OST 603
Core Clinical Concepts (C3)
Syllabus

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Please Note: At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read this syllabus before the first C3 Module.
# Table of Contents

Introduction and Overview ........................................................................................................ 3

Goals and Objectives ................................................................................................................ 4

C3 Expectations & Required Activities ...................................................................................... 4

C3 Modules Overview ............................................................................................................... 5

Module A: General Tasks & Non-Specific Symptoms ............................................................ 5
Module B: Patient Safety, Quality Improvement and Leadership .......................................... 6
Module C: Dyspnea, Wheezing, Cough, and Upper Respiratory Symptoms ......................... 9
Module D: Musculoskeletal Disorders ................................................................................. 11
Module E: Genitourinary Issues ........................................................................................... 13
Module F: Chest Discomfort & Syncope ........................................................................... 15
Module G: Alterations in Behavior ....................................................................................... 17
Module H: Abdominal Pain (Initial Presentation) ................................................................. 19
Module I: Health Maintenance and Life-Long Care ............................................................. 21

Summary of MSUCOM Requirements For OST603 Core Clinical Concepts (C3) ................. 24

Special Considerations ........................................................................................................... 25

C3 Module Corrective Action Process ..................................................................................... 25

MSU College of Osteopathic Medicine Standard Policies ....................................................... 26

ATTENDANCE POLICY ...................................................................................................... 27

STATEMENT OF PROFESSIONALISM ........................................................................ 27

STUDENTS RIGHTS AND RESPONSIBILITIES ................................................................ 28

FACULTY RESPONSIBILITIES .......................................................................................... 29

COURSE GRADES ............................................................................................................. 29

“N” GRADE POLICY ............................................................................................................ 29

C3 MODULE EVALUATIONS .............................................................................................. 29

UNSATISFACTORY CLINICAL PERFORMANCE .............................................................. 26

EXPOSURE INCIDENTS PROTOCOL .............................................................................. 29
Introduction and Overview

Welcome!!
The purpose of this syllabus is to provide you with an overview of the goals and objectives of the Clinical Core Concepts (C3) curriculum as well as identify all individual elements of the curriculum as they pertain to students and faculty involved in the delivery of the curriculum. As you progress through each month of the C3 curriculum, you will gain insight into various signs and symptoms as well as the pathologies that are often responsible for them. In addition, you will have opportunity to develop clinical and cognitive skills that will be critical to your successful completion of your Clerkship as well as formative exams (i.e. COMAT and COMLEX). Please make sure you review this entire syllabus to understand the format and content of this course.

Format of Course
This course will be presented over a span of nine months, starting in August and ending in April of your third year of medical school. Each month is focused on a specific set of systems and/or symptoms. The primary component of instruction (and where all essential elements of the curricular content are found) is within the designated readings, presentations and online resources provided to the student via Desire2Learn (D2L). Students will be expected to have read and reviewed all elements of content for each month on a week-to-week basis in advance of their didactic session.

The online content will be enhanced and integrated through active student participation in weekly didactic sessions provided at the student’s base hospital. These sessions will have separate, interactive elements that may involve additional preparatory work for students to accomplish individually or in teams prior to the session. Sessions are designed to be held in a four-hour block on a weekly basis, although some variation may occur at individual base hospitals due to scheduling. All sessions will be overseen and usually lead by the C3 Director, who is a designated faculty member within the base hospital. Sessions may be led by other, qualified individuals at the discretion of the C3 Director.

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 medical knowledge as presented within the C3 curriculum.

General C3 Expectations & Required Activities – General expectations of student participation in the elements of the C3 curriculum, including review of online materials, timely completion of preparatory activities, active participation in didactic sessions and appropriate understanding/completion of testing elements.

C3 Modules Overview – A list of the nine C3 modules including their general categorization, the breakdown of preparatory elements and activities, and a list of testing elements for each module.

Special Considerations – Things to remember while participating in the C3 curriculum.

Corrective Action Process – An explanation of the process should a student not pass the course initially.
Goals and Objectives

In 2006 and 2009, the NBOME sought to more clearly define the osteopathic medical competency domains by creating a report that described measurable elements available to measure these domains as well as what outcomes could be anticipated from the assessments. This document was further revised in 2011 and 2012 and serves as the basis for the creation of this curriculum. The following is a list of stated goals and objectives that participation in the C3 will accomplish. Each goal achieved directly relates to specific measurable outcomes as defined in the NBOME ‘Fundamental Osteopathic Medical Competencies’ report. These goals and objectives are related to all learning activities present within the curriculum.

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.

C3 Expectations & Required Activities

In each of the C3 Modules, students are expected to complete all required reading assignments and preparatory work for the module PRIOR to attending that week’s didactic session. All such information will be clearly identified to the student within D2L in the relevant area. Successful participation in each week’s didactic sessions will rely on timely completion of the preparatory elements, as well as following basic tenants of professional behavior. Below are examples of activities students may encounter in preparing for each month’s modules:

**Articles or textbook sections** – the student will read the identified element, taking note of relevant information as they pertain to the module’s topics.

**Online videos/content** – the student will review the relevant videos and/or associated content. Physician summary documents – the student will review specific summary documents created by the module writers.

**Student activities** – the student will complete an assigned activity (either individually or with a designated small group) and provide results of said activity during the didactic session.

**Topical Formal**: The student will complete a 20-25-minute presentation on a specific medical topic. This will be a formal presentation developed in conjunction with the C3 Director of the hospital and will cover relevant areas as identified by the C3 Director and student. All students will engage in Topical Formal presentation development and delivery, either individually or in small group (based on the C3 Director’s instruction). Students will be evaluated by the C3 Director after presenting successfully to receive a passing grade for the course (this is in addition to other grading elements for each module as outlined below). Students may present
multiple topical formals, but will be graded on their initial topical formal. C3 Directors will complete an evaluation form for all graded Topical Formal presentations via the clerkship evaluation system prior to the end of the C3 curricular schedule for the academic year. Self-Study Elements: Included in each module are self-study elements designed for you to use and complete to enhance and integrate your learning. Self-study elements will be presented in the form of quizzes, tests, reading, and study questions. Where indicated, these elements must be completed by the end of the Module to receive a passing grade. In an ideal situation, you will complete these elements as indicated throughout the module (i.e. a week one quiz during week one). However, you may complete these on an individualized schedule to allow for flexibility, but they must be completed by the end of the module. Please be aware that Module I has self-study elements that must be completed TWICE (once during week 2 and again during week 4 of the module). There is no passing score; however, these elements must be completed both times to receive a passing grade.

