IM 650
IM In-patient Clerkship
Core 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.
This syllabus is active for any rotation August 1, 2018 to July 30, 2019
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Introduction and Overview

Welcome to one of the three core Internal Medicine (IM) rotations you will complete successfully during the course of your clerkship years. Our internal medicine team has collaborated to offer selected topics in IM for your study through a series of three required clerkship rotations - IM 650 (inpatient IM rotation #1), IM 658 (Out-patient IM #1) and IM 660 (sub-internship inpatient IM #2). IM 650 must occur before IM 660 and is highly recommended, but not essential that IM 658 occur before IM660. IM 660 should ideally be completed after IM 650 and 658, and should ideally NOT occur prior to the 7th month of the third year to allow adequate exposure to inpatient medicine for the medical student. It is intended to be an advanced rotation with higher expectations of the student for performance. Preferably, it should be scheduled after C3 and all R2 core rotations are completed.

We believe these topics are the most common ailments affecting our U.S. population. If you put the time and effort into studying these modules you will be well prepared for internship, residency and national tests you will take such as COMAT and COMLEX. It is also our hope that you will recognize the integral role of Internal Medicine, for it is a cognitively rewarding discipline for which there will always be a need.

Rotation Format: The instructional modules for the inpatient IM rotation are created to showcase a typical day for an Internist in the hospital. You will be assigned 4 modules during your four week IM rotation. Each module is under 60 minutes. It is recommended that you complete all of them the weekend before your rotation starts.

What’s In This Syllabus.
This syllabus is divided into the following areas:

- **Goals & Objectives** – A list of learning goals & objective covering the selected topics in IM
- **References** – A list of recommended reading references for this specialty; these include recommended readings to meet the stated goals and objectives
- **Summary of Didactic Requirements** – A list of required didactic elements for this month with completion dates and respective percentage of grade (readings will be housed in D2L)
- **Core Competencies** – A list of core competencies (as identified by the American Osteopathic Association) addressed during the month
- **Summary of Clinical Requirements** – A list of required activities for the month with required submission methods and completion dates
- **Rotation “N” Grade Process** – An explanation of “N” grade should you not pass the rotation initially

Required Reference Material

ACP IM Essentials – digital (there are 3 different versions available) – as of 03/01/2018 at the price starting at $59.95 with a free student membership in ACP.
[https://www.acponline.org/membership/medical-students](https://www.acponline.org/membership/medical-students)
[https://ime.acponline.org/](https://ime.acponline.org/)
Goals and Objectives

The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable, sympathetic and sophisticated physicians. Additionally, it seeks to ensure that each student is able to work up a patient, to develop differential diagnosis, to formulate a treatment plan, and to consider an approach to managing the patient. Further, our aim is to teach students to apply the background in pathophysiology acquired in the pre-clinical years to the diagnosis and management of patients. Lastly, it is expected that students continue to expand their knowledge base and clinical judgment.

The following is an outline of the knowledge, skills, and behavior students should possess upon completion of the clerkship:

A. **HISTORY TAKING: Obtain an accurate, efficient, appropriate and thorough history.**
   This clerkship will emphasize the development of intermediate level history taking skills. It will emphasize strategies and skills for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient settings. Particular attention will be given to identification and elicitation of key historical data pertinent to immediate clinical decision-making.

B. **PHYSICAL EXAM: Perform and interpret findings of a complete and organ-specific exam.**
   This clerkship will focus on development of intermediate-to-advanced physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, Nephrology and gastrointestinal diseases) pertinent to the clinical evaluation of adults presenting with medical problems in the inpatient settings. It will emphasize elicitation of physical findings pertinent to differential diagnosis and immediate clinical decision-making.

