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.
# TABLE OF CONTENTS

- Introduction ....................................................................................................................... 3
- Overview and Goals ......................................................................................................... 4
- Goals and Objectives ......................................................................................................... 4
- Initial Competencies .......................................................................................................... 4
- References ......................................................................................................................... 5
- Miscellaneous Information ............................................................................................... 5
- Emergency Medicine Grading Requirements ..................................................................... 6
- Learning Activities ............................................................................................................ 7
- Evaluation .......................................................................................................................... 8 – 9
- IM 657 Competency Based Skills Assessment Rubrics .................................................... 10-13
- IM 657 Emergency Medicine Core Rotation (R2) Learning Modules ............................... 14-16
- IM 657 Performance Parameters ....................................................................................... 17
- IM 657 Performance Parameters Check off Sheet .............................................................. 18
- IM 657 Objectives for Board Studying ............................................................................. 19 – 22
- EMS ................................................................................................................................... 23 – 26
- Special Considerations ....................................................................................................... 27
- Attendance Policy .............................................................................................................. 28
- Statement of Professionalism ........................................................................................... 28
- Students Rights and Responsibilities .............................................................................. 28
- Faculty Responsibilities .................................................................................................... 29
- Course Grades ................................................................................................................... 29
- Rotation Evaluations ......................................................................................................... 29
- Exposure Incidents Protocol ............................................................................................ 30
- Base Hospital Requirements ............................................................................................ 30
INTRODUCTION

Welcome to the Emergency Medicine Service. We think you will find your experience with us a valuable one. Our physicians strive to treat patients with quality and compassionate care. We ask that you treat all patients with the same care that you would expect for those close to you.

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 urgent and critical emergency conditions. There will be much one-to-one teaching on this rotation. You will find our emergency department physicians to be easily approachable and readily available, but you ultimately will determine what your experience will be. The more interest you demonstrate in learning, the more teaching you will receive.

This syllabus lists the **minimum** didactic requirements that are due at the end of your rotation. Emergency Medicine conferences are mandatory and you must check with your local emergency department rotation office for time and date schedules that will be in effect for your rotation dates. **As far as scheduling goes, you must meet as per the syllabus of the department where you will be rotating to set up your initial assigned schedule.** However, you may not work more than 5 shifts in a row, nor do ‘double shifts’ or be scheduled for more than 4 consecutive days off in a row. Additionally, you may not work more than one shift in a 24 hour period. Failure to comply with this will result in further time at the emergency department or a letter to your student file stating that you were unable to follow syllabus directions.

We have recently revised the entire curriculum at MSU-COM and due to increased integration between the Core Clinical Content (C3), and the Rotation Required (R2) materials, there have been several changes made to the topics covered in didactic format for advancing your knowledge on many of the rotations, to avoid duplication and broaden the scope of your exposure. To that end, many patient complaints that are common visitor types to any emergency department may not be covered in detail on this rotation didactically, as these complaints are common across the field of medicine and are being covered in detail elsewhere. Keep in mind that the EM COMAT exam will not be ready until 2015. You will take an end of service exam created by MSU on the topics covered in the didactic components of this rotation for the 2014-15 academic year.

Regarding the logs: Your schedule as it occurred is your verification of activity/number of shifts. If you took boards during this rotation you should put those on your schedule before you turn it in. Your final schedule must be uploaded by the last day of the rotation into D2L. There are several procedures and patient types that are expected to be completed/seen while on this rotation. It is your duty to seek them out, and then log them. For example, let the nurses know that you need to start two IV’s, and then, even if it is not your primary patient they will come and get you to complete this task, and then you can log it. There are particular patient types that need to be seen also, to avoid the student only being exposed to the simplest of patients that present to the ED, and to allow you review under supervision of EKG’s, imaging studies, and the evaluation of pediatric patients. These are mandatory to ensure your breadth of exposure. You do not have to be the primary provider on the patient to log them, but do need to do the things requested – i.e. take vitals on three infants, perform mini mental status exams, see children with musculoskeletal complaints or fever, etc. Being proactive about these requirements will assure their completion, but waiting until the last week to read the syllabus will almost assure that you will need to go back for additional shifts to meet the minimum requirements. A patient may be counted in multiple categories - i.e a patient with chest pain that you evaluate, read the EKG and interpret the CXR can be logged on all three areas.
OVERVIEW AND GOALS

The clerkship consists of four weeks of emergency department experiences, and thus shifts must be scheduled for you in all four weeks. This service should expose you to various aspects of management of patients in an ED. These experiences should include reading, lectures, seminars, and patient care management.

EM occupies a unique niche in medical education in that it provides students with the opportunity to see an undifferentiated patient population with varying modes of presentation. This experience will stress diagnostic skills, ability to prioritize patient care and exposure to new diagnostic skills, i.e., toxicology and environmental injuries, and different views of problems that you may have only seen in the hospital or other practical settings.

GOALS OF THE EMERGENCY MEDICINE CLERKSHIP

I. Provide the student with the fundamental knowledge base in emergency medicine.

II. Introduce the student to basic procedures relevant to the practice of emergency medicine.

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

IV. Promote the acquisition of simple basic skills for the diagnosis and management of common simple emergencies.

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

VI. Provide the initial competency based skills assessment for ABG, IV start, IM injection, and laceration repair.

OBJECTIVES

Learning objectives for the emergency medicine clerkship relate to the following areas: a) cognitive knowledge; b) psychomotor skills; c) problem solving; and d) professional development.

By the end of the four-week emergency medicine clerkship, the student is expected to have achieved, at a minimum, the following objectives through reading, conference attendance, observation, discussion, and hands-on clinical experience.

