FCM 620
Core Family Medicine

CLERKSHIP REQUIRED ROTATION (R2) SYLLABUS

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EFFECTIVE AUGUST 1, 2018 TO JULY 31, 2019

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

Please be mindful of the need to read your syllabi before beginning your rotations.
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Introduction and Overview

Hello and welcome to family medicine. This syllabus provides an overview of rotation goals and objectives designed to help you gain an understanding of the breadth and scope of family medicine. As you progress through the rotation, you will perform certain activities intended to help you meet the identified goals and objectives. Please make sure to review this syllabus in its entirety to ensure understanding of the rotation format and syllabus content.

Rotation Format

This rotation has been designed to cover primary topics commonly seen in family medicine. Each week will focus on one didactic topic of importance and will be centered on a patient-oriented case. Each case will include between five and ten questions for you to complete. Questions will have attached recommended readings that will help you to answer each question thoroughly. You may also choose to discuss these cases with preceptors you work with and you are encouraged to engage the attending physician in discussion as this will lend a greater understanding of these critical issues.

At the end of each week, you will have an online quiz based on the weekly topic and your readings. Quizzes are completed via Desire2Learn (D2L), which is accessed at http://d2l.msu.edu and requires computer access. It is strongly encouraged that you take the quizzes at the end of each week as they can serve as a self-study element for your own education. All quizzes must be completed by the end of the rotation.

*DO/PhD student rotations generally span a period of approximately four months. As such, students on this curricular track should strive toward completing one module every three to four weeks.

Weekly Case Overview

Review each case and then use the associated study questions to identify critical learning points as well as prepare for the required corresponding quiz. Case questions are for self-study, but answers may be required if grading requirements are not met. See “Rotation Corrective Action Process” for further details.

Week 1 – Asthma & Chronic Obstructive Pulmonary Disease

The case will focus on a respiratory disorder and cover elements of: differentiation between restrictive and obstructive disease, stratification of asthma and COPD based on accepted criteria and basic treatment options for these conditions.
Week 2 – Hypertension

The case will focus hypertensive disorders and cover elements such as: defining hypertension, hypertensive urgency and hypertensive emergency; identify stages of hypertension and treatment goals; cover basic classes of medications and suggest non-pharmacologic options for patients.

Week 3 – Dyslipidemia

The case will focus on lipid disease and cover elements including: defining dyslipidemia, metabolic syndrome and familial hyperlipidemia, identify current screening recommendations for dyslipidemia and risk factors for the development of atherosclerotic coronary vascular diseases (ASCVD), identification of primary pharmacologic categories for treatment and non-pharmacologic options for patients.

Week 4 – Diabetes Mellitus

The case will focus on the diagnosis and management of Type 2 diabetes mellitus including screening guidelines, testing options and goals of glycemic control. Oral anti-diabetic agents and insulin therapy will also be detailed.

Goals and Objectives

Goals

- Gain an appreciation for the primary care approach to four commonly seen diseases.
- Understand how primary care physicians approach these diseases in the outpatient setting.

Objectives

- Identify four major disease processes seen in family medicine.
- Recall risk factors for each disease process and relevant questions for screening.
- Review appropriate stratification of each disease process, where applicable.
- Recognize clinical manifestations of each disease.
- Review relevant tests for each disease.
- Identify resources for reviewing current guidelines for the management of these diseases from a primary care perspective.
- Develop basic strategies for treatment of each disease including first-line recommendations and follow-up strategies.
- Consider osteopathic manipulative techniques for specific manifestations of disease where applicable.

**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

**Special Considerations**

Family medicine is one of the most varied of fields where you can see a wide spectrum of physicians practice an even wider range of medical elements in sub-specialties. It is important to remember that family medicine represents the frontline of medical care, not only in terms of interaction with the community and society, but also in terms of good stewardship of medical resources, both financial and material. During your time on this rotation, consider discussing with your attending physician(s) aspects of medical care such as: health care reform and its impact, being a financially responsible physician and the delivery of care in a resource-deprived environment, etc. You will find that most family physicians are not only interested, but passionate about these topics. As an aspiring member of the profession, you should utilize this time to better understand the environment you will be part of in the future.

**References**

Each recommended text or online reference should be reviewed at a reasonable pace. It should take you no longer than 30-45 minutes per night to review these elements. Online references will require an active internet connection to review.

**Week 1 – Asthma and COPD**

Overview of Changes to Asthma Guidelines: Diagnosis and Screening - *Am Fam Physician*. 2009 May 1;79(9):761-767


Guidelines for the Diagnosis and Management of Asthma –(National Asthma Education and Prevention Program Expert Panel Report 3) -  

Asthma Care Quick Reference – Diagnosing and Managing Asthma – National Heart, Lung and Blood Institute -  
http://www.nhlbi.nih.gov/guidelines/asthma/asthma_qrg.pdf

Asthma Action Plan – National Heart, Lung and Blood Institute -  

ACP Updates Guideline on Diagnosis and Management of Stable COPD - *Am Fam Physician*. 2012 Jan 15;85(2):204-205

Diagnosis of Chronic Obstructive Pulmonary Disease - *Am Fam Physician*. 2008 Jul 1;78(1):87-92 -  
http://www.aafp.org/afp/2008/0701/p87.html


**Week 2 – Hypertension**

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7 Express)  


Diet and Lifestyle Recommendations Revision 2006 - A Scientific Statement From the American Heart Association Nutrition Committee


**Week 3 – Dyslipidemia**

AHA Diet & Lifestyle Recommendations 2006 - http://circ.ahajournals.org/content/114/1/82


Powerpoint Presentation - 10 Points to Remember on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults (Dr. Melvyn Rubenfire, MD) - http://slideplayer.com/slide/1425740/


**Week 4 – Diabetes Mellitus**

Diabetes Mellitus: Screening and Diagnosis - *Am Fam Physician*. 2010 Apr 1;81(7):863-870

Insulin Management of Type 2 Diabetes Mellitus - *Am Fam Physician*. 2011 Jul 15;84(2):183-190

Type 2 Diabetes Mellitus Medication – Medscape
http://emedicine.medscape.com/article/117853-medication#1

# Rotation Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz 1: Asthma/COPD</td>
<td>D2L</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Quiz 2: Hypertension</td>
<td>D2L</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Quiz 3: Dyslipidemia</td>
<td>D2L</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Quiz 4: Diabetes Mellitus</td>
<td>D2L</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Student Experience Log</td>
<td>D2L</td>
<td>11pm on last day of the rotation</td>
</tr>
<tr>
<td>Attending Evaluation of</td>
<td>Submit completed</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Student</td>
<td>evaluation to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>base hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>office</td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of</td>
<td>“Evaluate” link in</td>
<td></td>
</tr>
<tr>
<td>Attending</td>
<td>Student Schedule</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td></td>
<td>(link will activate on final Monday of rotation)</td>
<td></td>
</tr>
</tbody>
</table>

Students are responsible for completing any and all additional requirements set by the hospital/clinic site in which the student is completing the rotation. However, students are not responsible for reporting results of requirements outside of the ones listed above to the college.
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 FCM 620 (Core Family Medicine Clerkship) are as follows:

1. Failure to successfully complete required D2L components of the rotation:
   a. Students that do not successfully pass any, or all, of the individual weekly module requirements will be required to complete a specific corrective action which may take one of a variety formats. The type of corrective action assignment will be determined by the Instructor of Record. Examples include, but are not limited to, a paper on professionalism, review of study questions, submitting self-study elements for grading, etc. It is the student’s responsibility to contact the course assistant to determine the method of corrective action that will be taken.

2. Failure of the rotation for other reasons (poor performance in the eyes of the specialist and/or Director of Medical Education):
   a. The student will be subject to an alternate remediation plan designed by the Director of Medical Education in conjunction with the Dean of Student Services and Clinical Curriculum Director.

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 and will be required to appear before COSE to determine the next course of action.

Student Rotation Responsibilities

During the course of this month, the student is expected to take a proactive approach to learning about the discipline of Family Medicine. 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.
- 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 him/herself, fellow students and the College in a positive and professional manner.
- The student is expected to function collaboratively on health care 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 this 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 all rotations:

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. 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.

1. Appropriate paperwork with proof of presentation and copy of conference agenda must accompany the form.
2. 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.

Personal vacations/family reunions, etc are not part of this policy. Vacations can be scheduled periodically, provided all curriculum requirements will be met, with the assistance of your Student Support Advocate. Vacations will not be permitted on any core rotation or elective rotation.

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.

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.

**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.

**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.

**Student 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 relationships between faculty and students 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 the rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (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 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 rotation will have to repeat the entire rotation and fulfill all requirements.

**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**
A form has been developed by the University to report exposure incidents. The form can be accessed at: http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.
Base Hospital Requirements

(To be defined and evaluated by individual hospitals)
Student Experience Log
FCM 620 Family Medicine

Mid Rotation Evaluation
Date of evaluation: ____________________________

Areas of strength: ____________________________________________

Areas for improvement: _______________________________________

Attending Signature/Printed Name: _____________________________

Students are required to complete the student experience log, and submit them via D2L dropbox by 11pm 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.

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Experience via patient encounters</th>
<th>Content generasue readings/activities (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>COPD</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Diabetes Mellitus</td>
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</tr>
</tbody>
</table>

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).

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

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

☐ Yes  ☐ No

OMM: Briefly describe how you used OMM on one patient during this rotation:

________________________________________________________________________

________________________________________________________________________

Attending Signature: ____________________________

(Verifying content of log)