

**IM 653**  
**Oncology-Hematology Clerkship**  
**Elective Clerkship Rotation 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.

***This syllabus is active for any rotation August 1, 2020 to July 30, 2021***

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## Pre-Approval and Pre-Requisites

- Approvals from the facility where the rotation will occur and Clerkship Team ([COM.Clerkship@msu.edu](mailto:COM.Clerkship@msu.edu)) is required for every selective/elective rotation.

## 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 weeks, 3 credit hour, or four weeks, 6 credit hours in duration. Timeframes for each rotation are decided at least 30 days prior to the beginning of the rotation.

Rotation schedules **are not** to be submitted 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.**

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 of Hematology/Oncology as related to the specialty of the preceptor.
- 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).

### **Educational Goals:**

The hematology/oncology rotation is intended to provide the student with hands on experience in the evaluation and treatment of various hematological and oncological conditions.

The clinical experience will emphasize the diagnosis and management of acute and chronic hematology/oncology diseases and the management of the risk factors associated with each disease. Learning objectives highlight the complete and accurate patient history and physical exam, indications for appropriate diagnostic studies and the understanding of first line therapy for common hematological/oncological conditions.

1. The clinical experience will emphasize the diagnosis and management of acute and chronic Hematology/Oncology diseases.
2. The clinical experience will emphasize evaluation of risk factors, and management of risk factors to prevent disease advancement if possible.
3. The clinical experience will include learning to perform a complete and accurate patient history and physical exam.

4. The clinical experience will include identification and indications for appropriate diagnostic studies.
5. The clinical experience will help the student identify the first line therapy for common Hematology/Oncology disorders.

## Competencies/Objectives

**Medical Knowledge:** The student is expected to be able to describe the clinical presentation, pathophysiology and management of the following hematologic/oncologic issues:

## Hematology Competencies/Objectives

### LAB EVALUATION

- 1) Describe the role of the **peripheral smear** in the diagnosis of various diseases
- 2) Identify and list the significance of the various red blood cell abnormalities including microcytosis, macrocytosis, schistocytes, target cells, Howell-Jolly bodies etc.
- 3) Identify and list the significance of the various white blood cell abnormalities including hypersegmented neutrophils, blast cells, Auer rods, hairy cells, etc.
- 4) Be familiar with the significance and indications of a bone marrow biopsy

### WHITE BLOOD CELL DISORDERS

- 1) Define and identify causes of the following white blood cell disorders:
  - a) Leukopenia
  - b) Neutropenia
  - c) Lymphopenia
  - d) Leukocytosis

### RED BLOOD CELL DISORDERS

- 1) Understand the definition of **anemia** for both men and women
  - a) Be familiar with the clinical symptoms and signs of anemia
  - b) Discuss the diagnostic approach to anemia with regard to the complete blood count, MCV, RDW, reticulocyte count, and peripheral smear findings
  - c) Understand the approach, pathophysiology, and diagnosis of anemias associated with decreased production
    - i) **Microcytic anemia**
      - (1) Iron deficiency anemia
      - (2) Sideroblastic anemia
      - (3) Anemia of chronic disease
      - (4) Thalassemias
      - (5) Lead poisoning
    - ii) **Normocytic anemias**
      - (1) Anemia of chronic disease
      - (2) Anemia of chronic renal failure
      - (3) Endocrine disorders
    - iii) **Macrocytic anemia**
      - (1) Vitamin B12 deficiency
      - (2) Folate deficiency
      - (3) Drug induced disorders
  - d) Understand the approach, pathophysiology and diagnosis of anemias associated with

increased destruction

i) **Hemolytic anemias**

- (1) Sickle Cell anemia
- (2) Glucose-6-Phosphate Dehydrogenase deficiency
- (3) Hereditary spherocytosis
- (4) Acquired immune hemolytic anemia
  - (a) Warm antibody
  - (b) Cold antibody
- (5) Acquired nonimmune hemolytic anemia
  - (a) Microangiopathic hemolytic anemia
    - (i) Thrombotic thrombocytopenic purpura (TTP)
    - (ii) Disseminated intravascular coagulation (DIC)
    - (iii) Hemolytic-uremic syndrome
    - (iv) Eclampsia
    - (v) Malignant hypertension
  - (b) Microangiopathic hemolytic anemia
    - (i) Prosthetic valves
    - (ii) Severe aortic stenosis
- (6) Physical and chemical trauma
- (7) Infection
- (8) Hypersplenism
- (9) Paroxysmal nocturnal hemoglobinuria

e) Understand the approach, pathophysiology and diagnosis of **anemias associated with decreased production of red blood cells**

- (1) Malignancies and other marrow infiltrative diseases
  - (a) Leukemia and lymphoma
  - (b) Plasma cell disorders
- (2) Stem cell disorders
  - (a) Myelofibrosis
  - (b) Aplastic anemia
  - (c) Pure red cell aplasia
  - (d) Myelodysplasia

## PLATELET DISORDERS

1) **Thrombocytopenia**

- a) Understand the definition of thrombocytopenia
- b) Discuss the differential diagnosis of thrombocytopenia with regard to decreased production and increased destruction
- c) Review **TTP** and **HUS**
- d) Review **DIC**
- e) Discuss the etiologies and pathophysiological mechanism of **Heparin induced thrombocytopenia (HIT)**
  - (1) Distinguish between HIT I and HIT II
  - (2) Discuss treatment goals of HIT
- f) Discuss the pathophysiology, presentation and management of **idiopathic thrombocytopenic purpura**

2) **Thrombocytosis**

- a) Understand the etiology, diagnostic criteria and treatment of **Essential Thrombocytosis**
- b) Understand causes of reactive thrombocytosis

## DEEP VEIN THROMBOSIS AND PULMONARY EMBOLISM

- 1) Be familiar with the risk factors associated with **DVT and PE**
- 2) Understand the etiology of DVT and PE
- 3) Review the clinical symptoms and signs of DVT/PE
- 4) Understand the diagnostic approach to DVT/PE
- 5) Be familiar with the management of DVT/PE
- 6) Review the importance of prevention of DVT/PE

## THROMBOPHILIA

- 1) Understand the clinical and laboratory manifestations of the various causes of thrombophilia
  - a) **Activated Protein C Resistance /Factor V Leiden**
  - b) **Prothrombin G20210A**
  - c) **Antithrombin deficiency**
  - d) **Protein C and S deficiency**
- 2) Be familiar with the work up of the **hypercoagulable** state
- 3) Discuss the clinical and laboratory features of **Antiphospholipid syndrome**

## COAGULOPATHY

- 1) Discuss the presentation, diagnosis and treatment of **Hemophilia A**
- 2) Discuss the presentation, diagnosis and treatment of **Hemophilia B**
- 3) Discuss the presentation, diagnosis and treatment of **Von Willebrand Disease**

## PANCYTOPENIA

- 1) Understand the etiology and classification of pancytopenia
- 2) Review the various causes of pancytopenia
- 3) Be familiar with the proper workup for pancytopenia

## BONE MARROW FAILURE

- 1) Define **Myelodysplasia**
- 2) Review the epidemiology and pathogenesis of myelodysplasia
- 3) Briefly discuss the classifications of myelodysplasia

## APLASTIC ANEMIA

- 1) Define **aplastic anemia**
- 2) Review the causes of aplastic anemia
- 3) Understand the pathogenesis of acquired aplastic anemia
- 4) Discuss the diagnosis and treatment of aplastic anemia

## PAROSYSMAL NOCTURNAL HEMOGLOBINURIA (PNH)

- 1) Explain the pathogenesis and presentation of PNH
- 2) Discuss the diagnosis and treatment of PNH

## MYELOPROLIFERATIVE DISORDERS

- 1) Be familiar with the background, epidemiology, and clinical presentation of **Polycythemia Vera (PV)**
- 2) Discuss the diagnostic criteria for PV
- 3) Review the treatment options for PV
- 4) Define and review the epidemiology of **Essential Thrombocytosis (ET)**
- 5) Discuss the diagnostic criteria of ET
- 6) Discuss the treatment options of ET

## TRANSFUSIONS

- 1) Discuss the indications, risks and benefits of the following transfusions
  - a) Red cell transfusions
  - b) Platelet transfusions
  - c) Plasma products

## SICKLE CELL DISEASE (SCD)

- 1) Review the pathophysiology of SCD
- 2) Discuss the clinical symptoms and signs of SCD
- 3) Discuss the treatment options of SCD
- 4) Review the important acute complications of SCD

## PLASMA CELL DISORDERS

- 1) Discuss the pathophysiology and clinical presentation of **Multiple Myeloma (MM)**
- 2) Review the diagnosis and proper work up of MM
- 3) Briefly review the treatment options of MM
- 4) Define Monoclonal Gammopathy of Undetermined Significance (**MGUS**)
- 5) Discuss the natural history, clinical presentation and management of MGUS
- 6) Be familiar with the diagnosis, presentation and treatment of **Waldenstrom Macroglobulinemia**
- 7) Discuss the causes, presentation and treatment of **amyloidosis**

## BREAST CANCER

- 1) Review the risk factors associated with breast cancer
- 2) Discuss the recommended screening modalities for the early detection of breast cancer
- 3) Explain the various pathologic subtypes of breast cancer
  - a) Types of Adenocarcinoma
  - b) Ductal carcinoma in situ (DCIS)
  - c) Lobular carcinoma in situ (LCIS)
  - d) Paget disease of the nipple
- 4) Review the diagnosis and work up of a breast mass
- 5) Discuss the prognosis of breast cancer with regard to estrogen, progesterone receptors and Her-2 overexpression
- 6) Briefly review treatment options for the various forms of breast cancer

## LUNG CANCER

- 1) Discuss the risk factors associated with lung cancer
- 2) Review the epidemiology of lung cancer
- 3) Discuss the various classifications, presentation and management of **Non-Small-Cell Lung Cancer**

- 4) Review the presentation, associated syndromes and management of **Small-Cell Lung Cancer**

### COLORECTAL CANCER

- 1) Discuss the epidemiology and pathophysiology of colorectal cancer
- 2) List the risk factors associated with colorectal cancer
- 3) Review the recommendations regarding screening for colorectal cancer
- 4) Briefly discuss the work-up, diagnosis and treatment of colorectal cancer

### GASTROINTESTINAL CANCERS

- 1) Discuss the presentation, risk factors, diagnosis and treatment of the following GI malignancies:
  - a) Esophageal cancer
  - b) Gastric cancer
  - c) Pancreatic cancer
  - d) Hepatocellular cancer
  - e) Gallbladder cancer
  - f) Cholangiocarcinoma

### MALIGNANT MELANOMA

- 1) Review the incidence, epidemiology and risk factors associated with melanoma
- 2) Discuss the clinical presentation, diagnosis and treatment options for melanoma

### PROSTATE CANCER

- 1) Review the epidemiology and risk factors associated with prostate cancer
- 2) Discuss the current recommendations regarding screening for prostate cancer
- 3) Explain the presentation, diagnosis, prognosis and treatment options of prostate cancer

### LEUKEMIA

- 1) Differentiate the various leukemias with regard to presentation, cytogenetics, diagnostic workup, treatment options and prognosis
  - a) Acute Myelogenous Leukemia
  - b) Chronic Myelogenous Leukemia
  - c) Chronic Lymphocytic Leukemia
  - d) Acute Lymphocytic Leukemia
  - e) Hairy Cell Leukemia

### LYMPHOMA

- 1) Differentiate **Hodgkin lymphoma** and **Non Hodgkin lymphoma** with regard to epidemiology, pathophysiology, presentation, diagnosis, staging, and treatment

### ADDITIONAL MALIGANCIES



- 1) Discuss the epidemiology, pathophysiology, risk factors, screening, diagnosis, treatment and prognosis for the following cancers
  - a) Head and Neck Cancers
  - b) Sarcomas
  - c) Endocrine malignancies
  - d) Renal Cell Cancer
  - e) Bladder Cancer
  - f) Testicular Cancer
  - g) Gynecological Cancers
  - h) Intracranial Cancers

### ONCOLOGICAL EMERGENCIES

- 1) Discuss the definition, pathophysiology, presentation, diagnosis and treatment of the following emergencies
  - a) Malignant pericardial effusion and tamponade
  - b) Superior Vena Cava Syndrome
  - c) Acute Tumor Lysis Syndrome
  - d) Hypercalcemia of Malignancy
  - e) Syndrome of Inappropriate Antidiuretic Hormone and Hyponatremia
  - f) Neutropenic Fever
  - g) Epidural Spinal Cord Compression
  - h) Pathologic Fractures

### **Clinical Skills**

- A. The student should complete a thorough medical history including details of current symptoms, previous hematologic issues and management efforts, and risk factors that could impact on the diagnosis or management of their current problem.
- B. Perform a complete physical exam with appropriate emphasis on the hematopoietic system exam.
- C. Interpret common diagnostic tests utilized in the evaluation of the patient with a hematologic or oncologic disorder.
- D. Interpret laboratory test with emphasis on the CBC, iron studies, Vitamin B12 and Folate disorders

**Socioeconomic:** the student will:

- 1) Appreciate the psychosocial issues that potentially impact the patient's hematologic problems (professionalism and sensitivity to disability issues).