INITIAL COMPETENCIES

Initial competency will be assessed for: suturing, peripheral IV insertion, IM injection and ABG draw. Please see the Rubrics provided for Competency Based Skills Assessment on D2L. It is the student's responsibility to have these forms completed during their rotation. If for some reason you are not able to complete these activities please notify the rotation director at your site and have them sign the form stating there was not an opportunity for you to perform whatever you did not complete.
REFERENCES

For the didactic portion from MSU/COM Department of Osteopathic Medical Specialties all readings and answers are to be referenced from the following texts, which should be available in every emergency department in which you rotate. You may also obtain them on-line through the MSU Libraries.

http://www.lifeinthefastlane.com for ekgs


_Acad Emerg Med; the 3-Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme_. Davenport C., Honigman B., Druck J. 2008 Jul; 15(7):683-7

MISCELLANEOUS INFORMATION

The objectives are listed by the week, but can be done in any order so as to be completed within the four week rotation. You should take notes on these objectives to prepare for the end of service exam. Should you not pass the exam you must turn in the notes to the objectives to the D2L dropbox within one week of the end of the rotation. They will be reviewed and you will receive feedback via an email listing items that you should further study based on your answers to the objectives - not based on which items you did not answer correctly on the test and then you will be eligible to retake the examination.

Access Emergency Medicine allows you to make tests from a variety of categories, and this may further help your board review as well. It is not mandatory to do questions from the Access Emergency Medicine site and no end-of-service exam questions are taken from this pool.

Your hospital may require additional articles, videos, or other forms of information to be obtained and utilized by you to further answer didactic questions that they may assign. The chief of the emergency department at your hospital will be responsible for assigning a grade to their specific material.
## EMERGENCY MEDICINE GRADING REQUIREMENTS

### Summary of MSUCOM Requirements and Submission Methods

<table>
<thead>
<tr>
<th>Item</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Service Exam</td>
<td>D2L online</td>
<td>Schedule as per instructions provided by MSU</td>
</tr>
<tr>
<td><strong>Answering the Objectives</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>All students should complete the objectives (pgs 14-16) in essay format prior to taking the exam, in order to prepare for the exam. If you do not receive a passing score on the end of service exam you will be asked to submit your notes for review to determine a remediation plan.</em></td>
<td>Online D2L Drop Box</td>
<td>One week after date exam was taken – ONLY if do not pass the exam</td>
</tr>
<tr>
<td>ED Shift Schedule</td>
<td>Online D2L Drop Box if scanned -or- Mail to: MSUCOM, Dept of OMS ATTN: Steve Stone 909 Fee Rd., B315A West Fee Hall East Lansing, MI 48824</td>
<td>11pm last Sunday of rotation</td>
</tr>
<tr>
<td>Patient Complaint Log</td>
<td>Online D2L Drop Box</td>
<td>11pm last Sunday of rotation</td>
</tr>
<tr>
<td>Procedures Checklist</td>
<td>Online D2L Drop Box</td>
<td>11pm last Sunday of rotation</td>
</tr>
<tr>
<td>Rubrics for Competency Skills Assessments</td>
<td>Online D2L Drop Box</td>
<td>11pm last Sunday of rotation</td>
</tr>
<tr>
<td>EMS Option Form</td>
<td>Online D2L Drop Box if scanned -or- Mail to: MSUCOM, Dept of OMS ATTN: Steve Stone 909 Fee Rd., B315A West Fee Hall East Lansing, MI 48824</td>
<td>11pm last Sunday of rotation</td>
</tr>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Submit completed evaluation to your base hospital’s Medical Education office.</td>
<td>As soon as possible – preferably last day of rotation</td>
</tr>
<tr>
<td>Student Evaluation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through the Koblijak Center</td>
<td>11pm last Sunday of rotation</td>
</tr>
</tbody>
</table>
LEARNING ACTIVITIES

Learning activities will vary among hospital emergency departments; however, certain activities should be completed in each emergency medicine clerkship. The following are examples of learning activities each student should accomplish when on an emergency medicine clerkship:


2. **HISTORY AND PHYSICAL REVIEW**: An important portion of your learning will be in the evaluation of patients while obtaining historical data and performing physical examinations. For each patient this information will be reviewed with an intern, resident, or attending physician.

3. **LECTURES**: Lectures on various topics are usually given at least once a week. They are intended to provide up-to-date information on clinical and research findings and techniques in various fields. They may be given by a guest speaker who is an expert on the topic. If your hospital has a mid-day or other regular lecture program, you are expected to attend.
EVALUATION:

To successfully complete this rotation you must do ALL of the following:

A. Meet with the department where you will be rotating prior to the rotation and set your schedule, pick up your rotation book if they have one, obtain the conference schedule, and any other mandatory requirements as per the department.

B. Complete all assigned shifts. This is a 4-week required rotation; absences due to vacations, interviewing, or other such activities are not acceptable. You may not work more than 5 shifts in a row or be scheduled for more than 4 consecutive days off in a row. Additionally, you may not work more than one shift in a 24-hour period. There has to be shifts scheduled in each week of the four week rotation. Conference lectures do not count as shifts worked. Because different hospitals have different lengths of shifts, the total number of shifts will vary by site, but may be no less than 14 of 28 days, excluding conference time. You will need to send in your shift schedule to the D2L drop box. If you have an electronic version of this schedule, please post it to the drop box in D2L. Otherwise, please mail or fax it by 11pm on the last Sunday of your rotation to:

MSU College of Osteopathic Medicine, Department of OMS
ATTN: Steve Stone
909 Fee Rd., B315A West Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062

C. You must complete and return the required procedure checklist and patient logs of required/observed procedures or evaluations to the proper D2L course drop boxes. All materials are to be posted in the D2L course site for IM 657 no later than two weeks after the completion of your rotation.

