

IM 650
IM In-patient Clerkship
Core Clerkship Rotation Syllabus

Osteopathic Medical Specialties

Mary Hughes DO Chairperson, Instructor of Record
(hughesm@msu.edu)

Content provided by David Minter, DO
minterda@msu.edu

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For all questions regarding content or administrative aspects of this course, contact

Course Assistant
Stephen Stone
stonest@msu.edu

Course Assistant
Katie Gibson-Stofflet
katiegs@msu.edu

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, 2019 to July 30, 2020

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Introduction and Overview

Welcome to one of the three core Internal Medicine (IM) rotations you will complete successfully during the course of your clerkship years. Our internal medicine team has collaborated to offer selected topics in IM for your study through a series of three required clerkship rotations - IM 650 (inpatient IM rotation #1, IM 658 (Out-patient IM #1) and IM 660 (sub-internship inpatient IM #2). IM 650 must occur before IM 660 and is highly recommended, but not essential that IM 658 occur before IM660. IM 660 should ideally be completed after IM 650 and 658, and should ideally NOT occur prior to the 7th month of the third year to allow adequate exposure to inpatient medicine for the medical student. It is intended to be an advanced rotation with higher expectations of the student for performance. Preferably, it should be scheduled after C3 and all R2 core rotations are completed.[KG1]

We believe these topics are the most common ailments affecting our U.S. population. If you put the time and effort into studying these modules you will be well prepared for internship, residency and national tests you will take such as COMAT and COMLEX. It is also our hope that you will recognize the integral role of Internal Medicine, for it is a cognitively rewarding discipline for which there will always be a need.

Rotation Format: The instructional modules for the inpatient IM rotation are created to showcase a typical day for an Internist in the hospital. You will be assigned 4 modules during your four week IM rotation. Each module is under 60 minutes. It is recommended that you complete all of them the weekend before your rotation starts.

What's In This Syllabus

This syllabus is divided into the following areas:

Goals & Objectives – A list of learning goals & objective covering the selected topics in IM

References – A list of recommended reading references for this specialty; these include recommended readings to meet the stated goals and objectives

Summary of Didactic Requirements – A list of required didactic elements for this month with completion dates and respective percentage of grade (readings will be housed in D2L)

Core Competencies – A list of core competencies (as identified by the American Osteopathic Association) addressed during the month

Summary of Clinical Requirements – A list of required activities for the month with required submission methods and completion dates

Rotation “N” Grade Process – An explanation of “N” grade should you not pass the rotation initially

Required Reference Material

ACP IM Essentials – digital (there are 3 different versions available) – as of 03/01/2018 at the price starting at \$59.95 with a free student membership in ACP.

<https://www.acponline.org/membership/medical-students>

<https://ime.acponline.org/>

Goals and Objectives

The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable, sympathetic and sophisticated physicians. Additionally, it seeks to ensure that each student is able to work up a patient, to develop differential diagnosis, to formulate a treatment plan, and to consider an approach to managing the patient. Further, our aim is to teach students to apply the background in pathophysiology acquired in the pre-clinical years to the diagnosis and management of patients. Lastly, it is expected that students continue to expand their knowledge base and clinical judgment.

The following is an outline of the knowledge, skills, and behavior students should possess upon completion of the clerkship:

