IM 657

CORE EMERGENCY MEDICINE

CLERKSHIP REQUIRED ROTATION (R2) SYLLABUS

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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 the Emergency Medicine Service. We think you will find your experience with us a valuable one. Our physicians strive to treat patients with quality and compassionate care. We ask that you treat all patients with the same care that you would expect for those close to you.

This rotation is a balance of clinical encounters, didactic sessions and reading assignments. This blend will provide you with a strong foundation in your approach to urgent and critical emergency conditions. There will be much one-to-one teaching on this rotation. You will find our emergency department physicians to be easily approachable and readily available, but you ultimately will determine what your experience will be. The more interest you demonstrate in learning, the more teaching you will receive.

This syllabus lists the minimum didactic requirements that are due at the end of your rotation. Emergency Medicine conferences are mandatory, and you must check with your local emergency department rotation office for time and date schedules that will be in effect for your rotation dates. As far as scheduling goes, you must meet as per the syllabus of the department where you will be rotating to set up your initial assigned schedule. However, you may not work more than 5 shifts in a row, nor do ‘double shifts’ or be scheduled for more than 4 consecutive days off in a row. Additionally, you may not work more than one shift in a 24-hour period. Failure to comply with this will result in further time at the emergency department or a letter to your student file stating that you were unable to follow syllabus directions.

Due to the recent requirement by MSUCOM to have students take the COMAT at the end of the EM rotation, modifications that were made to the content of the rotation have been recently changed to ensure that the student will most likely pass on the first attempt, IF they have read the content provided. You may find it easiest to take notes on the objectives and bring forward some of the EM lectures that were provided in years 1 and 2 to help with the content to make a study guide. The previous curriculum revision in 2012 lead to the increased integration and less repetition of content between the rotations, and between C3 content. However, due to the variability in when you will be scheduled for this rotation and therefore this exam, we have chosen to go back to a more formal didactic reading list to assure you all have the basics, even if repetitious.

Regarding the logs: Your schedule as it occurred is your verification of activity/number of shifts. If you took boards during this rotation, you should put those on your schedule before you turn it in. Your final schedule must not be uploaded into D2L until the last Friday-Sunday of the rotation. You must document your actual schedule worked. You are required to document any time off for illness, boards, etc. that caused a deviation from the schedule you were provided. All rotation days must be accounted for.

There are several procedures and patient types that are expected to be completed/seen while on this rotation. It is your duty to seek them out, and then log them. For example, let the nurses know that you need to start two IV’s, and then, even if it is not your primary patient they will come and get you to complete this task, and then you can log it. There are particular patient types that need to be seen also. All of this is to enhance your learning, otherwise you will most likely be stuck seeing only the basics or just shadowing, and we feel it is important that you develop skills both manual and intellectual around a variety of patient complaints. These lists help assure your breadth of exposure. You do not have to be the primary provider on the patient to log them, but do need to do the things requested – i.e. take vitals on three infants, perform mini mental status exams, see children with musculoskeletal complaints or fever, etc.

Being proactive about these requirements will assure their completion but waiting until the last week to read the syllabus will almost assure that you will need to go back for additional shifts to meet the minimum requirements. A patient may be counted in multiple categories - i.e. a patient with chest pain that you evaluate, read the EKG and interpret the CXR can be logged on all three areas.
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**ROTATION FORMAT**

The clerkship consists of **four weeks** of emergency department experiences, and thus shifts must be scheduled for you in all four weeks. This service should expose you to various aspects of management of patients in an ED. These experiences should include reading, lectures, seminars, and patient care management.

EM occupies a unique niche in medical education in that it provides students with the opportunity to see an undifferentiated patient population with varying modes of presentation. This experience will stress diagnostic skills, ability to prioritize patient care and exposure to new diagnostic skills, i.e., toxicology and environmental injuries, frequent use of bedside ultrasound, and different views of problems that you may have only seen in the hospital or other practical settings.

**GOALS AND OBJECTIVES**

**GOALS**
1. Provide the student with the fundamental knowledge base in emergency medicine.
2. Introduce the student to basic procedures relevant to the practice of emergency 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 simple emergencies.
5. Encourage the continued development of the student’s professional attitude and behavior.
6. Provide the initial competency-based skills assessment for ABG, IV start, IM injection, and laceration repair.

**OBJECTIVES**
1. Learning objectives for the emergency medicine clerkship relate to the following areas: cognitive knowledge; psychomotor skills; problem solving; and professional development.
2. By the end of the four-week emergency medicine clerkship, the student is expected to have achieved, at a minimum, the following objectives through reading, conference attendance, observation, discussion, and hands-on clinical experience.

**COMPETENCIES**
1. Initial competency will be assessed for: suturing, peripheral IV insertion, IM injection and ABG draw. Please see the Rubrics provided for Competency Based Skills Assessment on D2L. It is the student's responsibility to have these forms completed during their rotation. If for some reason you are not able to complete these activities, please notify the rotation director at your site and have them sign the form stating there was not an opportunity for you to perform whatever you did not complete.