### **Assessment of Clinical Competencies:**

- 1) Patient Care: The student will be able to complete an accurate history and physical exam and accurately document the findings, write daily notes to accurately and concisely project the status of the patient's condition, and recognize unstable patients in need of urgent evaluation and management.
- 2) Medical Knowledge: The student can demonstrate knowledge of the criteria for diagnosis of common clinical problems, know the first line therapies for common clinical problems, and demonstrate a knowledge of the interpretation of diagnostic tests.
- 3) Communication Skills: The student can effectively present the clinical evaluation of a new

patient and /or the clinical progress of a continuing patient, and communicate effectively with patients, clinical support staff, and supervising residents and attending physicians.

- 4) Professionalism: The student will demonstrate respect for patients, families, co-workers, and work effectively with nurse coordinators, social services, and 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 hematologic patient.

**Teaching Methods:** The student is expected to function as a viable member of the supervising physician health care team. Assigned student responsibilities can include: supervised first patient contact in the office or clinic, the completion of admission history and physicals, the completion of pre-rounding progress notes on assigned patients, participation in conducting and the interpretation of diagnostic testing and clinical management.

**Participation in Clinical Conferences and/or Structured Educational Programs:** The student is expected to participate in clinical conferences and educational programs appropriate for the clerkship course including those generally associated with residency educational programs.

**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

Review of the Hematology Modules from the Heme course OST 578 course pack will be of value to the student. There is no assigned textbook. Reading assignments are under the purview of 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.

- *The student **will** meet the following **clinical responsibilities** during this rotation:*
  - Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.
- *The student **will** meet the following **academic responsibilities** during this rotation:*
  - Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.
  - Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in

knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

## Rotation Clinical Requirements

Requirements	Submission Method	Due Date
Attending Evaluation of your Performance on Rotation	Submit completed form to your hospitals per the instruction on the evaluation form	Final Day of Rotation
Student Evaluation of the Rotation	Submit electronically by 11:59 pm the last Sunday of the rotation online through your clerkship schedule.	By 11:59 pm last Sunday of course. Must submit to receive a passing grade, student will have an "ET" grade until the evaluation is completed.
Patient Types and Procedure Log	See page at the end of syllabus and upload into D2L Drop Box for the course	11:59 pm Last Sunday of Rotation
Clinical Shift Schedule	Online D2L Drop Box	<b>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.</b>

**The student who fails to turn in required paperwork, who has a verifiable reason why they failed to do so, will be allowed a 2-week grace period or more depending on the circumstances, Failure to meet this two week deadline will result in an N grade.**

## **Corrective Action Policy**

***THERE IS NO OPPORTUNITY FOR A CORRECTIVE ACTION PLAN PRIOR TO AN 'N' GRADE DUE TO THE INTERNATIONAL NATURE OF THIS ROTATION.***

### **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).

- A designation given to any student who:
- Receives on (1) and/or two (2) N grades in any Clerkship course; and/or
- Receives two (2) or more overall "Below Expectations" ratings on any Clerkship rotation evaluation: and/or
- Displays indicators of marginal performance on any clerkship rotation.
- The student will be required to appear before the COSE Clerkship Performance Subcommittee.
- Any student failing to appear, when directed, without due cause, or fails to meet any Subcommittee requirement, will be suspended from the College.

## **MSU College of Osteopathic Medicine Standard Policies**

### **Clerkship Attendance Policy**

#### **Policy:**

In order to gain the knowledge and skills to successfully complete the MSUCOM clerkship program, consistent participation/attendance in program activities is essential. Any time off must not interfere with the quality of the rotation.

1. In the event a student needs to be absent from any rotation for the reasons listed below and permissible by the rotation syllabus, students may request time off.
2. Any absence (unless emergent) must be approved in advance (at least 30 days) of absence by the medical education department (student coordinator/director or DME), utilizing the Clerkship Program Excused Absence Request Form. Students must notify rotation team and medical education of emergent/illness absences on day of absence.
3. A student may not be absent more than 2 days on any one 4 week rotation (no time off allowed for rotations of 2 weeks or less) for the reasons below (exception Interview absences or Conference absences as below).
4. Any additional time off any one rotation must be approved by the MSUCOM Instructor of Record for the course the absence will occur.

#### **Absence due to interviews:**

For the purpose of interviewing only, a student may be absent 4 days on a 4 week rotation (2 days on a 2 week rotation) during the months of September to January in the OMS year 4. Interview invitations must accompany the Clerkship Program Excused Absence Request Form.