If you have access to a scanner, you may scan your EMS option form once it’s been completed and signed and then upload it to the proper D2L course drop box. However, if you do not have access to a scanner, you will have to snail mail the EMS option form. Your EMS option form should be completed by the end of the rotation and sent by 11pm of the last Sunday via mail or fax to:

MSU College of Osteopathic Medicine, Department of OMS
ATTN: Steve Stone
909 Fee Rd., B315A West Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062

D. Take and pass the End of Service Exam (2014-15) when assigned and scheduled by the college. To access the End-of-Service exam for Emergency Medicine, log onto D2L website for this course and complete the 35-40 question online exam, which is based on the answers to the didactic essays questions. So, students would be wise to use the didactic essay questions as a study guide before taking the online exam. The exam will be open for one week- starting the Friday of your third week on rotations and closing at 11pm on the last Sunday of your rotations. Mr. Stephen Stone will be sending out instructions once the tests are ready to be released. A 77% is needed to pass. All students who fail the online exam must submit the didactic essay questions, plus retake the exam.
E. Return all rotation books to the hospital emergency department office by 11pm of the last Sunday of the rotation.

F. Attend all scheduled conferences as assigned.

G. Complete any additional didactic work as required by your local emergency department and return to their office by their deadlines.

H. Complete at least one shift as an EMS “ride-along” (see #C above) or complete the written EMS option 2 if “ride-alongs” are not allowed at your hospital (see page 21). This may be in addition to your assigned emergency department shifts, or in place of one of your emergency department shifts, depending on local departmental rules. If your hospital precludes your participation in an EMS “ride-along” then you must complete EMS Option 2.

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

J. One set of boards may be taken during this rotation.

K. **Vacation may not be scheduled during this rotation.**

L. Interviewing time must occur on days that you are scheduled off. Any missed shifts must be made up.

M. Maintain professional appearance and behavior at all times. You must achieve a satisfactory level on the direct observation rating form. Ratings of unsatisfactory in any category will be reviewed with you by a member of the MSU/COM Emergency Medicine faculty with a specific plan for remediation to be decided on a case-by-case basis.

N. All written work must be original and completed on an individual basis.

O. It is the duty of the student to assure arrival of materials - and always a good idea to keep a copy of everything you send in case it gets lost.

P. Completion of rubrics for Competency Assessment of IV start, IM injection, ABG draw and suturing must be submitted to the drop box as well.

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Failure to do any of the above will result in an “N” grade and require remediation as determined by the Department of Osteopathic Medical Specialties at MSU/COM. Delay by more than 2 weeks from the end of your rotation in submitting the required material and evaluations that are in your packet may result in an “N” grade as stated above as well.

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Although it is recognized that faculty rotation evaluations are not under the complete control of the student, it is still the responsibility of the student to assure their timely completion. Any rotation evaluation not received by the end of the semester in which the rotation was completed will result in an ET grade for the student. The student evaluation must be completed and submitted by 11pm of the last Sunday of the rotation.
# IM 657 Basic IV Set Up and Start Procedure Evaluation

Procedural Competency Evaluation For: Student’s Name ________________________________
Provider supervising the procedure: Name __________________________ Degree: _______________
Date __________________________________

Equipment: IV Needle, IV start kit (tourniquet, skin cleaner, dressing materials such as tape and opsite), gloves, patient, IV bag with tubing connected.

Scenario: You have a patient that needs an IV started. Please gather the supplies, have the nurse get supplies that might be locked up, supervise your set up of equipment and access for IV on the patient, and then provide an evaluation.

Circle the correct answer while you observe the procedure

<table>
<thead>
<tr>
<th>Adult or Pediatric patient</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Preparation – Observe for these critical actions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies the proper patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Verifies that patient does not have a site that should not be used (fistula arm, mastectomy arm for example)</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Connects tubing to IV bag and flushes it through, maintaining sterility of tip</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Puts on gloves</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Obtains the proper equipment (needle of appropriate size, syringe, alcohol wipe)</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td><strong>IV Procedure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly positions the patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Cleanses the skin with alcohol prep</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Wears gloves</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Places tourniquet</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Accesses vein and inserts catheter</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Uses protective device on needle to prevent accidental needle stick exposure to all</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Connects IV bag to catheter and makes sure it runs</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Removes tourniquet</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Cleans up blood that may have leaked out before applying dressing</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Disposes of sharps and contaminated objects</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Discard sharp into sharps bin without recapping needle</td>
<td>DNP</td>
<td>P</td>
</tr>
</tbody>
</table>

**Critical Incorrect Action** (Check if appropriate)

- Does not dispose of contaminate sharps properly
- Performs procedure putting themselves at risk for needle puncture wound.
- Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to place a routine IV, understanding the procedure, and complications  Yes  No  (Please circle)
Please return form to student and have them return to MSU as per instructions in syllabus.

**Supervising Provider Note (optional)**
**IM 657 Basic IM Injection Procedure Evaluation**

Procedural Competency Evaluation For:  
Student’s Name ________________________________

Provider supervising the procedure:  
Name _____________________________  
Degree: ______________________

Date __________________________

Equipment:  Needle, syringe, alcohol swab, patient, medication to be given, Band-Aid

Scenario:  You have a patient that needs an IM injection. Please gather the supplies, have the nurse get the medication for you and supervise your administration and then provide an evaluation.

Circle the correct answer while you observe the procedure

<table>
<thead>
<tr>
<th>Adult</th>
<th>Pediatric Patient</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
</table>

**Patient Preparation – Observe for these critical actions**

- Identifies the proper patient  
- Verifies the patient's allergies in the chart  
- Verifies the patient's allergies with the patient before administration  
- Verifies the order and medication to be given  
- Obtains the proper equipment (needle of appropriate size, syringe, alcohol wipe, med)  
- Calculates the appropriate volume to be given

**Injection Procedure**

- Properly positions the patient  
- Cleanses the skin with alcohol prep  
- Wears gloves  
- Removes air from syringe and performs injection  
- Aspirates before injecting to assure not in a blood vessel  
- Withdraws needle, holds pressure on site and places Band-Aid.  
- Discard sharp into sharps bin without recapping needle

**Critical Incorrect Action** (Check if appropriate)

- Does not use surgical knots
- Performs procedure putting themselves at risk for needle puncture wound.
- Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to administer an IM injection, understanding the procedure, medications, and giving of appropriate follow up instructions  
Yes  No  (Please circle)

Make sure student is aware of various needle lengths and recommended sites of injection (regardless of one chosen for this activity), and is aware of the Z track technique and its purpose.