C3 Modules Overview

Module A: General Tasks & Non-Specific Symptoms
The focus of this module is to introduce basic signs and symptoms as well as review basic concepts and information regarding anemia and fluid and nutritional states. The student will also go over specific tasks during this month, including designing studies and reviewing medical literature, reviewing and writing prescriptions and practicing the inpatient osteopathic medical exam (OME) as well as reviewing soft tissue and lymphatic techniques for the hospitalized patient. Finally, the student will go over the basic elements of presentations as well as be introduced to the concept of the Topical Formal Presentation.

Module A Goals:

| Week 1 | • Define anemia and list basic categories of anemia  
• Recognize components of a valid prescription  
• Understand basic rules of content development for presentations |
|--------|--------------------------------------------------|
| Week 2 | • Identify a working definition of Evidence-Based Medicine (EBM)  
• Understand basic statistical elements used in research analysis  
• Comprehend different research models commonly used in medicine  
• Identify and complete the elements of the inpatient osteopathic structural exam  
• Understand indications and perform techniques for Soft Tissue and Lymphatic Drainage in the hospitalized patient |
**Module A Objectives:**

| Week 1 | • Given the information provided MSIII students will prepare curricular elements and attend didactic sessions as instructed by the C3 Director and the College.  
• Given a case scenario of anemia, MSIII students will be able to identify whether the patient has one of three types of anemia and develop an accurate diagnostic plan within 15 minutes.  
• Given a case scenario, MSIII students will list 3 key elements of slide design and list the elements of a Topical Formal Presentation.  
• Given a presentation on prescription writing; MSIII students will be able to identify 6 elements of a valid prescription as well as perform basic calculations for prescription dosing. |
|---|---|

| Week 2 | • Given the presentation provided, MSIII students will identify the 6 elements of a study; the 5 components used in study design and the differences between primary and secondary research and their subsets.  
• Given a medical article in a ‘journal club’ style format, MSIII students will be able to apply previously learned techniques to evaluate each article and provide specific feedback on elements including: research question, design and outcomes.  
• Given a patient with specific somatic dysfunctions, MSIII students will complete an Osteopathic Structural Exam (OSE) and identify specific lymphatic dysfunctions, then perform relevant treatments to correct the dysfunction. |
|---|---|

**Self-Study Elements:**

- Weeks 1-2 weekly quiz; quizzes MUST be completed by the end of the module for a passing grade. There is no cut score required.
- Students are required to complete the Gates and Palmore pre-surveys before 11pm on Sunday the end of week one of Module A.

**Module B: Patient Safety, Quality Improvement and Leadership**

This module focuses upon a basic understanding of components of patient safety (including communication, apologies and root cause analysis) as well as quality improvement (specifically, the Model for Improvement, aim statements and PDSA cycles). In addition, you will learn about leadership, cost-effectiveness and the concept of ‘patient-centered care’ during this module. By the end of the module, all students will not only be able to contribute in meaningful ways to the hospital they are based at, but will also receive the Basic Certificate in Quality and Safety from the Institute for Healthcare Improvement (a nationally recognized leader in these areas) which may enhance their application for residency.
Module B Goals:

| Week 1 | • Understand the impact medical error has on stakeholders in healthcare  
• Compare and contrast concepts of medical error, medical harm and their role in mitigation of each  
• Identify how technology and conscientious design can reduce medical error  
• Understand the principles that govern patient safety in research and how those principles are accounted for during medical research  
• Relate the importance of team-based approaches to healthcare delivery  
• Identify effective forms of leadership and communication for healthcare teams  
• Appreciate the importance of having defined plans for teams during specified critical times in healthcare delivery (transitions, acute settings) |

| Week 2 | • Understand what a Root Cause Analysis (RCA) is  
• Understand limitations of an RCA  
• Understand why communication with patients/families after an adverse event is important  
• Acknowledge the barriers that can make it difficult to communicate about medical errors when they occur  
• Understand how and why to say “I’m sorry”  
• Understand when communication is and is not required for given types of events. |

| Week 3 | • Recall the steps necessary to perform a RCA  
• Understand the value of an Ishikawa Template when conducting an RCA  
• Develop a Model for Improving a Process |

| Week 4 | • Understand that leadership isn’t a position of authority – it’s an action.  
• Contrast different styles of leadership and their effectiveness with different situations in healthcare.  
• Understand what it means to treat patients and family with dignity and respect.  
• Understand how to use a basic framework for designing, operating, and improving complex systems of care that can lead to rapid gains in performance. |

Module B Objectives:

| Week 1 | • Given the preparatory elements provided, the learner will:  
• Understand the components of a patient safety plan  
• Recognize how students learn from medical mistakes  
• Recall the UP protocol for preventing surgical errors  
• Define a team in the medical context  
• Define the terms briefing and debriefing  
• Recall the SBAR protocol for communicating a situation  
• Define the term ‘critical language’  
• Be able to recall the hallmarks of a psychologically safe work environment |
<table>
<thead>
<tr>
<th>Week 2</th>
<th>• Review and discuss 2-6 case scenarios where patient safety may have been compromised with their C3 Director</th>
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<tbody>
<tr>
<td></td>
<td>• Given the preparatory elements provided, the learner will:</td>
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<tr>
<td></td>
<td>• Identify the components of a root cause analysis</td>
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<td></td>
<td>• Recall scenarios which might benefit from an RCA</td>
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<td></td>
<td>• Identify critical people on an RCA team</td>
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<td></td>
<td>• Examine the importance of communication with patients/families after an adverse event.</td>
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<td></td>
<td>• Review barriers surrounding communication of adverse events and strategies to overcome them.</td>
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<td></td>
<td>• Distinguish between adverse events that should be communicated to patients and those that need not be communicated.</td>
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<td></td>
<td>• Employ a framework for communicating with patients after adverse events.</td>
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<td></td>
<td>• Demonstrate ability to convey an appropriate apology.</td>
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<tr>
<td></td>
<td>• Identify the value and limitations of a root cause analysis (RCA)</td>
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<td></td>
<td>• Identify 6 elements of Recommended Actions that should arise from an RCA, as well as how to develop a SMART action plan</td>
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<td>• Develop and read a draft apology and receive feedback from a peer using the provided rubric within the time allotted</td>
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<td>• Demonstrate application of module content when responding to discussion questions within the time allotted.</td>
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<tr>
<th>Week 3</th>
<th>• Review a provided case and understand what problems contributed to the outcomes</th>
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<tr>
<td></td>
<td>• Conduct a sample RCA to identify the key problems in the system</td>
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<td></td>
<td>• Utilize the Model for Improvement to develop a strategy for fixing the identified problems</td>
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<td>• Develop a PDSA cycle to create and test a change for the case</td>
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<tr>
<th>Week 4</th>
<th>• Identify ways to take a leadership stance, even if you are not in a formal leadership position</th>
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<td>• List reactions that followers might have when leaders initiate action – and understand what's behind each reaction</td>
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<tr>
<td></td>
<td>• Describe different approaches leaders use to persuade others to make changes</td>
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<td></td>
<td>• Describe how to assess the effectiveness of leaders</td>
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<td></td>
<td>• Review and discuss 2 case scenarios where leaders responded differently to adverse events with their C3 Director</td>
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<td></td>
<td>• Explain why providing patient- and family-centered care is an essential component of safe, reliable care.</td>
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<td></td>
<td>• Describe and use specific skills for treating patients and their families with dignity and respect, especially when first meeting patients and their families.</td>
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</table>
• Describe and use specific skills for ensuring patients’ privacy and confidentiality.
• Describe and use specific skills for respecting patients’ and families’ cultures, languages, and belief systems.
• Describe and use specific skills for creating a restful and healing environment for patients and their families.
• Explain why system complexity requires us to take a methodical approach to system design, operation, and improvement.
• Explain how the absence of this methodical approach will cause complex systems to fail predictably.
• Propose specific applications of this methodical approach to the design, operation, and improvement of health care.

Self-Study Elements:
• Weeks 1-4: Quizzes as presented within the IHI ‘Open School’ curriculum – all quizzes must be PASSED and the IHI ‘Basic Certificate in Quality and Safety’ must be achieved and submitted in the Dropbox in D2L by the end of Module B to successfully complete Module B. The eleven IHI modules on patient safety and quality improvement should be completed by the end of weeks 1-2 of C3 Module B (you will need the knowledge from them for week 3’s activity). All other IHI modules (PFC 101, QI 202 and TA 101) need to be completed prior to week 4’s didactic session. Finally, the last requirement is a Health Professional Education in Patient Safety Post-Survey, that must be completed by the end of the module.

Module C: Dyspnea, Wheezing, Cough, and Upper Respiratory Symptoms
The focus of this module is to introduce third year medical students to a systematic approach to the management of patients with various respiratory symptoms. The module will help the student’s process patient-centered symptoms and establish a differential diagnosis of both common and rare etiologies. The modules are meant to be foundational, not all-encompassing in scope. The lectures include components of cost-effectiveness, patient preferences, evidence-based medicine, pediatric and geriatric considerations, and professional behaviors. OPC principles are applied throughout the modules.

Module C Goals:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Identify the common infectious causes of upper respiratory infections</th>
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<td></td>
<td>Describe the symptoms associated with allergic rhinitis</td>
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<td>Understand some of the tests that are available when evaluating patients with allergic rhinitis</td>
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<td></td>
<td>Identify complications of upper respiratory infections</td>
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<tr>
<td></td>
<td>Recall the organisms that are the common causes of bacterial sinusitis</td>
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<tr>
<td></td>
<td>Describe the symptoms associated with acute sinusitis</td>
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</tbody>
</table>
| Week 1 | • Develop a plan for working up upper respiratory infections and their complications in the geriatric population  
• Recognize the common cause of difficulty in breathing in the pediatric population |
| --- | --- |
| Week 2 | • List examples of low-flow oxygen delivery systems  
• Define acute respiratory failure  
• Describe the differences between non-invasive and invasive mechanical ventilation  
• Identify the causes of croup  
• Develop a plan for treating decompensated heart failure  
• Define asthma |
| Week 3 | • Define community acquired pneumonia  
• Define healthcare acquired pneumonias  
• Define the acronym CURB-65 and describe the Pneumonia Severity Index  
• Describe treatment options for inpatient pediatric pneumonias based on age  
• Identify when to use isolation precautions |
| Week 4 | • Define metabolic acidosis  
• Define metabolic alkalosis  
• Define respiratory acidosis  
• Define respiratory alkalosis  
• Calculate anion-gap given a clinical scenario  
• Utilize winter’s formula  
• Determine the compensatory mechanism given an acid-base disorder |

**Module C Objectives:**

| Week 1 | • Given the materials provided, MSIII students will be able to cite the common causes of upper respiratory infection symptoms  
• Explain the natural course of viral respiratory infections  
• Predict common patterns of seasonal allergies  
• Apply OPP/OMT principals to the treatment of sinuses, upper respiratory infections and allergy symptoms. |
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<tbody>
<tr>
<td>Week 2</td>
<td>• Given the material provided, MSIII students will be able to recognize signs of acute respiratory failure, justify appropriate use of oxygen therapy, distinguish between the respiratory patterns of croup, bronchiolitis, asthma, COPD and heart failure</td>
</tr>
</tbody>
</table>
### Module D: Musculoskeletal Disorders

The primary aim of this module is to help you become more confident in the evaluation of common musculoskeletal complaints. In the era of cost containment, you will be disincentive to refer patients out to specialists and will be expected to manage various conditions more in the Primary Care setting. The physical exam skills you have acquired in the clinical skills courses dovetails with your knowledge of the musculoskeletal system and will serve you well in this segment of the Core Clinical Concept series. The main source of study is a widely used resource by orthopedic surgeons and is highly recommended. You will find there seems to be a significant amount of reading, yet each topic is only a few pages long. I encourage you to take separate notes on main clinical points for each condition as you read. Even though it is provided free online, I strongly encourage you to consider purchasing it for future use in your clinical setting. It also contains excellent patient education materials. One last thought: recall one of our Osteopathic tenants that “the body has the natural capacity to self-heal”. Using this as a part of your treatment plan will help minimize further testing, reduce narcotic prescribing and provide hope of returning to optimal function.

