

IM 657

Core Emergency Medicine Core Rotation Clerkship Syllabus

Osteopathic Medical Specialties

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At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabus BEFORE beginning your rotations.

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Introduction and Overview

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. We have chosen not to implement the EM COMAT in the 2016-17 year. You will take an end of service exam created by MSU on the topics covered in the didactic components of this rotation for the 2016-17 academic year. The exam specifically follows the objectives/readings and online materials.

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 not be uploaded into D2L until the last Friday-Sunday of the rotation. **You must document your actual schedule worked.** You are required to document any time off for illness, boards, etc. that caused a deviation from the schedule you were provided. **All rotation days must be accounted for.** 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.**

Goals and Objectives

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.

College Program Objectives

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

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. This is the required resource list.

<http://www.lifeinthefastlane.com> for ekgs <http://lifeinthefastlane.com/table/ecg-library-database/>

Tintinalli's Emergency Medicine – A Comprehensive Study Guide, 8th edition, by Judith E. Tintinalli, M.D., et al., McGraw-Hill Book Co., 2016. Searchable for topics through access emergency medicine site of the libraries at MSU for free.

<http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/book.aspx?bookID=1658>

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

<http://onlinelibrary.wiley.com.proxy1.cl.msu.edu/doi/10.1111/j.1553-2712.2008.00145.x/abstract>

<http://www.osteopathic.org/inside-aoa/news-and-publications/Documents/dialogue-and-diagnosis-march-2012.pdf> (with permission);

Veasey, Sigrid et al. **Sleep Loss and Fatigue in Residency Training**. JAMA. Sept 4, 2002;288(9)1116-24 - (link through library)

http://za2uf4ps7f.search.serialssolutions.com/?genre=article&SS_sid=info%3A%2Fsummon.serialssolutions.com&SS_referer=http%3A%2F%2Fmsulibraries.summon.serialssolutions.com%2F%3F%3Den%26ho%3Dt%26q%3Djama%25202010&aulast=Veasey&medlineid=7501160¶mdict=en-US&jtitle=JAMA&SS_authors=Veasey%2C+Sigrid%3BRosen%2C+Raymond%3BBarzansky%2C+Barbara%3BRosen%2C+Ilene&SS_source=56&SS_meta_enhanced=true&auinitm=S&titleAbbr=JAMA&spage=1116&pmid=12204082&SS_eissnh=1538-3598&SS_issnh=0098-7484&issn=00987484&issue=9&date=2002-09-04&externaldocid=12204082&atitle=Sleep+loss+and+fatigue+in+residency+training%3A+a+reappraisal&title=JAMA&eissn=15383598&localeid=1033&aufirst=Sigrid&SS_LibHash=ZA2UF4PS7F&sid=info%3A%2Fsummon.serialsolutions.com&l=ZA2UF4PS7F&SS_ReferentFormat=JournalFormat&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&au=Veasey%2C+Sigrid&volume=288&SS_RequestType=1&SS_jc=JAMATHEJOUOF&SS_multi=true&SS_V=DPEMPTY-EEMPTTY

CURRENT Diagnosis and Treatment in Emergency Medicine: Multiple chapters

<http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/book.aspx?bookID=385>

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

Item	Submission Method	Due Date
End of Service Exam	D2L online	Schedule as per instructions provided by MSUCOM
<p>Answering the Objectives (notes to the objectives) <i>All students should complete the objectives (pgs 15-18) 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.</i></p>	<p style="text-align: center;">Online D2L Drop Box</p> <p>Turn in answers to objectives if you do not pass the exam. Feedback will be sent by the faculty and you will then be allowed a retake of the exam</p>	One week after date exam was taken – ONLY if do not pass the exam
ED Shift Schedule	<p>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</p>	Not to be submitted until the last Friday-Sunday of the rotation, and must be the schedule you worked, not what you were scheduled to work.
Patient Complaint Log	Online D2L Drop Box	11pm last Sunday of rotation
Student Experience Log	Online D2L Drop Box	11pm last day of rotation
Procedures Checklist	Online D2L Drop Box	11pm last Sunday of rotation
Rubrics for Competency Skills Assessments	Online D2L Drop Box	11pm last Sunday of rotation
EMS Option Form	<p>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</p>	11pm last Sunday of rotation
Attending Evaluation of your Performance on Rotation	Submit completed form to your hospitals Medical Education Office, the DME will sign it and return it to MSUCOM.	As soon as possible – preferably last day of rotation

