IM 660
INTERNAL MED SUB-INTERNSHIP
REQUIRED ROTATION (R2) SYLLABUS

OSTEOPATHIC MEDICAL SPECIALTIES
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EFFECTIVE AUGUST 2, 2021 TO JULY 31, 2022

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At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While changes will generally be instituted at the beginning of the school year, changes may also be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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INTRODUCTION AND OVERVIEW

Welcome to IM 660 Sub-I clerkship, which is one of the three core Internal Medicine (IM) rotations you will complete successfully during the course of your clerkship years. Our internal medicine team has collaborated to offer selected topics in IM for your study through a series of three required clerkship rotations - IM 650 (inpatient IM rotation #1), IM 658 (Out-patient IM #1) and IM 660 (sub-internship or Sub-I inpatient IM #2). IM 650 must occur before IM 660 and is highly recommended, but not essential that IM 658 occur before IM 660. IM 660 should ideally be completed after IM 650 and 658 and should ideally NOT occur prior to the 7th month of the third year to allow adequate exposure to inpatient medicine for the medical student. It is intended to be an advanced rotation with higher expectations of the student for performance. Preferably, it should be scheduled after C3 and all R2 core rotations are completed.

The fourth year of medical school is an exciting time, which continues to provide students with a well-rounded clinical foundation to ensure that all graduating physicians are well trained and well prepared to practice medicine. MSUCOM has developed a model medical curriculum that provides an academic environment within the base hospitals. The internal medicine faculty are passionate about medicine and medical education.

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 internal medicine. The more interest you demonstrate in learning, the more teaching you will receive. By completing the three internal medicine rotations you will be able to achieve the objectives that will be covered in internal medicine. You will find included in this syllabus important information needed to matriculate through your four week Sub-I rotation. (Sub-I stands for Sub-internship and implies greater responsibility and expectations).

During the late third or fourth year, sub-I students will rotate as a part of the medical team at their designated hospital. The students will work primarily with the preceptor and with intern/resident physicians when applicable as part of the team caring for patients. Students will be expected to write history and physicals on new admits and daily progress notes.

Medical students are expected to participate in direct patient care on the hospital floors, although final responsibility and decision-making rests with the attending physician. As a fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated internal medicine patients. Students are required to attend daily didactics that may include morning report, noon conference, faculty grand rounds, resident grand rounds, hematology rounds, cardiology rounds and faculty lectures.

In addition to in hospital requirements medical students will complete a series of weekly modules and assignments designed to broaden their scope of internal medicine and prepare for exams. These modules/reading assignments will require about two hours per week outside of regular clinical rotations.

Attendance and punctuality during all aspects of clinical clerkships are expected and considered an important part of a student’s evaluation. Students, like house staff, are expected to fulfill their educational responsibilities and their patient care responsibilities.
ROTATION FORMAT
During each of the 4 weeks of the internal medicine rotation the student will be responsible for reviewing all content pertaining to that week’s topics and completing the corresponding quizzes. The content is meant to be a complete overview of a topic, with up to date medical information, that would prepare a PGY1 to present on that topic to an attending; while also providing a framework for patient evaluation, work up, and treatment. Overall, the activities are meant to sharpen the student’s understanding of that topic, how it is approached, and application of that knowledge in a hospital setting.

(See a breakdown of each week on page 13 under “Weekly Assignments”)

GOALS AND OBJECTIVES

GOALS
The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable and sympathetic physicians.

The following is a list of the knowledge, skills and behaviors students should possess upon completion of the clerkship.

1. HISTORY TAKING: Obtain an accurate, efficient, appropriate and thorough history.
   This clerkship will emphasize the development of intermediate level history taking skills. It will emphasize strategies and skills for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient settings. Particular attention will be given to identification and elicitation of key historical data pertinent to immediate clinical decision-making.

2. PHYSICAL EXAM: Perform and interpret findings of a complete and organ-specific exam.
   This clerkship will focus on development of intermediate-to-advanced physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, Nephrology and gastrointestinal diseases) pertinent to the clinical evaluation of adults presenting with medical problems in the inpatient settings. It will emphasize elicitation of physical findings pertinent to differential diagnosis and immediate clinical decision-making.

3. DIAGNOSTIC EVALUATION: Interpret data from laboratories and radiology demonstrating knowledge of pathophysiology and evidence from the literature.
   This clerkship will emphasize interpretation of basic tests used in the evaluation of adult medical patients presenting with medical problems in inpatient and outpatient setting. Principles of clinical epidemiology will be used to facilitate test interpretation, especially as they relate to determination of post-test probabilities and contribution of test results to differential diagnosis.

4. DIAGNOSIS: Articulate a cogent, prioritized differential diagnosis based on initial history and exam.
   A prime learning objective of this clerkship will be the formulation of a prioritized initial differential diagnosis based on the history and physical examination for common medical problems of adult patients presenting in inpatient settings. Differential diagnosis of common systemic, cardiac,
pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, and infectious disease problems will receive particular emphasis.

