

**IM 657**  
**Core Emergency**  
**Medicine**  
**Core Rotation Clerkship Syllabus**

**Osteopathic Medical Specialties**

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At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabus BEFORE beginning your rotations.

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

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## 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 led to the increases 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 that 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.**

## **Goals and Objectives**

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 of the Emergency Medicine Clerkship**

- I. Provide the student with the fundamental knowledge base in emergency medicine.
- II. Introduce the student to basic procedures relevant to the practice of emergency medicine.
- III. Facilitate an understanding of the approach to acute care clinical problem solving.
- IV. Promote the acquisition of simple basic skills for the diagnosis and management of common simple emergencies.
- V. Encourage the continued development of the student's professional attitude and behavior.
- VI. Provide the initial competency-based skills assessment for ABG, IV start, IM injection, and laceration repair.

### **Objectives**

Learning objectives for the emergency medicine clerkship relate to the following areas: a) cognitive knowledge; b) psychomotor skills; c) problem solving; and d) professional development.

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.

### **Initial Competencies**

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.**

## References

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 than Chrome if you experience difficulty accessing links.**

<http://www.lifeinthefastlane.com> for ekgs <http://lifeinthefastlane.com/table/ecg-library-database>

**Tintinalli's Emergency Medicine – A Comprehensive Study Guide**, 9<sup>th</sup> edition, by Judith E. Tintinalli, M.D., et al., McGraw-Hill Book Co., 2020. Searchable for topics through access emergency medicine site of the libraries at MSU for free.

<https://accessemergencymedicine-mhmedical-com.proxy2.cl.msu.edu/book.aspx?bookID=2353>

Acad Emerg Med; the 3-Minute Emergency Medicine Medical Student Presentation: **A Variation on a Theme**. Davenport C., Honigman B., Druck J. 2008 Jul; 15(7):683-7

<http://onlinelibrary.wiley.com.proxy1.cl.msu.edu/doi/10.1111/j.1553-2712.2008.00145.x/abstract>

<http://www.osteopathic.org/inside-aoa/news-and-publications/Documents/dialogue-and-diagnosis-march-2012.pdf> (with permission);

Veasey, Sigrid et al. **Sleep Loss and Fatigue in Residency Training**. JAMA, Sept 4, 2002;288(9)1116-24 - (link through library)

[http://za2uf4ps7f.search.serialssolutions.com/?genre=article&SS\\_sid=info%3A%2Fsummon.serialssolutions.com&SS\\_referer=http%3A%2F%2Fmsulibraries.summon.serialssolutions.com%2F%3F%3Den%26ho%3Dt%26q%3Djama%25202010&aulast=Veasey&medlineid=7501160&paramdict=en-US&jtitle=JAMA&SS\\_authors=Veasey%2C+Sigrid%3BRosen%2C+Raymond%3BBarzansky%2C+Barbara%3BRosen%2C+Ilene&SS\\_source=56&SS\\_meta\\_enhanced=true&auinitm=S&titleAbbr=JAMA&spage=1116&pmid=12204082&SS\\_eissn=1538-3598&SS\\_issn=0098-7484&issn=00987484&issue=9&date=2002-09-04&externaldocid=12204082&atitle=Sleep+loss+and+fatigue+in+residency+training%3A+a+reappraisal&title=JAMA&eissn=15383598&localeid=1033&aufirst=Sigrid&SS\\_LibHash=ZA2UF4PS7F&sid=info%3A%2Fsummon.serialsolutions.com&l=ZA2UF4PS7F&SS\\_ReferentFormat=JournalFormat&rft\\_val\\_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&au=Veasey%2C+Sigrid&volume=288&SS\\_RequestType=1&&SS\\_jc=JAMATHEJOUOF&SS\\_multi=true&SS\\_V=DPEMPTY-EEMPTY](http://za2uf4ps7f.search.serialssolutions.com/?genre=article&SS_sid=info%3A%2Fsummon.serialssolutions.com&SS_referer=http%3A%2F%2Fmsulibraries.summon.serialssolutions.com%2F%3F%3Den%26ho%3Dt%26q%3Djama%25202010&aulast=Veasey&medlineid=7501160&paramdict=en-US&jtitle=JAMA&SS_authors=Veasey%2C+Sigrid%3BRosen%2C+Raymond%3BBarzansky%2C+Barbara%3BRosen%2C+Ilene&SS_source=56&SS_meta_enhanced=true&auinitm=S&titleAbbr=JAMA&spage=1116&pmid=12204082&SS_eissn=1538-3598&SS_issn=0098-7484&issn=00987484&issue=9&date=2002-09-04&externaldocid=12204082&atitle=Sleep+loss+and+fatigue+in+residency+training%3A+a+reappraisal&title=JAMA&eissn=15383598&localeid=1033&aufirst=Sigrid&SS_LibHash=ZA2UF4PS7F&sid=info%3A%2Fsummon.serialsolutions.com&l=ZA2UF4PS7F&SS_ReferentFormat=JournalFormat&rft_val_fmt=info%3Aofi%2Ffmt%3Akev%3Amtx%3Ajournal&au=Veasey%2C+Sigrid&volume=288&SS_RequestType=1&&SS_jc=JAMATHEJOUOF&SS_multi=true&SS_V=DPEMPTY-EEMPTY)

