

**IM 666**  
**Emergency Medicine Toxicology**  
**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.
- The Toxicology rotation requires a supervising faculty member who has experience and daily work in a poison control or toxicology consult service. **As such, scheduling at least 4 months in advance, with a defined curriculum provided for approval is necessary. The CV of the supervising faculty member, the goals and objectives of their particular rotation, and proposed schedule should be submitted 3 months in advance for approval by the instructor of record.** Upon approval and written confirmation by the Instructor of Record, students will receive confirmation from the Clerkship Office for the course no later than 30 days prior to the 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 hours 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. This rotation is most amenable to the two week, three credit hour format.

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 medicine 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).
1. This elective is designed for the student completing a formal Toxicology rotation at a site with a poison control center and /or a toxicology fellowship only. There are only a few sites in the country that offer these and the ability to obtain access, and arrange participation and travel is solely dependent on the student. The rotation must be set up at least four months ahead of travel, and the student must obtain college and departmental approval. Learning objectives are minimally defined below, and more formally may be detailed as well by the site that is offering the elective.

## II: Clinical Skills

- A. The student should complete a thorough medical history including details of current symptoms, previous issues and management efforts, and risk factors that could impact on the diagnosis or management of their current problem.
- B. Perform a focused physical exam with appropriate emphasis on the presenting complaint.
- C. Interpret common diagnostic tests utilized in the evaluation of the patient with a toxicology emergency, including lab, EKG and x-rays.

## III: Socioeconomic: The student will:

- A. Appreciate the psychosocial issues that potentially impact the patient's toxicology disorder or condition (professionalism and sensitivity to schedule disruption and lifestyle modifications for the patient).

### 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, is the patient being evaluated or treated for a poisoning or drug overdose.
- 2. Medical Knowledge:** The student can demonstrate knowledge of the criteria for diagnosis of poisoning or drug overdose, the typical methods used to encourage ongoing psychiatric care, the likely duration of observation and/or therapy for such conditions.
- 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 and clinical support staff, as well as the attending physician.
- 4. Professionalism:** The student will demonstrate respect for patients, families, co-workers, and work effectively with ancillary staff.
- 5. Practice Based Learning:** The student will be able to identify and discuss appropriate, evidence based approaches to assist in the diagnosis and management of clinical problems encountered in their patients.
- 6. Systems Based Practice:** The student will be able to incorporate a team approach in the management of complicated wound patients.
- 7. Osteopathic Principles and Practices:** The student should be able to integrate osteopathic principles and treatments in the management of the patient with a chronic wound.

### Teaching Methods:

The student is expected to function as a viable member of the supervising physician's health care team.

Assigned student responsibilities can include:

- supervised first patient contact in the office or clinic,
- participation in conducting and the interpretation of diagnostic testing and clinical management.

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

### **Toxicology: Introduction to the Poisoned Patient**

#### **Objectives**

1. State the basic principles of drug absorption, metabolism, and excretion
2. State the components of the COMA cocktail
3. Discuss the use of activated charcoal, including single and multiple dose, and its contraindications
4. Discuss the use of sorbitol as a laxative and its contraindications
5. Discuss the use of whole bowel irrigation and its indications
6. Discuss the concept of half-life and what it means in terms of antidote treatment and monitoring
7. Discuss the concept of fat soluble, water soluble and first pass effect in the context of an overdose

### **Toxicology: Acetaminophen, aspirin, alcohols**

#### **Objectives**

1. Be able to state the different rates of absorption of various salicylate containing products, and sources of salicylate besides aspirin
2. Be able to discuss the various stages of salicylate intoxication, and the assorted biochemical derangements that occur with each, including the various acid base disturbances
3. Know the signs and symptoms of mild, moderate and severe poisoning with salicylates
4. Be able to discuss the various modalities used to treat mild, moderate and severe salicylate poisoning
5. Know the recommended doses and potentially toxic doses of acetaminophen in adults and children
6. Be able to recognize the stages of acetaminophen poisoning
7. Understand the use and limitations of the Rumack - Matthew nomogram in acetaminophen poisoning
8. Be able to list the metabolic pathways of acetaminophen poisoning
9. Be able to select appropriate therapy for a patient with an acetaminophen overdose
10. Be able to diagram and understand the metabolism of ethanol, isopropyl alcohol, methanol, and ethylene glycol.
11. Know the signs and symptoms and timeline for consequences of ingestion of ethanol, isopropyl alcohol, methanol, and ethylene glycol.
12. Know the appropriate use of antidotes and treatment guidelines for ingestion of ethanol, isopropyl alcohol, methanol, and ethylene glycol.

### **Toxicology: CNS stimulants: cocaine, ecstasy, PCP, Crystal Meth, bath salts**

#### **Objectives**

1. Be able to list the drugs that are considered stimulants.
2. Understand the use of benzodiazepines in the management of the acutely agitated patient.
3. Be able to list the medications and chemicals that lead to hallucinations.
4. Understand the mechanism of hyponatremia and possible seizures from ecstasy.
5. Be able to discuss cocaine related chest pain.
6. Understand the diagnostic scenario of cannabinoid hyperemesis syndrome.
7. Be able to use the eye signs to help differentiate the various stimulants, especially those causing hallucinations.