5. **MANAGEMENT:** Design a management strategy for life threatening, acute, and chronic conditions demonstrating knowledge of pathophysiology and evidence from the literature. This Core IM rotation will focus on basic management of the common medical problems of adults presenting to inpatient and ambulatory settings, with particular reference to the relevant pathophysiology and best scientific evidence. Please see the list of 21 content objectives for the IM clerkships.

6. **PROCEDURES:** Performing routine technical procedures. Students will be taught the basic procedures used in inpatient care of adult medical patients, including procedure indications, contraindications, techniques, complications, and interpretation of any findings that result. Examples of procedures include: Evaluate one patient with in-hospital fall, and be able to discuss the relevant evaluation, review for anticoagulant use and discuss the necessity of brain imaging with your supervising physician; assist with the insertion of one arterial line or central line; arterial blood gas results interpretation and suggested management of results to restore homeostasis; and attendance at one Rapid Response Team event or Code Blue (cardiac arrest in house event) with performance of CPR if allowed.

7. **COMMUNICATION:** Presenting patient information concisely, accurately and in timely fashion to members of a health care team in a variety of settings and formats including verbally and in writing. This course will emphasize effective written and oral presentation of pertinent clinical information (including differential diagnosis, assessment, and plan) for the care of adult patient. Particular attention will be given to adapting the presentation to the issue at hand.

8. **CULTURAL COMPETENCE:** Understanding of the disease with respect to the cultural, socioeconomic, gender and age-related context of the patient. Core IM will stress how doctor-patient relationship is influenced by a variety of factors. Special emphasis will be placed on conducting patient interviews with sensitivity towards cultural differences as well as impact these may have on disease evaluation and management.

9. **PROFESSIONALISM:** This rotation will emphasize aspects of professionalism related to interaction with patient, colleagues and staff. Examples of professional behavior include being on time and prepared for rounds and didactic sessions, putting patients’ needs first and willingness to assist your colleagues and staff, ability to self-assess, responsiveness to constructive criticism and time management skills.

**OBJECTIVES**

*Overall Objectives:*

1. Provide the student with the fundamental knowledge base in internal medicine.

2. Introduce the student to basic procedures relevant to the practice of internal medicine.
3. Facilitate an understanding of the approach to acute care clinical problem solving.

4. Promote the acquisition of simple basic skills for the diagnosis and management of common internal medicine cases.

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

CORE COMPETENCIES
The Core Competencies were developed by the AOA to represent seven defined areas. In 2007, the American Association of Colleges of Osteopathic Medicine developed a document to assist colleges in integrating these same core competencies into medical education at the medical student level. The following core competencies are addressed during the month of Out-Patient Internal Medicine:

1. Osteopathic Principles and Practice
   - Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
   - Diagnose clinical conditions and plan patient care
   - Perform or recommend OMT as part of a treatment plan
   - Communicate and document treatment details

2. Medical Knowledge
   - Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

3. Patient Care
   - Gather accurate data related to the patient encounter
   - Develop a differential diagnosis appropriate to the context of the patient setting and findings
   - Form a patient-centered, inter-professional, evidence-based management plan
   - Health promotion and disease prevention (HPDP)
   - Documentation, case presentation, and team communication

4. Interpersonal and Communication Skills
   - Establish and maintain the physician-patient relationship
   - Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
   - Work effectively with other health professionals as a member or leader of a health care team

5. Professionalism
   - Demonstrate humanistic behavior, including respect, compassion, honesty, and trustworthiness
   - Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others
   - Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

6. Practice-Based Learning and Improvement
   - Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
   - Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

7. Systems-Based Practice
o Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
o Identify and utilize effective strategies for assessing patients

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 (https://com.msu.edu/) and in the Student Handbook.

REFERENCES

REQUIRED STUDY RESOURCES
1. Desire2 Learn (D2L)
3. Harrison’s Principles of Internal Medicine 20th edition
   *The bible of internal medicine. Long running book providing complex overview of topics that are applicable to every level of education. Can be overly complex when trying to quickly review a topic or answer clinical questions for a medical student.
   Available at: https://accessmedicine-mhmedical-com.proxy1.cl.msu.edu/
   - This is a strongly recommended text for all Internal Medicine rotations. It is available through the MSU library at the link above or may be purchased by the individual student for a cost of $99.95;
5. New England Journal of Medicine link to videos in clinical medicine –

SUGGESTED STUDY RESOURCES
1. Additional Resources/Convenient Apps - some are free through the web and some you will need to pay for if you would like access. Also check with your hospital library as to whether they have any available electronically for your use.
   o Dynamed- http://libguides.lib.msu.edu/dynamedapp
   o UpToDate – http://www.uptodate.com/home
   o Epocrates - https://online.epocrates.com/rxmain
   o The Sanford Guide - http://www.sanfordguide.com/
Accessing the Electronic Resources Using MSU’s Library will provide many of these for free. www.lib.msu.edu

2. Goldman's Cecil Medicine 26th ed
   *Complete overview of Internal medicine. May be a bit easier to follow than Harrison’s.
   Available at: https://www-clinicalkey-com.proxy1.cl.msu.edu/#!/browse/book/3-s2.0-C20161036684

