAIN PROFESSIONAL APPEARANCE AND BEHAVIOR AT ALL TIMES.

n. 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.

o. Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients' health problems.

p. 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.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Pass</th>
<th>Extended Grade</th>
<th>No Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breeze Presentation</td>
<td>• Not mandatory for grade</td>
<td>• Not mandatory for grade</td>
<td>• Not mandatory for grade</td>
</tr>
<tr>
<td>Short Answer Questions</td>
<td>• Completed 100% by 11 pm the Friday after your rotation ends</td>
<td>• Will by the conditional grade until all requirements of this rotation are met</td>
<td>• Missed either the completion deadline or failed to complete the corrective action</td>
</tr>
<tr>
<td>End of Rotation Examination</td>
<td>• Receive an 80% or above the first time the exam is taken. If you receive less than 80% you will need to retake the exam and receive a 90% or higher.</td>
<td>• Receive an 80% or above the first time the exam is taken. If you receive less than 80% you will need to retake the exam and receive a 90% or higher.</td>
<td>• Missed either the completion deadline or failed to complete the corrective action</td>
</tr>
<tr>
<td>Student Encounter Log</td>
<td>• Completed 100% and uploaded by 11 pm the last day (Sunday) of the rotation</td>
<td>• Will by the conditional grade until all requirements of this rotation are met</td>
<td>• Failure to complete and upload within two weeks after the rotation ends</td>
</tr>
<tr>
<td>Inter Personal Education</td>
<td>• Completed 100% and uploaded by 11 pm the last day (Sunday) of the rotation</td>
<td>• Will by the conditional grade until all requirements of this rotation are met</td>
<td>• Failure to complete and upload within two weeks after the rotation ends</td>
</tr>
<tr>
<td>Clinical Clerkship Rotation Evaluation</td>
<td>• Students may receive up to 1 Below Expectations mark in any subcategory with the overall categories at Meets or Exceeds Expectations</td>
<td>• Will by the conditional grade until all requirements of this rotation are met</td>
<td>• Receives two or more “Below Expectations” in any subsection on the evaluation • Displays indicators of marginal performance on any clerkship rotation</td>
</tr>
</tbody>
</table>
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.

A designation given to any student who:

- Receives one (1) and/or two (2) N grades in any Clerkship course; and/or
- Receives two (2) or more overall “Below Expectations” ratings on any Clerkship rotation evaluation; and/or
- Displays indicators of marginal performance on any clerkship rotation.
- The student will be required to appear before the COSE Clerkship Performance Subcommittee.
- Any student failing to appear, when directed, without due cause, or fails to meet any Subcommittee requirement, will be suspended from the College.
Student Responsibilities and Expectations

Student Attire and Etiquette

Medical students are to wear clean, white, short lab coats during the clerkship unless otherwise instructed. An identification tag, which is furnished by the community campus, must also be worn at all times. As a student, you will come in close contact with patients, physicians, peers and other health care professionals each day; good personal hygiene must be practiced. It should also be noted, that although the college does not have a “dress code,” tennis shoes, open-toed shoes, low-cut or midriff blouses, miniskirts and jeans are not considered appropriate attire for hospital/office/clinic settings including lectures.

Medical students should introduce themselves to patients and other health care professionals as a medical student, not as a physician. This is important so that individuals do not assume that students have more responsibility or authority concerning patient care than that of a medical student. Patients should be addressed using their last names. Students should remember that, in the clinical setting, they are a reflection of Michigan State University and the College.

Student Responsibilities Regarding Patient Supervision

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure, the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure).

It is understood that a complete list of procedures that a medical student may perform is neither possible nor desirable to establish, but these general guidelines should be followed:

1. Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.

2. If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.

3. If the student is not known by the patient, the student should properly identify her/himself to the patient.
4. If the medical student is not successful in the performance of a procedure within the reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.

5. It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any nurse responsible for that patient, if that nurse has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.

**MSUCOM Student Responsibilities**

During the course of this month, the student is expected to take a proactive approach to learning about the discipline of Surgery. Students should make every effort to have an initial orientation session with their attending physician/resident in an effort to review goals, objectives and expectations on both the part of the preceptor and student. During this initial orientation meeting, students should present the preceptor with both a copy of their evaluation form as well as review this syllabus with him or her. Doing so will improve the overall rotational experience in terms of training and evaluation. Students should also have a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on commentary from the preceptor.

Doing so will encourage active participation and improve summative evaluations that occur at the end of the rotation.

It is expected that the student will meet the following **clinical responsibilities** during this rotation:

- Report to their rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
- Demonstrate an enthusiastic and proactive attitude towards the learning process in general and Surgery specifically.
- Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.
- Not engage in behaviors that are either: unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
- Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.
• The student will represent themselves, fellow students and the College in a positive and professional manner.
• The student is expected to function collaboratively on healthcare teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

It is expected that the student will meet the following academic responsibilities during this rotation:
• Complete all College’s curricular elements of the rotation as specified in the syllabus in a timely fashion.
• Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.
• The student is expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patient’s health problems.
• The student is 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.