- A. **HISTORY TAKING: Obtain an accurate, efficient, appropriate and thorough history.**
This clerkship will emphasize the development of intermediate level history taking skills. It will emphasize strategies and skills for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient settings. Particular attention will be given to identification and elicitation of key historical data pertinent to immediate clinical decision-making.
- B. **PHYSICAL EXAM: Perform and interpret findings of a complete and organ-specific exam.**
This clerkship will focus on development of intermediate-to-advanced physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, Nephrology and gastrointestinal diseases) pertinent to the clinical evaluation of adults presenting with medical problems in the inpatient settings. It will emphasize elicitation of physical findings pertinent to differential diagnosis and immediate clinical decision- making.
- C. **DIAGNOSTIC EVALUATION: Interpret data from laboratories and radiology demonstrating knowledge of pathophysiology and evidence from the literature.**
This clerkship will emphasize interpretation of basic tests used in the evaluation of adult medical patients presenting with medical problems in an inpatient setting. Principles of clinical epidemiology will be used to facilitate test interpretation, especially as they relate to determination of post-test probabilities and contribution of test results to differential diagnosis.
- D. **DIAGNOSIS: Articulate a cogent, prioritized differential diagnosis based on initial history and exam.**
A prime learning objective of this clerkship will be the formulation of a prioritized initial differential diagnosis based on the history and physical examination for common medical problems of adult patients presenting in inpatient settings. Differential diagnosis of common systemic, cardiac, pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, and infectious disease problems will receive particular emphasis.
- E. **DIAGNOSIS II: Students are expected to design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of pathophysiology and evidence from literature.**
Another priority learning objective for this clerkship will be formulation of a diagnostic strategy, emphasizing use of the principles of clinical epidemiology (test sensitivity, specificity, pretest probability, predictive value) and cost effectiveness data to guide test selection and interpretation.

F. MANAGEMENT: Design a management strategy for life threatening, acute, and chronic conditions demonstrating knowledge of pathophysiology and evidence from the literature.

This Core IM rotation will focus on basic management of the common medical problems of adults presenting to inpatient settings, with particular reference to the relevant pathophysiology and best scientific evidence. Please see the list of 21 content objectives for the IM clerkships.

G. PROCEDURES: Performing routine technical procedures.

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

H. COMMUNICATION: Presenting patient information concisely, accurately and in timely fashion to members of a health care team in a variety of settings and formats including verbally and in writing.

This course will emphasize effective written and oral presentation of pertinent clinical information (including differential diagnosis, assessment, and plan) for the care of adult patient. Particular attention will be given to adapting the presentation to the issue at hand.

I. CULTURAL COMPETENCE: Understanding of the disease with respect to the cultural, socioeconomic, gender and age related context of the patient.

Core IM will stress how doctor-patient relationship is influenced by a variety of factors. Special emphasis will be placed on conducting patient interviews with sensitivity towards cultural differences as well as impact these may have on disease evaluation and management.

J. PROFESSIONALISM:

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

This clerkship will also stress skills relevant to taking initiative and responsibility for learning, achieving personal growth and supporting learning objectives of your colleagues. Students are expected to learn how to perform appropriate literature search as well as understand the limitations of the literature base.

Demonstrate knowledge and affirmation of ethical standards

K. CAREERS IN MEDICINE: Is medicine your cup of tea?

This clerkship will highlight available career paths in internal medicine including primary care versus subspecialty training. It will also encourage students to find mentors as they prepare for future choices.

IM 650 In-Patient Internal Medicine Weekly Objectives

Rotation Format: During each of the 4 weeks of the internal medicine rotation the student will be responsible for reviewing all content pertaining to that week's topics and completing the corresponding quizzes. The content is meant to be a complete overview of a topic, with up to date medical information, that would prepare an PGY1 to present on that topic to an attending; while also providing a framework for patient evaluation, work up, and treatment. Overall, the activities are meant to sharpen the student's understanding of that topic, how it is approached, and application of that knowledge in a hospital setting.