Please return form to student and have them return to MSU as per instructions in syllabus.

Supervising Provider Note (optional)
# IM 657 ABG Draw Procedure Evaluation

Procedural Competency Evaluation For:  Student’s Name ________________________________
Provider supervising the procedure:  Name _____________________________ Degree: ______________ 
Date ____________________________

Equipment:  Needle, syringe, alcohol swab, patient, medication to be given, Band-Aid

Scenario:  You have a patient that needs an ABG drawn. Please gather the supplies, have the physician or lab/respiratory personnel supervise your procedure and then provide an evaluation.

Circle the correct answer while you observe the procedure

<table>
<thead>
<tr>
<th>Adult</th>
<th>Pediatric patient</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Preparation – Observe for these critical actions**

- Identifies the proper patient DNP P
- Verifies the patient's circulation via Allen Test DNP P
- Verifies the patient's site is not contraindicated due to dialysis fistula, mastectomy arm DNP P
- Obtains the proper equipment (ABG needle of appropriate size, ABG syringe, alcohol wipe) DNP P
- Has ice to place specimen in and label to place on specimen at bedside DNP P

**ABG Procedure**

- Properly positions the patient DNP P
- Cleanses the skin with alcohol prep DNP P
- Wears gloves DNP P
- Palpates the radial or brachial artery DNP P
- Communicates with the patient DNP P
- Obtains an arterial specimen DNP P
- Holds pressure for 5-10 minutes to avoid hematoma development DNP P
- Disposes of sharps appropriately DNP P

**Critical Incorrect Action** (Check if appropriate)

- Does not perform an Allen test prior to start
- Performs procedure putting themselves or others at risk for needle puncture wound.
- Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to perform an ABG, understanding the procedure and giving of appropriate follow up instructions  
**Yes**  **No**  (Please circle)

Please return form to student and have them return to MSU as per instructions in syllabus.

**Supervising Provider Note (optional)**
### IM 657 Basic Laceration Suture Procedure Competency Assessment

**Procedural Competency Evaluation For:**

**Student Name __________________________**

**Supervisor providing the evaluation:**

Name __________________________

Degree __________________________

Date ____________

**Equipment:**

- Suture appropriate for wound
- Suturing instruments
- Appropriate local anesthetic
- Needles, syringes
- Skin antiseptic
- Irrigation fluid
- Drape
- Protective gear

**Scenario:** “You have a patient who has a laceration. Using sterile technique, demonstrate the following:

- Prepare sterile field
- Provide local anesthesia
- Repair the laceration
- Remove sharps (Needles, equipment)
- Provide follow up instructions

Circle the correct answer while you observe the procedure

<table>
<thead>
<tr>
<th>Adult</th>
<th>Pediatric Patient</th>
<th>(circle one)</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes, body fluid isolation precautions</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs local infiltration of an anesthesia agent into the wound. May inject through the wound edge or next to the wound after local skin prep.</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigates the wound &amp; Preps the surrounding skin with Betadine / Cloroprep (or similar).</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies sterile drape</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspects the wound for foreign bodies and tendon damage, through all the ranges of motion</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs superficial and deep local infiltration of an anesthesia agent if indicated</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place sutures in aesthetic manner</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains sterile field throughout procedure</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes all sharp needles and places in appropriate hazards box without recapping</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleans skin after completed to remove any blood or bodily fluids before applying dressing</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removes suture tray to dirty utility room or other appropriate place</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides aftercare instructions to patient and/or family</td>
<td>DNP</td>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Critical Incorrect Action** (Check if appropriate)

- Does not maintain sterile field
- Performs procedure putting themselves at risk for needle puncture wound
- Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to repair a simple laceration, understanding the procedure, medications, and giving of appropriate follow up instructions

Yes   No   (Please circle)

Make sure candidate is aware of maximum mg/kg for various anesthetics, typical duration of action of each type used, proper amount of irrigation volume recommended, and when sutures should be removed from various sites.

**Please return form to student and have them return to MSU as per instructions in syllabus.**

*Faculty Note (optional)*
IM 657 MSU-COM EMERGENCY MEDICINE CORE ROTATION (R2)
LEARNING MODULE

Overarching Principles for all ED case discussions:

For a given clinical condition:

- Distinguish between urgent and non-urgent etiologies.
- Demonstrate an organized approach to history taking including all pertinent negatives.
- Identify the key components and significant findings of a focused physical exam.
- Utilize a systematic sequence for work-up that takes into account common and rare etiologies, cost-effectiveness and patient-centered factors.
- Accurately interpret diagnostic test results.
- Compare and contrast treatment options.
- Adapt plan of care as necessary address the differing needs of pediatric and geriatric patients.
- Effectively explain diagnostic tests, treatment procedures and medications to the patient.
- Identify the role of other health team members in patient care.
- Apply relevant osteopathic principles and practices.

* (S-25) refers to the Stanford 25 components of physical exam

*Be able to answer all objectives prior to taking the end of service Exam.

