IM 668
EMS
Selective/Elective Clerkship Rotation Syllabus

Osteopathic Medical Specialties
Mary Hughes DO
Chairperson, Instructor of Record

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Course Director

Last updated: 1-1-2015
For all questions regarding content or administrative aspects of this course, contact

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Department Course Coordinator

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

Please be mindful of the need to read your syllabi before beginning your rotations.
General Description

This course is designed to provide the student with an opportunity to actively engage in patient-based, learning experiences under the guidance of a faculty member (preceptor) in collaboration, as appropriate, with residents and/or fellows.

Rotations are typically two week, 3 credit hours or four week, 6 credit hours in duration. Timeframes for each rotation are decided at least 30 days prior to the beginning of the rotation. This rotation is most amenable to the two week, 3 credit hours format.

The EMS rotation requires a supervising faculty member who has oversight of the EMS agency that the student proposes to work with. As such, scheduling at least 3 months in advance, with a defined curriculum provided for approval is necessary. The CV of the supervising faculty member, the goals and objectives of their particular rotation, and proposed schedule should be submitted 3 months in advance for approval by the instructor of record.

The overall performance of course participants will be evaluated through customary assessment instruments normally employed by the department for core rotations, at the discretion of the instructor of record.

Educational / Instructional Goals & Objectives

Course participants will:

A. Develop an appreciation of the practice and provision of EMS services under a variety of circumstances and clinical settings.

B. Assimilate what they learn and demonstrate their understanding of patient-care through ongoing interaction and dialogue with, as well as formative feedback from, the preceptor.

C. Demonstrate an understanding of the (seven) osteopathic core competencies (as applicable).

1. Educational Goals: The EMS rotation is intended to provide the student with experience in the evaluation and treatment of a range of medical emergencies in the prehospital setting. The clinical experience is intended to emphasize the diagnosis and management of acute disorders, with initial triage being paramount. Learning objectives focus on the initial scene survey, a focused history and physical on the patient and communication with the receiving hospital and emergent treatment if indicated. Determining when a patient needs to be transferred to a specialized hospital, bypassing the closest hospital is integral to EMS care.

II: Clinical Skills

A. The student should complete an abbreviated medical history including details of current symptoms, relevant past medical history and important scene clues/information that will assist the hospital personnel in provided rapid, accurate management of a potentially unstable circumstance.

B. Perform an abbreviated, but relevant physical exam with appropriate emphasis on the presenting complaint.

C. Interpret vital signs, EKG and oximetry readings in the setting of the EMS scene.

D. Initiate care related to abnormalities found, with emphasis on the ABCs of patient management.

III: Socioeconomic: The student will:
A. Appreciate the psychosocial issues that potentially impact the patient’s emergency condition problems (professionalism and sensitivity to schedule disruption, life altering disorder being experienced by the patient).

Assessment of Clinical Competencies:

1. **Patient Care:** The student will be able to complete an accurate but focused history and physical exam and accurately document the findings, and recognize unstable patients in need of urgent evaluation and management.

2. **Medical Knowledge:** The student can demonstrate knowledge of the criteria used for scene safety and management, the value of serial evaluations in the acute care setting, and the limited resources available for initial triage and EMS evaluation and treatment that are focused on the ABCs.

3. **Communication Skills:** The student can effectively present the clinical evaluation of a new patient with an acute medical condition and communicate effectively with patients and clinical support staff, as well as the EMS provider.

4. **Professionalism:** The student will demonstrate respect for patients, families, co-workers, and work effectively with ancillary staff.

5. **Practice Based Learning:** The student will be able to identify and discuss appropriate, evidence based approaches to assist in the diagnosis and management of clinical problems encountered in their patients.

6. **Systems Based Practice:** The student will be able to incorporate a team approach in the management of complicated patients.

7. **Osteopathic Principles and Practices:** The student should be able to integrate osteopathic principles and treatments in the management of the patient with a minor emergency.

**Teaching Methods:**
The student is expected to function as a viable member of the EMS Healthcare Team. Assigned student responsibilities can include:
- supervised first patient contact in the ambulance or field,
- participation in conducting and the interpretation of diagnostic maneuvers, testing and clinical management.

Evaluation: The student is encouraged to solicit feedback related to his/her clinical performance on a daily basis. The student should receive formative performance evaluations at the mid-point and end of the rotation that outlines faculty perceived strengths and weaknesses related to the student’s performance that includes recommendations for strengthening his/her performance as warranted.