### Module D Goals:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>The primary aim of this module is to help you become more confident in the evaluation and treatment of common of the upper extremity disorders.</th>
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<tbody>
<tr>
<td>Week 2</td>
<td>The primary aim of this module is to help you become more confident in the evaluation and treatment of common of the cervical disorders.</td>
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<tr>
<td>Week 3</td>
<td>The primary aim of this module is to help you become more confident in the evaluation and treatment of common of the lower extremity disorders.</td>
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</table>
**Week 4**
- The primary aim of this module is to help you become more confident in the evaluation and treatment of common of the lumbar spine disorders.

**Module D Objectives:**

| Week 1 | Students will demonstrate an organized approach of a physical exam of the upper extremity.  
Groups will work through the cases then present the case history, demonstrate the physical exam and describe the treatment plan. Afterwards each group should document their exam findings.  
After having reviewed the OPP workshop video segments students can practice OMM where appropriate.  
Having reviewed a video on shoulder injections, students will be able to explain step by step the indications, contraindications and step by step procedure. Students will also practice if resources for doing so are available.  
Students will recall salient points from earlier activities and readings and provide answers to class via Jeopardy format. |
|---|---|
| Week 2 | Students will demonstrate an organized approach of a physical exam of the cervical spine.  
Groups will work through the cases then present the case history, demonstrate the physical exam and describe the treatment plan. Afterwards each group should document their exam findings.  
After having reviewed the OPP workshop video segments students can practice OMM where appropriate.  
Detail the side effects of NSAIDS  
Students will recall salient points from earlier activities and readings and provide answers to class via Jeopardy format. |
| Week 3 | Students will demonstrate an organized approach of a physical exam of the lower extremity.  
Groups will work through the cases then present the case history, demonstrate the physical exam and describe the treatment plan. Afterwards each group should document their exam findings.  
Having reviewed a video on knee injections, students will be able to explain step by step the indications, contraindications and step by step procedure. Students will also practice if resources for doing so are available.  
Students will recall salient points from earlier activities and readings and provide answers to class via Jeopardy format. |
| Week 4 | Demonstrate an organized approach of a physical exam of the lumbar spine.  
Groups will work through the cases then present the case history, demonstrate the physical exam and describe the treatment plan. Afterwards each group should document their exam findings.  
List the "red flags" of serious pathologic causes of low back pain.  
Explain the role of various imagining modalities in the evaluation of low back pain.  
After having reviewed the OPP workshop video segments students can practice OMM where appropriate. |
Students will recall salient points from earlier activities and readings and provide answers to class via Jeopardy format.

Self-Study Elements:
- Weeks 1-4: weekly quizzes; all four quizzes MUST be completed by the end of the module for a passing grade. There is no cut score required. In addition, although not a self-study, participation in the in-class Jeopardy game activity during week four is required.

Module E: Genitourinary Issues

The focus of this module is to provide an overview of common challenges in the genitourinary system. A general understanding of addressing common male and female complaints as well as some contemporary issues (such as gender identity) will be reviewed during this module. As you work through these elements, you will be better prepared for elements you will see in further depth during rotations such as OB/GYN and urology.

The focus of week one is to prepare the 3rd year medical student to properly evaluate the female patient in the 1st trimester of pregnancy and to recognize the proper approach to management of 1st trimester bleeding. Emphasis is placed on the importance of recognizing normal pregnancy, various forms of spontaneous abortion and ectopic pregnancy. The student will also gain an understanding of the recognition and approach to management of nausea and vomiting in pregnancy, as well as a general approach to other medical conditions affecting pregnancy. Students will learn the early approach to these problems in the emergency department or the primary care setting.

The focus of week two is to prepare the 3rd year medical student to properly evaluate the female patient with menstrual bleeding problems and to understand a basic approach to abnormal uterine bleeding. Emphasis is also placed on how to obtain a complete menstrual and sexual history. An understanding of the PALM-COEIN classification system for abnormal uterine bleeding will also be emphasized. The student will also learn to properly evaluate acute vaginal discharge complaints as well as point of care evaluation and management for common causes of vaginitis.

Module E Goals:
| Week 1 | • Describe accurate diagnosis and dating of the pregnant patient  
• Understand the importance of pre-conceptual counseling  
• Identify how pregnancy affects the natural history of various medical disorders and how a preexisting medical disorder affects maternal and fetal health  
• Understand continued management of preexisting medical conditions during pregnancy |
|---|---|
| Week 2 | • Understand the difference between AUB during per menarche, reproductive years, perimenopause and postmenopausal  
• Be familiar with the PALM-COEIN classification system for AUB  
• Understand the approach to diagnosing and treating vaginitis |
| Week 3 | • Discuss the differential diagnosis of microscopic and gross hematuria  
• Discuss the differential diagnosis of Hematospermia  
• Diagnose, treat and prevent urinary tract stone disease  
• Appreciate male sexual dysfunction  
• Understand and utilize new gender categories |
| Week 4 | • Select appropriate therapy based on patient variables  
• Understand the diagnosis and treatment of BPH  
• Understand the diagnosis and treatment of Prostatitis  
• Discuss the differential diagnosis and treatment of the acute scrotum  
• Differentiate urinary tract infections and pyelonephritis  
• Understand common urinary and male reproductive cancers: kidney cancer, bladder cancer and testicular cancer  
• Understand and utilize new gender categories |