CURRENT Diagnosis and Treatment in Emergency Medicine: Multiple Ch.ers

<http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/book.aspx?bookID=385>

## Miscellaneous Information

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.

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.

## Emergency Medicine Grading Requirements Summary of MSUCOM Requirements and Submission Methods

Item	Submission Method	Due Date
COMAT Exam	NBOME	Schedule for the last Friday of the course. Complete with score within <u>2</u> SD from the University mean of the exam over the past year to receive a passing grade. One retake will be allowed before the student will be required to repeat the IM 657 rotation.
ED Shift Schedule	Online D2L Drop Box	<b>Not to be submitted until the last Friday-Sunday of the rotation, and must be the schedule you worked, not what you were scheduled to work.</b>
Student Experience Log	Online D2L Drop Box	11:59pm last day of rotation
Procedures Checklist	Online D2L Drop Box	11:59pm last Sunday of rotation
Rubrics for Competency Skills Assessments	Online D2L Drop Box	11:59pm last Sunday of rotation
EMS Option Form	Online D2L Drop	11:59pm last Sunday of rotation
Attending Evaluation of your Performance on Rotation	Submit completed form to your hospitals per the instruction on the evaluation form.	As soon as possible – preferably last day of rotation
Student Evaluation of the Rotation	Submit electronically by 11:59pm the last Sunday of the rotation online through your clerkship schedule.	11:59pm last Sunday of rotation

## Learning Activities

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:

1. ***Emergency Medicine – A Comprehensive Study Guide*, 9<sup>th</sup> edition**; by Judith E. Tintinalli, M.D., et al., McGraw-Hill Book Co., 2020. By the completion of the clerkship experience, each student is expected to complete the readings listed by Objective. Note that the online version is edition 9, but the topics are the same. Searchable for topics. <https://accessemergencymedicine-mhmedical-com.proxy2.cl.msu.edu/book.aspx?bookID=2353>
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.
2. **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.

## Evaluation

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

- A. 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.
- B. 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.**
- C. 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:

- D. 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)
- E. Return all rotation books to the hospital emergency department office by 11:59pm of the last Sunday of the rotation.
- F. Attend all scheduled conferences as assigned.
- G. Complete any additional didactic work as required by your local emergency department and return to their office by their deadlines.
- H. Complete at least one shift as an EMS “ride-along” (see #C above) **OR** complete the written EMS option 2 if “ride-alongs” are not allowed at your hospital (see page 26). 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.
- I. If illness precludes you from completing a shift, you must make it up.
- J. One set of boards may be taken during this rotation.
- K. **Vacation may not be scheduled during this rotation.**
- L. Interviewing time must occur on days that you are scheduled off. Any missed shifts must be made up.
- M. 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.
- N. All written work must be original and completed on an individual basis.
- O. Honors – See page 33 for requirement.



- O. 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.**
- P. 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.**

# 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

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

**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)**

## IM 657 Basic IM Injection 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 IM injection. Please gather the supplies, have the nurse get the medication for you and supervise your administration and then provide an evaluation.

**Circle the correct answer while you observe the procedure**

Adult      or      Pediatric patient (circle one)	Did not perform	Performed
<b><i>Patient Preparation – Observe for these critical actions</i></b>		
Identifies the proper patient	DNP	P
Verifies the patient's allergies in the chart	DNP	P
Verifies the patient's allergies with the patient before administration	DNP	P
Verifies the order and medication to be given	DNP	P
Obtains the proper equipment (needle of appropriate size, syringe, alcohol wipe, med)	DNP	P
Calculates the appropriate volume to be given	DNP	P
<b><i>Injection Procedure</i></b>		
Properly positions the patient	DNP	P
Cleanses the skin with alcohol prep	DNP	P
Wears gloves	DNP	P
Removes air from syringe and performs injection	DNP	P
Aspirates before injecting to assure not in a blood vessel	DNP	P
Withdraws needle, holds pressure on site and places Band-Aid.	DNP	P
Discard sharp into sharps bin without recapping needle	DNP	P

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

- \_\_\_\_\_ Does not dispose of contaminated 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 administer an IM injection, understanding the procedure, medications, and giving of appropriate follow up instructions      **Yes    No    (Please circle)**

**Make sure student is aware of various needle lengths and recommended sites of injection (regardless of one chosen for this activity), and is aware of the Z track technique and its purpose.**

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

**Supervising Provider Note (optional)**

# 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.

**Circle the correct answer while you observe the procedure**

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

**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

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

**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 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 plan of care as necessary address 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.

