

IM 664
PEDIATRIC EMERGENCY
MEDICINE

CLERKSHIP ELECTIVE ROTATION SYLLABUS

OSTEOPATHIC MEDICAL SPECIALTIES
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At Michigan State University College of Osteopathic Medicine (MSUCOM), we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While changes will generally be instituted at the beginning of the school year, changes may also be implemented semester to semester.

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

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INTRODUCTION AND OVERVIEW

This syllabus provides an overview of rotation goals and objectives designed to help you gain an understanding of the breadth and scope of this subject. As you progress through the rotation, you will perform certain activities intended to help you meet the identified goals and objectives. Please make sure to review this syllabus in its entirety to ensure understanding of the rotation format, syllabus content, and MSUCOM expectations.

ELECTIVE COURSE SCHEDULING

Preapproval

- **This course requires preapproval from the IOR.** The student must contact the IOR via email with the following details of the rotation/rotation site when seeking preapproval:
 - Proposed dates of rotation
 - Copy of Syllabus from the location rotating
 - CV of Instructor of Record for rotation
- Confirmation of approval from the IOR is to be sent to **COM.Clerkship@msu.edu** for final clerkship approval and scheduling.

Required Prerequisites

- This course does not require any prerequisite courses.

Course Confirmation and Enrollment

- The student must be an active student at MSUCOM.
- Student must complete five core rotations prior to any elective rotation.
- The student must receive MSUCOM confirmation and enrollment prior to beginning any elective rotation.
 - Once the student receives rotation acceptance from the host site, students must provide the elective application and host site approval to **COM.Clerkship@msu.edu** for MSUCOM confirmation and scheduling.
 - MSUCOM confirmation and enrollment is complete when the rotation is visible on the student's schedule.
 - MSUCOM confirmation must occur at least 30 days in advance of the rotation.
 - Once confirmed, the rotation may only be cancelled 30 days or more in advance of the start date.

ROTATION FORMAT

This course is designed to provide the student with an opportunity to actively engage in patient-based, learning experiences under the guidance of a faculty member (preceptor) in collaboration, as appropriate, with residents and/or fellows.

Rotations are typically two weeks, 3 credit hours or four weeks, 6 credit hours in duration. Timeframes for each rotation are decided at least 30 days prior to the beginning of the rotation.

Rotation schedules **are not** to be submitted until the last Friday-Sunday of the rotation. You must document your actual schedule worked. You are required to document any time off for illness, boards, etc. that caused a deviation from the schedule you were provided. **All rotation days must be accounted for.**

The overall performance of course participants will be evaluated through customary assessment instruments normally employed by the department for core rotations, at the discretion of the instructor of record.

This rotation may count for Pediatrics elective or Emergency Medicine elective credit.

This rotation must be performed in a facility with a dedicated Pediatric Emergency Department with appropriate Pediatric Emergency Medicine faculty.

GOALS AND OBJECTIVES

GOALS

1. Develop an appreciation of the practice of medicine as related to the specialty of the preceptor.
2. Assimilate what they learn and demonstrate their understanding of patient-care through ongoing interaction and dialogue with, as well as formative feedback from, the preceptor.
3. Demonstrate an understanding of the (seven) osteopathic core competencies (as applicable).

Educational Goals:

The pediatric emergency medicine rotation is intended to provide the student with hands on experience in the evaluation and treatment of various conditions related to pediatric emergencies.

1. The clinical experience will emphasize the diagnosis and management of acute pediatric emergent disease.
2. The clinical experience will emphasize evaluation of risk factors, and management of risk factors to prevent disease advancement if possible.
3. The clinical experience will include learning to perform a complete and accurate patient history and physical exam.
4. The clinical experience will include identification and indications for appropriate diagnostic studies.
5. The clinical experience will help the student identify the first line therapy for common pediatric emergencies.
6. The clinical experience will help the student identify when a patient may need transfer to a higher level of care and allow participation in that process when appropriate.

COLLEGE PROGRAM OBJECTIVES

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website (<https://com.msu.edu/>) and in the Student Handbook.

REFERENCES

REQUIRED STUDY RESOURCES

Desire 2 Learn (D2L): Please find online content for this course in D2L (<https://d2l.msu.edu/>). Once logged in with your MSU Net ID, your course will appear on the D2L landing page. If you do not see your course on the landing page, search for the course with the following criteria, and pin it to your homepage: **Pediatric Emergency Medicine**.

If you encounter any issues accessing this D2L course, please email the CA (on the title page of this syllabus).

There is no assigned textbook. See above suggested readings for each of the modules listed.

Reading assignments are also under the purview of the preceptor

- Textbook Access Emergency Medicine in Book section” Strange and Schafermeyer's Pediatric Emergency Medicine, 5e
<https://accessemergencymedicine.mhmedical.com/book.aspx?bookid=2464>
- Textbook Access Emergency Medicine in Book section: Emergency Radiology: Case Studies. David T. Schwartz. <https://accessemergencymedicine.mhmedical.com/book.aspx?bookid=434>
- Miscellaneous **readings and cases per list**
- Many cases use Access Emergency Medicine. If you are having trouble accessing at the links below, go to <https://libguides.lib.msu.edu/c.php?g=95640&p=624451#s-lg-box-wrapper-34009635>, find “AccessEmergencyMedicine” under Emergency Medicine and log in with your MSU credentials. Then select “Cases” to find Case Files and “Resident Readiness”.

ROTATION REQUIREMENTS

| REQUIREMENT | SUBMISSION METHOD | DUE DATE (Please refer to D2L for actual due dates) |
|--|---|---|
| Patient Types and Procedure Log | See page at the end of syllabus and upload into D2L Drop Box for the course | 11:59 pm Last Sunday of Rotation |
| Clinical Shift Schedule | Online D2L Drop Box | 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. |
| Access Emergency Medicine: Cases: Resident Readiness, 3- | Submitted first page with name and score submitted electronically in D2L | Completed and uploaded by 11:59 pm Last Sunday of Rotation |

| REQUIREMENT | SUBMISSION METHOD | DUE DATE (Please refer to D2L for actual due dates) |
|--|--|--|
| week-old male with a fever. | | |
| Access Emergency Medicine Case 32 Fever without a source in a 1–3-month-old | Submitted first page with name and score submitted electronically in D2L | 11:59 pm Last Sunday of Rotation |
| Access Medicine Cases #34 Febrile Seizure | Submitted first page with name and score submitted electronically in D2L | 11:59 pm Last Sunday of Rotation |
| Attending Evaluation of Clerkship | Students must select their attending physician as directed within the rotation description in Medtrics. At the start of the last week of the rotation, students will need to request an evaluation in Medtrics. By requesting an attending evaluation from their assigned attending physician, the attending physician will receive an automated email link connecting them to their assigned Attending Evaluation within Medtrics. Attendings will be able to electronically access and submit the forms on behalf of their students. | Last Day of Rotation |
| Student Evaluation of Clerkship Rotation | Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the Medtrics system: https://msucom.medtricslab.com/users/login/ . By the last week of each rotation, students will receive an automated email link connecting them to their assigned evaluation. Students can also access pending evaluations on the 'Home' or 'Evaluations' tabs within their Medtrics accounts. | Last Day of Rotation |

WEEKLY READINGS/OBJECTIVES/ASSIGNMENTS

Pediatrics: Emergency Medicine Approach to the Febrile Child

Note: For all chapters that have a comprehensive quiz, you must take the quiz, save as a pdf and upload into the drop box for quizzes for this rotation:

Objectives:

By the end of this module, a 4th year medical student will be able to:

1. Define the neonatal period.
2. Define a fever in terms of temperature and method of obtaining.
3. Recognize hypothermia as a sign of sepsis in the neonatal period.
4. State the appropriate evaluation for a febrile neonate.
5. Identify characteristics that characterize febrile children to have low risk for SBI.
6. Explain the mechanisms humans use to maintain thermoregulation
7. Identify signs and symptoms that indicate toxicity in children
8. State the appropriate emergent management for children who are exhibiting signs or symptoms of toxicity
9. Identify risk factors in otherwise well appearing children that place them at risk for serious bacterial infection

Reading list:

- Access Emergency Medicine in Book Section: Strange and Schafermeyer's Pediatric Emergency Medicine, 5e Section 1 Cardinal Presentations Chapter 2 The Febrile or septic appearing neonate <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=194747528>
- Access Emergency Medicine: Strange and Schafermeyer's Pediatric Emergency Medicine, 5e Section 1 Cardinal Presentations Chapter 3 The Febrile or septic appearing infant or child <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=194747553>
- Access Emergency Medicine Case Files Case #34 Febrile Seizure <https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?qbosID=606059&qbosContainerID=309&viewByNumber=false&groupid=388#275335344>

Questions to ponder and cases to complete:

- Access Emergency Medicine: Cases: Case Files: Emergency Medicine. #32: Fever without a source in a 1-3 month old infant. <https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?qbosID=606061&qbosContainerID=309&viewByNumber=false&groupid=388#275335587>
- Access Emergency Medicine: Cases: Resident Readiness, 3-week-old male with a fever. <https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?qbosID=238704&qbosContainerID=94&viewByNumber=false&groupid=0#124707779>
- Access Emergency Medicine Case Files Case #34 Febrile Seizure <https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?qbosID=606059&qbosContainerID=309&viewByNumber=false&groupid=388#275335344>

Pediatrics: Emergency Medicine Pediatric Rehydration and Calculation of Fluids and Electrolytes

Objectives:

1. define mild, moderate, and severe dehydration
2. define components of rehydration
3. define common additives to rehydration fluids
4. discuss weight-based calculations of potassium, sodium, and fluids

Reading list:

Strange and Schafermeyer's Pediatric Emergency Medicine, 5e. Section 14: Pediatric Fluid, Electrolyte and Acid Base Disturbances: Chapters 81-85

<https://accessemergencymedicine.mhmedical.com/book.aspx?bookid=2464#194745788>

Questions to ponder:

- Why is water not a good 'clear liquid' for infants and small children?
- What are outcomes when formula is mixed to be more dilute than per the instructions, to make the can of formula powder last longer?

Trauma: Emergency Medicine Mild Traumatic Brain Injury and Management: Concussion Management and PECARN head CT rules

Objectives:

1. Be able to apply the PECARN head CT rules in children
2. Define concussion
3. List common sequelae of concussion
4. Apply return to activity guidelines for patients recovering from a concussion
5. Discuss the process of reading a head CT for trauma
6. Know the components and classifications of the Glasgow Coma Scale
7. Discuss the classification of head injury into mild, moderate, severe, primary, and secondary
8. Know the relationship between mean arterial pressure, systolic and diastolic blood pressure, intracranial pressure, and cerebral perfusion pressure
9. Identify patterns of head injury based on clinical examination

Reading list:

- Strange and Schafermeyer's Pediatric Emergency Medicine, 5e: Trauma: Head Trauma Chapter 24: <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=194748742>
- **PECARN guidelines for Pediatric Head Trauma: original research article:** <https://libkey.io/libraries/118/articles/91582471/content-location>
- Sert ET, Mutlu H, Kokulu K. The Use of PECARN and CATCH Rules in Children With Minor Head Trauma Presenting to Emergency Department 24 Hours After Injury [published online ahead of print, 2020 Jan 10]. *Pediatric Emerg Care*. 2020;10.1097/PEC.0000000000002011. doi:10.1097/PEC.0000000000002011 <https://pubmed.ncbi.nlm.nih.gov/31929390/>
- JAMA. 2011 Jul 6;306(1):79-86. doi: 10.1001/jama.2011.819. Epub 2011 May 31. Diagnosis and Management of Sports-Related Concussion; A 15-Year-Old Athlete With a Concussion. *JAMA*. 2011 Jul 6;306(1):79-86. doi: 10.1001/jama.2011

- Mark E. Halstead, KevinD. Walter, Kody Moffatt, Council on Sports Medicine and Fitness. Pediatrics Dec 2018, 142(6) e20183074; DOI 10.1542/peds.2018-3074. Sport related concussion in children and adolescents. <https://pubmed.ncbi.nlm.nih.gov/30420472/>
- American Medical Society of Sports Medicine Position Statement on Concussion in Sports <https://bjism.bmj.com/content/bjsports/53/4/213.full.pdf>

Questions to ponder:

1. Why does elevation of the head of the bed decrease ICP
2. What is the effect of maintaining the head in the midline versus turned to one side on ICP
3. Regarding clinical decision rules, understand that they never supersede the clinician at the bedside's exam and/or gestalt and are only guidelines.

Pediatrics: Emergency Medicine and Pediatric Poisoning

Objectives:

1. Develop a list of common medications in which one pill could kill an inquisitive 2-year-old.
2. Develop a poison control sheet to hand out to parents/grandparents discussing the risks of certain medications that fit into the one-pill can kill category.
3. Be able to state the initial approach to the pediatric poisoning patient
4. Be able to list the toxic dose and treatment regimen for acetaminophen overdose
5. Be able to know the general treatment plan for any pediatric patient that ingests any cardiovascular drug, or any oral anti-diabetic medications

Reading list:

- Strange and Schafermeyer's Pediatric Emergency Medicine, 5e. Section 22; Toxicology <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=196391213>
- Do Chapters 113: General Approach <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=196391213>
- Chapter 114: acetaminophen <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=196391273>
- Chapter 119: Cardiovascular Drugs <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=196391469>
- Chapter: 122: Oral anti-diabetic agents <https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=196391689>

Pediatrics: Radiology Case Study

Objectives:

1. How to read a head CT in a patient with head trauma
2. Be able to identify the various types of intracranial bleeding that you might see

Reading list:

- <https://accessemergencymedicine.mhmedical.com/book.aspx?bookid=434>
- Radiology Case Studies: Section VI: VI-3: How to read a head CT in a patient with head trauma
Section VI: <https://accessemergencymedicine.mhmedical.com/book.aspx?bookid=434#41825461>
- You should review this whole section to be able to identify the various types of intracranial bleeding that you might see Section VI-3:
<https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=434§ionid=41825465>

Access Emergency Medicine Cases

- Access Emergency Medicine in Book Section: Strange and Schafermeyer's Pediatric Emergency Medicine, 5e Section 1 Cardinal Presentations Chapter 2 The Febrile or septic appearing neonate
<https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=194747528>
- Access Emergency Medicine:
Strange and Schafermeyer's Pediatric Emergency Medicine, 5e Section 1 Cardinal Presentations Chapter 3 The Febrile or septic appearing infant or child
<https://accessemergencymedicine.mhmedical.com/content.aspx?bookid=2464§ionid=194747553>
- In Access Emergency Medicine Case #32; Fever without a source in 1–3-month-old
 - **Must achieve a 75% to pass**
- Access Emergency Medicine Case Files Case #34 Febrile Seizure
<https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?gbosID=606059&gbosContainerID=309&viewByNumber=false&groupid=388#275335344>
Must achieve a 100% to pass
- Access Emergency Medicine: Cases: Resident Readiness, 3-week-old male with a fever.
<https://accessemergencymedicine.mhmedical.com/CaseContent.aspx?gbosID=238704&gbosContainerID=94&viewByNumber=false&groupid=0#124707779>

ROTATION EVALUATIONS

Attending Evaluation of Student

Attending Evaluation of the Student is completed electronically via Medtrics by the supervisor designated within the Medtrics rotation description. To initiate this evaluation, each student must select their attending physician as directed within the rotation description in Medtrics. Students will receive an email from Medtrics to select the attending 7 days prior to the end of the rotation. Should your rotation lack a rotation description or if you have any questions, please contact com.msu.edu. Upon selecting the attending physician directed within the Medtrics rotation description, the attending physician will receive an automated email link connecting them to their assigned Attending Evaluation within Medtrics.

Attendings will be able to electronically access and submit the Attending Evaluation of the Student. Attendings will access the electronic form within Medtrics by selecting the email link on a smart device. No login (username/password) will be required for attendings to access their pending evaluation(s) assigned to them. After the electronic form has been submitted by their attending, students can review

the Attending Evaluation of the Student that were completed by visiting the 'Evaluations' module (in the 'About Me' tab) of their Medtrics profiles.

Students are encouraged to seek formative/verbal feedback on their performance at least weekly. Students are also encouraged to discuss the Attending Evaluation of the Student with the supervisor completing the evaluation.

Any evidence of tampering or modification while in the possession of the student will be considered "unprofessional behavior" and will be referred to the Committee on Student Evaluation (COSE).

Grades are held until all rotation requirements are received. Students are required to ensure their rotation requirements are completed correctly.

Student Evaluation of Clerkship Rotation

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the Medtrics system: <https://msucom.medtricslab.com/users/login/>. By the last week of each rotation, students will receive an automated email link connecting them to their assigned evaluation for the respective rotation. Students can also access their pending evaluations on the 'Home' or 'Evaluations' tabs within their Medtrics accounts.

Unsatisfactory Clinical Performance

The Instructor of Record will review/investigate a student's performance on a rotation when a concern is raised by the supervisor(s), and/or when the Attending Evaluation of Clerkship Student contains any below expectation marks within the professionalism area, any unsatisfactory written comments, or a total of two or more below average marks on the evaluation. After investigations, the Instructor of Record will determine a final grade for the student. After investigations, the Instructor of Record will determine a final grade for the student.

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

CORRECTIVE ACTION

There is no Corrective Action offered on this course.

As determined by the Instructor of Record, the student will receive an N grade for the course if all assignments are **not completed** successfully by the last day of rotation at 11:59pm (with the exception of the Attending Evaluation).

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

While it is the responsibility of the student to ensure that the Attending Evaluation of Clerkship Student is completed, this requirement may extend beyond the corrective action deadline.

BASE HOSPITAL REQUIREMENTS

Students are responsible for completing all additional requirements set by the hospital/clinical site at which they are completing a rotation. Students are not responsible for reporting to MSUCOM the results of any requirements that exist outside of those listed above.

STUDENT RESPONSIBILITIES AND EXPECTATIONS

Course participants will meet the preceptor on the first day of the rotation at a predetermined location to be oriented to rotation hours, location(s), and expected duties and responsibilities while on-service.

- *The student **will** meet the following **clinical responsibilities** during this rotation:*
 - Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

- *The student **will** meet the following **academic responsibilities** during this rotation:*
 - Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patient's 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.
 - It is the **student's** responsibility to notify the Clerkship Office (com.clerkship@msu.edu) immediately if they are placed on quarantine or contract COVID.

MSU COLLEGE OF OSTEOPATHIC MEDICINE STANDARD POLICIES

The following are standard MSUCOM policies across all Clerkship rotations.

CLERKSHIP ATTENDANCE POLICY

MSUCOM requires student participation in clerkship rotations and clinical activities with consistent attendance to acquire the skills and knowledge that are necessary for successful program completion. