IM 660
Core Internal Med Sub-Internship
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.
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**Student Experience Log IM660 IM Sub-Internship**
Introduction and Overview

Welcome to IM 660 Sub-I clerkship, which is 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 or Sub-I inpatient IM #2). IM650 must occur before IM660 and is highly recommended, but not essential that IM658 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.

The fourth year of medical school is an exciting time, which continues to provide students with a well-rounded clinical foundation to ensure that all graduating physicians are well trained and well prepared to practice medicine. MSUCOM has developed a model medical curriculum that provides an academic environment within the base hospitals. The internal medicine faculty are passionate about medicine and medical education.

This rotation is a balance of clinical encounters, didactic sessions and reading assignments. This blend will provide you with a strong foundation in your approach to internal medicine. The more interest you demonstrate in learning, the more teaching you will receive. By completing the three internal medicine rotations you will be able to achieve the objectives that will be covered in internal medicine. You will find included in this syllabus important information needed to matriculate through your four week Sub-I rotation. (Sub-I stands for Sub-internship and implies greater responsibility and expectations).

During the fourth year, sub-I 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 fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated 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.

In addition to in hospital requirements medical students will complete a series of weekly modules and assignments designed to broaden their scope of internal medicine and prepare for exams. These modules/reading assignments will require about two hours per week outside of regular clinical rotations.

Attendance and punctuality during all aspects of clinical clerkships are expected and considered an important part of a student’s evaluation. Students, like house staff, are expected to fulfill their educational responsibilities and their patient care responsibilities.
What's In This Syllabus

This syllabus is divided into the following areas:

**Goals & Objectives** – A list of learning goals & objectives covering the scope of internal medicine

**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 this month

**Summary of Clinical Requirements** – A list of required activities for this month with required submission method and completion dates

**Internal Medicine COMAT Exam Info** – Explanation of the COMAT exam for Internal Medicine

**Rotation N Grade Process** – Students who receive an "N" Grade will be required to appear before the Committee On Student Evaluation (COSE) to determine the next course of action.

**Goals and Objectives**

**Goals**

The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable and sympathetic physicians.

The following is a list of the knowledge, skills and behaviors 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-advance 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 inpatient and outpatient 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. **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 and ambulatory settings, with particular reference to the relevant pathophysiology and best scientific evidence. Please see the list of 21 content objectives for the IM clerkships.

F. **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.

G. **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.

H. **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.
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.

Objectives

1. Provide the student with the fundamental knowledge base in internal medicine.

2. Introduce the student to basic procedures relevant to the practice of internal medicine.

3. Facilitate an understanding of the approach to acute care clinical problem solving.

4. Promote the acquisition of simple basic skills for the diagnosis and management of common internal medicine cases.

5. Encourage the continued development of the student’s professional attitude and behavior.

College Program Objectives

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.

Reference Materials

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.
     - 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 ~ $60.00 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 $99.95;
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
   • The Sanford Guide - http://www.sanfordguide.com/
   • ACP Doctors Doctor’s Dilemma - https://ddm.acponline.org/

Accessing the Electronic Resources Using MSU’s Library will provide many of these for free.
www.lib.msu.edu

References by Subject

Cardiology

Nephrology

Infectious Disease
   http://go.galegroup.com.proxy2.cl.msu.edu/ps/i.do?p=HRCA&u=msu_main&id=GALE%21A197943019&v=2.1&it=r&sid=summon&userGroup=msu_main&authCount=1

Gastroenterology

Pulmonary
IM 660 In-Patient Internal Medicine Weekly Objectives

Rotation Format:
Each week during the sub-I rotation the student will be responsible for completing a module assignment, reviewing a reference sheet, reading assignment and highly encouraged to participate in a module activity. The subjects are designed to sharpen your understanding of complicated patients in the hospital setting. Each module is composed of either questions or case based assignments. Each weekly module is designed to be completed in a total of two hours per week plus the recommended module activity. The module activity is not a part of your grade, but is highly encouraged. Each week students will be required to complete the assignments by the end of the week.