**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.
REQUIRED STUDY RESOURCES

For the didactic portion from MSU/COM Department of Osteopathic Medical Specialties all readings and answers are to be referenced from the following texts, which should be available in every emergency department in which you rotate. You may also obtain them on-line through the MSU Libraries. This is the required resource list. Please use a browser other that Chrome if you experience difficulty accessing links.


SUGGESTED STUDY RESOURCES

Access Emergency Medicine allows you to make tests from a variety of categories, and this may further help your board review as well. It is not mandatory to do questions from the Access Emergency Medicine site and no end-of-service exam questions are taken from this pool.

Available at: https://accessemergencymedicine-mhmedical-com.proxy1.cl.msu.edu/

Your hospital may require additional articles, videos, or other forms of information to be obtained and utilized by you to further answer didactic questions that they may assign. The chief of the emergency department at your hospital will be responsible for assigning a grade to their specific material.
## WEEKLY READINGS/OBJECTIVES/ASSIGNMENTS

Learning activities will vary among hospital emergency departments; however, certain activities should be completed in each emergency medicine clerkship. The following are examples of learning activities each student should accomplish when on an emergency medicine clerkship:

expected to complete the readings listed by Objective. Searchable for topics. 

2. **HISTORY AND PHYSICAL REVIEW:** An important portion of your learning will be in the evaluation of patients while obtaining historical data and performing physical examinations. For each patient this information will be reviewed with an intern, resident, or attending physician.

3. **LECTURES at conference or in the hospital if no EM residency present:** Lectures on various topics are usually given at least once a week. They are intended to provide up-to-date information on clinical and research findings and techniques in various fields. They may be given by a guest speaker who is an expert on the topic. If your hospital has a mid-day or other regular lecture program, you are expected to attend.

**IM 657 EMERGENCY MEDICINE CORE ROTATION – CLERKSHIP EMS**

(Emergency Medical Services – AKA pre-hospital experience)

**Requirements:** Please note that this is only necessary for your Core rotation, not other selective/elective rotations in EM that you might do. For selective/elective rotations, follow the syllabus labeled for selective/elective. If your hospital site requires an EMS experience for a selective/elective, then you are required to complete it.

You may do one of the following to meet the EMS requirements of this rotation:

**Option 1**

Participate in an 8-hour EMS ride-along with an ambulance service that comes to your base hospital. For this activity, you must keep a log (see “EMS Ride Along option #1 Form” (in D2L and in Appendix) of the runs you go on and have the paramedic or EMS personnel you work with on the shift sign and date it. You should discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

**Option 2**

Spend a 4-hour shift with Emergency Department dispatch in your base institution (preferably on an afternoon shift when EMS traffic is heaviest) listening to radio calls. Keep a log of all calls you listened to. Have the dispatch person or whoever answers the radio sign your log.

In addition, you must answer the questions and return with you log by 11:59pm on the last Sunday of the rotation. (See “EMS Option 2” in D2L and in Appendix).

As previously stated, if you have access to a scanner, you may scan your EMS Option form once it’s been completed and signed, and then upload it to the proper digital drop box in your IM 657 D2L course.

**Option 3**

Create a quiz based on readings from Tintinalli version 9e, Chapters 1, 2, 4 under EMS section 1 and Chapters 5, 6, 7, 8 under Disaster Management Section 2. (See document in D2L and in Appendix) You must achieve a score of 75% to pass. You may take the quiz as many times as necessary to achieve the passing score of 75%.


IM 657 EMERGENCY MEDICINE CORE (R2) LEARNING MODULE

Overarching Principles for all ED case discussions

For a given clinical condition:

- Distinguish between urgent and non-urgent etiologies.
- Demonstrate an organized approach to history taking including all pertinent negatives.
- Identify the key components and significant findings of a focused physical exam.
- Utilize a systematic sequence for work-up that takes into account common and rare etiologies, cost-effectiveness and patient-centered factors.
- Accurately interpret diagnostic test results.
- Compare and contrast treatment options.
- Adapt the plan of care as necessary, addressing the differing needs of pediatric and geriatric patients.
- Effectively explain diagnostic tests, treatment procedures and medications to the patient.
- Identify the role of other health team members in patient care.
- Apply relevant osteopathic principles and practices.

(S-25) refers to the Stanford 25 components of physical exam

Be able to answer all objectives prior to taking the COMAT exam.

GLOBAL OBJECTIVES FOR BOARDS STUDYING

LIST OF OBJECTIVES: You do not have to answer these in particular, but we have sorted the content of Tintinalli to be the most relevant areas for the COMAT and boards and your rotation in general. Tintinalli is an excellent reference book to have access to regardless of the rotation as it encompasses most topics in some fashion. It is even good for other rotations.

A. Core Content Area: ADULT RESUSCITATION OBJECTIVES
   1. Describe and perform various types of airway control, oxygenation, and ventilation (reading: Sec 4: Ch. 28-30).
   2. Identify and list treatment options for the following dysrhythmias: ventricular fibrillation, asystole, pulseless electrical activity, ventricular tachycardia, first, second, and third-degree heart blocks (reading: Sec 4: Ch. 22-24: and ACLS manual).
   3. Describe the IO technique and preferred sites in pediatric patients (reading: Sec 12: Ch. 114)

B. Core Content Area: TRAUMA OBJECTIVES
   1. Discuss the components of the history in a multiple trauma patient (reading: Sec 21: and OST 580 chest trauma lecture).
   2. Discuss the four sequential phases of management of the multiple trauma patient. Outline the components of the primary and secondary trauma survey and discuss the recognition and management of immediate life-threatening injuries.
   3. Be able to recognize and diagnose and state initial management of:
      a. Abdomen: Spleen and liver injury
      b. Chest: Hemothorax, Pneumothorax, Tension Pneumothorax reading (Sec 8 Ch 68) and (Sec 21 Ch
c. Extremities: dislocation, fracture and splinting of common extremity fractures (Sec 22)
d. Head and C-Spine: Subdural and epidural hematoma; c-spine fracture; spinal cord damage

C. Core Content Area: SHOCK OBJECTIVES
1. Discuss the etiologies and pathophysiologic mechanisms of shock (reading: Sec 3: Ch. 12 & 13).
2. Describe the physical findings of patients in varying degrees and types of shock: to include anaphylactic, cardiogenic. Hypovolemia and septic shock. (Sec 3: Ch 12-13)
3. Discuss the management of the varying degrees and types of shock in adults and children (Sec 3: Ch 12-13).

D. Core Content Area: CHEST PAIN OBJECTIVES
1. Discuss the evaluation and management of the patient with chest pain, discussing the differential diagnosis, the relative importance of the history, physical examination and diagnostic studies (reading: Sec 7: Ch. 48).
2. Evaluate a patient or simulate various scenarios of patients with chest pain.
3. Be able to state the typical clinical presentation for a patient with a thoracic aortic dissection, acute coronary syndrome, pneumothorax of any type, and pulmonary embolism. In addition be able to state the diagnostic test of choice for each, and initial treatment of choice – (i.e., needle decompression, heparin, surgery, cath lab). (reading: Sec 7: Ch. 48-61).

E. Core Content Area: DYSPNEA OBJECTIVES
1. Discuss the differential diagnosis of dyspnea. Discuss the initial evaluation and management of the dyspneic patient. (Sec 8: Ch 62)
2. Discuss the identification, evaluation and management of upper airway causes of dyspnea to include obstruction, epiglottitis, and croup. (reading: Sec 12: Ch. 126)
3. Describe the presentation, evaluation and management of the patient with lower airway causes of dyspnea to include asthma, COPD, CHF, pulmonary embolism, pneumonia and bronchitis. (reading: Sec 8:)
4. Discuss the presentation, evaluation and management of the cardiovascular causes of dyspnea (primarily CHF or fluid overload). (reading: Sec 7: Ch. 53)
5. Discuss the evaluation of the chest radiograph.

F. Core Content Area: ALTERED MENTAL STATUS (COMA, SYNCOPE, SEIZURES, EMERGENCY PSYCHIATRY) OBJECTIVES
1. Discuss the pathophysiology and differential diagnosis of the comatose patient (reading: Sec 14: Ch. 168; Sec 12: Ch. 140).
2. List the critical actions in the management of a comatose patient.
3. Explain the diagnostic studies and procedures used in evaluating the comatose patient.
4. Demonstrate the evaluation of the cerebral CT radiograph.
5. Discuss the pathophysiology and differential diagnosis of syncope (reading: Sec 7: Ch. 52; Sec 12: Ch. 130).
6. Perform the history and physical examination pertinent to the evaluation of a patient with syncope.
7. List the diagnostic studies and/or procedures used to evaluate the syncopal patient.
8. Discuss the management of the syncopal patient.
9. Describe the evaluation and pathophysiology of seizures (reading: Sec 14: Ch. 171; Sec 12: Ch. 138).
10. Discuss the initial first line therapy management of seizures in the emergency department. \( \text{(Sec 14: Ch 171)} \)

11. Describe the mental status examination and the psychiatric interview \( \text{(reading: Sec 24: Ch. 286)} \).

12. Discuss the evaluation and management of delirium and dementia. Discuss the use of diagnostic studies.

13. Perform a mental status examination.

14. Describe the evaluation and management of the violent patient. Discuss protective measures for the patient and staff.

15. Describe the evaluation and management of the suicidal patient. Discuss involuntary commitment.

G. Core Content Area: HEADACHE OBJECTIVES

1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. Discuss the pertinent diagnostic studies and procedures. Discuss the management of the patient with headache \( \text{(reading: Sec 14: Ch. 165)} \).

2. Recognize abnormal neurologic exam findings when presented in a vignette.

3. Name common infectious causes of headache. \( \text{(Sec 14: Ch. 174)} \)

4. Be able to describe the typical presentation of the patient with a headache due to subarachnoid hemorrhage; \( \text{(Sec 14: Ch. 166)} \).

H. Core Content Area: OPHTHALMOLOGIC EMERGENCIES OBJECTIVES

1. List the common causes of conjunctivitis, keratitis, iritis and the presentation of acute glaucoma and periorbital cellulitis. Describe their management in the emergency department \( \text{(reading: Sec 19: Ch. 241)} \).