C. **DIAGNOSTIC EVALUATION: Interpret data from laboratories and radiology demonstrating knowledge of pathophysiology and evidence from the literature.**
   This clerkship will emphasize interpretation of basic tests used in the evaluation of adult medical patients presenting with medical problems in an inpatient setting. Principles of clinical epidemiology will be used to facilitate test interpretation, especially as they relate to determination of post-test probabilities and contribution of test results to differential diagnosis.

D. **DIAGNOSIS: Articulate a cogent, prioritized differential diagnosis based on initial history and exam.**
   A prime learning objective of this clerkship will be the formulation of a prioritized initial differential diagnosis based on the history and physical examination for common medical problems of adult patients presenting in inpatient settings. Differential diagnosis of common systemic, cardiac, pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, and infectious disease problems will receive particular emphasis.

E. **DIAGNOSIS II: Students are expected to design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of pathophysiology and evidence from literature.**
   Another priority learning objective for this clerkship will be formulation of a diagnostic strategy, emphasizing use of the principles of clinical epidemiology (test sensitivity, specificity, pretest probability, predictive value) and cost effectiveness data to guide test selection and interpretation.
F. **MANAGEMENT:** Design a management strategy for life threatening, acute, and chronic conditions demonstrating knowledge of pathophysiology and evidence from the literature. This Core IM rotation will focus on basic management of the common medical problems of adults presenting to inpatient settings, with particular reference to the relevant pathophysiology and best scientific evidence. Please see the list of 21 content objectives for the IM clerkships.

G. **PROCEDURES:** Performing routine technical procedures.
Students will be taught the basic procedures used in inpatient care of adult medical patients, including procedure indications, contraindications, techniques, complications, and interpretation of any findings that result. Examples of procedures include: Evaluate one patient with in-hospital fall, and be able to discuss the relevant evaluation, review for anticoagulant use and discuss the necessity of brain imaging with your supervising physician; assist with the insertion of one arterial line or central line; arterial blood gas results interpretation and suggested management of results to restore homeostasis; and attendance at one Rapid Response Team event or Code Blue (cardiac arrest in house event) with performance of CPR if allowed.

H. **COMMUNICATION:** Presenting patient information concisely, accurately and in timely fashion to members of a health care team in a variety of settings and formats including verbally and in writing.
This course will emphasize effective written and oral presentation of pertinent clinical information (including differential diagnosis, assessment, and plan) for the care of adult patient. Particular attention will be given to adapting the presentation to the issue at hand.

I. **CULTURAL COMPETENCE:** Understanding of the disease with respect to the cultural, socioeconomic, gender and age related context of the patient.
Core IM will stress how doctor-patient relationship is influenced by a variety of factors. Special emphasis will be placed on conducting patient interviews with sensitivity towards cultural differences as well as impact these may have on disease evaluation and management.

J. **PROFESSIONALISM:**
This rotation will emphasize aspects of professionalism related to interaction with patient, colleagues and staff. Examples of professional behavior include being on time and prepared for rounds and didactic sessions, putting patients’ needs first and willingness to assist your colleagues and staff, ability to self-assess, responsiveness to constructive criticism and time management skills.

This clerkship will also stress skills relevant to taking initiative and responsibility for learning, achieving personal growth and supporting learning objectives of your colleagues. Students are expected to learn how to perform appropriate literature search as well as understand the limitations of the literature base.

Demonstrate knowledge and affirmation of ethical standards

K. **CAREERS IN MEDICINE:** Is medicine your cup of tea?
This clerkship will highlight available career paths in internal medicine including primary care versus subspecialty training. It will also encourage students to find mentors as they prepare for future choices.
IM 650 In-Patient Internal Medicine Weekly Objectives

Rotation Format: Each week during the core internal medicine rotation the student will be responsible for viewing a case presentation module, reviewing a reference sheet and a reading assignment. These activities are designed to sharpen your understanding of the topics and management of complicated patients in the hospital setting.

Week 1

Topics
A. Cardiology
   a. Acute Coronary Syndrome
   b. Heart Failure
B. Nephrology
   a. Acute Kidney Injury
   b. Electrolyte Abnormalities

Specific Learning Objectives
Acute Coronary Syndrome
- Understand definition of ACS and difference between ST Elevation MI (STEMI), Non-ST Elevation MI (NSTEMI) and Unstable Angina (USA)
- Understand the pathophysiology of acute coronary syndrome
- Know diagnostic criteria for USA, NSTEMI, and STEMI
- Recognize EKG presentation of ACS
- Understand post MI risk stratification and TIMI scores
- Review Current guidelines for the treatment of ACS
- Outline indications, contraindications and complications of various treatment modalities.
- Be aware of the different techniques behind the diagnostic tests, and the benefits to each one
- Have an understanding of the different therapies for unstable angina, NSTEMI, and STEMI.

Heart Failure Exacerbation
- Understand definition and pathophysiology of systolic and diastolic types of heart failure
- Identify various clinical presentations associated with heart failure exacerbation
- Know the appropriate labs and imaging needed to order when managing heart failure exacerbation
- Know how to acutely manage heart failure exacerbation
- Have an understanding of long term management of heart failure exacerbation

Acute Kidney Injury
- Define acute kidney injury
- Know pre renal, renal and post renal etiologies of AKI
- Know the appropriate labs and imaging to be ordered when managing AKI
- understand management of AKI

Electrolyte Abnormalities
- Understand clinical presentation of various types of electrolyte abnormalities (Na, K, Ca, Mg, Phosphorus)
- Know how to manage electrolyte abnormalities
Week 1 Activity Assignment: (To be completed by the end of rotation week 1)

1. Case Presentation Acute Coronary Syndrome Module (see D2L)
2. Review Heart Failure Reference Sheet (see D2L)
3. Review Acute Kidney Injury Reference Sheet (see D2L)
4. Review Electrolyte Abnormalities (see D2L)
5. Reading Assignment
   a. There are 3 different versions available.
      i. Cardiovascular Disease; section on Coronary Artery Disease
      ii. Nephrology; Section on Acute Kidney Injury and Electrolyte Abnormalities

Week 2

Topics
C. Infectious Disease
   a. Pneumonia
   b. UTI
   c. Pyelonephritis
   d. Tuberculosis (TB)
D. Endocrinology
   a. Diabetic Ketoacidosis (DKA)

Specific Learning Objectives

Pneumonia
• List the types and diagnostic criteria for different types of pneumonia (CAP, HCAP, HAP)
• Review pathophysiology and physical exam findings associated with pneumonia
• Review severity assessment tools used to assess the severity of pneumonia
• List the antibiotics classes recommended to treat each type of pneumonia.
• List the major side effects of these antibiotics classes and possible management of these side effects

Meningitis
• Learn various etiologies of meningitis
• Understand clinical presentation of meningitis
• Learn treatment options for different types of meningitis

UTI
• Know difference between simple and complicated UTI.
• Learn management of UTI

Pyelonephritis
• Define pyelonephritis
• Know common microorganisms responsible for pyelonephritis
• Learn treatment options for pyelonephritis

Tuberculosis
• Know definition of different types of TB infection (Primary, Active, Latent etc.)
• Understand pathophysiology of TB and various organs it effects
• Learn different options available for treatment of TB
• Know the side effects of different TB medications.
**DKA**
- Define DKA
- Explain the role of contributing factors in DKA such as infections, noncompliance and diet.
- List physical exam findings and clinical presentation associated with DKA
- Know diagnostic tests to be ordered for patients in DKA
- Learn management of DKA

**Week 2 Activity Assignment: (To be completed by the end of rotation week 2)**

1. View Case Presentation on Pneumonia Module (see D2L)
2. Review Meningitis Reference Sheet (see D2L)
3. Review DKA Reference Sheet (see D2L)
4. Review UTI Reference Sheet (see D2L)
5. Review Pyelonephritis Reference Sheet (see D2L)
6. Review Tuberculosis Reference Sheet (see D2L)
7. **Reading Assignment**
   a. ACP IM Essentials
      i. Infectious Disease; section on Pneumonia, UTI/Pyelonephritis, TB and Meningitis.
      ii. Endocrinology section on DKA

**Week 3**

**Topics**

E. Gastroenterology/Hepatology
   a. Pancreatitis
   b. IBD
   c. Liver Failure

F. Pulmonary
   a. Acute Asthma Exacerbation
   b. Acute COPD Exacerbation

**Specific Learning Objectives**

**Pancreatitis**
- Understand pathophysiology of acute and chronic pancreatitis
- Identify signs and symptoms of acute and chronic pancreatitis
- List most common causes of acute & chronic pancreatitis
- Identify the diagnostic approach and evaluation necessary to diagnosis acute & chronic pancreatitis
- Know the management of acute and chronic pancreatitis

**Inflammatory Bowel Disease (IBD)**
- Define IBD (Crohn’s and Ulcerative Colitis)
- Compare and contrast signs and symptoms of Crohn’s versus ulcerative colitis
- Identify the diagnostic approach and evaluation necessary to diagnose IBD
- Know the management of Crohn’s and ulcerative colitis

**Acute Liver Failure**
- Understand the definition and classification of acute liver failure
- Learn physical exam findings and clinical manifestations associated with acute liver failure
- Identify common conditions associated with acute liver failure
Know diagnostic tests to be ordered for patients in acute liver failure

**Acute Asthma Exacerbation**
- Identify risk factors associated with acute asthma exacerbation
- Learn pathophysiology and clinical manifestation of asthma exacerbation
- Know asthma severity classification
- Understand treatment of asthma based on the severity classification

**Acute COPD Exacerbation**
- Identify risk factors associated with acute COPD exacerbation
- Learn major and minor criteria for COPD exacerbation
- Understand pathophysiology and clinical manifestation of COPD exacerbation
- Learn hospital and home management of COPD exacerbation.

**Week 3 Activity Assignment:** *(To be completed by the end of rotation week 3)*
1. Acute Pancreatitis Case Module (see D2L)
2. Inflammatory Bowel Disease (IBD) Reference Sheet (see D2L)
3. Acute Liver Failure Reference Sheet (see D2L)
4. Acute Asthma Exacerbation Reference Sheet (see D2L)
5. Acute COPD Exacerbation Reference Sheet (see D2L)
6. **Reading Assignment**
   a. ACP IM Essentials
      i. Gastroenterology/Hepatology; Section on Acute Pancreatitis, IBD & Acute Liver Failure
      ii. Pulmonary Disease; Section on Asthma and COPD

**Week 4**

**Topics**
G. Hematology
   a. Thromboembolic Disorders (DVT & PE)
   b. Coagulation Disorders

**Specific Learning Objectives**

**Thromboembolic Disorders**
- Understand the definition and differences between proximal versus distal Deep Venous Thrombosis (DVT)
- Understand pathophysiology of thrombus formation
- Understand Well’s scoring system and various tests to order based on this scoring system.
- Know the indications and contraindications of various available testing modalities in the work up of DVT
- Understand how a DVT can lead to PE
- Know the presentation of massive PE and how to manage massive PE.
- Determine when and what work up to order for DVT/PE
- List the various categories of oral and IV anticoagulants
- Know the major side effects of each agent along with their indications/contraindications.
- Know the duration of treatment for acute DVT/PE based on current guidelines
Coagulation Disorders

- Review of normal hemostasis
- Learn how to evaluate patients with suspected bleeding
- Learn various types of acquired versus congenital bleeding disorders

**Week 4 Activity Assignment: (To be completed by the end of rotation week 4)**

1. Acute DVT/PE Case Module (see D2L)
2. Reading Assignment
   a. ACP IM Essentials
      i. Hematology; Section on DVT and PE
      ii. Hematology; Section on Coagulation Disorders

**References by Subject**

**Cardiology**

6. MKSAP 17, Cardiology section on Acute Coronary Syndrome - [https://mksap17.acponline.org/](https://mksap17.acponline.org/)
7. Harrison’s Internal Medicine - [http://libguides.lib.msu.edu/medicalebooks](http://libguides.lib.msu.edu/medicalebooks)

**Infectious Disease**

7. MKSAP 17, Infectious Disease Section on Pneumonia - https://mksap17.acponline.org/
8. UpToDate –http://www.uptodate.com/home

Gastroenterology:
7. MKSAP 17, Gastroenterology & Hepatology section on Pancreatitis - https://mksap17.acponline.org/
8. UpToDate –http://www.uptodate.com/home

Hematology:


8. MKSAP 17, Hematology section on Thromboembolic disorders - https://mksap17.acponline.org/


Useful Resources

Suggested Textbooks and Resources

1. Student MKSAP –
   - MKSAP for Students 5 Digital
     - This is a strongly recommended resource for all of the Internal Medicine rotations. It must be purchased by the individual student. MKSAP for Students 5 Digital.
     - https://www.acponline.org/membership/medical-students
     - http://mksapstudents5.acponline.org/
     - http://www.acponline.org/medical_students/products/mksap_students_digital/
     - Board questions are strongly reflected by this resource.
     - It can be purchased at a discounted price of ~ $59.95 as a student member.
     - Membership is free.
     - IM attendings and residents use MKSAP which updates every three years.

2. Harrison’s – Online: http://libguides.lib.msu.edu/medicalebooks

   - This is a strongly recommended text for all Internal Medicine rotations. It must be purchased by the individual student and cost beginning at $74.99 on Amazon;
   - https://www.amazon.com/dp/0323377335/ref=sr_1_1?ie=UTF8&qid=1520697787&sr=8-1-fkmr0

4. New England Journal of Medicine link to videos in clinical medicine –


6. Additional Resources/Convenient Apps - some are free through the web and some you will need to pay for if you would like access. Also check with your hospital library as to whether they have any available electronically for your use.
   - Dynamed- http://libguides.lib.msu.edu/dynamedapp
   - UpToDate – http://www.uptodate.com/home
   - Epocrates - https://online.epocrates.com/rxmain
   - ACP Doctors Doctor’s Dilemma - https://ddm.acponline.org/
   - American Hospital Association - http://www.aha.org/
   - MKSAP 17 - https://mksap17.acponline.org/

Accessing the Electronic Resources Using MSU’s Library will provide many of these for free.
Student Responsibilities and Expectations

The Internal Medicine clerkship is divided into three four-week rotations that include an IM-Ambulatory, IM-Hospital and IM-Sub-I clerkship. This will provide the mechanism to achieve the objectives that will be covered in internal medicine.

During the third year inpatient IM rotation, students will rotate as a part of the medical team at their designated hospital. The students will work primarily with the preceptor and with intern/resident physicians when applicable as part of the team caring for patients. Students will be expected to write history and physicals on new admits and daily progress notes.

Medical students are expected to participate in direct patient care on the hospital floors, although final responsibility and decision making rests with the attending physician. As a third year student more emphasis will be placed on student responsibility and your ability to manage basic internal medicine patients. Students are required to attend daily didactics that may include morning report, noon conference, faculty grand rounds, resident grand rounds, hematology rounds, cardiology rounds and faculty lectures. During your clinical rotation you will be part of many different learning environments and will be given a great deal of responsibility. Importantly, most of your patients will consider you a critical member of the medical team, and see you as a physician. Given this, it is vital that a high level professional behavior is maintained. Outward appearance is very important in this regard, and is critical for initial impressions and for gaining the respect of your patients. Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for on-call days only.

At ALL times when patient contact is expected or anticipated, your waist-length WHITE COAT will be worn, with your ID badge worn above the waist.

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.

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.

General Inpatient IM Dress Code

During your clinical rotation, you will be a part of many different learning environments and will be given great deal of responsibility. Importantly, most of your patients will consider you a critical member of the medical team, and see you as a physician. Given this, it is vital that a high level of professional behavior is maintained. Outward appearance is very important in this regard, and is critical for initial impressions and for gaining the respect of your patients. For this reason, please adhere to the following dress code during your clerkship:

- Men should routinely dress in slacks, as well as a shirt and tie. No blue jeans are allowed during any rotation.
- Women should wear a skirt or slacks. Skirts should be of a length that reaches the knees or longer.
Tennis shoes should not be worn, except with scrubs.
No open toe shoes, flip-flops, or sandals are allowed at any time. Socks are a public health code requirement at all times.
Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for ‘on-call days’ only.
At ALL times when patient contact is expected or anticipated, your waist-length WHITE COAT will be worn, with your ID badge worn above the waist.
As this policy simply represents general guidelines, we encourage anyone with uncertainties or questions regarding the dress code to reach out to student director for confirmation.
Wear a waterproof gown when blood or body fluid may soak a cloth gown.

ALL incidents of exposure to blood or body fluids such as parenteral (needle stick or cut); mucous membranes (splash to eyes, nose or mouth); cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded or affected by active dermatitis should be reported immediately to attending physician, student director, and MSUCOM (see “Exposure Incidents Report” on page 22 of the syllabus).

Infection Control Guideline

Universal Precautions:
• Consider all blood, visibly bloody secretions, genital secretions, and all bodily fluids from ALL PATIENTS to be infectious.
• Wear gloves when exposed to blood, bodily fluids or genital secretions. Change your gloves and wash hands after each procedure and before contact with another patient.
• Wear a mask and goggles when blood or bodily fluid may splash in your face.
• Wear a waterproof gown when blood or body fluid may soak a cloth gown.

ALL incidents of exposure to blood or body fluids such as parenteral (needle stick or cut); mucous membranes (splash to eyes, nose or mouth); cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded or affected by active dermatitis should be reported immediately to attending physician or student director.

Most Common Exposure Risks:
Hepatitis B (HBV), Hepatitis C (HCV), HIV

What should you do if exposure occurs?
Immediate Response:
• Force bleed the site if possible
• Clean wound with soap and water
• Apply direct pressure if needed
• Flush mucous membranes with water or saline for 3-5 minutes

Prompt notification is critical to evaluate possible treatment options including IgG, HBIG etc. Students should discuss any exposure with their supervising attending and student director. Students exposed to or with infectious material or communicable illness, including chicken pox, shingles, measles, or diarrheal illness, must consult with course director or employee health services about the advisability of working with the patients.
## Summary of MSUCOM IM 650 Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Due Date</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>View the 4 modules online</td>
<td>11pm last Sunday of the rotation.</td>
<td>80% average cumulative score on all modules to receive a P on this portion of the rotation.</td>
</tr>
<tr>
<td>Take end of module Quiz after completing each module.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of the Rotation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through your clerkship schedule.</td>
<td>By 11pm last Sunday of course. Must submit to receive a passing grade, student will have an “ET” grade until the evaluation is completed.</td>
</tr>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Submit completed form to your hospitals per the instruction on the evaluation form.</td>
<td>As soon as possible. Must submit to receive a passing grade, does not count for points</td>
</tr>
<tr>
<td>Student Daily Shift Schedule</td>
<td>11pm last Sunday of the rotation.</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>
<tr>
<td>Student Experience Log</td>
<td>11pm last day of the rotation.</td>
<td>Must be uploaded to D2L</td>
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</tbody>
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**IM 650 Corrective Action Process for Deficient Academic Requirements**

If a student does not successfully complete the academic requirements of the course, the student will be permitted to go through a “Corrective Action” process.