### **Toxicology: Pediatrics: Pediatric Poisoning (NB)**

**Objectives:** By the end of this module, a 4<sup>th</sup> year medical student will be able to:

1. Identify at least 10 (ten) toxins of which the ingestion of a single pill or a single swallow can be lethal to a pediatric patient less than 2 years of age.

**Readings:** Perform an independent internet search to identify at least 10 'One Pill Can Kill' toxins.

**Further objectives may be provided or required by the training site and are required to be submitted and completed in order to pass this rotation.**

## Reference Materials

There is no assigned textbook. Reading assignments are under the purview of the preceptor. In addition, the following are suggested for the modules provided.

### **Syllabus material and power point presentation provided in D2L on the general introduction to the poisoned patient**

Cohen JP, Quan D. Section 15 Chapter 185 Alcohols. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109437660>

Levitan R, Lovecchio F. Section 15, Chapter 189 Salicylates. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109414632>

Sivilotti MA. Chapter 22 Section 114 Aspirin. In: Schafermeyer R, Tenenbein M, Macias CG, Sharieff GQ, Yamamoto LG. eds. *Strange and Schafermeyer's Pediatric Emergency Medicine, 4e*. New York, NY: McGraw-Hill; 2015.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1345&sectionid=72127560>

Hung OL, Nelson LS. Section 15 Chapter 190 Acetaminophen. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109437895>

Sivilotti MA. Section 22 Chapter 113 Acetaminophen. In: Schafermeyer R, Tenenbein M, Macias CG, Sharieff GQ, Yamamoto LG. eds. *Strange and Schafermeyer's Pediatric Emergency Medicine, 4e*. New York, NY: McGraw-Hill; 2015.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1345&sectionid=72127531>

Stolbach A, Zhong S. Section 9 Chapter 43. Salicylate Overdose. In: Farcy DA, Chiu WC, Flaxman A, Marshall JP. eds. *Critical Care Emergency Medicine*. New York, NY: McGraw-Hill; 2012.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=522&sectionid=41291803>

Mycyk MB. Section 10 Chapter 55 Toxic Alcohols. In: Sherman SC, Weber JM, Schindlbeck MA, Rahul G. P. eds. *Clinical Emergency Medicine, 1e*. New York, NY: McGraw-Hill; 2014.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=991&sectionid=55139169>

Prosser JM, Perrone J. Section 15 Chapter 187 Cocaine and Amphetamines. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill;

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109414443>

Garris S, Hughes C. Section 24 Chapter 287 Acute Agitation. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109448152>

Prybys KM, Hansen KN. Section 15 Chapter 188 Hallucinogens. In: Tintinalli JE, Stapczynski J, Ma O, Yealy DM, Meckler GD, Cline DM. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e*. New York, NY: McGraw-Hill; 2016.

<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1658&sectionid=109437807>

Simonetto, Douglas A. et al. **Cannabinoid Hyperemesis: A Case Series of 98 Patients**. Mayo Clinic Proceedings , Volume 87 , Issue 2 , 114 - 119 [http://www.mayoclinicproceedings.org/article/S0025-6196\(11\)00026-7/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(11)00026-7/pdf)

Burnett, LB, Tarabar A, et al. "Cocaine Toxicity." <http://emedicine.medscape.com/article/813959-overview>

## **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/ and on-site curriculum if provided by site	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>
Toxicology Quiz on Objectives listed	Online in D2L	Achieve 75% by 11:59 pm on the last Sunday of the rotation.

**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.**



## **IM 666 Toxicology Corrective Action Policy**

Following the rotation, the student will take a 16 question post-test examination. Materials will come specifically from the objectives list as above, found in access medicine through MSU library. Exam will be found in D2L. A 75% (12 points) is necessary to pass this portion of the rotation. If the student does not pass the exam a remediation exam will be offered one week after the end of rotation. If the student still does not pass, possible further remediation will be determined by chairperson up to and including the assignment of an N Grade.

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.

## **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.

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

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

*Student Evaluation of  
Rotation*

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

### Exposure Incidents Protocol

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME's office. You can also access the form at (<https://com.msu.edu/current-students/clerkship-medical-education/injury-and-property-damage-reports>). Please make yourself familiar with the procedure and the form.

### Patient Types and Procedure Log

Procedure	#Required	Pt. Initials	Date	Supervisor Initials
Interpret three EKG's obtained in patient's suffering from a toxicology problem	1. 2. 3.			
Review the interpretation of an acetaminophen level Against the Rumack- Matthew nomogram in two patients	1. 2.			
Participate in five toxicology consults or poison control calls.	1. 2. 3. 4. 5.			
Discuss the Poison Control Center utility, rationale for existence and funding structure with the preceptor	Date:	Preceptor Signature:		