**Module E Objectives:**

| Week 1 | • Outline a basic approach to 1st trimester bleeding evaluation and management including: differential diagnosis, risk factors and etiologies, complications  
• Demonstrate understanding of classification and differential diagnosis of spontaneous abortions  
• Demonstrate ability to counsel patients on: diagnosis and treatment options for ectopic pregnancy, Diagnosis and management options for spontaneous/threatened abortion  
• Outline a basic approach to evaluation and management of medical disorders in pregnancy  
• Understand what medications may be safely continued in pregnancy and which should be discontinued |
Week 2
- Elicit an accurate and detailed menstrual and sexual history
- Outline a basic approach to evaluation and management of vulvar and vaginal complaints including defining the role of wet mount preparation
- Identify 5 causes of acute vaginal discharge
- Identify the 3 major types of vaginitis including: Pathogenesis/epidemiology, clinical manifestations/diagnosis, CDC treatments/prevention strategies
- Explain the pathophysiology and etiology of different causes of AUB
- Outline an approach to evaluation and management of AUB
- Identify risk factors, common presenting signs and symptoms, physical exam findings, and consequences of lack of treatment for AUB

Week 3
- Interpret urinalysis results
- Explain why and how to place a urinary catheter
- Select the most appropriate urinary catheter given a specific patient scenario

Week 4
- Differentiate the treatment options for prostate cancer
- Research new treatment options for advanced prostate cancer

Self-Study Elements:
There are no specific self-study quizzes or tests for this module. Preparatory readings and didactic session participation are the primary focus of this module.

Module F: Chest Discomfort & Syncope

The focus of this module is to prepare the student to be able to evaluate the adult and pediatric patient who presents with chest pain or syncope. In addition, the diagnostic criteria for pediatric hypertension will be covered along with common causes, and appropriate interventions. Understanding the strengths and weaknesses of various testing modalities for these entities will be a focus. OMM DVD 5 Cases will be the focus of the OMM for Module F. The student will practice interpretation of EKGs and dynamic rhythm strips, will perform an EKG, and will interpret EKG, CXR and laboratory studies as related to patient cases of chest pain and syncope in small group format. Finally, several students will complete their topical formal presentations on a variety of topics germane to the overall module of chest discomfort and syncope. An EVOLVE patient will visit, and OMM will focus on rib dysfunction. Heart sound and lung sound simulation will be used.

Module F Goals:

| Week 1 | • Develop a basic understanding of identifying and diagnosing acute chest discomfort
  | • Using a case based approach evaluate several patients with presenting complaint of chest pain
  | • Interpret basic EKGs |
| Week 1 | • Identify ten causes of acute chest discomfort.  
• Distinguish between life threatening and non-emergent causes of chest pain.  
• Illustrate the anatomic relationships of mediastinal, cardiac, and pulmonary structures.  
• Interpret signs/symptoms that may indicate a referred source for chest discomfort.  
• Describe the advantages and limitations of cardiac stress testing.  
• Identify and interpret relevant laboratory testing results in the case of acute chest pain and/or syncope.  
• Be able to identify normal and abnormal EKGs, static and dynamic rhythms. |
|---|---|
| Week 2 | • Distinguish between life threatening and non-emergent causes of syncope.  
• Illustrate the anatomic relationships of mediastinal, cardiac, and pulmonary structures.  
• Describe the pathophysiology of syncope.  
• Identify and interpret relevant laboratory testing results in the case of acute chest pain and/or syncope.  
• Be able to identify normal and abnormal EKGs, static and dynamic rhythms. |
| Week 3 | • Discuss the diagnostic criteria/evaluation of the pediatric vs adult patient with hypertension.  
• Be able to differentiate normal and abnormal heart and lung sounds from audio files provided. |

**Module F Objectives:**

| Week 1 | • Understand the value of diagnostic imaging in the workup of chest pain and syncope.  
• Develop an understanding of syncope.  
• Using a case based approach evaluate several patients with presenting complaint of syncope.  
• Interpret basic EKGs.  
• Review Dynamic Rhythms.  
• Understand the value of diagnostic imaging in the workup of chest pain and syncope. |
|---|---|
| Week 2 | • Differentiate between pediatric and adult hypertension.  
• Interpret basic EKGs.  
• Review heart and lung sounds with sound generators from web.  
• Understand the value of diagnostic imaging in the workup of chest pain and syncope. |
| Week 3 | • Review elements learned in previous weeks.  
• Interpret basic EKGs.  
• Review Dynamic Rhythms.  
• Understand the value of diagnostic imaging in the workup of chest pain and syncope.  
• Using OMM module 5 be able to diagnose and treat musculoskeletal causes of chest pain. |
<table>
<thead>
<tr>
<th>Week 4</th>
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</thead>
<tbody>
<tr>
<td>•</td>
<td>Be able to identify normal and abnormal ekg, static and dynamic rhythms.</td>
</tr>
<tr>
<td>•</td>
<td>Identify ten causes of acute chest discomfort.</td>
</tr>
<tr>
<td>•</td>
<td>Distinguish between life threatening and non-emergent causes of chest pain.</td>
</tr>
<tr>
<td>•</td>
<td>Distinguish between life threatening and non-emergent causes of syncope.</td>
</tr>
<tr>
<td>•</td>
<td>Illustrate the anatomic relationships of mediastinal, cardiac, and pulmonary structures.</td>
</tr>
<tr>
<td>•</td>
<td>Interpret signs/symptoms that may indicate a referred source for chest discomfort.</td>
</tr>
<tr>
<td>•</td>
<td>Describe the advantages and limitations of cardiac stress testing.</td>
</tr>
<tr>
<td>•</td>
<td>Describe the pathophysiology of syncope.</td>
</tr>
<tr>
<td>•</td>
<td>Identify and interpret relevant laboratory testing results in the case of acute chest pain and/or syncope.</td>
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<tr>
<td>•</td>
<td>Be able to differentiate normal and abnormal heart and lung sounds from audio files provided.</td>
</tr>
<tr>
<td>•</td>
<td>Be able to identify normal and abnormal ekg, static and dynamic rhythms.</td>
</tr>
<tr>
<td>•</td>
<td>This is really a culmination week with some additional information and time to review OMM for the musculoskeletal chest pain patient, test their knowledge on dynamic rhythms.</td>
</tr>
</tbody>
</table>

**Self-Study Elements:**

Weekly quizzes 1-3; all three quizzes must be completed by the end of the module for a passing grade. There is no cut score required. The comprehensive final exam (to evaluate your comprehension of materials reviewed) must be completed and submitted by 11pm on the last day (Sunday) of the module.