**Use of Electronic Devices**

Students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships or during other required activities can be distracting and disrespectful to patients, preceptors, lecturers, and fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures, or when in the room with patients: the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that
may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any clerkship required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.
MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across rotations.

Clerkship Attendance Policy
In order to gain the knowledge and skills to successfully complete the MSUCOM clerkship program, consistent participation/attendance in program activities is essential. Any time off must not interfere with the quality of the rotation.

1. In the event a student needs to be absent from any rotation for the reasons listed below and permissible by the rotation syllabus, students may request time off.
2. Any absence (unless emergent) must be approved in advance (at least 30 days) of absence by the medical education department (student coordinator/director or DME), utilizing the Clerkship Program Excused Absence Request Form.
3. A student may not be absent more than 2 days on any one 4 week rotation (no time off allowed for rotations of 2 weeks or less) for the reasons below (exception Interview absences or Conference absences as below).
4. Any additional time off any one rotation must be approved by the MSUCOM Instructor of Record for the course the absence will occur.

Absence due to interviews:
For the purpose of interviewing only, a student may be absent 4 days on a 4 week rotation (2 days on a 2 week rotation) during the months of September to January in the OMS year 4. Interview invitations must accompany the Clerkship Program Excused Absence Request Form.

Absence due to examinations:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Maximum Time Off (includes travel time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE</td>
<td>1 day</td>
</tr>
<tr>
<td>MSUCOM COMLEX PE Simulation at MSU</td>
<td>1 day for each scheduled simulation</td>
</tr>
<tr>
<td>COMLEX USA Level 2 PE/USMLE Step 2 CS(Canadian Students Only)</td>
<td>2 days</td>
</tr>
<tr>
<td>COMAT/SHELF examinations</td>
<td>Travel time and time for exam</td>
</tr>
</tbody>
</table>

Personal Day Absence:
Students are allowed 5 personal days per academic year in OMS 3 and OMS 4. These days are not carried over from third year to fourth year. These are to be used for illness, physician appointments, and special events (weddings,
graduations, special anniversary events) and must not exceed 2 days on any 4 week rotation (#3 above). Prolonged illness and bereavement will be handled on a case by case basis between MSUCOM Director of Clerkship and the base hospital/medical education department. Students must notify rotation team and medical education of emergent/illness absences on day of absence.

Hospital organized community events that might lead to periodic absence from rotations – student participation is encouraged and if base hospital approved, would be considered part of the rotation and not a personal day absence.

Jury duty – when obligated, student participation is not considered a personal day. Court excuses must accompany any absence. If absence is prolonged, this will be handled on a case-by-case basis between the base hospital/medical education and MSUCOM.

Conference Absence:
While on required/core rotations, no excused absences for any professional meeting will be allowed unless the student is presenting research in which they have participated.

a. Appropriate paperwork with proof of presentation and copy of conference agenda must accompany the form.

b. Time off in this situation will be for travel and presentation only.

While on selective/elective rotations: A student may submit a request for an excused absence to attend one (1) professional meeting, time not to exceed 3 days off rotation. The meeting agenda must accompany the Clerkship Program Excused Absence Request Form MSUCOM Clerkship Absence Request Form.

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. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. 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

Student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE). Students that fail this Core General Surgery rotation will have to repeat the entire rotation in Core General Surgery and fulfill all requirements.

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 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. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

It is important to know that evaluations will not be accepted by the Office of Student Services 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 and approved.

Student Evaluation of Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the evaluation system at:

http://hit-filemakerwb.hc.msu.edu/Clerkship/login_student.html
EXPOSURE INCIDENTS PROTOCOL

You must 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. Please make yourself familiar with the procedure and the form.
<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Required procedures to be performed by student</th>
<th>Diagnosis</th>
<th>Role</th>
<th>Supervisor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ventilation with Bag/Mask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre-Anesthesia Evaluation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Start peripheral IV and Central Line</td>
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<td></td>
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<tr>
<td></td>
<td>Laryngeal Mask Airway</td>
<td></td>
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</table>

Additional Comments:
________________________________________________________________________________________________________________________________________________________
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Revised 7/2018
Inter Professional Education

Inter professional education (also known as inter-professional education or “IPE”) refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice for providing client- or patient-centered health care.

Please complete the following worksheet based on one (1) Time out you observed on your rotation. Circle the Core Rotation and your answers on this form. Please upload to the dropbox on D2L.

Obstetrics/Gynecology  Surgery  Anesthesiology

Name:
MSUCOM Rotation:
Dates of Rotation:
Base Hospital:

1. Did the time outs occur?  Yes  No

2. Who was in attendance for the time out:
   - Doctor
   - Medical Students
   - Others
   - Nurse (Circulation)
   - Residents
   - Scrub Tech
   - Anesthesia (Dr/CRNA)

   Did everyone in attendance participate in the timeout?  Yes  No

3. Did any issues/concerns arise?  Yes  No
   How were they addressed?

4. Please take a moment to explain your reflections on the time outs you observed in surgery. Were they helpful? How could they have been improved?