<table>
<thead>
<tr>
<th>WEEK</th>
<th>ON-LINE LECTURE MODULE TOPICS</th>
<th>SPECIFIC LEARNING OBJECTIVES</th>
<th>BASIC SCIENCE &amp; PE REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A. Team Concept</td>
<td>1. Diagram the ED treatment team (D2L -online presentation)</td>
<td>▪ Circadian rhythm</td>
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<td></td>
<td></td>
<td>2. Describe the ED team member roles (D2L -online presentation)</td>
<td>▪ Physiology of sleep</td>
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<td></td>
<td>B. Sleep Cycle</td>
<td>3. Define the normal sleep/wake cycle and discuss normal circadian rhythm. Access Medicine: Ch. 14: Electrical Activity of the Brain, Sleep-Wake States, &amp; Circadian Rhythm: Sections: Circadian Rhythms &amp; the Sleep-Wake Cycle</td>
<td>▪ Electrical conduction in the heart (579)</td>
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<td>5. Describe the ideal sleep environment</td>
<td>▪ Vascular supply of the heart (C3 Module F)</td>
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<td>6. Describe the risks of sleep deprivation</td>
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<td>7. Discuss the medications used to modify the sleep wake cycle</td>
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<td>8. Differentiate between the primary approach to a common complaint and the ED approach to this same complaint</td>
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<tr>
<td>WEEK</td>
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<tr>
<td>1 (cont.)</td>
<td>D. Common cardiac rhythms and not to miss ECG's</td>
<td>9. Identify all major cardiac rhythms with 100% accuracy Dr. Hughes rhythms video.</td>
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<td>10. Identify ecg findings in the following: Acute inferior, anterolateral, posterior, anterior, and septal MI and know the coronary artery that is most likely diseased; acute pericarditis; tamponade; pneumothorax; LVH, RVH, LBBB, RBBB. Brugada, Wellens.Sgarbossa, Smith Life in the Fast Lane.com ECG Clinical Interpretation: A to Z by Diagnosis.</td>
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<tr>
<td></td>
<td>A. SIRS/Sepsis</td>
<td>1. Define the four SIRS criteria Case Files Emergency Medicine: Case 6.</td>
<td>- normal inflammatory process to infectious stimulus Tintinalli Ch. 146</td>
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<tr>
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<td>2. Differentiate between SIRS and Sepsis Case Files Emergency Medicine: Case 6. Tintinalli Ch. 146.</td>
<td>- physiology of shock Tintinalli Ch. 146.</td>
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<td>3. Discuss empiric treatment of most likely cause of infection Case Files Emergency Medicine: Case 6.</td>
<td>- anatomic review of abdominal cavity</td>
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<td></td>
<td>4. Identify via pharmacology review of antibiotics CURRENT Diagnosis and Treatment in Emergency Medicine: Ch. 42: Infectious Disease Emergencies: Subset: Emergency Management of Specific Disorders the common empiric guidelines for sepsis.</td>
<td>- bedside US</td>
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<td>B. Altered mental status</td>
<td>5. Define altered mental status Tintinalli Ch. 162.</td>
<td>- (trauma) - anatomic review of organs and images</td>
</tr>
<tr>
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<td>C. General approach to trauma patient</td>
<td>6. Differentiate acute delirium from dementia Tintinalli Ch. 162.</td>
<td>- Spleen exam (S-25)</td>
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<td>7. Define the four phases of trauma care: primary survey, resuscitation, secondary survey and definitive care. Tintinalli Ch. 250</td>
<td>- Liver exam (S-25)</td>
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<td></td>
<td>8. Discuss passive hypotension vs aggressive fluid resuscitation and effect on outcomes Critical Care Emergency Medicine</td>
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<td></td>
<td>A. Approach to the patient with bleeding from any source</td>
<td>1. Discuss blood loss volume including hidden in fractures CURRENT Diagnosis &amp; Treatment Emergency Medicine 7e, Ch. 28 plus Orthopedic Emergencies: Section: Immediate Management of Life-Threatening Injuries.</td>
<td>- arterial versus venous bleeding</td>
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<td>2. Discuss blood component replacement Critical Care Medicine: Ch. 29. Transfusion in Critical Care.</td>
<td>- physiologic response to blood loss</td>
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<td></td>
<td>3. Recognize the external signs of abuse, neglect and trauma Pediatric Emergency Medicine. Ch. 145. Abuse and Neglect.</td>
<td>- BLS and ACLS guidelines from AHA</td>
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<td></td>
<td>B. Approach to the victim of a violent encounter</td>
<td>4. Describe the evaluation and treatment of a patient who is the victim of a sexual assault Butki Intimate partner violence lecture. Plus Access Emergency Medicine: Multimedia: Sexual Assault video (28minutes)</td>
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<td>WEEK</td>
<td>ON-LINE LECTURE MODULE TOPICS</td>
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</table>
6. Explain the key signs that a patient or family member is upset. Tintinalli: Ch. E293.1 The Violent Patient. Section: Phases of Violent Behavior and Appropriate Responses.  
7. Review the current AHA BLS and ACLS guidelines |  
D. General BLS and ACLS review |  
E. Discussion of most common plant poisonings | 8. List the most common plant toxins Tintinalli: Ch.: 215: Poisonous Plants |
| 4 | A. ED approach to patient with chest pain | 1. Contrast the ED approach to the patient with chest pain with that from the primary care office * (PCO) Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 27: Chest Pain | Innervations of the chest  
- physiologic of shortness of breath  
- Knee exam (S-25)  
- Shoulder exam (S-25)  
- Ankle and foot exam  
- Basic injury mechanisms for spine and extremity fractures  
- Microbiology of bone and joint infections  
- Neurovascular review for common upper extremity injuries |
|  | B. ED approach to patient with DIB | 2. Contrast the ED approach to the patient with DIB with that from the PCO *Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 25: Dyspnea |
|  | C. ED approach to patient with back pain | 3. Contrast the ED approach to the patient with back pain with that from the PCO *Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 54: Low Back Pain |
|  | D. ED approach to patient with rash | 4. Define algorithmic approach to the diagnosis of the patient with a rash recorded by Mary Hughes and also in module B  
5. Be able to identify and describe pediatric and adult rashes not to miss using appropriate terminology -recorded by Mary Hughes |
7. Be able to name the most likely nerve injured with long bone fractures in the upper extremity and how they would present clinically. |