3. Current Medical Diagnosis & Treatment 2021
   * Concise overviews of topics as well as approach to patient’s organized by system. The text focuses on practical application of knowledge and contains mixed media (videos, sound clips, etc.)
   Available at: https://accessmedicine-mhmedical-com.proxy1.cl.msu.edu/

4. Symptom to Diagnosis: An Evidence-Based Guide, 4e
   *Cased based topics that walk a resident or medical student through the basic approach, differential diagnosis, and work up of various symptoms or clinical conditions
   Differential Diagnosis of Common Complaints, 7th Edition
   *Enhances differential diagnosis and approach to complaints
   Available at: https://www-clinicalkey-com.proxy1.cl.msu.edu/#!/browse/book/3-s2.0-C20150022286

5. Medical Secrets, 6th Edition
   *Bullet point and fact-based review by organ system
   Available at: https://www-clinicalkey-com.proxy1.cl.msu.edu/#!/browse/book/3-s2.0-C20150066990

6. Textbook of Physical Diagnosis, 8th Edition
   *Review of physical exam skills
   Available at: https://www-clinicalkey-com.proxy1.cl.msu.edu/#!/browse/book/3-s2.0-C20180009366

7. Dynamed Plus
   *Online bullet point review of various topics
   Available at: https://lib.msu.edu/health/medicine/

8. The 5-minute clinical consult 2020
   *Alphabetized, quick bullet point review of topics focused on application of medical knowledge

9. BMJ Best Practices
   *Helpful resource with concise overviews of topics as well as various procedural videos
Available at: https://bestpractice-bmj-com.proxy1.cl.msu.edu/

10. Board Vitals
   *Board question practice
   Available at: https://libguides.lib.msu.edu/medicalboardexamrep/comlex

11. Stat Pearls
   https://www.statpearls.com/
   *Quick overviews of topics with associated medical questions

12. Online Med Ed
   https://onlinemeded.org/?track=2
   *Free lecture-based videos that are geared to improving board scores

13. Merck Manuals
   https://www.merckmanuals.com/professional
   *Contains quick concise overviews of topics as well as a large catalog of procedural videos

   **Helpful Review Journals** (Available through ClinicalKey database)
   o American Journal of Medicine
   o American Family Physician
   o Critical Care Clinics
   o Emergency Medicine Clinics of North America
   o Hospital Medicine
   o Lancet, The
   o Medical Clinics of North America
   o Medicine

**ROTATION REQUIREMENTS**

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>SUBMISSION METHOD</th>
<th>DUE DATE</th>
<th>GRADE PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Experience Log</td>
<td>D2L Dropbox</td>
<td>11:59 pm on the last day of the Rotation</td>
<td>Must be completed and turned in to receive a “P” grade in this rotation.</td>
</tr>
</tbody>
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WEEKLY READINGS/OBJECTIVES/ASSIGNMENTS
Weekly modules are available on D2L with presentations, study resources, and weekly quizzes.

Week 1

**Topics**
1. Mechanical ventilation
2. Nosocomial Pneumonia
3. Sepsis
4. Circulatory Shock
Specific Learning Objectives

Mechanical Ventilation
- Consistently recite the 3 main indications for mechanical ventilation
- Familiarize yourself with the various modes of ventilation
- Provide initial ventilator settings (tidal volume, rate, etc.) for a newly intubated patient using assist control volume mode when asked
- Suggest ventilator augmentation to correct disorders present on an arterial blood gas
- Suggest basic troubleshooting for various ventilator alarms
- Familiarize yourself with various ventilator strategies to combat specific disease states
- Define ARDS when asked
- Be able to assist in the decision of when a patient is ready to be weaned off a ventilator

Nosocomial Pneumonia
- Differentiate and define various nosocomial pneumonia (healthcare associated, hospital acquired, ventilator associated)
- Provide an oral explanation of how nosocomial pneumonia differs from community acquired based on bacterial spectrum
- Provide a basic work up for pneumonia when encountered
- Recite 2 antibiotics that cover nosocomial MRSA
- Recite 5 antibiotics that cover Pseudomonas
- Suggest an appropriate treatment regimen based on clinical presentation of nosocomial pneumonia
- Provide suggestions to augmentation of therapy depending on patient's clinical response
Sepsis
- Identify sepsis based on various physiological signs as well as laboratory findings
- Provide an appropriate work up (labs, imaging, cultures) for a patient with sepsis
- Provide appropriate antibiotic therapy based on site of infection
- Provide appropriate fluid as support for septic patients as well as vasopressor support in patients with septic shock
- Provide additional adjunctive support in septic patients (glucose control, corticosteroids, etc.)