Week 1

Topics

- A. Acute Coronary Syndrome
- B. Congestive Heart Failure
- C. Approach to Anemia

Specific Learning Objectives

Acute Coronary Syndrome

- Consistently explain pathophysiology of Coronary disease
- Recite the risk factors for coronary disease
- Provide a basic work with laboratory and imaging for a chest pain patient
- Combine history, physical exam, EKG, and laboratory findings when meeting a new patient to decide if they are having an acute coronary syndrome
- Quickly identify a STEMI on EKG
- Identify EKG changes of ischemia and apply these to risk stratification of a patient for coronary disease
- Reproduce the various branches of treatment for NSTEMI/UA into a treatment plan given various medications indications and contraindication
- Memorize and recite the timing and indication of reperfusion therapy for STEMI as well as being familiar with various contraindications

Congestive Heart Failure

- Consistently diagnose an exacerbation of CHF on physical exam while being aided by lab work and imaging
- Use a focused history to tease out factors that lead to the exacerbation
- Interpret Echocardiogram report to grade the severity as well as the defect that has led to the CHF
- Recite the Acute treatment for pulmonary edema in CHF quickly
- Provide basic long-term treatment aimed at reducing vicious cycle in CHF under various clinical scenarios as it relates to medical indications and contraindications

Approach to Anemia

- Recite at least 5 items on a differential diagnosis for anemia based on the size the red blood cell
- Systematically approach a work up for anemia based a basic complete blood count, patient history and demographics
- Consistently utilize peripheral smear findings to refine differential diagnosis of anemia
- Provide at least 5 etiologies of anemia based on MCV
- Provide a work up for a patient to prove hemolysis
- Consistently decide on weather a patient needs a transfusion

Week 2

Topics

- D. Electrolyte disorders (K, Ca, Mg, Phos)
- E. Sodium Disorder
- F. Acute Kidney Injury
- G. Urinary Tract Infection

Specific Learning Objectives

Electrolyte disorders (K, Ca, Mg, Phos)

- Identify the signs and symptoms of potassium disorders
- Recite the major components of the differential diagnosis of hypokalemia and hyperkalemia as it relates to the mechanism
- Provide treatment for hypokalemia by the most appropriate route
- Provide treatment for hyperkalemia under various clinical conditions in an immediate manor
- Recite and identify the electrocardiographic changes of hypo and hyperkalemia consistently
- Quickly correct serum calcium levels based on albumin in your head
- Explain hormonal regulation of calcium and connect this to forming a differential diagnosis for hyper and hypocalcemia
- Provide a work up to narrow down your differential diagnosis of hypercalcemia and hypocalcemia
- Recite the treatment for hypercalcemia while factoring in the severity of disease
- Apply the signs and symptoms of electrolyte disturbances to differential diagnosis of common presentations
- Identify EKG changes as they relate to electrolyte disturbances
- Consistently suggest quantity and route of replacement in routine electrolyte deficiencies

Sodium Disorders

- No longer be intimidated by differential diagnosis for hyponatremia/hyponatremia
- Recite all major disorders that lead to hyponatremia/hyponatremia based on a patient's fluid status
- Pose a theory as to etiology of hyponatremia/ hypernatremia based on clinical presentation and basic labs
- Order and interpret labs to confirm etiology
- Provide basic treatment for hyponatremia/ hypernatremia

Acute Kidney Injury

- Include AKI in a differential diagnosis based on various signs and symptoms
- Recognize AKI quickly and efficiently
- Stage the degree of AKI based on established baseline Creatine

- Recite the etiology of AKI (pre renal, post renal, intrinsic) from most common to least common
- Formulate a differential using initial lab work as well as physical exam and history to assist in patient care on rounds
- Provide a stepwise approach to work up and diagnosis to avoid unnecessary/costly workups
- Calculate a FeNa when it is helpful to order such testing
- Recognize possible warning signs of “zebras”
- Recommend treatment for AKI based on the etiology
- Recognize and Recite the indications for dialysis emergently
- Recommend strategies to help prevent AKI

Urinary Tract Infection

- Consistently list the causative organisms responsible for UTI
- Accurately diagnosis a urinary tract infection given a urinalysis and a patient presentation
- Formulate an appropriate work up for a patient with UTI knowing the indications for different labs and imaging
- Identify situations that call for the need of a specialist
- Provide basic antimicrobial selection under various clinical scenarios
- Disposition a patient based on clinical indicators and presentation