Item	Submission Method	Due Date
Student Evaluation	Submit electronically by 11pm the last Sunday of the rotation online through the Kobiljak Center http://kobiljak.msu.edu/	11pm last Sunday of rotation

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:

1. **Emergency Medicine – A Comprehensive Study Guide**, 8th edition; by Judith E. Tintinalli, M.D., et al., McGraw-Hill Book Co., 2016. By the completion of the clerkship experience, each student is expected to complete the readings listed by Objective. Note that the online version is edition 8, but the topics are the same. Searchable for topics.
<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/book.aspx?bookID=1658>
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 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 objectives. So, students would be wise to use the objectives 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 study guide they have made for the objectives, receive structured feedback and then 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 26). 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.

Failure to do any of the above will result in an “N” grade. 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. Students who receive an “N” Grade and will be required to appear before the Committee on Student Evaluation (COSE) to determine the next course of action.

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

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

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

Adult or Pediatric patient (circle one)	Did not perform	Performed
<i>Patient Preparation – Observe for these critical actions</i>		
Identifies the proper patient	DNP	P
Verifies the patient's allergies in the chart	DNP	P
Verifies the patient's allergies with the patient before administration	DNP	P
Verifies the order and medication to be given	DNP	P
Obtains the proper equipment (needle of appropriate size, syringe, alcohol wipe, med)	DNP	P
Calculates the appropriate volume to be given	DNP	P
<i>Injection Procedure</i>		
Properly positions the patient	DNP	P
Cleanses the skin with alcohol prep	DNP	P
Wears gloves	DNP	P
Removes air from syringe and performs injection	DNP	P
Aspirates before injecting to assure not in a blood vessel	DNP	P
Withdraws needle, holds pressure on site and places Band-Aid.	DNP	P
Discard sharp into sharps bin without recapping needle	DNP	P

Critical Incorrect Action (Check if appropriate)

- _____ Does not dispose of contaminated 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 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

Adult or Pediatric patient (circle one)	Did not perform	Performed
<i>Patient Preparation – Observe for these critical actions</i>		
Identifies the proper patient	DNP	P
Verifies the patient's circulation vial 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
<i>ABG Procedure</i>		
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 and 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

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

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.