Circulatory Shock
- Define the different forms of shock based on hemodynamic parameters
- List 3-5 etiologies of each form of shock when asked
- Use physical exam findings to narrow down type of shock
- Relate the receptor effects of different vasopressors and inotropes to indications and contraindications under clinical situations for shock
- Provide basic treatment of different shock states

Week 2

Topics
1. Basics of Electrophysiology
2. Tachyarrhythmias
3. Thrombocytopenia

Specific Learning Objectives

Basics of Electrophysiology
- Review the action potential of the heart and apply this to mechanisms of arrhythmia
- List 3 common mechanisms that lead to arrhythmia and which arrhythmia they may cause
- When given an antiarrhythmic, classify it based on primary channel affects
- Consistently recite antiarrhythmics potential effects on an EKG
- List 3 side effects from commonly used antiarrhythmics
- Don’t worry about dosages of these medications until you are further along

Tachyarrhythmias
- Consistently calculate rate and rhythm on telemetry or EKG
- Consistently identify the following arrhythmias on EKG or telemetry
  - Sinus tachycardia, supraventricular tachycardia, atrial fibrillation, atrial flutter, WPW, torsades de pointes, ventricular tachycardia, ventricular fibrillation
- List at least 5 causes that should be investigated when a patient has sinus tachycardia
- Provide 3 examples of wide and narrow complex tachycardia
- Suggest rate control medications under various clinical scenarios for atrial fibrillation or flutter
- Decide if a patient would require anticoagulation for atrial fibrillation
- Suggest basic treatment for WPW, ventricular tachycardia, ventricular fibrillation

Thrombocytopenia
- Consistently recite the 3 main pathophysiological mechanisms of thrombocytopenia
- Provide a basic work up for thrombocytopenia based on history and physical exam
- Apply the indications for transfusion of platelets under various clinical conditions
Use peripheral smear findings to help identify etiology of thrombocytopenia
Distinguish various disorders associated with thrombocytopenia based on history, symptoms, laboratory evidence
Provide basic treatment for various thrombocytopenic disorders
  - ITP, HIT, DIC and TTP

Week 3

Topics
1. Adrenal Insufficiency
2. Hyperglycemic Crisis
3. Thyroid Disease

Specific Learning Objectives

Adrenal Insufficiency
- List 3-6 causes of primary and central adrenal insufficiency
- List 5 clinical scenarios in which adrenal insufficiency should be on the differential diagnosis based on signs and symptoms of disease
- Predict laboratory changes that are consistent with adrenal insufficiency on a basic metabolic panel
- Recite the basic treatment for adrenal insufficiency and how it differs between primary and secondary disease
- Interpret adrenal testing for insufficiency to predict likelihood of disease under different clinical situations
- Consistently recognize and provide treatment for adrenal crisis

Hyperglycemic Crisis
- Be able to explain the pathophysiology of hyperglycemic crisis and relate it to treatment
- Consistently be able to provide a basic work up when hyperglycemic crisis is suspected based on signs and symptoms that would confirm your diagnosis
- Consistently diagnose DKA/HSS using signs and symptoms as well as electrolytes
- List 5 causes precipitating causes of hyperglycemic crisis and provide a work up to identify each of those conditions
- Quickly calculate an anion gap and understand pitfalls to calculation such as secondary metabolic alkalosis and pseudohyponatremia
- Interpret laboratory findings to grade severity of illness in a patient with hyperglycemic crisis
- Recite treatment goals and basic management of hyperglycemic crisis

Thyroid Disease
- List 5 causes of primary hypothyroidism when asked
- List 3 causes of central hypothyroidism when asked
- Interpret thyroid studies to make the diagnosis for hypothyroidism and subclinical form
- Discuss with a patient proper dosing/titration/administration of levothyroxine
- Recognize a patient with myxedema based on symptoms and physical exam findings

Week 4
Topics
1. Complications of Cirrhosis
2. Gastrointestinal Bleeding
3. Seizure Disorders
4. Ischemic Stroke

Specific Learning Objectives

Complications of Cirrhosis
- Describe the basic pathophysiology that results in cirrhosis and relate it to the pathophysiology consequences of decompensated cirrhosis
- List 5 causes of cirrhosis when asked
- Consistently diagnose a patient with cirrhosis by physical exam (compensated and decompensated)
- Provide a workup to assist in diagnosis of cirrhosis
- Familiarize yourself with risk stratifications scores for surgery of cirrhotic patients
- List 5 complications of cirrhosis that might lead to hospitalization

Gastrointestinal Bleeding
- Consistently use history and physical exam to predict location and etiology of gastrointestinal bleeding
- Recite at least 5 causes of upper GI bleed when asked
- Recite at least 5 causes of lower GI bleed when asked
- Provide an initial work up for GI bleeding including lab work and imaging
- List the 2 most common causes of peptic ulcer disease as well as 3-5 other causes
- Discussion options to evaluate obscure GI bleeds

Seizure Disorders
- Consistently explain the pathophysiology of seizure to a layman
- List 10 causes of seizures when asked
- Define and identify different seizure types (e.g. partial complex)
- Consistently take a thorough history from a patient who has sustained a seizure, identifying any triggers that may have been present
- Provide an appropriate work up for patient with new onset seizures
- Recite which drugs have therapeutic levels that can be drawn and resulted quickly in most standard hospital labs
- Define status epilepticus when asked
- Familiarize yourself with complications of anti-epileptic medications
- Provide basic abortive anti-epileptic treatment and suggest advanced treatment to a patient with status epilepticus