Week 3

Topics

- H. Community Acquired Pneumonia
- I. Chronic Obstructive Pulmonary Disease
- J. Asthma
- K. Venous Thromboembolism

Community Acquired Pneumonia

- Review the IDSA/ATS guidelines for CAP
- Review bacterial etiology under various clinical conditions
- Apply guidelines to site of care decisions
- Review the utility of testing and applying to different circumstances
- Select appropriate antibiotics for CAP
- Apply work up to “non-responders” for treatment decisions

Chronic Obstructive Pulmonary Disease

- Apply the GOLD classification for COPD
- Suggest additional treatment for patients that are not controlled on an outpatient treatment regiment
- Quickly and consistently diagnose a patient with an exacerbation of COPD
- Recite differential diagnosis for wheezing as it relates to adults and children
- Consistently take a history as it relates to COPD teasing out triggers for exacerbation
- Suggest an initial work up for an exacerbation of COPD knowing why each test is ordered
- Be able to quickly disposition a patient with an exacerbation of COPD based on various clinical indicators
- Identify and suggest patients that are appropriate for discharge

Asthma

- Consistently take a focused history about asthma when interviewing a patient
- Make a clinical diagnosis of asthma base on signs and symptoms

- Make a definitive diagnosis of asthma based on pulmonary function testing
- Grade severity of asthma based on symptoms as well as pulmonary function testing
- Provide a treatment plan for status asthmaticus
- Provide a treatment plan for asthma depending on severity
- Identify various asthma syndromes based on symptoms as well as provide treatment
- Consistently instruct patients on proper albuterol use

Venous Thromboembolism

- Explain the pathophysiology that leads to VTE to a layman
- Quickly recite the differential diagnosis for DVT and apply it to the initial work up for leg edema
- Rank the likelihood of VTE on a differential diagnosis by being able to consistently recite the risk factors for VTE
- Utilize different systems (Wells', PERC) for deciding what the risk or likelihood of VTE disease
- Be able to order testing to confirm diagnosis of VTE based on likelihood of disease under various clinical conditions
- Suggest different treatment options for VTE under various clinical circumstances by applying contraindications of different anticoagulants
- Identify patients with VTE where advanced treatment options (IVC filter, thrombolysis, thrombectomy) may be needed
- Be able to provide a duration of therapy for VTE under various clinical circumstances
- Explain to patients what the complications are of VTE disease

Week 4

Topics

- L. Approach to Elevated Liver Function Testing
- M. Hepatocellular Disease
- N. Cholestatic Liver Disease
- O. Inflammatory Bowel Disease
- P. Pancreatitis

Specific Learning Objectives

Approach to Elevated Liver Function Testing "LFTs"

- Approach elevated liver function testing and identify patterns to identify where potential liver damage is taking place
- Recite the differential diagnosis for hepatocellular damage
- Recite the differential diagnosis for cholestatic damage
- Identify what lab tests truly evaluate the synthetic function of the liver
- Explain how imaging can be used to assist in the differential of jaundice

Hepatocellular Disease

- Recite 5 etiology of elevated hepatocellular injury
- Provide a work up as to the etiology of hepatocellular injury under various clinical scenarios
- Be familiar with treatment of each hepatocellular disease
- Identify the different disease states of viral hepatitis based on serology

Cholestatic Liver Disease

- Identify a cholestatic pattern when liver function tests (LFT) are elevated

- Recite a differential diagnosis for cholestatic pattern of elevated “LFTs”
- Use imaging efficiently to refine differential diagnosis
- Identify patients that require acute surgical management
- Review a patient’s medication list and identify medications that may potentially cause biliary stasis
- Identify patients that potentially have various cholestatic diseases based on signs and symptoms, demographics, and provide a work up to make a definitive diagnosis
- Provide additional or confirmatory testing to refine differential
- Provide basic treatment of various cholestatic diseases

