OSS 648
ADVANCED ANESTHESIOLOGY SPECIALTY
Selective/Elective Clerkship Rotation Syllabus

OSTEOPATHIC SURGICAL SPECIALTIES
Shirley A. Harding, D.O.
Chairperson, Instructor of Record

Craig Gudakunst, D.O.
Craig.gudakunst@ht.msu.edu
Course Director

For all questions regarding content or administrative aspects of this course, contact

Shannon Grochulski-Fries
Shannon.grochulski-fries@ht.msu.edu
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.
GOALS

Clinical education in anesthesiology involves achieving competence in two important areas:

A. Acquisition of a specific body of information/knowledge.
B. Acquisition of the various mechanical (psychomotor) skills associated with anesthesiology.

The acquisition and demonstration of a core set of anesthesia skills is especially relevant to the adequate application of the art and science of anesthesiology. These skills vary in complexity from the insertion of an intravenous line to endotracheal intubation and progress to many increasingly complex diagnosis and therapeutic modalities. Mastery of these skills will often require repetition, in order for students to achieve the requisite skill level and degree of competence required.

OBJECTIVES

In addition to the objectives covered in the Core Anesthesia Syllabus (OSS 654) you will be expected to:

A. **Central Line Placement**
   Be aware of the indications/contraindications as well as the mechanics relative to central line placement. Participation in the insertion of central lines will be at the discretion of the attending anesthesiologist and the Department of Anesthesiology.

   **Specific Learning Objectives**

   Know the indications/contraindications as well as the mechanics needed relative to Central Line Placement.

   **Basic Science Links**

   Physiology of the cardiac and venous systems

   **Labs/Other Activities**

   1. VIDEO: Central Venous Catherization (NEMJ)
   2. VIDEO: Placement of a Formal Venous Catheter (NEJM)
   3. VIDEO: Peripheral Venous Cannulation
   4. VIDEO: Central Line Placement (YouTube)

   **OPC Skills Review**

   Knowledge of the peripheral vascular system and the examination thereof
B. **Arterial Line Placement**

Be aware of the indications/contraindication relative to arterial line placement. Participation in the insertion of arterial lines will be at the discretion of the attending anesthesiologist and the Department of Anesthesiology.

**Specific Learning Objectives**

Be aware of the indications and contraindications relative to arterial line placement.

**Basic Science Links**

Physiology of the peripheral arterial system

**Labs/Other Activities**

1. VIDEO: Placement of Arterial Line (NEJM)
2. VIDEO: A-Line Insertion (YouTube)

**OPC Skills Review**

1. Knowledge of the peripheral vascular system and the examination thereof.
2. Knowledge of how to perform and the meaning of the Allen test

C. **Ultrasound**

Be aware of the use(s) of ultrasound in the placement of arterial lines, nerve blocks and central line placement.

**Specific Learning Objectives**

Be aware/knowledgeable relative to the placement of arterial lines, central venous lines and the use of ultrasound in the placement/technique of various nerve blocks.

**Basic Science Links**

As applicable

**Labs/Other Activities**

1. VIDEO: Ultrasound Guided Peripheral Intravenous Placement (NEJM)
2. VIDEO: Ultrasound Guided Internal Jugular Vein Cannulation (NEJM)
3. VIDEO: Central Line Placement with Ultrasound (You Tube)
4. VIDEO: A-Line Insertion with Ultrasound (You Tube)
Special Considerations

A. Medicare cases. Per HCFA regulations, medical students may not chart on 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 anesthesia rotation and you must follow the department rules regarding who you may and may not see.

B. Special Cases: Upon occasion you may be asked not to be involved in certain anesthesia cases owing to a variety of reasons—both published and unpublished. Please do not write on these patient's charts.

C. Attire: First impressions are very important. You must wear a clean lab jacket when not in the operating room and professional attire at all times. Name tags must be worn at all times. You must follow the guidelines relative to head, face, and foot coverings as established and determined by your institution.

D. Sharps: When using sharp instrumentation, all sharps including needles and/or other invasive modalities must be properly disposed of. This is the responsibility of the person performing the procedure and you must take care to remove all sharp instruments in order to avoid injury to your co-workers.

E. Keys to good care: You should be aware of the physical, mental, and laboratory status of all patients in whose care you may anticipate. Constantly reassess your patients and update them of their status in the process as appropriate. 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.

### Rotation Clinical Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td><em>the determination of a satisfactory attending evaluation is governed by the University’s Policy for Retention, Promotion, and Graduation</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>“Evaluate” Link in Kobiljak Schedule</td>
<td>Final Day of Rotation</td>
</tr>
<tr>
<td></td>
<td>(this link will activate on the final Monday of the rotation)</td>
<td></td>
</tr>
</tbody>
</table>
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

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 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 COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. 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.