Ischemic Stroke
- Consistently describe the pathology of stoke to a layman
- List 3-5 risk factors for both embolic and thrombotic ischemic stroke when asked
- List 5 conditions that can mimic stoke when asked
- After examining a patient with a stroke be able to make a reasonable guess as to which cerebral artery or area of circulation is involved
Identify a stroke patient that may be a candidate for tPA
Review/recite blood pressure goals for a stroke patient under various clinical circumstances (tPA vs no tPA)
Provide a sensible and/cost effective work up for secondary prevention of stroke
Provide appropriate medical therapy for secondary prevention of stroke based on work up

COMAT EXAM INFORMATION
All students are required to take the NBOME COMAT examination in Internal Medicine on the last Friday of either their second or third IM rotation. The score for the exam will be considered part of the IM 660 rotation grade and also for honors designations in all three IM courses.

If this deadline is not met, the student will be required to reschedule this exam at a later date. Students will need to contact the Course Assistant, Katie Gibson-Stofflet:

1. By the end of the first week of the rotation if there is a conflict regarding taking the exam on the last Friday of the rotation, or
2. Within 24 hours of an emergency that will keep the student from taking the exam the last Friday of the rotation. Course faculty will consider each case and determine if a delay in the exam will be permitted. Should a student be granted a delay in examination or early testing approval, the Department will send written approval and notification of the required reschedule date to the COM Clerkship Office.

It is your responsibility to take the exam the last Friday of the rotation at the time and location you have registered for. If this deadline is not met (with the exclusion of the above two scenarios) you will receive an 0 for that attempt of the exam and will only be given one (1) time to take and pass the COMAT the next time the exam is offered or will receive an “N” grade for the rotation.

Students must score within 2 SD from the MSUCOM mean of the exam that you take to receive a passing grade. Each student will be allowed to take the exam 2 times before receiving an “N” grade for the rotation. When a student must sit for a re-take of the exam, s/he will be contacted by the Course Assistant, who will provide the student with a deadline by which s/he must sit for the re-take, as well as the consequence for failure to do so. If a student receives an “N” grade for the rotation, s/he will be notified of the failure by the department.

For information on exam registration and administration, please visit the COM Clerkship Office’s COMAT webpage: https://com.msu.edu/current-students/clerkship-medical-education/comat

DUE DATE: The last Friday of the second or third IM Rotation

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Clerkship Office 7 days in advance of the COMAT examination date. The student must also disclose which allowed accommodations s/he intends to use for the exam 7 days in advance of the COMAT examination date.

ROTATION EVALUATIONS

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

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Clerkship Team. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” and will be referred to the MSUCOM Spartan Committee Clearinghouse for resolution, per MSUCOM’s Common Ground Framework for Professional Conduct or to the Committee on Student Evaluation (COSE).

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

**Student Evaluation of Clerkship Rotation**
Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online evaluation system at:

http://hit-filemakerwb.hc.msu.edu/Clerkship/login_student.html

**Unsatisfactory Clinical Performance**
The Instructor of Record and/or the Assistant Dean for Clerkship Education will review/investigate a student’s performance on a rotation when a concern is raised by the supervisor(s), and when the Attending Evaluation of Clerkship Student contains any below expectation marks within the professionalism area, any unsatisfactory written comments, or a total of two or more below average marks on the evaluation.

Professionalism concerns, as well as accolades, will also be referred to the MSUCOM Spartan Committee Clearinghouse for resolution, per MSUCOM’s Common Ground Framework for Professional Conduct.

**CORRECTIVE ACTION PROCESS**
If a student does not successfully complete the rotation requirements of the course, the student will receive an ET grade and be permitted to go through a ‘Corrective Action’ process.

The following assignments are eligible for corrective action and will be due no later than 14 days after the last day of the rotation at 11:59pm:

1. **Weekly Quizzes**
   The student who fails to achieve an 80% on each weekly quiz will be allowed to take a comprehensive final examination that will be a random selection of similar questions, worth 50 points, with a necessary score of 80% to pass. It will be a cumulative examination and will be offered within the first two weeks following the completion of the rotation in which the student failed to achieve the necessary average score.

2. **Evaluations and Student Experience Log**
The student who fails to turn in required paperwork, who has a verifiable reason why they failed to do so, will be allowed 14 days to submit, or more depending on the circumstances. Failure to meet this two-week deadline will result in an N grade.

3. COMAT

The student must complete the COMAT exam at the next available scheduled time after completion of the third IM rotation. If this is not IM 660 then the grade for IM 660 will remain ET until the final rotation is completed and the exam is taken.

The student is responsible for contacting the Course Assistant (on the first page of this syllabus) if they believe missing assignments were reported in error or are unclear about the Corrective Action process.

Please note that while it is the responsibility of the student to ensure the Attending Evaluation of the Clerkship Student is completed, this requirement may extend beyond the corrective action date. Additionally, in the event of a COMAT failure on first attempt, the corrective action for the repeat COMAT may extend beyond 14 days.

As determined by the Instructor of Record, the student will receive an N grade for the course if all assignments and the Corrective Action process are not completed successfully within 14 days after the last day of rotation at 11:59pm (with the exception of the Attending Evaluation). Additionally, a letter of unprofessional behavior for late submission of assignments will be sent to the MSUCOM Spartan Community Clearinghouse.

If a student successfully completes the Corrective Action process, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a rotation grade change from ET to Pass (pending the Attending Evaluation of the Clerkship Student and COMAT score).

BASE HOSPITAL REQUIREMENTS

Students are responsible for completing all additional requirements set by the hospital/clinical site in which the student is completing the rotation. Students are not responsible for reporting results of requirements outside the ones listed above to the college.

STUDENT RESPONSIBILITIES AND EXPECTATIONS

The internal medicine clerkship is divided into three four-week rotations that include an IM- Ambulatory, IM-Hospital and IM-Sub-I clerkship. This will provide the mechanism to achieve the objectives that will be covered in internal medicine.

During the late third or fourth year, sub-I students will rotate as a part of the medical team at their designated hospital. The students will work primarily with the preceptor and with intern/resident physicians when applicable as part of the team caring for patients. Students will be expected to write history and physicals on new admits and daily progress notes.

Medical students are expected to participate in direct patient care on the hospital floors, although final responsibility and decision-making rests with the attending physician. As a fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated internal medicine patients. Students are required to attend daily didactics that may include morning report, noon conference, faculty grand rounds, resident grand rounds, hematology rounds, cardiology rounds and faculty lectures.
During your clinical rotation you will be part of many different learning environments and will be given a great deal of responsibility. Importantly, most of your patients will consider you a critical member of the medical team and see you as a physician. Given this, it is vital that a high-level professional behavior is maintained. Outward appearance is very important in this regard and is critical for initial impressions and for gaining the respect of your patients.

Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for on-call days only.

At ALL times when patient contact is expected or anticipated, your waist-length WHITE COAT should be worn, with your ID badge worn above the waist.

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.

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.

ATTIRE AND ETIQUETTE
During your clinical rotation, you will be a part of many different learning environments and will be given great deal of responsibility. Importantly, most of your patients will consider you a critical member of the medical team and see you as a physician. Given this, it is vital that a high level of professional behavior is maintained. Outward appearance is very important in this regard and is critical for initial impressions and for gaining the respect of your patients. For this reason, please adhere to the following dress code during your clerkship:

- Men should routinely dress in slacks, as well as a shirt and tie. No blue jeans are allowed during any rotation.
- Women should wear a skirt or slacks. Skirts should be of a length that reaches the knees or longer.
- Tennis shoes should not be worn, except with scrubs.
- No open toe shoes, flip-flops, or sandals are allowed at any time. Socks are a public health code requirement at all times.
- Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for ‘on-call days’ only.
- At ALL times when patient contact is expected or anticipated, your waist-length WHITE COAT will be worn, with your ID badge worn above the waist.
- As this policy simply represents general guidelines, we encourage anyone with uncertainties or questions regarding the dress code to reach out to student director for confirmation.
- Wear a waterproof gown when blood or body fluid may soak a cloth gown.
INFECTION CONTROL GUIDELINES

Universal Precautions:
- Consider all blood, visibly bloody secretions, genital secretions, and all bodily fluids infectious. Wear gloves when exposed to blood, bodily fluids or genital secretions. Change your gloves and wash hands after each procedure and before contact with another patient.
- Wear a mask and goggles when blood or bodily fluid may splash in your face.
- Wear a waterproof gown when blood or body fluid may soak a cloth gown.

ALL incidents of exposure to blood or body fluids such as parenteral (needle stick or cut); mucous membranes (splash to eyes, nose or mouth); cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded or affected by active dermatitis should be reported immediately to attending physician or student director.

Most Common Exposure Risks:
Hepatitis B (HBV), Hepatitis C (HCV), HIV

What should you do if exposure occurs?
Immediate Response:
- Force bleed the site if possible
- Clean wound with soap and water
- Apply direct pressure if needed
- Flush mucous membranes with water or saline for 3-5 minutes

Prompt notification is critical to evaluate possible treatment options including IgG, HBIG etc. Students should discuss any exposure with their supervising attending and student director. Students exposed to or with infectious material or communicable illness, including chicken pox, shingles, measles, or diarrheal illness, must consult with course director or employee health services about the advisability of working with the patients.

Please see the MSU Student Exposure Procedure below.

MSU COLLEGE OF OSTEOPATHIC MEDICINE STANDARD POLICIES

The following are standard MSUCOM policies across all Clerkship rotations.

ATTENDANCE POLICY

OVERVIEW

Michigan State University College of Osteopathic Medicine (MSUCOM) requires student participation in clerkship rotations and clinical activities with consistent attendance to acquire the skills and knowledge that are necessary for successful program completion. Students are expected to take minimal time off outside of vacations already appearing in schedules and should only request time off in the rare events and circumstances outlined below.