#### **Absence due to examinations:**

<b>Examination</b>	<b>Maximum Time Off (includes travel time)</b>
COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE	1 day
MSUCOM COMLEX PE Simulation at MSU	1 day for each scheduled simulation
COMLEX USA Level 2 PE/USMLE Step 2 CS(Canadian Students Only)	2 days
COMAT/SHELF examinations	Travel time and time for exam

**Personal Day Absence:**

Students are allowed 5 personal days per academic year in OMS 3 and OMS 4. These days are not carried over from third year to fourth year. These are to be used for illness, physician appointments, and special events (weddings, graduations, special anniversary events) and must not exceed 2 days on any 4 week rotation (#3 above). Prolonged illness and bereavement will be handled on a case by case basis between MSUCOM Director of Clerkship and the base hospital/medical education department. Students must notify rotation team and medical education of emergent/illness absences on day of absence.

Hospital organized community events that might lead to periodic absence from rotations – student participation is encouraged and if base hospital approved, would be considered part of the rotation and not a personal day absence.

Jury duty – when obligated, student participation is not considered a personal day. Court excuses must accompany any absence. If absence is prolonged, this will be handled on a case-by-case basis between the base hospital/medical education and MSUCOM.

**Conference Absence:**

While on required/core rotations, no excused absences for any professional meeting will be allowed unless the student is presenting research in which they have participated.

- a. Appropriate paperwork with proof of presentation and copy of conference agenda must accompany the form.
- b. Time off in this situation will be for travel and presentation only.

While on elective rotations: A student may submit a request for an excused absence to attend one (1) professional meeting, time not to exceed 3 days off rotation. The meeting agenda must accompany the Clerkship Program Excused Absence Request Form.

Personal vacations/family reunions, etc are not part of this policy. Vacations can be scheduled periodically, provided all curriculum requirements will be met, with the assistance of your Student Support Advocate. Vacations will not be permitted on any core rotation or elective rotation.

# **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.

## **MSU Email**

To facilitate communication from faculty and staff to students, students are required to have a functioning MSU email address. Students are responsible for checking their MSU email accounts daily and maintaining their MSU mailboxes so that messages can be received.

Forwarding MSU email to another email account or failure to check email are not valid excuses for missing a deadline or other requirements of the clinical education program.

Further, students must use secure email when working in a hospital, clinic or other health care setting if discussion of patient information is involved. MSUNet (msu.edu) email is secure; many web-based email systems including Hotmail, Gmail and Yahoo are not.

## **Use of Electronic Devices**

Students are expected to be fully engaged in the clinical education experience. Using electronic devices while on clerkships or during other required activities can be distracting and disrespectful to patients, preceptors, lecturers, and fellow students. Electronic devices are not to be used during rounds, meetings, small groups or lectures, or when in the room with patients: the only exception would be if instructed to do so by an attending or resident faculty member. Students wishing to retrieve information that may be relevant to the patient or small group discussion should get permission to do so from the faculty member. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities while on any clerkship required activity. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

## 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).

## STUDENT VISAS

Michigan State University is committed to providing equal opportunity for participation in all programs, services, and activities. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities (RCPD) at 517-884-RCPD, or on the web at [www.rcpd.msu.edu](http://www.rcpd.msu.edu). Once a student’s eligibility for (clinical and/or testing) accommodation has been determined, the student may be issued a Verified Individualized Services and Accommodation (VISA) form. Students must present this VISA form to the Clerkship Team ([COM.Clerkship@msu.edu](mailto:COM.Clerkship@msu.edu)), A-332 East Fee Hall, at the start of the semester in which they intend to use their accommodations (for tests, projects, labs, etc.). Accommodation requests received after this date will be honored whenever possible.

If updates or modifications to an existing VISA form are made after the semester begins, it is the responsibility of the student to submit an updated version to the Clerkship Team ([COM.Clerkship@msu.edu](mailto:COM.Clerkship@msu.edu)) if he or she intends to use the new accommodation going forward.



## MSUCOM Standard Policies

### 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. It is never a good idea to sign the form and then give it to the preceptor, but rather sit with the preceptor while they fill it out.

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 Clerkship Office. It is important to know that evaluations will not be accepted by the COM Clerkship Office 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 the Rotation***

Students will submit their rotation evaluations electronically at the conclusion of every rotation through the clerkship schedule.

### 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 policy can be accessed at (<https://com.msu.edu/current-students/clerkship-medical-education/injury-and-property-damage-reports>). Please make yourself familiar with the procedure and the form.

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

### Patient Types and Procedure Log

Procedure	#Required	Date	Supervisor Initials
Evaluate 2 patients with cancer	1. 2.		
Evaluate 2 patients with anemia	1. 2.		
Interpret 10 CBC	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		
Participate in five Hematology/Oncology consults in the hospital or office.	1. 2. 3. 4. 5.		