*PCO = Primary Care Office
## ED performance parameters

<table>
<thead>
<tr>
<th>Task</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>suture one laceration using sterile technique</td>
<td>initial competency assessment in ED rotation *</td>
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<tr>
<td>conduct one mini mental status exam under supervision</td>
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<tr>
<td>interpret 5 ecgs</td>
<td>final ED assessment to include unknown rhythm strips and unknown EKGs</td>
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<tr>
<td>interpret 5 CXR under supervision</td>
<td>final ED assessment to include unknown CXR</td>
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<tr>
<td>interpret 5 head CT with resident or attending</td>
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<tr>
<td>Insert one foley catheter (male or female)</td>
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<tr>
<td>Start two peripheral IV's including IV bag set up</td>
<td>initial competency assessment in ED rotation *</td>
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<tr>
<td>Perform one pelvic exam</td>
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<tr>
<td>Perform 1 rectal exam with hemoccult testing (if allowed as point of care test)</td>
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<tr>
<td>OMT assessment for one patient with low back pain</td>
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<tr>
<td>Assist in the draining of one abscess</td>
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<tr>
<td>Assist with the resuscitation of one critically ill patient</td>
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<tr>
<td>Draw one ABG</td>
<td>initial competency assessment in ED rotation *</td>
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<tr>
<td>Give one IM injection</td>
<td>initial competency assessment in ED rotation *</td>
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<tr>
<td>Evaluate one patient with a toxic ingestion (may be alcohol)</td>
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<tr>
<td>Attempt one FAST exam with ultrasound and be able to identify the liver and the spleen</td>
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<tr>
<td>Attempt one Ultrasound of inferior vena cava</td>
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<tr>
<td>Attempt identification of internal jugular vs carotid on one patient with ultrasound</td>
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<tr>
<td>Conduct one examination of liver and spleen under supervision</td>
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<tr>
<td>Assist with application of one splint</td>
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<tr>
<td>Assist with clearing a patient off a backboard</td>
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* based on rubric provided.
# IM657 Emergency Medicine - ED performance parameters Check list

<table>
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<tr>
<th>Student Name:</th>
<th>Date completed</th>
<th>Approver's Initials</th>
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GLOBAL OBJECTIVES FOR BOARDS STUDYING

LIST OF OBJECTIVES: You do not have to answer these in particular, but we have sorted the content of Tintinalli to be the most relevant areas for boards and your rotation in general. Tintinalli is an excellent reference book to have access to regardless of the rotation as it encompasses most topics in some fashion.

A. Core Content Area: ADULT RESUSCITATION OBJECTIVE
   2. Identify and list treatment options for the following dysrhythmias: ventricular fibrillation, asystole, pulseless electrical activity, ventricular tachycardia, first, second, and third degree heart blocks (reading: Sec 3: Chpt 22&23: p 129-161 and ACLS manual).
   3. Describe the IO technique and preferred sites in pediatric patients (reading: Sec 4: Chpt 32: p 215-218).

B. Core Content Area: TRAUMA OBJECTIVE
   1. Discuss the components of the history in a multiple trauma patient (reading: Sec 21: Chpt 250-251: p 1671-1683) and OST 525 chest trauma lecture.
   2. Discuss the four sequential phases of management of the multiple trauma patient. Outline the components of the primary and secondary trauma survey and discuss the recognition and management of immediate life threatening injuries.

C. Core Content Area: SHOCK OBJECTIVE
   1. Discuss the etiologies and pathophysiologic mechanisms of shock (reading: Sec 3: Chapt 25 &26: p 165-176).
   2. Describe the physical findings of patients in varying degrees and types of shock.
   3. Discuss the management of the varying degrees and types of shock in adults and children.

D. Core Content Area: CHEST PAIN OBJECTIVE
   1. Discuss the evaluation and management of the patient with chest pain, discussing the differential diagnosis, the relative importance of the history, physical examination and diagnostic studies (reading: Sec 7: Chpt 52: p 361-66).
   2. Evaluate a patient or simulate various scenarios of patients with chest pain.

E. Core Content Area: DYSPNEA OBJECTIVE
   1. Discuss the differential diagnosis of dyspnea. Discuss the initial evaluation and management of the dyspneic patient.
   2. Discuss the identification, evaluation and management of upper airway causes of dyspnea. Describe the presentation, evaluation and management of the patient with lower airway causes of dyspnea.
   3. Discuss the presentation, evaluation and management of the cardiovascular causes of dyspnea. (reading: Sec 7: Chpt 57: p 405-414)
   4. Evaluate a patient or simulate various scenarios of patients with dyspnea.
   5. Discuss the evaluation of the chest radiograph, soft tissue neck films.