**Module G: Alterations in Behavior**

The Alterations in Behavior C3 Module is designed to reinforce basic neurology and psychiatry as students apply concepts learned in years one and two to clinical work with patients. The psychiatric component of this module (weeks one and three) focuses on helping students fine-tune their interviewing skills by practicing medical history interviews on patients with psychiatric challenges. Students will learn strategies to deal with difficult behavior in hospitalized patients including an approach for assessing and treating the cognitively impaired patient who is agitated and combative.

The emphasis during week two will be on learning various presentations and causes of diffuse brain dysfunction leading to alterations in behavior. Emphasis will be placed on being able to discern emergent from non-emergent conditions. Students should learn the necessary evaluation and treatment modalities in such settings. Week four will focus on the presentation of patients exposed to common poisoning and overdoses as well as caring for patients.
withdrawing while in the hospital. Educational material will be presented through required readings, case and video presentations.

During week 3 students will complete an active learning project matching developmental disabilities to symptoms, genetics, behaviors and treatments in order to remind them of the challenges associated with these disorders. Videos will be provided to help students develop increased understanding of the behavioral challenges associated with providing medical care to patients with developmental disabilities.

**Module G Goals:**

<table>
<thead>
<tr>
<th>Week</th>
<th>Goals</th>
</tr>
</thead>
</table>
| **Week 1** | • Recognize the importance of an accurate medical history in the treatment of psychiatric patients  
• Understand key strategies to elicit effective medical information from a depressed and anxious patient  
• Appreciate the behaviors associated with anxiety in older adults  
• Identify at least four reversible causes for behavioral disturbance |
| **Week 2** | • Understand the basic terminology used in classifying causes of altered mental status  
• Understand the basics of adult and pediatric altered mental status  
• Identify pertinent historical and examination findings in patients with altered mental status  
• Formulate a plan for evaluating and treating common causes of altered mental status |
| **Week 3** | • Describe and explain the behavioral challenges that are presented in providing medical care for patients with an Intellectual Disability.  
• Appreciate the unique challenges associated with treating patients with an Intellectual Disability.  
• Understand behavioral strategies used to manage agitation, aggression and other psychiatric issues in patients with Intellectual Disability. |
| **Week 4** | • Understand the signs and symptoms of alcohol intoxication and withdrawal in the adult patient  
• Learn the management of alcohol withdrawal and dependence  
• Understand the basics of toxidromes  
• Recognize the salient features in the history and physical examination associated with specific toxidromes  
• Formulate a plan for evaluating and managing patients with suspected drug overdose |

**Module G Objectives:**

<table>
<thead>
<tr>
<th>Week</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| **Week 1** | • Given the materials provided, the MSIII student will be able to identify the key components of a medical history in patients with psychiatric illness  
• Understand behavioral approaches to address anxiety management in patients who are cognitively impaired  
• List and consider treatment for the medical causes of agitation and aggression |
<table>
<thead>
<tr>
<th>Week</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| **Week 2** | • Given the materials provided, the MSIII student will be able to appropriately define, provide common differential diagnosis, recognize urgency, treatment strategies and potential time course of the various causes of altered mental status  
• Meet the specific learning objectives of each individual activity |

| **Week 3** | • Given the materials provided, the MSIII students will be able to describe the key features of patients with developmental disabilities including the epidemiology, genetics, behaviors and treatment for each condition and describe behavioral pharmacological strategies that may be used to treat behaviors associated with developmental disability. |

| **Week 4** | • Given the materials provided, the MSIII student will be able to describe the common signs and symptoms of alcohol intoxication and treatment as well as understand evidence based treatments for alcohol dependence.  
• The student will also be able to describe the basic pathophysiology of common toxidromes, as well as meet the specific learning objectives of each individual activity. |

**Self-Study Elements:**

Weeks 1-3: weekly quizzes; all three quizzes must be completed by the end of the module for a passing grade. There is no cut score for quizzes.

**Module H: Abdominal Pain (Initial Presentation)**

The focus of this module is to review with the student the basic elements of abdominal pain and the abdominal exam. During this module, you will review the complete abdominal exam and critical findings associated with acute abdomens. In addition, you will review and identify common causes of both acute and non-acute abdominal pain. Age-specific conditions will also be identified. Last, imaging modalities for the evaluation of abdominal pain will also be included.

**Module H Goals:**
| Week 1 | • Have an understanding of how to perform an abdominal exam, including differentiating between acute and non-acute states  
• Recall various diagnoses that may represent acute and non-acute pathologies contributing to the presentation of abdominal pain  
• Understand age-related differences in causes of abdominal pain  
• Know the value of testing in the evaluation of abdominal pain |
| Week 2 | • Have an understanding of how to perform an abdominal exam, including differentiating between acute and non-acute states  
• Recall various diagnoses that may represent acute and non-acute pathologies contributing to the presentation of abdominal pain  
• Understand age-related differences in causes of abdominal pain  
• Know the value of testing in the evaluation of abdominal pain |
| Week 3 | • Have an understanding of how to perform an abdominal exam, including differentiating between acute and non-acute states  
• Recall various diagnoses that may represent acute and non-acute pathologies contributing to the presentation of abdominal pain  
• Understand age-related differences in causes of abdominal pain  
• Know the value of testing in the evaluation of abdominal pain |
| Week 4 | • Have an understanding of how to perform an abdominal exam, including differentiating between acute and non-acute states  
• Recall various diagnoses that may represent acute and non-acute pathologies contributing to the presentation of abdominal pain  
• Understand age-related differences in causes of abdominal pain  
• Know the value of testing in the evaluation of abdominal pain |