Inflammatory Bowel Disease

- Recite the pathological differences in distribution and appearance of IBD consistently
- Know the signs and symptoms of IBD so it may be kept in your differential diagnosis of common GI complaints
- Identify extraintestinal manifestations of IBD
- Recite the initial work up for IBD knowing what you are looking for with each test
- Understand and decide on imaging/endoscopy to make diagnosis of IBD
- Familiarize yourself with treatment of UC and CD based on severity
- Recite the in-patient management of IBD quickly/consistently
- Monitor side effects and potential complications of immunomodulators

Pancreatitis

- Recite 10 causes of pancreatitis; knowing which 2 are the most common
- Quickly provide a basic work up when pancreatitis is suspected
- Provide an advanced work up using labs and imaging when the etiology of pancreatitis is unclear
- Consistently diagnose pancreatitis based on signs and symptoms of disease in combination with laboratory and imaging findings
- Familiarize yourself with factors that indicate a worse prognosis in pancreatitis
- Construct a basic treatment plan for pancreatitis
- Familiarize yourself with complications of pancreatitis and how this might change management

Additional Useful Resources Available

<https://lib.msu.edu/>

*personal thoughts on contents

Access Medicine

*Compendium of various medical books, questions, images, videos that apply to internal medicine. Infinitely helpful resources that allows you to search a topic over multiple different texts.

Harrison's Principles of Internal Medicine 20th edition

*The bible of internal medicine. Long running book providing complex overview of topics that are applicable to every level of education. Can be overly complex when trying to quickly review a topic or answer clinical questions for a medical student.

Goldman's Cecil Medicine 25th ed

*Complete overview of Internal medicine. May be a bit easier to follow than Harrison's.

Current Medical Diagnosis & Treatment 2019

* Concise overviews of topics as well as approach to patient's organized by system. The text focuses on practical application of knowledge and contains mixed media (videos, sound clips, etc.)

Symptom to Diagnosis: An Evidence-Based Guide, 3e

*Cased based topics that walk a resident or medical student through the basic approach, differential diagnosis, and work up of various symptoms or clinical conditions

Differential Diagnosis of Common Complaints, 7th Edition

*Enhances differential diagnosis and approach to complaints

Medical Secrets, 6th Edition

*Bullet point and fact-based review by organ system

Textbook of Physical Diagnosis, 7th Edition

*Review of physical exam skills

Dynamed Plus

*Online bullet point review of various topics

The 5-minute clinical consult 2019

*Alphabetized, quick bullet point review of topics focused on application of medical knowledge

BMJ Best Practices

*Helpful resource with concise overviews of topics as well as various procedural videos

Board Vitals

*Board question practice

Helpful Online Resources

Stat Pearls

<https://www.statpearls.com/>

*Quick overviews of topics with associated medical questions

Online Med Ed

<https://onlinemeded.org/?track=2>

*Free lecture-based videos that are geared to improving board scores

Merck Manuals

<https://www.merckmanuals.com/professional>

*Contains quick concise overviews of topics as well as a large catalog of procedural videos

Helpful Review Journals (Available through ClinicalKey database)

- American Journal of Medicine
- American Family Physician
- Critical Care Clinics
- Emergency Medicine Clinics of North America
- Hospital Medicine
- Lancet, The
- Medical Clinics of North America
- Medicine

Student Responsibilities and Expectations

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

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

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

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

Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.

Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

General Inpatient IM Dress Code

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

- Men should routinely dress in slacks, as well as a shirt and tie. No blue jeans are allowed during any rotation.
- Women should wear a skirt or slacks. Skirts should be of a length that reaches the knees or longer.

- Tennis shoes should not be worn, except with scrubs.
- No open toe shoes, flip-flops, or sandals are allowed at any time. Socks are a public health code requirement at all times.
- Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for 'on-call days' only.
- At ALL times when patient contact is expected or anticipated, your waist-length WHITE COAT will be worn, with your ID badge worn above the waist.
- As this policy simply represents general guidelines, we encourage anyone with uncertainties or questions regarding the dress code to reach out to student director for confirmation.
- Wear a waterproof gown when blood or body fluid may soak a cloth gown.

ALL incidents of exposure to blood or body fluids such as parenteral (needle stick or cut); mucous membranes (splash to eyes, nose or mouth); cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded or affected by active dermatitis should be reported immediately to attending physician, student director, and MSUCOM (see "Exposure Incidents Report" on page 22 of the syllabus).

Infection Control Guideline

Universal Precautions:

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

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

Most Common Exposure Risks:

Hepatitis B (HBV), Hepatitis C (HCV), HIV

What should you do if exposure occurs?

Immediate Response:

- Force bleed the site if possible
- Clean wound with soap and water
- Apply direct pressure if needed
- Flush mucous membranes with water or saline for 3-5 minutes

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

Summary of MSUCOM IM 650 Requirements

Requirement	Due Date	Metric
View the 4 modules online Take end of module Quiz after completing each module.	11:59pm last Sunday of the rotation.	80% average cumulative score on all modules to receive a P on this portion of the rotation.
Student Evaluation of the Rotation	Submit electronically by 11:59pm the last Sunday of the rotation online through your clerkship schedule.	By 11:59pm last Sunday of course. Must submit to receive a passing grade, student will have an "ET" grade until the evaluation is completed.
Attending Evaluation of your Performance on Rotation	Submit completed form to your hospitals per the instruction on the evaluation form.	As soon as possible. Must submit to receive a passing grade, does not count for points
Student Daily Shift Schedule	11:59pm last Sunday of the rotation.	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.
Student Experience Log	11:59pm last day of the rotation.	Must be uploaded to D2L

IM 650 Corrective Action Process for Deficient Academic Requirements

If a student does not successfully complete the academic requirements of the course, the student will be permitted to go through a "Corrective Action" process.

The steps of the "Corrective Action" process for IM 650 Internal Medicine Core Rotation #1 Inpatient are as follows:

- 1) The student who fails to achieve an 80% overall average on the weekly quizzes will be allowed to take a comprehensive final examination that will be a random selection of similar questions, worth 50 points, with a necessary score of 80% to pass. It will be a cumulative examination and will be offered within the first two weeks following the completion of the rotation in which the student failed to achieve the necessary average score.
- 2) 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.

If a student completes the corrective action successfully, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s).

If a student does not complete the corrective action successfully, as determined by the Instructor of Record, the student will receive an "N" grade for the course.

Inpatient Internal Medicine Core Competencies

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

- **Osteopathic Principles and Practice**
 - o Approach the patient with recognition of the entire clinical context, including mind body and psychosocial interrelationships
 - o Diagnose clinical conditions and plan patient care
 - o Perform or recommend OMT as part of a treatment plan
 - o Communicate and document treatment details
- **Medical Knowledge**
 - o Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation
- **Patient Care**
 - o Gather accurate data related to the patient encounter
 - o Develop a differential diagnosis appropriate to the context of the patient setting and findings
 - o Form a patient-centered, inter-professional, evidence-based management plan
 - o Health promotion and disease prevention (HPDP)
 - o Documentation, case presentation, and team communication
- **Interpersonal and Communication Skills**
 - o Establish and maintain the physician-patient relationship
 - o Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
 - o Work effectively with other health professionals as a member or leader of a health care team
- **Professionalism**
 - o Demonstrate humanistic behavior, including respect, compassion, honesty, and trustworthiness
 - o Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others
 - o Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning
- **Practice-Based Learning and Improvement**
 - o Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
 - o Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care
- **Systems-Based Practice**
 - o Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
 - o Identify and utilize effective strategies for assessing patients

MSUCOM Clinical Expectations

- Show up early.
- Demonstrate genuine interest.
- Record daily clinical questions for nightly study.
- Reading at least one hour per day will elevate you to the top of your class and will make Board preparation much easier.