2. Discuss the presentation and evaluation and management of corneal foreign bodies and abrasions, ocular penetration, hyphema, dislocated lens, retinal detachment and corneal burns. \( \text{(reading: Sec 19: Ch. 241)} \).

I. Core Content Area: ENT EMERGENCIES OBJECTIVES

1. Describe the evaluation and management of the patient with epistaxis. Be able to distinguish the clinical features of an anterior nosebleed vs. a posterior nosebleed and their management. \( \text{(reading: Sec 19: Ch. 244)} \).

2. Discuss the differential diagnosis of pharyngitis, appropriate history, physical examination, diagnostic studies, treatment and complications.

3. Be able to state the serious complications for nasal fracture, orbital fracture, and auricular trauma and state the abnormal physical exam finding that you would expect if it was present. Describe initial management of this abnormal finding. \( \text{(reading: Sec 19: Ch. 244)} \).

J. Core Content Area: ABDOMINAL PAIN OBJECTIVES

1. List the key points to be obtained in the history and to be addressed on the physical examination of the patient with abdominal pain, addressing the differential diagnosis in adults and children \( \text{(reading: Sec 9: Ch. 71; Sec 12: Ch. 130)} \).

2. Discuss the use of laboratory and radiologic evaluation of the patient with abdominal pain.

3. Compare and contrast the presentations of abdominal aortic aneurysm leak or rupture, appendicitis, diverticulitis, kidney stone that is passing, acute cholecystitis and bowel obstruction. \( \text{(reading: Sec 9; Ch 81-83 & 79; Sec 7: Ch 59; Sec10: Ch 94)} \)

4. Be able to state the most appropriate imaging modality for each of the above disorders.
K. Core Content Area: VAGINAL BLEEDING OBJECTIVES
1. Describe the evaluation and management of the patient with suspected ectopic pregnancy.
2. Discuss the causes, evaluation and management of early and late bleeding during pregnancy. Discuss the classifications of miscarriage (reading: Sec 11: Ch. 98; Sec 11: Ch. 100).
3. Be able to state the usual physical exam findings secondary to PID or a sexually transmitted infection due to chlamydia, gonorrhea, herpes or trichomonas.
4. Be able to name the initial treatment options for each of the above pathogens. (reading Sec 13; CH 153)
5. Name admission criteria for PID. (Sec 11; Ch 103)

L. Core Content Area: MUSCULOSKELETAL INJURIES OBJECTIVES
1. Describe the clinical finds, evaluation and treatment of dislocation of the shoulder.
2. Discuss the mechanisms of injury, presentation and management of orthopedic injuries (reading: Sec 22: Ch. 267).
3. Discuss the evaluation and management of common sprains.
4. Describe the presentation, evaluation and management of common injuries and infections of the hand (reading: Sec 22: Ch. 268).
5. Discuss the Salter-Harris classification of fractures (Sec 22: Ch. 267).
6. Discuss the treatment of “sprains” in the pediatric patient with open epiphyses.

M. Core Content Area: WOUND CARE OBJECTIVES
1. Discuss the evaluation of a wound (reading: Sec 6: Ch. 39).
2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings (reading: Sec 6: Ch. 40 & 41).
3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis (reading Sec 6: Ch. 47).

N. Core Content Area: TOXICOLOGY OBJECTIVES
1. Discuss initial stabilization and management of the poisoned patient with regard to ABC’s, supportive care, formulation of a toxidrome from the history and physical exam, use of naloxone, glucose/glucagon, decontamination, prevention of absorption, dilution and enhanced excretion, antidote use (reading: Sec 15: Ch. 176).
2. Know the differential diagnosis for anion gap metabolic acidosis.
3. Know the diagnostic criteria and initial management of a patient suffering from acetaminophen, salicylate, carbon monoxide, opioids, tricyclic antidepressants, and toxic alcohol (isopropyl, methanol and ethylene glycol) poisoning. (reading Sec 15; Ch 177,185,186,189 & 190 and Sec 16: Ch 222)

O. Core Content Area: PEDIATRICS OBJECTIVES
1. Discuss the accurate assessment of pediatric vital signs (Sec 12: Ch. 106).
2. Be able to list examination findings that would make you suspect non-accidental trauma or domestic violence. (Sec 12; Ch 150)
3. Recognize the external signs of abuse, neglect and trauma Pediatric Emergency Medicine. Ch. 144.

P. Core Content Area: OSTEOPATHIC PRINCIPLES AND PRACTICE OBJECTIVES
1. Describe the role of somatic dysfunction in the pathophysiology of pain.
2. Demonstrate a clinical understanding, under emergency conditions of how one might use simple techniques at the bedside to enhance physiologic function of the patient suffering from pain due to any two of the following conditions and document your findings and therapy on the chart if allowed.