**Module H Objectives:**

| Week 1 | • Define the symptom review of patients with abdominal pain (PPQRST)  
• Describe and perform a physical assessment of the abdomen  
• Distinguish between somatic and referred pain |
| Week 2 | • Identify and distinguish between imaging modalities for abdominal pain  
• Identify the initial lab workup to distinguish cause of abdominal pain |
| Week 3 | • Identify the most common causes of non-surgical abdominal pain in adults  
• Identify the most common causes of non-surgical abdominal pain in children  
• Identify the cause of abdominal pain based on a given clinical presentation:  
  Chronic cholecystitis, Pancreatitis, Duodenal/gastric ulcer disease, Diverticulitis, Irritable Bowel Syndrome/Inflammatory bowel disease |
Week 4

- Provide the major steps in ED treatment of the acute abdomen
- Identify the cause of abdominal pain based on a given clinical Presentation
- Acute complicated cholecystitis, Acute appendicitis, incarcerated/strangulated hernias, Acute bowel obstruction, Obstructive urinary calculi, Diverticulitis with abscess, ruptured/leaking aortic aneurysm

Self-Study Elements:

There are no specific self-study quizzes or tests for this module. Preparatory readings and didactic session participation are the primary focus of this module.

Module I: Health Maintenance and Life-Long Care

The focus of this module is to re-acquaint the student with the normal physical exam, concepts of wellness and preventative health, as well as, birth to death medical care. In addition, the student will be introduced to the concept of optimal aging. Optimal aging is defined as the capacity to function across many domains—physical, functional, cognitive, emotional, social, and spiritual – to one’s satisfaction and in spite of one’s medical conditions. The intent is to educate the student to help all of one’s patients through the various stages of life from birth to death. The student will be exposed to various life and life-altering situations that physicians, patients, and families encounter in their journey through life and death. Through exposure to these situations the student will complete specific tasks during this month, including discussing and practicing OMM screening exams, defining patient specific wellness prescriptions, communicating with patients of all ages, and helping patients and their families live healthier lives. Finally, the student will encounter the challenges of working with patients and their families at the end of life. Formal topical presentations will be included.

Module I Goals:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>To understand the following topics for pediatrics: Schedule of Visits, Nature of Health Maintenance Visit, Physical Exam, Screening tests-physical, behavioral, and labs, Anticipatory Guidance, and Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>To become conversant with the latest information on health screening recommendations, screening exams, for common health concerns, and immunization recommendations for adult patients.</td>
</tr>
<tr>
<td></td>
<td>To perform, interpret and explain the findings of a comprehensive adult health maintenance exam to a patient who has presented for this exam.</td>
</tr>
<tr>
<td></td>
<td>To help the patient plan a strategy for their continued health, wellness, and optimal aging based on their current health status.</td>
</tr>
<tr>
<td>Week 3</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>• To become conversant with the latest information on health screening</td>
<td></td>
</tr>
<tr>
<td>recommendations, screening exams, for common health concerns, and</td>
<td></td>
</tr>
<tr>
<td>immunization recommendations for geriatric patients.</td>
<td></td>
</tr>
<tr>
<td>• To perform, interpret and explain the findings of a comprehensive adult</td>
<td></td>
</tr>
<tr>
<td>health maintenance exam to a patient who has presented for this exam.</td>
<td></td>
</tr>
<tr>
<td>• To help the patient plan a strategy for their continued health, wellness, and optimal aging of the geriatric patient based on their current health status.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To be able to summarize the end of life decision making issues of patient autonomy, surrogates, living wills and ethical issues.</td>
</tr>
<tr>
<td>• To be able to differentiate between palliative care and hospice care.</td>
</tr>
<tr>
<td>• To be able to recognize and verbalize the complexity of family dynamics and to assist patients and families in making end of life decisions.</td>
</tr>
<tr>
<td>• To be able to work with and recognize the challenges and opportunities associated with working with a team of health care professionals.</td>
</tr>
</tbody>
</table>

**Module I Objectives:**

<table>
<thead>
<tr>
<th>Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify the frequency of visits and associated physiologic transitions during the first year of life</td>
</tr>
<tr>
<td>• Identify and perform the components of the typical health maintenance visit</td>
</tr>
<tr>
<td>• Be able to identify pediatric vitals including height-weight ranges</td>
</tr>
<tr>
<td>• Identify specific tools used during pediatric screening, including: pulse oximetry, Denver Developmental Scales, Autism screening tools, CRAFFT screening for substance abuse and laboratory screening for different disease states (anemia, TB, STIs, hypercholesterolemia, lead)</td>
</tr>
<tr>
<td>• Be able to provide age-appropriate anticipatory guidance for a given child</td>
</tr>
<tr>
<td>• Be able to identify age-appropriate immunizations for a given child</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perform a 12 step OMM exam in a simulation setting with one or more partners and record the findings</td>
</tr>
<tr>
<td>• Identify the elements of physical exam that should be included in adult physical exams for health maintenance</td>
</tr>
<tr>
<td>• Identify the screening tests available, those suggested for health maintenance of adult and the cost-effectiveness of ordering or performing them</td>
</tr>
<tr>
<td>• Identify the laboratory screening tests available, those suggested by health maintenance guidelines, the cost, and the cost-effectiveness in their performance on adult patients</td>
</tr>
<tr>
<td>• Identify the immunizations that are required and suggested for adult patients and their risk-benefit profile</td>
</tr>
<tr>
<td>• Describe nutritional supplements that are recommended and their evidence based value to your patient for adult patients</td>
</tr>
<tr>
<td>• Describe dietary and exercise guidelines for healthy weight maintenance in adult patients</td>
</tr>
<tr>
<td>• Discuss preventive care for skin cancer, dental, vision and hearing for adult patients</td>
</tr>
</tbody>
</table>
| Week 3 | Discuss appropriate screening for mental health concerns for adult patients  
Discuss appropriate strategy for injury prevention with adult patients  
Discuss preventive sexual practices to promote safe sexual habits in adult patients  
| Week 3 | Have experienced some of the challenges that aging patients experience as they age and develop limiting physical conditions by participating in an instant aging experience  
Verbalize the feelings that were experienced in the instant aging experience with their peer group in an instructor led group discussion  
Identify the elements of physical exam that should be included in geriatric physical exams for health maintenance  
Identify the screening tests available, those suggested for health maintenance of geriatric and the cost-effectiveness of ordering or performing them  
Identify the laboratory screening tests available, those suggested by health maintenance guidelines, the cost, and the cost-effectiveness in their performance on geriatric patients  
Identify the immunizations that are required and suggested for geriatric patients and their risk-benefit profile  
| Week 4 | Identify the goals of a family conference  
Participate in a family conference in a simulated experience by playing the role assigned to help facilitate the expressed and best interests of the dying patient and his family  
Assist in developing a palliative care and/or hospice care plan that reflects the wishes of the patient despite the sometimes dysfunctional plans of individual family members  
Verbalize the challenges of working with patients and families who are facing end of life care  
Recognize opportunities to provide anticipatory guidance to the patient and family  
Verbalize the positive and negative aspects of working with a team of health care professionals.  

**Self-Study Elements:**  
A Pediatric quiz is due by the end of week 1 of Module I and the Gates and Palmore post surveys are required by the end of week 4. The pre-surveys were completed during C3 Module A. There are no passing scores; however, these elements must be completed by the dates noted within the D2L course to receive a passing grade.
# Summary of MSUCOM Requirements For OST603

## Core Clinical Concepts (C3)

<table>
<thead>
<tr>
<th>Module</th>
<th>Requirement</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module A</td>
<td>Weeks 1-4: weekly quiz&lt;br&gt;The GATES and Palmore pre-surveys</td>
<td>Last day of Module A&lt;br&gt;The pre-surveys must be completed by the end of week one of C3 Module A.</td>
</tr>
<tr>
<td>Module B</td>
<td>Weeks 1-4: weekly quiz</td>
<td>Last day of Module B</td>
</tr>
<tr>
<td>Module C</td>
<td>Week 1 &amp; 2: weekly quiz&lt;br&gt;Participation in the in-class Jeopardy during week three</td>
<td>Last day of Module C</td>
</tr>
<tr>
<td>Module D</td>
<td>Weeks 1-4: weekly quiz&lt;br&gt;Participation in the in-class Jeopardy game during week four</td>
<td>Last day of Module D</td>
</tr>
<tr>
<td>Module E</td>
<td>There are no specific self-study quizzes or tests for this module. Preparatory readings and didactic session participation are the primary focus of this module.</td>
<td>Last day of Module E</td>
</tr>
<tr>
<td>Module F</td>
<td>Weeks 1-3: three weekly quizzes and one comprehensive final exam</td>
<td>Last day of Module F (although it is recommended that students take the weekly quizzes by the end of the week in which the quiz is for.</td>
</tr>
<tr>
<td>Module G</td>
<td>Weeks 1-3: weekly quizzes</td>
<td>Last day of Module G</td>
</tr>
<tr>
<td>Module H</td>
<td>There are no specific self-study quizzes or tests for this module. Preparatory readings and didactic session participation are the primary focus of this module.</td>
<td>Last day of Module H</td>
</tr>
<tr>
<td>Module</td>
<td>Requirement</td>
<td>Due Date</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Module I</td>
<td>Pediatric Quiz and the GATES and Palmore post-survey.</td>
<td>The Pediatric quiz is due by the end of week 1 and the post-surveys need to be completed by the end of week 4 in Module I (They will only be open during their specified weeks).</td>
</tr>
</tbody>
</table>

**Special Considerations**

Didactic sessions are a critical element of the curriculum. These sessions are meant to be attended and actively participated in. Attendance is mandatory for all MSUCOM students and any absence must be reported to the college, as well as the C3 Director and DME of the student’s base hospital. It is the expectation that C3 didactic sessions will take precedence over any and all rotational requirements. The Medical Education department of each hospital is aware of this expectation and will seek to enforce it when needed. Failure to attend sessions will hamper one’s ability to successfully complete this course and may result in failure of the course and an N grade being given.

The C3 Directors at each hospital may choose to add elements to the curriculum (but will not subtract any elements) over the course of the academic year. Any additional elements required by the C3 Director or the Department of Medical Education will be completed by the medical student and may contribute to overall passage of OST 603.

**C3 Module Corrective Action Process**

Failure to complete required elements of the curriculum including (but not limited to): attendance, timely completion of preparatory activities, poor participation in C3 didactics, failure to successfully complete the Topical Formal presentation, and/or failure of the self-study elements of C3 modules will result in a Corrective Action Plan as follows:

Students who do not successfully pass any individual module of the C3 curriculum will be required to complete a specific corrective action which may take one of several different forms (papers on professionalism, review of study questions, retake of self-study elements, etc.) based on the reason for not passing. The C3 Director at the student’s base hospital, as well as the Instructor of Record for the C3 curriculum, will review these elements for appropriateness and quality of answers. Once these have been evaluated by the C3 Instructor of Record and deemed to be satisfactory, the student will receive a passing grade on his or her transcript. In addition, corrective action for elements NOT specifically related to the curricular content (e.g.
unexcused absence, unprofessional behavior, COMLEX failure, etc.) will determined on a case-by-case basis by Academic Programs in concert with the Office of Student Services and the base hospital’s Department of Medical Education.

Failure to successfully complete the Topical Formal presentation will result in the student being assigned a successive topical formal topic by the C3 Director, which must be presented to the C3 Director and reviewed by the Instructor of Record for a passing grade.

Corrective action will be considered successful once completed and evaluated by the Instructor of Record for this course. Failure to successfully complete corrective action will result in the student's case being brought before COSE for final judgment.

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 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.

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

“N” Grade Policy
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)

C3 MODULE EVALUATIONS

**Student Evaluation of Rotation**
Students will submit their C3 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. These forms will be on file in your DME’s office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.