F. Core Content Area: ALTERED MENTAL STATUS (COMA, SYNCOPE, SEIZURES,
EMERGENCY PSYCHIATRY) OBJECTIVE
1. Discuss the pathophysiology and differential diagnosis of the comatose patient (reading: Sec 14: Chpt 162 p 1135-1141; Sec 12: Chpt 131: 884-887).
2. List the critical actions in the management of a comatose patient.
3. Explain the diagnostic studies and procedures used in evaluating the comatose patient.
4. Demonstrate the evaluation of a comatose patient.
5. Demonstrate the evaluation of the cerebral CT radiograph.
6. Demonstrate or verbalize the procedure for a lumbar puncture.
7. Discuss the pathophysiology and differential diagnosis of syncope (reading: Sec 7: Chpt 56: p 399-404; Sec 12: Chpt 140: 962-966).
8. Perform the history and physical examination pertinent to the evaluation of a patient with syncope.
9. List the diagnostic studies and/or procedures used to evaluate the syncopal patient.
10. Discuss the management of the syncopal patient.
11. Describe the evaluation and pathophysiology of seizures (reading: Sec 14: Chpt 165: p 1153-58; Sec 12: Chpt 129: p 872-879).
12. Discuss the management of seizures in the emergency department.
13. Describe the mental status examination and the psychiatric interview (reading: Sec 24: Chpt 283: p 1939-1942).
14. Discuss the evaluation and management of delirium and dementia. Discuss the use of diagnostic studies.
15. Perform a mental status examination.
16. Describe the evaluation and management of the violent patient. Discuss protective measures for the patient and staff. Discuss involuntary commitment.
17. Describe the evaluation and management of the suicidal patient. Discuss involuntary commitment.

G. Core Content Area: HEADACHE OBJECTIVE
1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. Discuss the pertinent diagnostic studies and procedures. Discuss the management of the patient with headache (reading: Sec 14: Chpt 159: p 1113-1117; Sec 12: Chpt 130: p 880-883).
2. Demonstrate the neurologic and funduscopic exam.

H. Core Content Area: FEVER OBJECTIVE
1. Discuss the evaluation and management of the febrile child. Highlight the important points of history, physical examination and discuss the use of laboratory and other diagnostic tests (reading: Sec 12: Chpt 113: p 752-754).
2. Describe the use of antibiotics and the decision process of admission versus discharge.

I. Core Content Area: ABDOMINAL PAIN OBJECTIVE
1. List the key points to be obtained in the history and to be addressed on the physical examination of the patient with abdominal pain, addressing the differential diagnosis in adults and children (reading: Sec 9: Chpt 74: p 519-527; Sec 12: Chpt 124: p 839-47).
2. Discuss the use of laboratory and radiologic evaluation of the patient with abdominal pain.
3. Review the salient points of examination plain films with the student.

J. Core Content Area: VAGINAL BLEEDING OBJECTIVE
1. List the causes of ovulatory and anovulatory bleeding and their emergency department management (reading: Sec 10: Chpt 97: p 655-671).
2. Describe the evaluation and management of the patient with suspected ectopic pregnancy.
3. Discuss the causes, evaluation and management of early and late bleeding during pregnancy. Discuss the classifications of miscarriage (reading: Sec 11: Chpt 101: p 676-683; Sec 11: Chpt 104: p 695-702).
4. Perform pelvic exams under supervision.

K. Core Content Area: OPHTHALMOLOGIC EMERGENCIES OBJECTIVE
1. List the common causes of conjunctivitis, keratitis, iritis and the presentation of acute glaucoma and periorbital cellulitis. Describe their management in the emergency department (reading: Sec 19: Chpt 236: p 1517-1549).
2. Discuss the presentation and evaluation and management of corneal foreign bodies and abrasions, ocular penetration, hyphema, dislocated lens, retinal detachment and corneal burns.

L. Core Content Area: ENT EMERGENCIES OBJECTIVE
2. Discuss the differential diagnosis of pharyngitis, appropriate history, physical examination, diagnostic studies, treatment and complications.

M. Core Content Area: MUSCULOSKELETAL INJURIES OBJECTIVE
1. Describe the clinical finds, evaluation and treatment of dislocation of the shoulder.
2. Discuss the mechanisms of injury, presentation and management of orthopedic injuries (reading: Sec 22: Chpt 264: p 1783-1796).
3. Discuss the evaluation and management of common sprains.
5. Discuss the Salter-Harris classification of fractures (reading: Sec 12: Chpt 133: p 893-894).
6. Discuss the treatment of “sprains” in the pediatric patient with open epiphyses.

N. Core Content Area: WOUND CARE OBJECTIVE
1. Discuss the evaluation of a wound (reading: Sec 6: Chpt 43: p 299-300).
2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings (reading: Sec 6: Chpt 44: p 301-314).
3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis (reading p 1049).

O. Core Content Area: TOXICOLOGY OBJECTIVE
1. Discuss initial stabilization and management of the poisoned patient with regard to ABC’s, supportive care, formulation of a troxidone from the history and physical exam, use of naloxone, glucose/glucagon, decontamination, prevention of absorption, dilution and enhanced excretion, antidote use (reading: Sec 15: Chapt 170: p 1187-1193).

P. Core Content Area: PEDIATRICS OBJECTIVE
1. Discuss the evaluation of the pediatric patient with a febrile illness, the use of the Rochester criteria, and
the necessity of a “septic work up” (reading: Sec 12: Chpt 113: p 750-754).

2. Discuss the presentations of the neonate with a serious illness such as meningitis, pneumonia, or sepsis (reading: Sec 12: Chpt 111: p 733-744).

3. Discuss the accurate assessment of pediatric vital signs (electronic chapter 109).

4. (Sec 12: Chpt 109) See C3, F1, F6, F12, H1, H2, I1, M5, M6 for other pediatric objectives.

Q. Core Content Area: OSTEOPATHIC PRINCIPLES AND PRACTICE OBJECTIVE

1. Describe the role of somatic dysfunction in the pathophysiology of pain.

2. Demonstrate a clinical understanding, under emergency conditions of how one might use simple techniques at the bedside to enhance physiologic function of the patient suffering from pain due to any two of the following conditions and document your findings and therapy on the chart if allowed.

IM 657 Emergency Medicine Core Rotation – Clerkship EMS
(Emergency Medical Services – aka pre-hospital experience)

Requirements: Please note that this is only necessary for your Core rotation, not other selective/elective rotations in EM that you might do. For selective/elective rotations, follow the syllabus labeled for selective/elective. If your hospital site requires an EMS experience for a selective/elective, then you are required to complete it.