Q. Core Content Area: ENVIRONMENTAL/TRAVEL DISORDERS OBJECTIVES
1. Be able to state the most common chemicals to cause burns and their usual management. (Sec16; Ch 217-219)
2. Be able to discuss thermal burns, calculate percent burned, and calculate Parkland formula.
3. Be able to identify a brown recluse spider, black widow spider, coral snake and rattlesnake. (Sec 16, Ch 211-212)
4. Be able to state the initial therapy for the above envenomations (Sec16; Ch 212-213)
5. Be able to state the etiology and management of hypothermia, and hyperthermia, including environmental and medical conditions. (Sec 16; Ch208-210)

EMERGENCY MEDICINE COMAT EXAM INFORMATION

DUE DATE: The last Friday of the Rotation

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
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.

All students are required to take the NBOME COMAT examination in Emergency Medicine on the last Friday of their EM rotation. The score for the exam will be considered part of the IM 657 rotation grade and also for honors designation.

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 katiegs@msu.edu, 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 a 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.

The second attempt of the exam will need to be done the next time the COMAT exam is offered or the student’s exam schedule will allow or the student will receive an “N” grade for the rotation.

**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. Checklists, Forms, Schedule 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 or more depending on the circumstances. Failure to meet this two-week deadline will result in an N grade.

2. COMAT
   If the student does not receive a passing score on their initial COMAT attempt, they will then be required to retake another COMAT to demonstrate attainment of knowledge. This should be scheduled at the next available rotation in which the student does not have an additional COMAT or shelf exam.

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
To successfully complete this rotation, you must do ALL the following:

1. Meet with the department where you will be rotating prior to the rotation and set your schedule, pick up your rotation book if they have one, obtain the conference schedule, and any other mandatory requirements as per the department.

2. Complete all assigned shifts. This is a 4-week required rotation; absences due to vacations, interviewing, or other such activities are not acceptable. You may not work more than 5 shifts in a row or be scheduled for more than 4 consecutive days off in a row. Additionally, you may not work more than one shift in a 24-hour period. There has to be shifts scheduled in each week of the four-week rotation. Conference lectures do not count as shifts worked. Because different hospitals have
different lengths of shifts, the total number of shifts will vary by site, but may be no less than 14 of 28 days, excluding conference time. You will need to send in your shift schedule to the D2L drop box. If you have an electronic version of this schedule, please post it to the drop box in D2L by 11:59pm on the last Sunday of your rotation.

3. You must complete and return the required procedure checklist and patient logs of required/observed procedures or evaluations to the proper D2L course drop boxes. All materials are to be posted in the D2L course site for IM 657 no later than two weeks after the completion of your rotation. Your EMS option form should be completed and signed and then uploaded in to the proper D2L course drop box by the end of the rotation and sent by 11:59pm of the last Sunday D2L drop box:

4. Take and pass the COMAT Exam for Emergency Medicine at the end of the rotation. (Passing score = college mean score – 2SD on date you took the exam)

5. Return all rotation books to the hospital emergency department office by 11:59pm of the last Sunday of the rotation.

6. Attend all scheduled conferences as assigned.

7. Complete any additional didactic work as required by your local emergency department and return to their office by their deadlines.

8. Complete at least one shift as an EMS “ride-along” (see #C above) OR complete the written EMS option 2 in dispatch OR EMS option 3 by reading chapters related to EMS and completing the quiz with a score of 75%. This may be in addition to your assigned emergency department shifts, or in place of one of your emergency department shifts, depending on local departmental rules. If your hospital precludes your participation in an EMS “ride-along” then you must complete EMS Option 2 or Option 3.

9. If illness precludes you from completing a shift, you must make it up.

10. One set of boards may be taken during this rotation.

11. Vacation may not be scheduled during this rotation.

12. Interviewing time must occur on days that you are scheduled off. Any missed shifts must be made up.

13. Maintain professional appearance and behavior at all times. You must achieve a satisfactory level on the direct observation rating form. Ratings of unsatisfactory in any category will be reviewed with you by a member of the MSU/COM Emergency Medicine faculty with a specific plan for remediation to be decided on a case-by-case basis.

14. All written work must be original and completed on an individual basis.

15. Honors – See page 33 for requirement.

16. It is the duty of the student to assure arrival of materials -and always a good idea to keep a copy of everything you send in case it gets lost.

17. Completion of rubrics for Competency Assessment of IV start, IM injection, ABG draw and suturing must be submitted to the drop box as well.
Failure to do any of the above will result in an “N” grade. Delay by more than 2 weeks from the end of your rotation in submitting the required material and evaluations that are in your packet may result in an “N” grade as stated above as well. Students who receive an “N” Grade and will be required to appear before the Committee on Student Evaluation (COSE) to determine the next course of action.

Although it is recognized that faculty rotation evaluations are not under the complete control of the student, it is still the responsibility of the student to assure their timely completion. Any rotation evaluation not received by the end of the semester in which the rotation was completed will result in an ET grade for the student. The student evaluation must be completed and submitted by 11:59pm of the last Sunday of the rotation.

SPECIAL CONSIDERATIONS

A. Medicare Cases Per HCFA regulations, medical students may not perform the primary documentation on the chart of a patient with Medicare Insurance if the department wishes to obtain reimbursement for this care. Medical students may participate in the care of these patients but may not be the primary caregiver. There may be other special types of insurance that have the same rules in the area where you are performing your emergency department rotation and you must follow the department rules regarding who you may and may not see.