Week 1

Topics
A. Cardiology
   a. EKG Interpretation
   b. Pericardial Disease
B. Nephrology
   a. Nephrotic Syndrome
   b. Nephritic Syndrome

Specific Learning Objectives

EKG Interpretation
   • Identify basic normal ECG waveform morphology
   • Describe the normal physiology of cardiac conduction
   • Distinguish between dysrhythmias
   • Describe the distinguishing features of each basic dysrhythmia

Pericardial Disease
   • List the various causes of pericardial disorders
   • Recognize physical exam finding of pericardial disease
   • Identify EKG findings associates with pericardial diseases
   • Know the appropriate labs and imaging needed to order when managing pericardial disease
   • Know how to manage complications such as pericardial tamponade

Hypertension Urgency/Emergency
   • Define hypertensive urgency and emergency
• Identify various clinical presentations of hypertensive emergency and urgency
• Explain appropriate treatment options when treating hypertensive emergency and urgency

Nephrotic/Nephritic Syndrome
• Define nephritic and nephritic syndrome.
• Identify causes for nephritic and nephritic syndrome

Module A and B Assignment
1. EKG Interpretation Module (see D2L)
2. Review Pericardial Reference Sheet (see D2L)
3. HTN Urgency/Emergency Reading Assignment
   a. ACP IM Essentials—digital (there are 3 different versions available) – as of 8/18/16 the price was $59.95 with a free student membership in ACP. 
      https://www.acponline.org/membership/medical-students
      https://ime.acponline.org/
   b. Harrison’s Internal Medicine: Part 10 Disorders of the Cardiovascular System Section 5 Vascular Disease 298 Hypertensive Vascular Disease pg 1480 Malignant Hypertension
   c. John Hopkins Internal Medicine Board Review: Read Chapter 2 pages 7-14
4. Case Presentations Nephrotic/Nephritic Syndrome Module (see D2L)

Module A and B Activity: observe an exercise or pharmacological stress test; observe a renal biopsy

Week 2

Topics
C. Infectious Disease
   a. HIV Management
   b. Fever of Unknown Origin
   c. Nosocomial
   d. SIRS/Shock
D. Gastroenterology /Hepatology
   a. GI Bleed
   b. Biliary Tract Disorder

Specific Learning Objectives

HIV Management
• Utilize the CDC’s criteria to diagnose AIDS
• Describe relationship between the CD4 lymphocyte count and risk of opportunistic infections
• Recognize common HIV-associated infections

Fever of Unknown Origin
• Distinguish between common etiologies of fever of unknown origin

Nosocomial
• List Risk Factors for and precautions against the acquisition of nosocomial infection.
• Learn system-based practices to prevent health-care associated infections such as catheter-
related infections, urinary tract infections and ventilator-associated pneumonia

**SIRS/Shock**
- Compare and contrast the signs and symptoms of the four classifications of shock
- Manage the appropriate interventions for the patient in shock

**GI Bleed**
- Define hematemesis, melena and hematochezia
- Explain the role of contributing factors in gastrointestinal bleeding such as H. pylori, NSAIDS, alcohol, coagulopathies and chronic liver disease.
- Discuss the common causes for and symptoms of lower/upper gastrointestinal blood loss
- List elements of physical exam in patient with suspected GI bleed

**Biliary Tract Disorder**
- Describe the complications of gallstones including acute cholecystitis, choledocholithiasis and Mirizzi syndrome.
- List common biliary tract neoplasm’s

**Module C and D Assignment**
1. Case Presentation on Fever of Unknown Origin Module (see D2L)
2. HIV Reading Assignment
   a. ACP IM Essentials—digital (there are 3 different versions available) – as of 8/18/16 the price was $59.95 with a free student membership in ACP.
      https://www.acponline.org/membership/medical-students
      https://ime.acponline.org/ - Infectious Disease Medicine; Human Immunodeficiency Virus Infection
   b. Harrison’s Internal Medicine: Part 8 Infectious Disease Section 14 Infections Due to Human Immunodeficiency Virus and other Human Retroviruses 173 pg 1076
   d. Centers for Disease Control and Prevention https://www.cdc.gov/
3. Nosocomial Reading Assignment
   a. ACP IM Essentials—digital (there are 3 different versions available) – as of 8/18/16 the price was $59.95 with a free student membership in ACP.
      https://www.acponline.org/membership/medical-students
      https://ime.acponline.org/ - Infectious Disease Medicine ; Health Care-Associated Infections
   b. Harrison’s Internal Medicine : Part 8 Infectious Diseases Section 3 Clinical Syndromes: Nosocomial Infections 116 Hospital-Acquired Infections pg 775
4. SIR/Shock Ref Sheet (see D2L)
5. Case Presentation on Upper and Lower GI Bleed Module (see D2L)
6. Biliary Tract Disease Ref Sheet (see D2L)

**Module Activity C and D:** observe a tagged WBC scan/Fluorine-18 fluorodeoxyglucose positron emission tomography (18F-FDG PET) observe an EGD and colonoscopy (or watch Access Surgery Multimedia Resources Colorectal Colonoscopy)
Week 3

Topics
E. Pulmonary
   a. Diffuse Parenchymal Lung Disease
   b. ARDS
   c. Acute Respiratory Failure /Ventilator management

F. Hematology /Oncology
   a. Hematology Slides
   b. Common Cancers - Lung, Breast, Prostate, Colon Leukemia
   c. Thrombocytopenia

Specific Learning Objectives
Diffuse Parenchymal Lung Disease
   • Utilize the most common classification scheme for diffuse parenchymal lung disease
   • Identify the diagnostic approach and evaluation necessary to diagnosis DPLDs

ARDS/Acute Respiratory Failure /Ventilator Management
   • Identify signs and symptoms of acute respiratory failure
   • Identify acute respiratory distress syndrome
   • Identify different forms of mechanical ventilation

Anemia
   • Review slide morphology

Common Cancers
   • Identify common cancers in the US including breast, prostate, lung and colon
   • Identify environmental risk factors associated with cancer related deaths

Leukemia
   • Know the common adult leukemia’s and their typical CBC findings

Thrombocytopenia
   • Classify thrombocytopenia in terms of disease that cause decreased platelet production and accelerated platelet destruction.
   • Define ITP in terms of cause and, lab testing and various treatment modalities depending on platelet counts
   • Define Heparin induced thrombocytopenia
   • Define thrombocytopenia purpura and the hemolytic syndrome in terms of associated disorders, clinical signs and symptoms, lab tests and treatment options.

Module E and F Assignment
1. Acute Respiratory Distress Syndrome Reading Assignment
   a. ACP IM Essentials– digital (there are 3 different versions available) – as of 8/18/16 the price was $59.95 with a free student membership in ACP. 
      https://www.acponline.org/membership/medical-students
      https://ime.acponline.org/: Pulmonary Medicine, Approach to Dyspnea
b. **Harrison’s Internal Medicine**: Part 12 Critical Care Section 1 Respiratory Critical Care 250 Acute Respiratory Distress Syndrome pg 1592.  

c. **John Hopkins Internal Medicine Board Review**: Section 3, Chapter 23 Critical Care Medicine, Acute Respiratory Distress Syndrome pg 177-178.  

2. Acute Respiratory Failure Case Module (see D2L)

3. Diffuse Parenchymal Lung Disease Ref Sheet (see D2L)

4. Hematology Slide Round Module (see D2L)

5. Leukemia Reading Assignment

   a. **ACP IM Essentials**– digital (there are 3 different versions available) – as of 8/18/16 the price was $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/): Hematology; Common Leukemias

   b. **Harrison’s Internal Medicine**: Part 7 Oncology and Hematology Section 2 Hematopoetic Disorders; Chapter 132 & 133; Acute and Chronic Myeloid Leukemia pg 631.  

   c. **John Hopkins Internal Medicine Board Review**: Section 8; Chapter 49 Acute and Chronic Leukemias pg 420-435.  

6. Common Cancers Ref Sheet (see D2L)

7. Thrombocytopenia Reading Assignment

   a. **ACP IM Essentials**– digital (there are 3 different versions available) – as of 8/18/16 the price was $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/): Hematology; Thrombocytopenia

   b. **Harrison’s Internal Medicine**: Part 7 Oncology and Hematology Section 2 Disorders of Hemostasis 140 Disorders of the Platelet and Vessel Wall  

   c. **John Hopkins Internal Medicine Board Review**: Section 8, Chapter 47 Platelet Disorders pg 404-411.  