The steps of the “Corrective Action” process for IM 650 Internal Medicine Core Rotation #1 Inpatient are as follows:

1) The student who fails to achieve an 80% overall average on the weekly quizzes will be allowed to take a comprehensive final examination that will be a random selection of similar questions, worth 50 points, with a necessary score of 80% to pass. It will be a cumulative examination and will be offered within the first two weeks following the completion of the rotation in which the student failed to achieve the necessary average score.

2) The student who fails to turn in required paperwork, who has a verifiable reason why they failed to do so, will be allowed a 2-week grace period or more depending on the circumstances, at which time the student will be referred to the Committee on Clerkship Performance for Professionalism issues. Others will be subject to Incident Report Form for consideration.

If a student completes the corrective action successfully, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s).

If a student does not complete the corrective action successfully, as determined by the Instructor of Record, the student will receive an “N” grade for the course.
Inpatient Internal Medicine Core Competencies

The Core Competencies were developed by the AOA to represent seven defined areas. In 2007, the American Association of Colleges of Osteopathic Medicine developed a document to assist colleges in integrating these same core competencies into medical education at the medical student level. The following core competencies are addressed during the month of Out-Patient Internal Medicine:

- **Osteopathic Principles and Practice**
  - Approach the patient with recognition of the entire clinical context, including mind body and psychosocial interrelationships
  - Diagnose clinical conditions and plan patient care
  - Perform or recommend OMT as part of a treatment plan
  - Communicate and document treatment details

- **Medical Knowledge**
  - Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

- **Patient Care**
  - Gather accurate data related to the patient encounter
  - Develop a differential diagnosis appropriate to the context of the patient setting and findings
  - Form a patient-centered, inter-professional, evidence-based management plan
  - Health promotion and disease prevention (HPDP)
  - Documentation, case presentation, and team communication

- **Interpersonal and Communication Skills**
  - Establish and maintain the physician-patient relationship
  - Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
  - Work effectively with other health professionals as a member or leader of a health care team

- **Professionalism**
  - Demonstrate humanistic behavior, including respect, compassion, honesty, and trustworthiness
  - Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others
  - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

- **Practice-Based Learning and Improvement**
  - Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
  - Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

- **Systems-Based Practice**
  - Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
  - Identify and utilize effective strategies for assessing patients
MSUCOM Clinical Expectations

- Show up early.
- Demonstrate genuine interest.
- Record daily clinical questions for nightly study.
- Reading at least one hour per day will elevate you to the top of your class and will make Board preparation much easier.

Internal Medicine COMAT Exam Information

All students are required to take the NBOME COMAT examination in Internal Medicine on the last Friday of either their second or third IM rotation. The score for the exam will be considered part of the IM 660 rotation grade and also for honors designations in all three IM courses.

If this deadline is not met, the student will be required to reschedule this exam at a later date. Students will need to contact the Course Assistant, Katie Gibson-Stofflet, 1) by the end of the first week of the rotation if there is a conflict regarding taking the exam on the last Friday of the rotation, or 2) within 24 hours of an emergency that will keep the student from taking the exam the last Friday of the rotation. Course faculty will consider each case and determine if a delay in the exam will be permitted. Should a student be granted a delay in examination or early testing approval, the Department will send written approval and notification of the required reschedule date to the COM Office of the Registrar.

Students must score within 2 SD from the MSUCOM mean of the exam that you take to receive a passing grade. Each student will be allowed to take the exam 2 times before receiving an “N” grade for the rotation. When a student must sit for a re-take of the exam, s/he will be contacted by the Course Assistant, who will provide the student with a deadline by which s/he must sit for the re-take, as well as the consequence for failure to do so. If a student receives an “N” grade for the rotation, s/he will be notified of the failure by the department.

For information on exam registration and administration, please visit the COM Office of the Registrar’s COMAT webpage: http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm.