WEEK	ON-LINE LECTURE MODULE TOPICS	SPECIFIC LEARNING OBJECTIVES	BASIC SCIENCE & PE REVIEW
1	<p>A. Team Concept</p> <p>B. Sleep Cycle</p> <p>C. Differences between primary care and EM approach to common complaints</p> <p>D. Common cardiac rhythms and not to miss ECG's</p>	<ol style="list-style-type: none"> 1. Diagram the ED treatment team (D2L -online presentation) 2. Describe the ED team member roles (D2L -online presentation) 3. Define the normal sleep/wake cycle and discuss normal circadian rhythm. http://www.lib.msu.edu/health/med-db/ then click on access medicine - go to Ganong's Medical Physiology Book, Section 2 chapter 14 and it is there the following is the direct link http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1587&sectionid=97163575 4. Describe the advantages / disadvantages of fixed vs rotating shift schedules http://www.osteopathic.org/inside-aoa/news-and-publications/Documents/dialogue-and-diagnosis-march-2012.pdf (with permission): AND Veasey, Sigrid et al, Sleep Loss and Fatigue in Residency Training, JAMA, Sept 4, 2002;288(9)1116-24 - (link through library) http://za2uf4ps7f.search.serialssolutions.com/?genre=article&SS_sid=info%3AAsid%2Fsummon.serialssolutions.com&SS_referer=http%3A%2F%2Fmsulibraries.summon.serialssolutions.com%2F%3F%3Den%26ho%3D%26q%3Djama%25202010&auiast=Veasey&medlineid=7501160&paramdict=en-US&jtitle=JAMA&SS_authors=Veasey%2C+Sigrid%3BRosen%2C+Raymond%3BBarzansky%2C+Barbara%3BRosen%2C+Ilene&SS_source=56&SS_meta_enhanced=true&auiast=S&titleAbbr=JAMA&spage=1116&pmid=12204082&SS_eissnh=1538-3598&SS_issnh=0098-7484&issn=00987484&issue=9&date=2002-09-04&externaldocid=12204082&atitle=Sleep+loss+and+fatigue+in+residency+training%3A+a+reappraisal&title=JAMA&eissn=15383598&localeid=1033&auiast=Sigrid&SS_LibHash=ZA2UF4PS7F&sid=info%3AAsid%2Fsummon.serialssolutions.com&l=ZA2UF4PS7F&SS_ReferentFormat=JournalFormat&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Ambx%3Ajournal&au=Veasey%2C+Sigrid&volume=288&SS_RequestType=1&SS_jc=JAMATHEJOUOF&SS_multi=true&SS_V=DPEMPTY-EEMPTTY Describe the ideal sleep environment 5. Describe the risks of sleep deprivation 6. Discuss the medications used to modify the sleep wake cycle 7. Differentiate between the primary approach to a common complaint and the ED approach to this same complaint 8. Identify all major cardiac rhythms with 100% accuracy <u>Dr. Hughes' Dynamic Rhythms Teaching Tape</u> video. 9. Identify ecg findings in the following: 10. 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 <u>Life in the Fast Lane.com. ECG Clinical Interpretation: A to Z by Diagnosis is a good source for this review</u> http://lifeinthefastlane.com/ecg-library/basics/diagnosis/ 11. Read article on compression only CPR JAMA 2010 Oct 6:304(13): 1447-54 doi: 10.1001/jama.2012.1392. Bobrow BJ. Spaite DW. Etal. Chest compression-only CPR by lay rescuers and survival from out-of-hospital cardiac arrest. http://jama.jamanetwork.com/article.aspx?articleid=186668 	<ul style="list-style-type: none"> ■ Circadian rhythm ■ Physiology of sleep ■ Electrical conduction in the heart (579) ■ pathophysiology of normal versus aberrant electrical conduction in the heart (579) ■ vascular supply of the heart (C3 Module F)

WEEK	ON-LINE LECTURE MODULE TOPICS	SPECIFIC LEARNING OBJECTIVES	BASIC SCIENCE & PE REVIEW
2	<p>A. SIRS/Sepsis</p> <p>B. Altered mental status</p> <p>C. General approach to trauma patient</p>	<ol style="list-style-type: none"> 1. Define the four SIRS criteria <u>Case Files Emergency Medicine: Case 6</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/CaseContent.aspx?gbosContainerID=70&gbosID=218343&viewByNumber=false#104715871 2. Differentiate between SIRS and Sepsis <u>Case Files Emergency Medicine: Case 6. Tintinalli Ch. 151</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=109435647&bookid=1658&jumpsectionID=109435656&Resultclick=2 3. Discuss empiric treatment of most likely cause of infection <u>Case Files Emergency Medicine: Case 6.</u> 4. Identify via pharmacology review of antibiotics <u>CURRENT Diagnosis and Treatment in Emergency Medicine: Ch. 42: Infectious Disease Emergencies: Subset: Emergency Management of Specific Disorders the common empiric guidelines for sepsis.</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=385&sectionid=40357258 5. Define altered mental status <u>Tintinalli Ch. 168.</u> 6. Differentiate acute delirium from dementia <u>Tintinalli Ch. 168.</u> 7. Define the four phases of trauma care: primary survey, resuscitation, secondary survey and definitive care. <u>Tintinalli Ch. 254</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=109387355&bookid=1658&jumpsectionID=109387359&Resultclick=2 8. Discuss passive hypotension vs aggressive fluid resuscitation and effect on outcomes <u>Critical Care Emergency Medicine Ch. 47</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=522&sectionid=41291809 	<ul style="list-style-type: none"> ▪ normal inflammatory process to infectious stimulus <u>Tintinalli Ch. 146</u> ▪ physiology of shock <u>Tintinalli Ch. 146.</u> ▪ anatomic review of abdominal cavity ▪ bedside US ▪ (trauma) - anatomic review of organs and images ▪ Spleen exam (S-25) ▪ Liver exam (S-25)
WEEK	ON-LINE LECTURE MODULE TOPICS	SPECIFIC LEARNING OBJECTIVES	BASIC SCIENCE & PE REVIEW
3	<p>A. Approach to the patient with bleeding from any source</p> <p>B. Approach to the victim of a violent encounter</p>	<ol style="list-style-type: none"> 1. Discuss blood loss volume including hidden in fractures <u>CURRENT Diagnosis & Treatment Emergency Medicine 7e, Ch. 28</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/book.aspx?bookID=385 plus <u>Orthopedic Emergencies: Section: Immediate Management of Life-Threatening Injuries.</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=385&sectionid=40357243 2. Discuss blood component replacement <u>Critical Care Medicine: Ch. 29. Transfusion in Critical Care.</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=522&sectionid=41291787 3. Recognize the external signs of abuse, neglect and trauma <u>Pediatric Emergency Medicine. Ch. 144. Abuse and Neglect.</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1345&sectionid=72129308 4. Describe the evaluation and treatment of a patient who is the victim of a sexual assault <u>Butki Intimate partner violence lecture. Plus Access Emergency Medicine: Multimedia: Sexual Assault video (28minutes)</u> 	<ul style="list-style-type: none"> ▪ arterial versus venous bleeding ▪ physiologic response to blood loss ▪ BLS and ACLS guidelines from AHA