**Module Activity E and F**: assistant respiratory team during respiratory failed patient (or review NEJM link to videos in clinical medicine); observe bone marrow biopsy (or review on NEJM link to videos in clinical medicine)
Week 4

Topics

G. Procedures
   a. Central Line
   b. Arterial Line
   c. ABG’s
   d. Thoracentesis/Pleural Disease

Specific Learning Objectives

Procedure Objectives

• Describe the anatomic landmarks and approach for internal jugular, subclavian and femoral vein catheterization
• Demonstrate safe and sterile placement of central venous catheters
• Know the indications and contraindications for central line placement
• Know how to avoid complications such as hematoma, pneumothorax and infection when placing a central line
• Describe the anatomic landmarks and approach for arterial line placement
• Demonstrate safe and sterile placement of arterial lines
• Know the indications for arterial line placement
• Know how to avoid complications
• Demonstrate safe and sterile techniques
• Know how to avoid complications
• Describe the anatomic landmarks and approach for sampling arterial blood gas
• Know the indications for obtaining arterial blood vs venous
• Describe the anatomic landmarks and approach for thoracentesis
• Know the indications and contraindications

Module G Assignment

1. Review NEJM videos and articles on NEJM link to videos in clinical medicine

Module G Activity: Perform the above procedures during this month when applicable.
Student Responsibilities

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 fourth year, sub-I 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 fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated 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 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 should 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 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 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 cress 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 23 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.
### IM-660 Sub-I Rotation Academic Grading Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Experience Logs</td>
<td>D2L Dropbox</td>
<td>11pm on the last day of the Rotation</td>
<td>Must be completed and turned in to receive a “P” grade in this rotation.</td>
</tr>
<tr>
<td>Week 1 Modules</td>
<td>D2L</td>
<td>11pm Sunday after first week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 2 Modules</td>
<td>D2L</td>
<td>11pm Sunday after second week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 3 Modules</td>
<td>D2L</td>
<td>11pm Sunday after third week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 4 Module</td>
<td>D2L</td>
<td>End of rotation last day of clerkship</td>
<td>25%</td>
</tr>
<tr>
<td>You must achieve an 80% average on the above modules to satisfactorily complete this portion of the rotation.</td>
<td></td>
<td>100%</td>
<td></td>
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</tbody>
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COMAT Exam

<table>
<thead>
<tr>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBOME</td>
<td>Schedule for last Friday of the last rotation of IM658 or IM660, as per MSU COM instructions. However, successful completion will be tied to the IM 660 grade.</td>
<td>Complete with score greater than &gt;2 SD from the mean of the exam that you take to receive a passing grade. One retake will be allowed before the student will be required to repeat the IM 660 rotation.</td>
</tr>
</tbody>
</table>

Failure to complete the above will result in an N grade being issued for IM 660

### IM 660 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 660 Internal Medicine Sub-Internship Rotation 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. All others will be referred to the Committee on Clerkship Performance for Professionalism issues.

3) The student must complete the COMAT exam at the next available scheduled time after completion of the third IM rotation. If this is not IM 660 then the grade for IM 660 will remain ET until the final rotation is completed and the exam is taken.

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.

**IM-660 Sub-I Rotation Clinical Grading Requirements**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Submit completed form to your hospitals Medical Education Office, the DME will sign it and return it to MSUCOM.</td>
<td>End of rotation</td>
<td>Must be completed and submitted to receive a grade</td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through Kobiljak.</td>
<td>End of rotation</td>
<td>Must be completed and submitted to receive a grade</td>
</tr>
</tbody>
</table>

Failure to complete the above will result in an N grade being issued for IM 660

**IMPORTANT NOTE:** The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course.

**IM 660 In-Patient 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:

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

2) Medical Knowledge
a. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

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

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

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

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

7) Systems-Based Practice
a. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
b. 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 the IM 660 rotation, after they have completed (IM 650, IM 658, and IM 660). 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, the Department will send written approval and notification of the required reschedule date to the COM Office of the Registrar.

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.

For additional 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.

Students must score greater than 2 SD from the 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.

Unsatisfactory Clinical Performance

A student’s clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation (4.e).

An overall “Below Expectations” rating on Section 1 of the Clinical Clerkship Rotation Evaluation will be referred to the Instructor of Record/Department Chairperson for review and grade determination. Students who receive two or more Clinical Clerkship Rotation Evaluations with an overall “Below Expectations” rating will be referred to the COSE Clerkship Performance Subcommittee for review.

An overall “Below Expectations” rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.
MSU College of Osteopathic Medicine Standard Policies

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

Attendance Policy

Clerkship activities are mandatory and timely attendance is expected at all educational events.

In the event a student must be absent from clerkship activities, he/she must, firstly, have prior approval from the Graduate Medical Education office (DME/DIO, Clerkship Director, and/or Student Clerkship Coordinator per the rotation sites process/policy). The clinical preceptor must also approve the absence, and determine an acceptable make-up plan which may include, but is not limited to: additional time on rotation, additional presentation(s), or written assignment(s). In the event of an emergency, the student must contact the Graduate Medical Education office and clinical preceptor as soon as the situation allows. Any exception to this attendance policy for any given rotation will be noted in the course syllabus.

Abuse of this policy, as determined by the GME office or a clinical preceptor, may be documented in a student evaluation(s) and/or reported to the Associate Dean of Student Services at MSUCOM via the Student Incident Report Form: [http://com.msu.edu/Students/Registrar/Policies.htm](http://com.msu.edu/Students/Registrar/Policies.htm) or via phone call to the Associate Dean of Student Services (517-353-8799).

| ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY: NONE |

Policy for Medical Student Supervision

Supervisors of the Medical Students in the Clinical Setting

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

Level of Supervision/Responsibilities

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of
the facility regarding medical records and clinical care. Medical student participation in patient
history/physical exam, critical data analysis, management, and procedures will include factors, but not
limited to:

- The students demonstrated ability
- The students level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or
designee present or immediately available.

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation
and student's level of experience. For some tasks, indirect supervision may be appropriate for some
students. Direct supervision would be appropriate for advanced procedures.

Supervising physicians will provide medical students with timely and specific feedback on performance.
The supervising physician will complete a mid-rotation evaluative discussion with the medical student.
Supervising physicians will complete a summative evaluation and are encouraged to contact the
course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues
during his/her rotation will be encouraged to contact the supervising physician or clerkship/course
director.

**Statement of Professionalism**

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in
identifying appropriate conduct. These principles include the safety and welfare of patients,
competence in knowledge and skills, responsibility for consequences of actions, professional
communication, confidentiality, and lifelong learning for maintenance of professional skills and
judgments. Professionalism and professional ethics are terms that signify certain scholastic,
interpersonal and behavioral expectations. Among the characteristics included in this context are the
knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed
by the student to faculty, peers, patients and colleagues in other health care professions. Students are
expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a
professional student.

**Students Rights and Responsibilities**

Each individual student is responsible for their behavior and is expected to maintain standards of
academic honesty. Students share the responsibility with faculty for creating an environment that
supports academic honesty and principles of professionalism. Proper relationship between faculty and
student are fundamental to the college's function and this should be built on mutual respect and
understanding together with shared dedication to the education process. It is a fundamental belief that
each student is worthy of trust and that each student has the right to live in an academic environment
that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow
students in meeting the common goals of their education, students have an equal obligation to
maintain the highest standards of personal integrity.
Faculty Responsibilities

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course. It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

Course Grades

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

N-Grade Policy

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

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

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

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

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 Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.

**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
IM660 IM Sub-Internship

Attending mid-rotation feedback date: __________
Attending Signature: ________________________

Students are required to complete the student experience logs, and submit them via D2L 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 on rotation</th>
<th>Experience gained via Readings/modules. (Per syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pericardial disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrotic/nephritic syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nosocomial infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIR/Shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI Bleed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biliary tract disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffuse parenchymal lung dz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Name: ________________________
Rotation Dates: ________________________
Rotation Site: ________________________
Rotation Attending: ________________________

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

Comment: ________________________

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

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