**Reference Materials – free through MSU Libraries Accessemergencymedicne site**

**Tintinalli’s Emergency Medicine: A Comprehensive Study Guide**

Section 1 Prehospital Care and Section 2 Disaster Preparedness
Other readings may be assigned by the preceptor.
**Student Responsibilities**

Course participants will meet the preceptor on the first day of the rotation at a predetermined location to be oriented to rotation hours, location(s), and expected duties and responsibilities while on-service. A syllabus will be submitted of anticipated activities besides riding in the ambulance, as well as the supervising faculty name and CV at the time this rotation is scheduled- a minimum of three months before the rotation is to occur.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Attending Evaluation of Rotation</td>
<td>To be appropriately submitted per the instructions at the end of each evaluation form</td>
<td>Final Day of Rotation</td>
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<tr>
<td><em>the determination of a satisfactory attending evaluation is governed by the University’s Policy for Retention, Promotion, and Graduation</em></td>
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<tr>
<td>Student Evaluation of Rotation</td>
<td>“Evaluate” Link in Kobiljak Schedule</td>
<td>11pm Last Sunday of Rotation</td>
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<td><em>(this link will activate on the final Monday of the rotation)</em></td>
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<tr>
<td>Patient Types and Procedure Log</td>
<td>See page 9 at end of syllabus and upload into D2L dropbox for the course</td>
<td>11pm Last Sunday of Rotation</td>
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<tr>
<td>Clinical Shift Schedule</td>
<td>Online D2L Drop Box if you have access to a scanner</td>
<td>11pm Last Sunday of Rotation</td>
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<td>-or-</td>
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<td>Mail to: MSUCOM, Dept. of OMS</td>
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<tr>
<td></td>
<td>ATTN: Steve Stone</td>
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<tr>
<td></td>
<td>909 Fee Rd., B315A West Fee Hall</td>
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<td></td>
<td>East Lansing, MI 48824</td>
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</table>
**IM 668 EMS Corrective Action Policy**

There is no Corrective Action Policy or Plan as there are no graded components to the IM 668 rotation. All items with the exception of the attending evaluation are under the direct control of the student and there is no reason that they cannot be completed in a timely fashion. If the student has an extension in the rotation due to some verifiable reason, then they will receive this same extension for submitting the required end of rotation paperwork.

**IMPORTANT NOTE:** Attending Evaluations do not follow the above “Corrective Action” process. Marginal Attending Evaluations will be reviewed on a case-by-case basis by the department, where the Instructor of Record will then determine whether to give the students a Pass or an N grade for the rotation. If the department determines students will be given an N grade in light of the evaluation, they will then proceed to “Remediation Policy” process.

**Unsatisfactory Clinical Performance**

A student’s clinical performance will be assessed through the Attending Evaluation. A satisfactory Attending Evaluation is required for completion of the clinical requirements for the course.

Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation. Evaluations with below average scores in two or more categories defined as rankings of Needs Improvement/Unsatisfactory (on a scale of Needs Improvement/Unsatisfactory-Exceptional) or 3 and below (on a numerical scale of 1-7) will be referred to the Department Chairperson/Instructor of Record for review and grade determination.

Any student with two or more marginal evaluations will be referred to the COSE Clerkship Performance Subcommittee for review.

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

**“N” Grade and Remediation**

[http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm](http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm)

A student who receives an “N” grade will be required to appear before the Committee on Student Evaluation (COSE) Clerkship Performance Subcommittee for review of the student's overall performance. The Subcommittee may recommend that the student who has received an "N" grade be permitted to remediate the “N” grade (see below) or academically dismissed. If a student is recommended for dismissal, the student will appear before COSE to have their status in MSUCOM determined. COSE will review the student's academic/clinical performance; determine whether dismissal is appropriate or if the student’s circumstances warrant an opportunity for continuation in the curriculum. The student’s eligibility to remediate will be determined following this COSE decision.

Remediation is the method by which course objectives will be met after receiving an "N" grade. Remediation will be offered only after the student’s eligibility for remediation has been determined.
To successfully remediate an “N” grade, a student must demonstrate mastery of the course objectives. To do this the student may be required to retake the course or enroll and participate in a College directed study course demonstrating successful mastery of the course objectives.

Upon remediation of the “N” grade, the original “N” grade remains on the permanent transcript along with the grade, “P” or “N,” for the remediation experience.

MSU College of Osteopathic Medicine Standard Policies

The following are standard MSUCOM policies across all Clerkship 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.

STATEMENT OF PROFESSIONALISM

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

STUDENTS RIGHTS AND RESPONSIBILITIES

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

**FACULTY RESPONSIBILITIES**

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

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

**COURSE GRADES**

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

**ROTATION EVALUATIONS**

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

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

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

Students should keep a copy of the evaluation and turn the original in to the “Office of the Registrar” upon their return from the rotation. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

**Student Evaluation of Rotation**

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

**EXPOSURE INCIDENTS PROTOCOL**

A form has been developed by the University to report exposure incidents. While on rotations that may occur outside of the base hospital system notify your attending immediately of any exposure and follow the MSU procedure for evaluation and
treatment. You can 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.
## Patient Types and Procedure Log

**IM 668**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>#Required</th>
<th>Pt. Initials</th>
<th>Date</th>
<th>Supervisor Initials</th>
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<tbody>
<tr>
<td>Interpret 2 12lead EKG’s from the field</td>
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<td>Start 2 peripheral IVs</td>
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<td>Evaluate 10 patients who are transported to the ED by EMS</td>
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<td>10.</td>
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<td>Assist with the immobilization of one patient from a MVC</td>
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<tr>
<td>Obtain vitals on two patients being transported via EMS.</td>
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<tr>
<td></td>
<td>2.</td>
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