3 (cont.)	<p>C. Focus on communication</p> <p>D. General BLS and ACLS review</p> <p>E. Discussion of most common plant poisonings</p>	<p>5. Explain the components of delivery of bad news. <u>Critical Care Emergency Medicine. Ch. 53. End-of-Life Issues in Emergency Critical Care. Section: Death Issues. Subset: Delivery of Bad News and Death Notification.</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=41291815&bookid=522&Resultclick=2 Plus <u>Access EM Multimedia video: Grieving: Announcing a Death in the Emergency Department. (7 minutes)</u></p> <p>6. Explain the key signs that a patient or family member is upset <u>Tintinalli: Ch. E293.1 The Violent Patient. Section: Phases of Violent Behavior and Appropriate Responses.</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=109448662&bookid=1658&jumpsectionID=109448669&Resultclick=2</p> <p>7. <u>Review the current AHA BLS and ACLS guidelines</u></p> <p>8. List the most common plant toxins <u>Tintinalli: Ch.: 220: Poisonous Plants:</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=109386389&bookid=1658&Resultclick=2</p>	
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WEEK	ON-LINE LECTURE MODULE TOPICS	SPECIFIC LEARNING OBJECTIVES	BASIC SCIENCE & PE REVIEW
4	<p>A. ED approach to patient with chest pain</p> <p>B. ED approach to patient with DIB</p> <p>C. ED approach to patient with back pain</p> <p>D. ED approach to patient with rash</p> <p>E. ED approach to patient with musculoskeletal complaints regarding imaging, stabilization compartment syndrome, and potential neurovascular injuries common with particular fractures</p>	<ol style="list-style-type: none"> 1. Contrast the ED approach to the patient with chest pain with that from the primary care office * (PCO) <u>Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 27: Chest Pain</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=41026574&bookid=500&Resultclick=2 2. Contrast the ED approach to the patient with DIB with that from the PCO *<u>Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 25: Dyspnea</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=500&sectionid=41026571 3. Contrast the ED approach to the patient with back pain with that from the PCO *<u>Access Medicine Website: The Patient History: An Evidence-Based Approach to Differential Diagnosis, 2e. Ch. 54: Low Back Pain</u> http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=500&sectionid=41026605 4. Define algorithmic approach to the diagnosis of the patient with a rash recorded by Mary Hughes DO and also in C3 module B 5. Be able to identify and describe pediatric and adult rashes not to miss using appropriate terminology -recorded by Mary Hughes DO 6. Describe the hallmark symptoms of compartment syndrome <u>Access Emergency Medicine: The Atlas of Emergency Medicine, 4e. Ch. 11 Extremity Trauma: Section: Compartment Syndrome.</u> http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?sectionid=125434935&bookid=1763 7. Be able to name the most likely nerve injured with long bone fractures in the upper extremity and how they would present clinically. <p style="text-align: center;"><i>*PCO = Primary Care Office</i></p>	<ul style="list-style-type: none"> ▪ Innervations of the chest ▪ physiology 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