B. Special Cases

Due to the delicate nature and legal issues, alleged criminal sexual conduct, assault and child abuse cases are not to be seen by students rotating in the emergency department. If during a patient encounter you suspect such is the case, notify the attending physician immediately and remove yourself from the care of this patient. Do not write on this patient’s chart.

C. Attire

First impressions are very important. You must wear a clean lab jacket and professional attire at all times. Name tags must be worn at all times, and above the waist. Clean scrubs are generally acceptable, but blue jeans are never acceptable. Due to occupational safety and health administration regulations, socks must be worn at all times, even with sandals. No open toed sandals may be worn.

D. Sharps

After using suture trays, all sharps must be disposed of in the appropriate manner and the tray brought to the dirty utility room. This is a responsibility of the person performing the procedure and you must take care to remove all sharp instruments to avoid injury to your coworkers.

E. Keys to Good Care

See a limited number of patients and give them exceptional care. At all times know the status and results of all labs and x-rays. Constantly reassess your patients and update them of their status in the process. Your attending physician should be able to easily access information through you. In short, take full responsibility for all aspects of the patient’s care.
IM 657
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.
  o Appropriate signatures must be obtained from both the attending physician and the student coordinator at the rotation site.
  o 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.
    o 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 off 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>
<tbody>
<tr>
<td>Personal Day</td>
<td>Illness Medical/Dental appointments Wedding, family graduations (additional reasons must be discussed with the Asst Dean for Clerkship Education prior to request)</td>
<td>5 total days per year (individual events must comply with the max of 2 days off any 4-week rotation)</td>
<td>Vacations must be planned during allotted vacation time in schedule. Vacations are not acceptable personal day absences.</td>
<td>No</td>
</tr>
<tr>
<td>Jury Duty</td>
<td>Court documentation must accompany the Clerkship Program Absence Request Form.</td>
<td>N/A</td>
<td>Jury duty, when obligated, is not considered a personal day absence</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital-organized community events</td>
<td>Example: Special Olympic Physicals</td>
<td>N/A</td>
<td>These events would be considered part of the rotation and not a personal day absence.</td>
<td>No</td>
</tr>
<tr>
<td>Examination</td>
<td>COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE</td>
<td>1 day</td>
<td>Students should be reporting to rotation before/after examination</td>
<td>No</td>
</tr>
<tr>
<td>Conference/Research Presentation</td>
<td>Research presentation on core rotation</td>
<td>Travel and presentation time only</td>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Conference or research presentation while on an elective rotation</td>
<td>3 days on a 4-week elective rotation</td>
<td>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.</td>
<td>Yes</td>
</tr>
<tr>
<td>Prolonged Illness, Bereavement, Maternity Leave</td>
<td>Medical related absence or bereavement</td>
<td>TBD</td>
<td>Students-contact the Assistant Dean for Clerkship Education to discuss time off rotations</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*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 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), 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.
**STUDENT EXPERIENCE LOG**

**IM 657 Emergency Medicine**

<table>
<thead>
<tr>
<th>Mid Rotation Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of evaluation:</td>
</tr>
<tr>
<td>Areas of Strength:</td>
</tr>
<tr>
<td>Areas for Improvement:</td>
</tr>
<tr>
<td>Attending Signature/Printed Name:</td>
</tr>
</tbody>
</table>

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/reading 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>SIRS/Sepsis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim of violent encounters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant poisoning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal complaints</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student Name:** __________________________

**Rotation Dates:** __________________________

**Rotation Site:** __________________________

**Rotation Attending:** __________________________

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

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

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

[ ] Yes  [ ] No

**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

Students are required to complete the student experience logs, and submit them via D2L drop-box by 11:59pm on the last day of the rotation.

**Comments:**

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

**Attending Signature:** __________________________

(Verifying content of log)
## SUMMARY OF GRADING REQUIREMENTS

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Honors Designation * Meet all</th>
<th>Pass * Meet all</th>
<th>Extended Grade</th>
<th>No Pass * Any one below</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMAT Exam</td>
<td>Score at or above 1.0 SD above the University Mean for 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.</td>
<td>Score at or above 2.0 SD below the University Mean the day you take the exam.</td>
<td>Will be the conditional grade until all requirements of this rotation are met.</td>
<td>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.</td>
</tr>
<tr>
<td>ED Shift Schedule</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 weeks after the rotation ends.</td>
</tr>
<tr>
<td>Rubrics for Competency Skills Assessments</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 weeks after the rotation ends.</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 weeks after the rotation ends.</td>
</tr>
<tr>
<td>Procedure Check List</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 weeks after the rotation ends.</td>
</tr>
<tr>
<td>EMS Option Form</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 weeks after the rotation ends.</td>
</tr>
<tr>
<td>Attending Evaluation of Clerkship Student</td>
<td>Must have all Meets Expectations in all sections and Meets or Exceeds Expectations in the overall sections.</td>
<td>May receive up to 1 Below Expectations in any subsection with an Meets or Exceeds Expectations in the overall sections.</td>
<td>Will be the conditional grade until all requirements of this rotation are met.</td>
<td>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.</td>
</tr>
<tr>
<td>Student Evaluation of the Rotation</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 weeks after the rotation ends.</td>
</tr>
</tbody>
</table>
APPENDIX

IM 657 Basic IV Set Up and Start Procedure Evaluation

Procedural Competency Evaluation for: Student’s Name ____________________________
Provider supervising the procedure: Name ____________________________ Degree: __________
Date ____________________________

Equipment: IV Needle, IV start kit (tourniquet, skin cleaner, dressing materials such as tape and
opsite), gloves, patient, IV bag with tubing connected.