You may do either of the following to meet the EMS requirements of this rotation:

Option 1
Participate in an 8-hour EMS ride-along with an ambulance service that comes to your base hospital. For this activity, you must keep a log (see “EMS Ride Along option #1 Form” (in D2L) of the runs you go on and have the paramedic or EMS personnel you work with on the shift sign and date it. You should discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

Option 2
Spend a 4-hour shift with Emergency Department dispatch in your base institution (preferably on an afternoon shift when EMS traffic is heaviest) listening to radio calls. Keep a log of all calls you listened to. Have the dispatch person or whoever answers the radio sign your log.

In addition, you must answer the questions and return with you log by 11pm on the last Sunday of the rotation. (See “EMS Option 2” in D2L).

As previously stated, if you have access to a scanner, you may scan your EMS Option form once it’s been completed and signed, and then upload it to the proper digital drop box in your IM 657 D2L course. If you do not have access to a scanner, your EMS Option form should be mailed to:

MSU College of Osteopathic Medicine, Department of OMS
ATTN: Steve Stone
909 Fee Rd., B315A West Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062
Option #1 EMS Ride-along Log

IM 657 Emergency Medicine Rotation – Clerkship EMS (Emergency Medical Services – aka pre-hospital experience). Please note the explanation in the protocol for option 1 or option 2.

Requirements: Please note that this is only necessary for your required rotation, not other elective rotations in EM that you might do.

Option 1 Form

Participate in an 8-hour EMS ride-along with an ambulance service that comes to your base hospital. For this activity, you must keep a log (see page 9) of the runs you go on and have the paramedic or EMS personnel you work with on the shift sign and date it. You should discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

Option #1: EMS Ride-Along Log – Ambulance Service Name __________________________

__________________________________________________________ Date: ______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Complaint</th>
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EMS Supervisor Signature:

________________________________________________________________________________

Please fill out and have your EMS Supervisor sign and then mail to:

MSU College of Osteopathic Medicine, Department of OMS
ATTN: Steve Stone
909 Fee Rd., B315A West Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062
Option 2 Log & Questions: [NOTE – All work must be individual and any evidence of sharing of answers will be grounds for awarding an N grade.]

Please log your calls here:

<table>
<thead>
<tr>
<th>Date</th>
<th>Caller Complaint</th>
<th>Signature</th>
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Please answer the following questions:

1. What are the levels of EMS providers, what are they licensed to do, and how much education does it require to become this provider?

2. Review the standing protocols book for the EMS system that comes to your hospital. Based on your review, answer the following questions:
   
   a. If a patient has sub-sternal chest pain radiating to the left arm with nausea, vomiting and diaphoresis that started while mowing the lawn by hand, what would be allowed by the protocol before asking medical control (the hospital) for orders in your system? The patient has stable vital signs.

   b. Are narcotic pain meds allowed to be administered without a physician’s order (or order from medical control – say for a patient with an obvious fractured hip with stable vital signs and no other medical problems)?

3. What is the difference between an Advanced Life Support ambulance and a Basic ambulance? What types exist in your area? Are staff members in your area volunteer or paid?
4. Look at 5 EMS ambulance reports from patients that are transported to your institution.

Fill out the following table for these 5 patients:

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Time from 911 call until scene arrival</th>
<th>Time on scene</th>
<th>Time from scene departure to hospital arrival</th>
<th>Chief complaint</th>
<th>Final ED diagnosis</th>
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<td>Average</td>
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</tbody>
</table>

Please fill out and have your EMS Supervisor sign and then mail to:

MSU College of Osteopathic Medicine, Department of OMS
ATTN: Steve Stone
909 Fee Rd., B315A West Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062
SPECIAL CONSIDERATIONS

A. Medicare Cases Per HCFA regulations, medical students may not perform the primary documentation on the chart of a patient with Medicare Insurance if the department wishes to obtain reimbursement for this care. Medical students may participate in the care of these patients but may not be the primary caregiver. There may be other special types of insurance that have the same rules in the area where you are performing your emergency department rotation and you must follow the department rules regarding who you may and may not see.

B. Special Cases

Due to the delicate nature and legal issues, alleged criminal sexual conduct, assault and child abuse cases are not to be seen by students rotating in the emergency department. If during a patient encounter you suspect such is the case, notify the attending physician immediately and remove yourself from the care of this patient. Do not write on this patient’s chart.

C. Attire

First impressions are very important. You must wear a clean lab jacket and professional attire at all times. Name tags must be worn at all times, and above the waist. Clean scrubs are generally acceptable, but blue jeans are never acceptable. Due to occupational safety and health administration regulations, socks must be worn at all times, even with sandals. No open toed sandals may be worn.

D. Sharps

After using suture trays, all sharps must be disposed of in the appropriate manner and the tray brought to the dirty utility room. This is a responsibility of the person performing the procedure and you must take care to remove all sharp instruments to avoid injury to your coworkers.

E. Keys to Good Care

See a limited number of patients and give them exceptional care. At all times know the status and results of all labs and x-rays. Constantly reassess your patients and update them of their status in the process. Your attending physician should be able to easily access information through you. In short, take full responsibility for all aspects of the patient’s care.
MSU College of Osteopathic Medicine Standard Policies

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

ATTENDANCE POLICY

Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

An absence request for the first or last day of the rotation will be denied. All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.

**IMPORTANT NOTE:** The only exception to this attendance policy is Emergency Medicine, where attendance is based on a shift schedule assigned by the hospital. Please refer to the Emergency Medicine “Introduction and Overview” for more information.

STATEMENT OF PROFESSIONALISM

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

STUDENTS RIGHTS AND RESPONSIBILITIES

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.
FACULTY RESPONSIBILITIES
It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

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

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. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form. Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Heading 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
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.

LOCAL HOSPITAL REQUIREMENTS
(To be defined and evaluated by individual hospitals)