DUE DATE: The last Friday of the Rotation

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Office of the Registrar 7 days in advance of the COMAT examination date. The student must also disclose which allowed accommodations s/he intends to use for the exam 7 days in advance of the COMAT examination date.
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).

- A designation given to any student who:
- Receives on (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.

Clerkship Attendance Policy

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. Students must notify rotation team and medical education of emergent/illness absences on day of absence.
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.

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.

Clerkship Honors Designation

A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabi. Students may achieve honors designation in the following core rotations:
  - General Surgery
  - Obstetrics/Gynecology
  - Pediatrics
  - Advanced Family Medicine
  - Advanced Internal Medicine
  - Psychiatry

While Honors designation will be awarded to students meeting the criteria in the syllabi of the above courses, Honors is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved Honors in the course. The students Medical Student Performance Evaluation will reflect each Honors grade.
N-Grade Policy

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

ROTATION EVALUATIONS

**Attending/Faculty/ Resident Evaluation of Student**

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

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

Students should keep a copy of the evaluation and turn the original in to the “Office of the Registrar” upon their return from the rotation. 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 the Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation through the clerkship schedule.

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.
LOCAL HOSPITAL REQUIREMENTS
(To be defined and evaluated by individual hospitals)
Student Experience Log
IM 650 Internal Medicine In-Patient
Mid Rotation Evaluation

Date of evaluation:
Areas of Strength:
Areas for Improvement:
Attending Signature/Printed Name:

Students are required to complete the student experience logs, and submit them via D2L dropbox by 5pm on the last day of the rotation.

On this rotation you are required to encounter the below clinical presentations, if your rotation should not permit the following, you are required to gain the knowledge via modules/readings per syllabus. Place a checkmark where appropriate.

### Clinical Presentation

<table>
<thead>
<tr>
<th>Experience via patient on rotation</th>
<th>Experience gained via Readings/modules. (per syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Coronary Syndrome</td>
<td></td>
</tr>
<tr>
<td>Heart Failure</td>
<td></td>
</tr>
<tr>
<td>Acute Kidney Injury</td>
<td></td>
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<tr>
<td>Electrolyte abnormalities</td>
<td></td>
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<tr>
<td>Meningitis</td>
<td></td>
</tr>
<tr>
<td>UTI</td>
<td></td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Diabetic Ketoacidosis</td>
<td></td>
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<tr>
<td>Pancreatitis</td>
<td></td>
</tr>
<tr>
<td>IBD</td>
<td></td>
</tr>
<tr>
<td>Liver failure</td>
<td></td>
</tr>
<tr>
<td>Acute asthma exacerbation</td>
<td></td>
</tr>
<tr>
<td>Acute COPD exacerbation</td>
<td></td>
</tr>
<tr>
<td>Thromboembolic DZ (DVT &amp; PE)</td>
<td></td>
</tr>
<tr>
<td>Coagulation disorders</td>
<td></td>
</tr>
</tbody>
</table>

### Student Name: ________________

### Rotation Dates: ________________

### Rotation Site: ________________

### Rotation Attending: ________________

### Wellness:
An active process of becoming aware of and making choices toward a healthy and fulfilling life.

Have you set one personal wellness goal you would like to accomplish during this rotation?

- [ ] Yes
- [ ] No

Did you accomplish this goal by the end of the rotation?

- [ ] Not at all
- [ ] Somewhat
- [ ] Completely accomplished goal or exceeded

### OMM- briefly describe how you used OMM on one patient during this rotation:

- [ ] Yes
- [ ] No

### Comments:

- [ ] Yes
- [ ] No

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation:

- [ ] Yes
- [ ] No

Describe one encounter on this rotation when you collaborated on patient care with a healthcare worker of different professional background. Please identify the profession of the healthcare worker and how you perceived the experience (positive/neutral/negative).

- [ ] Yes
- [ ] No

### Attending Signature:

(Verifying content of logs)