Scenario: You have a patient that needs an IV started. Please gather the supplies, have the nurse get
supplies that might be locked up, supervise your set up of equipment and access for IV on the patient,
and then provide an evaluation.

Circle the correct answer while you observe the procedure

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

**Critical Incorrect Action** (Check if appropriate)

Does not dispose of contaminate sharps properly
Performs procedure putting themselves at risk for needle puncture wound.

Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to place a routine IV, understanding the procedure, and complications
Yes No (Please circle)

Please return form to student and have them return to MSU as per instructions in syllabus.

Supervising Provider Note (optional)
null
IM 657 ABG Draw Procedure Evaluation

Procedural Competency Evaluation for:  Student’s Name ____________________________________________
Provider supervising the procedure: Name ________________________________________ Degree: ________
Date _____________________________________________________________

Equipment: Needle, syringe, alcohol swab, patient, medication to be given, Band-Aid

Scenario: You have a patient that needs an ABG drawn. Please gather the supplies, have the physician or lab/respiratory personnel supervise your procedure and then provide an evaluation.

<table>
<thead>
<tr>
<th>Circle the correct answer while you observe the procedure</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Preparation – Observe for these critical actions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies the proper patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Verifies the patient’s circulation vial Allen Test</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Verifies the patient’s site is not contraindicated due to dialysis fistula, mastectomy arm</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Obtains the proper equipment (ABG needle of appropriate size, ABG syringe, alcohol wipe)</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Has ice to place specimen in and label to place on specimen at bedside</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td><strong>ABG Procedure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly positions the patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Cleanses the skin with alcohol prep</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Wears gloves</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Palpates the radial or brachial artery</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Communicates with the patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Obtains an arterial specimen</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Holds pressure for 5-10 minutes to avoid hematoma development</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Places some form of pressure dressing</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Disposes of sharps appropriately</td>
<td>DNP</td>
<td>P</td>
</tr>
</tbody>
</table>

**Critical Incorrect Action** (Check if appropriate)

________ Does not perform an Allen test prior to start

________ Performs procedure putting themselves or others at risk for needle puncture wound.

________ Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to perform an ABG, understanding the procedure and giving of appropriate follow up instructions

Yes   No   (Please circle)

Please return form to student and have them return to MSU as per instructions in syllabus.

**Supervising Provider Note (optional)**
IM 657 Basic Laceration Suture Procedure Evaluation

Procedural Competency Evaluation for: Student Name _____________________________
Supervisor providing the evaluation: Name _____________________________ Degree __________ Date __________

Equipment: suture appropriate for wound, suturing instruments, appropriate local anesthetic, needles, syringes, skin antiseptic, irrigation fluid, drape and protective gear.
Scenario: “You have a patient who has a laceration. Using sterile technique, demonstrate the following: prepare sterile field, provide local anesthesia, repair the laceration, remove sharps (Needles, equipment), provide follow up instructions.

Circle the correct answer while you observe the procedure

<table>
<thead>
<tr>
<th>Patient Preparation – Observe for these critical actions</th>
<th>Did not perform</th>
<th>Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies proper patient and seeks verbal consent</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Takes body fluid isolation precautions</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Ascertain patient allergies both from the chart and then verifies with the patient</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Performs local infiltration of an anesthesia agent into the wound. May inject through the wound edge or next to the wound after local skin prep.</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Irrigates the wound &amp; preps the surrounding skin with Betadine / Cloroprep (or similar).</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Applies sterile drape</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Inspects the wound for foreign bodies and tendon damage, through all the ranges of motion</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Performs superficial and deep local infiltration of an anesthesia agent if indicated</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Suture Procedure</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Place sutures in aesthetic manner</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Maintains sterile field throughout procedure</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Removes all sharp needles and places in appropriate hazards box without recapping</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Cleans skin after completed to remove any blood or bodily fluids before applying dressing</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Removes suture tray to dirty utility room or other appropriate place</td>
<td>DNP</td>
<td>P</td>
</tr>
<tr>
<td>Provides aftercare instructions to patient and/or family</td>
<td>DNP</td>
<td>P</td>
</tr>
</tbody>
</table>

Critical Incorrect Action (Check if appropriate)

_________ Does not maintain sterile field
_________ Performs procedure putting themselves at risk for needle puncture wound.
_________ Does not dispose of sharps immediately at end of procedure placing themselves/others at risk

Competent to repair a simple laceration, understanding the procedure, medications, and giving of appropriate follow up instructions  Yes  No (Please circle)

Make sure candidate is aware of maximum mg/kg for various anesthetics, typical duration of action of each type used, proper amount of irrigation volume recommended, and when sutures should be removed from various sites.