Specific courses may have additional absence requirements from this general clerkship policy, and it is the student's responsibility to adhere to these requirements according to the respective course syllabus.
GENERAL POLICY

- All absences from rotations must be **excused absences** obtained by completing the *Clerkship Program Excused Absence Request Form*.
  - Appropriate signatures must be obtained from both the attending physician and the student coordinator at the rotation site.
  - MSUCOM Assistant Dean for Clerkship Education must approve absences for prolonged illnesses, bereavement, research presentations/conferences, or absences exceeding the maximum time off any one rotation.
  - Once appropriate approval signatures are obtained, forms should be maintained for your records in the event they are requested or required at a later date.

- **Unexcused absences** are absences taken without the proper completion of the *Clerkship Program Excused Absence Request Form*, or absences outside of those listed in the Clerkship Attendance Policy. Unexcused absences are considered unprofessional and will result in a report to the Spartan Community Clearing House and/or the MSUCOM Committee on Student Evaluation (COSE).

<table>
<thead>
<tr>
<th>Length of rotation</th>
<th>Maximum number of days off</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 weeks</td>
<td>2 days</td>
</tr>
<tr>
<td>2 weeks</td>
<td>0 days</td>
</tr>
</tbody>
</table>

Should an absence exceed these limits, the student is responsible for requesting additional days from the Assistant Dean for Clerkship Education via email (com.clerkship@msu.edu) prior to the absence.

Exception for residency interviews from October to January in Year 4 only

A fourth-year student may be absent a total of 4 days on any 4-week rotation, or 2 days on any 2-week rotation during the months of October-January during Year 4 for interview purposes only. If interview absences exceed these totals, the student must request additional days off from the MSUCOM Instructor of Record (IOR) for the course/rotation by submitting a *Clerkship Program Excused Absence Request Form* to the Course Assistant (CA). Contact information for the IOR and CA are found on the first page of the respective MSUCOM course syllabus.
<table>
<thead>
<tr>
<th>Absence Type</th>
<th>Qualifications</th>
<th>Maximum number of days off</th>
<th>Details</th>
<th>Required Approval from Assistant Dean for Clerkship Education</th>
</tr>
</thead>
</table>
| Personal Day                       | Illness Medical/Dental appointments  
Wedding, family graduations  
(additional reasons must be discussed with the Asst Dean for Clerkship Education prior to request) | 5 total days per year  
(individual events must comply with the max of 2 days off any 4-week rotation) | Vacations must be planned during allotted vacation time in schedule. Vacations are not acceptable personal day absences. | No                                                            |
| Jury Duty                          | Court documentation must accompany the Clerkship Program Absence Request Form. | N/A                         | Jury duty, when obligated, is not considered a personal day absence                                                                           | Yes                                                           |
| Hospital-organized community events| Example: Special Olympic Physicals                                               | N/A                         | These events would be considered part of the rotation and not a personal day absence.                                                        | No                                                            |
| Examination                        | COMLEX USA Level 2  
CE/USMLE Step 2  
CK/Canadian MCCEE                                                     | 1 day                       | Students should be reporting to rotation before/after examination                                                                              | No                                                            |
|                                     | COMAT/NBME shelf examinations                                                   | Time required to complete exam |                                                                                                                                                | No                                                            |
| Conference/Research Presentation   | Research presentation on core rotation                                          | Travel and presentation time only | 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.  
Required for request to Asst Dean for Clerkship Education; conference agenda, location, date of presentation, invitation, or confirmation of presentation by conference staff, proposed dates of absence. | Yes                                                           |
|                                     | Conference or research presentation while on an elective rotation                | 3 days on a 4-week elective rotation | Student must submit Clerkship Program Excused Absence Request Form and copy of conference agenda to the Assistant Dean for Clerkship Education to attend one (1) professional meeting on a 4-week rotation. Students cannot miss rotation days for a conference during a 2-week elective rotation. | Yes                                                           |
| Prolonged Illness, Bereavement, Maternity Leave | Medical related absence or bereavement                                        | TBD                         | Students-contact the Assistant Dean for Clerkship Education to discuss time off rotations                                                    | Yes                                                           |

*Clerkship Program Excused Absence Request Forms*- Once appropriate approval signatures are obtained; forms should be maintained for your records in the event they are requested or required at a later date.
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 student’s demonstrated ability
- The student’s 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 is 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.

STUDENT 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.

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
to maintain a proper working relationship between trainer and trainee.

**COURSE GRADES**

**H/Honors** – A grade of honors will be designated to students demonstrating
outstanding clinical, professional, and academic performance in certain core
rotations. Criteria for achieving honors in a core rotation will be determined by the
Instructor of Record and will be listed in the course syllabi. While Honors designation
will be awarded to students meeting the criteria in the syllabi of the above courses,
Honors is not an official MSU grade. The official MSUCOM transcript will reflect a
grade as Pass with an additional notation that the student achieved Honors in the
course. The students Medical Student Performance Evaluation will reflect each
Honors grade.

**P/Pass** – means that credit is granted, and that the student achieved a level of
performance judged to be satisfactory by the department according to the student's
didactic and clinical performance.

**ET/Extended Grade** – means that a final grade ('Pass' or 'No Grade') cannot be
determined due to one or more missing course requirements. The ET grade will be
changed to a final grade once all the completed course requirements have been
submitted to and processed by MSUCOM (either to the department or Clerkship
Team). An 'ET' grade will NOT remain on a student's transcript.

**N/No Grade** – means that no credit is granted, and that the student did not achieve a
level of performance judged to be satisfactory by the department according to the
student's didactic and clinical performance.

**N Grade Policy**

Students who fail this rotation will have to repeat the entire rotation and fulfill all
(clinical and academic) requirements.

**STUDENT EXPOSURE PROCEDURE**

A form has been developed by the University Physician to report incidents of exposure,
e.g. needle sticks, mucous membrane exposure, tuberculosis exposure, etc., and may
be found on the Clerkship Medical Education page of the MSUCOM website [here](https://com.msu.edu/current-students/clerkship-medical-education).
Contact Assistant Dean for Clerkship Education, Dr. Susan Enright, if exposure incident occurs: enright4@msu.edu.

**STUDENT VISA**

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 Accommodations (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 if he or she intends to use the new accommodation going forward.
**Mid Rotation Evaluation**

- **Date of evaluation:**
- **Areas of Strength:**
- **Areas for Improvement:**
- **Attending Signature/Printed Name:**

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.

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Experience via patient on rotation</th>
<th>Experience gained via Readings/modules (Per syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pericardial disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrotic/nephritic syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nosocomial infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIR/Shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI Bleed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biliary tract disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffuse parenchymal lung dz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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? [ ] Yes [ ] No

  - Did you accomplish this goal by the end of the rotation? [ ] Not at all [ ] Somewhat [ ] Completely accomplished goal or exceeded

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation: [ ] Yes [ ] No

Students are required to complete the student experience log and submit it via D2L by 11:59pm on the last day of the rotation.

**Attending Signature:**

(Verifying mid-rotation feedback and logs)
# SUMMARY OF GRADING REQUIREMENTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Honors Designation</th>
<th>Pass</th>
<th>Extended Grade</th>
<th>No Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>View the 4 modules online. Take end of module Quiz after completing each module</td>
<td>* Meet all</td>
<td>Completed by 11:59 pm the last day of the Rotation with a 90% score on each module with two attempts.</td>
<td>Completed by 11:59 pm the last day of the Rotation with an 80% on each module.</td>
<td>Will be the conditional grade until all requirements of this rotation are met.</td>
</tr>
<tr>
<td>Student Experience Log</td>
<td>Completed 100% and uploaded by 11:59 pm the last day of the rotation.</td>
<td>Completed 100% and uploaded by 11:59 pm the last day of the rotation.</td>
<td>Will be the conditional grade until all requirements of this rotation are met.</td>
<td>Failure to complete and upload within two semesters after the rotation ends.</td>
</tr>
<tr>
<td>Shift Schedule (for IM 650, IM 658 and IM 660)</td>
<td>Completed 100% and uploaded by 11:59pm the last day of the rotation. You must upload the schedule you worked. There is no standard form, and you can just upload the four-week calendar marking the shifts you worked.</td>
<td>Completed 100% and uploaded by 11:59 pm the last day of the rotation. You must upload the schedule you worked. There is no standard form, and you can just upload the four-week calendar marking the shifts you worked.</td>
<td>Will be the conditional grade until all requirements of this rotation are met.</td>
<td>Failure to complete and upload within two semesters after the rotation ends.</td>
</tr>
</tbody>
</table>
| COMAT Exam (scored under course 660) | Score at or above 1.0 SD above the College Mean for the day you take the exam. | ➢ Score at or above 2.0 SD below the College Mean the day you take the exam.  
➢ If you fail to take your exam the last Friday of the Rotation, you will receive a zero and have one chance to retake the exam. | Will be the conditional grade until all requirements of this rotation are met. | ➢ Failure to pass the exam with two attempts.  
➢ Failure to take the retake in the time given.  
➢ Failure to take the exam the first time offered and not pass the exam on your second (due to the first attempt being a zero) attempt. |
| **Attending Evaluation of your Performance on Rotation** | Must have all Meets Expectations in all sections and Meets or Exceeds Expectations in the overall sections. | May receive up to 1 Below Expectations in any subsection with a Meets or Exceeds Expectations in the overall sections. | Will be the conditional grade until all requirements of this rotation are met. | ➢ Receives two or more “Below Expectations” in any subsection on the evaluation and after the chair review and discussion. ➢ Displays indicators of marginal performance on any clerkship rotation. |
| **Student Evaluation of the Rotation** | Completed 100% and uploaded by 11:59 pm the last day of the rotation. | Completed 100% and uploaded by 11:59 pm the last day of the rotation. | Will be the conditional grade until all requirements of this rotation are met. | Failure to complete and upload within two weeks after the rotation ends. |