## **IM657 Emergency Medicine - ED Performance Parameters Check list**

<b>Student Name:</b>	<b>Date completed</b>	<b>Approver's Initials</b>
Suture one laceration using sterile technique		
Conduct one mini mental status exam under supervision		
Interpret 5 ECGs	a. b. c. d. e.	
Interpret 5 CXR under supervision	a. b. c. d. e.	
Interpret 5 head CT with resident or attending	a. b. c. d. e.	
Insert one foley catheter (male or female)		
Start two peripheral IV's including IV bag set up	a. b.	
Perform one pelvic exam		
Perform 1 rectal exam with hemocult testing (if allowed as point of care test)		
OMT assessment for one patient with low back pain		
Assist in the draining of one abscess		
Assist with the resuscitation of one critically ill patient		
Draw one ABG		
Give one IM injection		
Evaluate one patient with a toxic ingestion (may be alcohol)		
Attempt one FAST exam with ultrasound		
Attempt one Ultrasound of inferior vena cava		
Attempt identification of one internal jugular vs carotid with ultrasound		
Conduct one examination of liver and spleen under supervision		
Assist with application of one splint		
Assist with clearing a patient off a backboard		

## **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 OBJECTIVE**

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 OBJECTIVE**

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 261)
  - 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 OBJECTIVE**

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 OBJECTIVE**

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 OBJECTIVE**

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) OBJECTIVE**

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. (Sec 14: Ch 171)
11. Describe the mental status examination and the psychiatric interview (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 OBJECTIVE**

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 (reading: Sec 14: Ch. 165).
2. Recognize abnormal neurologic exam findings when presented in a vignette.
3. Name common infectious causes of headache. (Sec 14: Ch. 174)
4. Be able to describe the typical presentation of the patient with a headache due to subarachnoid hemorrhage ; (Sec 14: Ch. 166).

**H. Core Content Area: OPHTHALMOLOGIC EMERGENCIES OBJECTIVE**

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 (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. (reading: Sec 19: Ch. 241).

**I. Core Content Area: ENT EMERGENCIES OBJECTIVE**

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. (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. (reading: Sec 19: Ch. 244).

**J. Core Content Area: ABDOMINAL PAIN OBJECTIVE**

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 (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. (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 OBJECTIVE**

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)
6. Describe the evaluation and treatment of a patient who is the victim of a sexual assault Butki Intimate partner violence lecture. Plus, Access Emergency Medicine: Multimedia Sexual Assault video (23minutes). Copy and paste into browser <https://accessemergencymedicine-mhmedical-com.proxy2.cl.msu.edu/MultimediaPlayer.aspx?MultimedialD=5481221>

**L. Core Content Area: MUSCULOSKELETAL INJURIES OBJECTIVE**

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 OBJECTIVE**

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 OBJECTIVE**

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 OBJECTIVE**

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. Abuse and Neglect. Copy and paste into browser  
<http://accessemergencymedicine.mhmedical.com.proxy2.cl.msu.edu/content.aspx?bookid=1345&sectionid=72129308>

**P. Core Content Area: OSTEOPATHIC PRINCIPLES AND PRACTICE OBJECTIVE**

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.
3. UTI, Chest Pain, Upper Respiratory infection, Otitis Media, Abdominal pain, Headache, Back pain, Neck Pain, extremity pain, not associated with fracture.

**Q. Core Content Area: ENVIRONMENTAL/TRAVEL DISORDERS OBJECTIVE**

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 if hypothermia, and hyperthermia, including environmental and medical conditions. (**Sec 16; Ch208-210**)

# **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) 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).

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 page 24)

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:** \_\_\_\_\_

Date	Patient Complaint

EMS Supervisor Signature:

\_\_\_\_\_

Please fill out and have your EMS Supervisor sign and then upload into D2L Drop box

Name: \_\_\_\_\_

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

## 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:

Date	Caller Complaint	Signature

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:

Patient #	Time from 911 call until scene arrival	Time on scene	Time from scene departure to hospital	Chief complaint	Final ED diagnosis
1					
2					
3					
4					
5					
Average				-----	-----

EMS Supervisor Signature:

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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.

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PS - you will need to read the chapters listed at the top of this document



## 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.

## **657 Emergency Medicine CORE Corrective Action Policy**

In the case the student does not successfully complete the graded curricular requirement of this course, the student will be required to go through a “Corrective Action” process. The student will maintain an extended grade (ET) until they have successfully completed the corrective action.

The steps of the “Corrective Action” process for IM 657 Emergency Medicine Core are as follows:

- 1) 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.
- 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 1-week grace period or more depending on the circumstances, Failure to meet this one week deadline will result in an N grade.
- 3) The grade for IM 657 will remain ET until all requirements are completed.

If the student completes the corrective action successfully (as determined by the Instructor of Record), he or she will receive credit for successfully completing the grading requirement in question.

If the student does not complete the corrective action successfully, the student will receive an “N” grade for the course and will be required to appear before COSE to determine the next course of action.

## **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: [http://com.msu.edu/Students/Clerkship/COMAT\\_Subject\\_Exams.htm](http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm).

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](mailto: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 MSU mean of the exam numbers from the previous years 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 one (1) and/or two (2) N grades in any Clerkship course; and/or
- Receives two (2) or more overall “Below Expectations” ratings on any Clerkship rotation evaluation: and/or
- Displays indicators of marginal performance on any clerkship rotation.

The student will be required to appear before the COSE Clerkship Performance Subcommittee.

Any student failing to appear, when directed, without due cause, or fails to meet any Subcommittee requirement, will be suspended from the College.

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

The following are the standard MSUCOM policies students must adhere to across rotations.

## **Clerkship Attendance Policy**

### **Policy:**

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

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

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

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

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

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

### **Personal Day Absence:**

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

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

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

### **Conference Absence:**

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

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

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

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

## **Policy for Medical Student Supervision**

### **Supervisors of the Medical Students in the Clinical Setting**

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student's level of training and experience and to the clinical situation. The student's clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

## **Level of Supervision/Responsibilities**

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of the facility regarding medical records and clinical care. Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:

- The students demonstrated ability
- The students level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available).

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student's level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures.

Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.

## **Statement of Professionalism**

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments.

Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

## **Students Rights and Responsibilities**

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity

## **MSU Email**

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

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

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

## **Use of Electronic Devices**

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

## **Faculty Responsibilities**

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course. It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

## Course Grades

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

## 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
- 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.

## Student Visas

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

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



<b>Requirement</b>	<b>Honors Designation</b> * Meet all	<b>Pass</b> * Meet all	<b>Extended Grade</b>	<b>No Pass</b> * Any one below
<b>COMAT Exam</b>	Score at or above 1.0 SD above the National Mean for the 12 months of exams prior to when you take the exam on first attempt. May increase to MSU Mean if there is a negative increase in National Mean.	Score at or above 2.0 SD below the National Mean the year prior to taking the exam. If you fail to take your exam the last Friday of the Rotation, you will receive a zero and have one chance to retake the exam.	Will be the conditional grade until all requirements of this rotation are met.	Failure to pass the exam with two attempts. Failure to take the retake in the time given. Failure to take the exam the first time offered and not pass the exam on your second (due to the first attempt being a zero) attempt.
<b>ED Shift Schedule</b>	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 weeks after the rotation ends.
<b>Patient Complaint Log</b>	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 weeks after the rotation ends.
<b>Student Experience Log</b>	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 weeks after the rotation ends.
<b>Procedure Check List</b>	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 weeks after the rotation ends.
<b>EMS Option Form</b>	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 weeks after the rotation ends.
<b>Attending Evaluation of your Performance on Rotation</b>	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.	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.
<b>Student Evaluation of the Rotation</b>	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 weeks after the rotation ends.

## **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).

## **MSUCOM Standard Policies**

### **Rotation Evaluations**

#### ***Attending/Faculty/ Resident Evaluation of Student***

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

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

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

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

#### ***Student Evaluation of Rotation***

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

[http://hit-filemakerwb.hc.msu.edu/Clerkship/login\\_student.html](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 (<https://com.msu.edu/current-students/clerkship-medical-education/injury-and-property-damage-reports>). 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 657 Emergency Medicine

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

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

Clinical Presentation	Experience via patient on rotation	Experience gained via Readings/modules. (per syllabus)
SIRS/Sepsis		
Altered Mental Status		
Trauma patient		
Victim of violent encounters		
Bleeding		
Plant poisoning		
Chest Pain		
Difficulty in breathing		
Back Pain		
Rash		
Musculoskeletal complaints		

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

<b>Wellness:</b> 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

via D2L drop-box by 11:59pm on the last day of the rotation.

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attending Signature: \_\_\_\_\_

(Verifying content of logs)

Students are required to complete the student experience logs, and submit them