Please return form to student and have them return to MSU as per instructions in syllabus.

Faculty Note (optional)
IM 657

IM 657 EMERGENCY MEDICINE CORE ROTATION – CLERKSHIP EMS

Name: _____________________________________________________________

Rotation Dates: ___________________________________________________

Option #1 EMS Ride-along Log

IM 657 Emergency Medicine Rotation – Clerkship EMS (Emergency Medical Services – aka pre hospital experience). Please note the explanation in the protocol for option 1 or option 2.

Requirements: Please note that this is only necessary for your required rotation, not other elective rotations in EM that you might do, unless you hospital site requires that you do it.

Option 1 Form

Participate in an 8-hour EMS ride-along with an ambulance service that comes to your base hospital. For this activity, you must keep a log (see page 9) of the runs you go on and have the paramedic or EMS personnel you work with on the shift sign and date it. You should discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

Option #1: EMS Ride-Along Log – Ambulance Service Name: __________________________

Date: __________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Complaint</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

EMS Supervisor Signature:

____________________________________________________________________

Please fill out and have your EMS Supervisor sign and then upload into D2L Drop box
Option #2 ED Dispatch Experience

Option 2 Log & Questions: [NOTE – All work must be individual and any evidence of sharing of answers will be grounds for awarding an N grade.]

Please log your calls here:

<table>
<thead>
<tr>
<th>Date</th>
<th>Caller Complaint</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Please answer the following questions:

1. What are the levels of EMS providers, what are they licensed to do, and how much education does it require to become this provider?

2. Review the standing protocols book for the EMS system that comes to your hospital. Based on your review, answer the following questions:
   a. If a patient has sub-sternal chest pain radiating to the left arm with nausea, vomiting and diaphoresis that started while mowing the lawn by hand, what would be allowed by the protocol before asking medical control (the hospital) for orders in your system? The patient has stable vital signs.
   b. Are narcotic pain meds allowed to be administered without a physician’s order (or order from medical control – say for a patient with an obvious fractured hip with stable vital signs and no other medical problems)?

3. What is the difference between an Advanced Life Support ambulance and a Basic ambulance? What types exist in your area? Are staff members in your area volunteer or paid?

4. Look at 5 EMS ambulance reports from patients that are transported to your institution.
Fill out the following table for these 5 patients:

<table>
<thead>
<tr>
<th>Patient #</th>
<th>Time from 911 call until scene arrival</th>
<th>Time on scene</th>
<th>Time from scene departure to hospital</th>
<th>Chief complaint</th>
<th>Final diagnosis</th>
<th>ED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>5</td>
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</tr>
<tr>
<td>Average</td>
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<td></td>
<td></td>
<td>---------------</td>
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<td></td>
</tr>
</tbody>
</table>

EMS Supervisor Signature:

Please fill out and have your EMS Supervisor sign and then upload into D2L Drop box.
Name: ____________________________________________________________

Rotation Dates:

**Option #3 EMS**

**Based on readings from Tintinalli version 9e**
**Chapters 1,2,4 under EMS section 1**
**Chapters 5,6,7,8 under Disaster Management Section 2**

In access Emergency Medicine

Go to Clerkship Tab

Select EM Pretest Self-Assessment and Review

Under Set Random Quiz insert 0 out of 500

Then under Custom Quiz insert 16/16 in Prehospital, Disaster and Administration

Then click blue tab below this custom quiz to start quiz

It will take a few seconds to load

Then after each question click submit and view next question until you get to the end

Click submit quiz and view results

Then at end you have some options at the bottom

Email results or print results

Please do the following:

**FIRST**

Do the Print results option, then when it takes you to where you can print it will give you an option for Destination – select save as PDF and when you click on that it will allow you to save on your hard drive. Name it your name – IM 657 – EMS option 3 QUIZ. Send as one pdf. Apparently, there is an option on the pdf to save as 6 pages/sheet and send that.

**PS** - you will need to read the chapters listed at the top of this document to pass the quiz with a score of 75%. You may take the quiz as many times as necessary to achieve the passing score of 75%.
<table>
<thead>
<tr>
<th>Student Task</th>
<th>Date completed</th>
<th>Approver’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suture one laceration using sterile technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct one mini mental status exam under supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret 5 ECGs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret 5 CXR under supervision</td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>Interpret 5 head CT with resident or attending</td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>Insert one foley catheter (male or female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start two peripheral IV’s including IV bag set up</td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>Perform one pelvic exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform 1 rectal exam with hemoccult testing (if allowed as point of care test)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OMT assessment for one patient with low back pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist in the draining of one abscess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with the resuscitation of one critically ill patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draw one ABG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give one IM injection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate one patient with a toxic ingestion (may be alcohol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt one FAST exam with ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt one Ultrasound of inferior vena cava</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt identification of one internal jugular vs carotid with</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct one examination of liver and spleen under supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with application of one splint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assist with clearing a patient off a backboard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>