ED performance parameters

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

** based on rubric provided.*

IM657 Emergency Medicine - ED performance parameters Check list

Student Name:	Date completed	Approver's Initials
suture one laceration using sterile technique		
conduct one mini mental status exam under supervision		
interpret 5 ecgs	a. b. c. d. e.	
interpret 5 CXR under supervision	a. b. c. d. e.	
interpret 5 head CT with resident or attending	a. b. c. d. e.	
Insert one foley catheter (male or female)		
Start two peripheral IV's including IV bag set up	a. b.	
Perform one pelvic exam		
Perform 1 rectal exam with hemoccult testing (if allowed as point of care test)		
OMT assessment for one patient with low back pain		
Assist in the draining of one abscess		
Assist with the resuscitation of one critically ill patient		
Draw one ABG		
Give one IM injection		
Evaluate one patient with a toxic ingestion (may be alcohol)		
Attempt one FAST exam with ultrasound		
Attempt one Ultrasound of inferior vena cava		
Attempt identification of one internal jugular vs carotid with ultrasound		
Conduct one examination of liver and spleen under supervision		
Assist with application of one splint		
Assist with clearing a patient off a backboard		

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. It is even good for other rotations.

A. Core Content Area: ADULT RESUSCITATION OBJECTIVE

1. Describe and perform various types of airway control, oxygenation, and ventilation (**reading: Sec 4: Chpt 28-32**).
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 4: Chpt 22&23: and ACLS manual**).
3. Describe the IO technique and preferred sites in pediatric patients (**reading: Sec 12: Chpt 111**)

B. Core Content Area: TRAUMA OBJECTIVE

1. Discuss the components of the history in a multiple trauma patient (**reading: Sec 21: and OST 580 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 12**).
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 48**).
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 8: Chpt 62**)
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 168; Sec 12: Chpt 131**).
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 52; Sec 12: Chpt 127**).
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 171; Sec 12: Chpt 135**).
12. Discuss the management of seizures in the emergency department.
13. Describe the mental status examination and the psychiatric interview (**reading: Sec 24: Chpt 286**).
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 165; Sec 12: Chpt 136**).
2. Demonstrate the neurologic and fundoscopic 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 116**).
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 71; Sec 12: Chpt 130**).
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 96**).
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 99; Sec 11: Chpt 100**).
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**).
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

1. Evaluation and management of the patient with epistaxis (**reading: Sec 19: Chpt 241**).
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 267**).
3. Discuss the evaluation and management of common sprains.
4. Describe the presentation, evaluation and management of common injuries and infections of the hand (**reading: Sec 22: Chapt 268**).
5. Discuss the Salter-Harris classification of fractures (**reading: Sec 12: Chpt 267**).
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 39**).
2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings (**reading: Sec 6: Chpt 40 & 41**).
3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis (**reading Sec 6: Chpt 47**).

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 176**).

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 116**).
2. Discuss the presentations of the neonate with a serious illness such as meningitis, pneumonia, or sepsis (**reading: Sec 12: Chpt 117: p 733-744**).
3. Discuss the accurate assessment of pediatric vital signs (**electronic chapter 134**).
4. (**Sec 12**) 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.
3. UTI, Chest Pain, Upper Respiratory infection, Otitis Media, Abdominal pain, Headache, Back pain, Neck Pain, extremity pain, not associated with fracture.

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

Name: _____

Rotation Dates: _____

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: _____

Date	Patient Complaint

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 Road, B315A Est Fee Hall
East Lansing, MI 48824
Fax: 517-432-1062

4. Look at 5 EMS ambulance reports from patients that are transported to your institution.

Fill out the following table for these 5 patients:

Patient #	Time from 911 call until scene arrival	Time on scene	Time from scene departure to hospital	Chief complaint	Final ED diagnosis
1					
2					
3					
4					
5					
Average				-----	-----

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

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.