Internal Medicine COMAT Exam Information

DUE DATE: The last Friday of the Rotation

For information on exam registration and administration, please visit the COM Office of the Registrar's COMAT webpage: http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm. [KG2]

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Office of the Registrar 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. [KG3]

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

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

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

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

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

Unsatisfactory Clinical Performance

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

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

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:

Examination	Maximum Time Off (includes travel time)
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.

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

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

- **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 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.

Clerkship Honors Designation

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. Students may achieve honors designation in the following core rotations:

- General Surgery
- Obstetrics/Gynecology
- Pediatrics
- Advanced Family Medicine
- Internal Medicine – Inpatient
- Internal Medicine - Outpatient
- Advanced Internal Medicine
- Psychiatry
- Emergency Medicine

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.

IM 650 Core IM Inpatient

Requirement	Honors Designation * Meet all	Pass * Meet all	Extended Grade	No Pass * Any one below
View the 4 modules online. Take end of module Quiz after completing each module	➤ Completed by 11:59 pm the last Sunday of the Rotation with a 90% score on all modules on first attempt.	➤ Completed by 11:59 pm the last Sunday of the Rotation with an 80% score on all modules.	➤ Will be the conditional grade until all requirements of this rotation are met.	➤ Failure to meet the quiz and or the corrective action.
Student Experience Log	➤ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.	➤ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.	➤ Will be the conditional grade until all requirements of this rotation are met.	➤ Failure to complete and upload within two semesters after the rotation ends.
Shift Schedule (for IM 650 and IM 658)	➤ Completed 100% and uploaded by 11:59pm the last day (Sunday) of the rotation.	➤ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.	➤ Will be the conditional grade until all requirements of this rotation are met.	➤ Failure to complete and upload within two semesters after the rotation ends.
COMAT Exam (scored under course 660)	➤ Score at or above 1.0 SD above the College Mean for the day you take the exam on first attempt.	<ul style="list-style-type: none"> ➤ Score at or above 2.0 SD below the College Mean the day you take the exam. ➤ If you fail to take your exam the last Friday of the Rotation, you will receive a zero and have one chance to retake the exam. 	➤ Will be the conditional grade until all requirements of this rotation are met.	<ul style="list-style-type: none"> ➤ 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.
Clinical Clerkship Rotation Evaluation	➤ Must have all Meets Expectations in all sections and Meets or Exceeds Expectations in the overall sections.	➤ May receive up to 1 Below Expectations in any subsection with an Meets or Exceeds Expectations in the overall sections.	➤ Will be the conditional grade until all requirements of this rotation are met.	<ul style="list-style-type: none"> ➤ 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.

IM 650, IM 658 & IM 660 – Core Internal Medicine Rotations Grading Rubric.

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).

ROTATION EVALUATIONS

Attending/Faculty/ Resident Evaluation of Student

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

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

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

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

Student Evaluation of the Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the evaluation system at:

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

EXPOSURE INCIDENTS PROTOCOL

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

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



Student Experience Log

IM 650 Internal Medicine In-Patient

Mid Rotation Evaluation
Date of evaluation:
Areas of Strength:
Areas for Improvement:
Attending Signature/Printed Name:

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

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

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

Student Name: _____

Rotation Dates: _____

Rotation Site: _____

Rotation Attending: _____

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

Skills/Procedures				
Date Complete	Required procedures to be performed by student	Role	Supervisor Name	Supervisor Initials
	Evaluate one patient with in-hospital fall, and be able to discuss the relevant evaluation.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Review for anticoagulant use and discuss the necessity of brain imaging with your supervising physician.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Assist with the insertion of one arterial line or central line.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
	Arterial blood gas results interpretation and suggested management of results to restore homeostasis.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		

	Attendance at one Rapid response Team event or Code Blue (cardiac arrest in house event) with performance of CPR if allowed.	<input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Perform		
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OMM- briefly describe how you used OMM on one patient during this rotation:

Comments:

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

Yes No

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

Attending Signature: _____

(Verifying content of logs)