657 Emergency Medicine CORE Corrective Action Policy

In the case the student does not successfully complete the graded curricular requirement of this course, the student will be required to go through a "Corrective Action" process. The student will maintain an extended grade (ET) until they have successfully completed the corrective action.

The steps of the "Corrective Action" process for IM 657 Emergency Medicine Selective/Elective are as follows:

- 1) The student will be required to submit answers to the objectives for the rotation to the course assistant, who will then forward them to the faculty for review, with comment back to student if needed for clarification of content
- 2) The student will then be required to retake another final exam to demonstrate attainment of

knowledge

- 3) Should the exam not be successfully completed a second time the faculty will review the content missed on both exams and provide individualized feedback as to where student needs to focus, and a third exam attempt will then be allowed to demonstrate knowledge.

If the student completes the corrective action successfully (as determined by the Instructor of Record), he or she will receive credit for successfully completing the grading requirement in question.

If the student does not complete the corrective action successfully, the student will receive an "N" grade for the course and will be required to appear before COSE to determine the next course of action.

Unsatisfactory Clinical Performance

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

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

An overall "Below Expectations" rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.

MSU College of Osteopathic Medicine Standard Policies

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

Attendance Policy

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

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

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

ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY: NONE

Policy for Medical Student Supervision

Supervisors of the Medical Students in the Clinical Setting

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

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

Level of Supervision/Responsibilities

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

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

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

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

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

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

Statement of Professionalism

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

Students Rights and Responsibilities

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

Faculty Responsibilities

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

Course Grades

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

N-Grade Policy

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

Rotation Evaluations

Attending/Faculty/ Resident Evaluation of Student

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

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

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

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

Student Evaluation of Rotation

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

EXPOSURE INCIDENTS PROTOCOL

You must also notify your attending and the DME Office of your base institution of the incident. A form has been developed by the University to report exposure incidents. These forms should be on file in your DME's office. While on rotations that occur outside of the base hospital system notify your attending immediately of any exposure, and follow the MSU procedure for evaluation and treatment. The form can be accessed at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.

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



Student Experience Log IM 650 Internal Medicine In-Patient

Attending mid-rotation feedback date: _____

Attending Signature: _____
(Verifying mid-rotation feedback and logs)

Students are required to complete the student experience logs, and submit them via D2L dropbox by 5pm on the last day of the rotation.

On this rotation you are required to encounter the below clinical presentations, if your rotation should not permit the following, you are required to gain the knowledge via modules/readings per syllabus. Place a checkmark where appropriate.

Clinical Presentation	Experience via patient on rotation	Experience gained via Readings/modules. (per syllabus)
Acute Coronary Syndrome		
Heart Failure		
Acute Kidney Injury		
Electrolyte abnormalities		
Meningitis		
UTI		
Pyelonephritis		
Tuberculosis		
Diabetic Ketoacidosis		
Pancreatitis		
IBD		
Liver failure		
Acute asthma exacerbation		
Acute COPD exacerbation		
Thromboembolic DZ (DVT & PE)		
Coagulation disorders		

Student Name: _____

Rotation Dates: _____

Rotation Site: _____

Rotation Attending: _____

Wellness: An active process of becoming aware of and making choices toward a healthy and fulfilling life.
Have you set one personal wellness goal you would like to accomplish during this rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you accomplish this goal by the end of the rotation? <input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Completely accomplished goal or exceeded

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

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation:

Yes No

Describe one encounter on this rotation when you collaborated on patient care with a healthcare worker of different professional background. Please identify the profession of the healthcare worker and how you perceived the experience (positive/neutral/negative).

Comments:

Skills/Procedures				
Date Complete	Required procedures to be performed by student	Role	Supervisor Name	Supervisor Initials
	Evaluate one patient with in-hospital fall, and be able to discuss the relevant evaluation.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Review for anticoagulant use and discuss the necessity of brain imaging with your supervising physician.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Assist with the insertion of one arterial line or central line.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Arterial blood gas results interpretation and suggested management of results to restore homeostasis.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Attendance at one Rapid response Team event or Code Blue (cardiac arrest in house event) with performance of CPR if allowed.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		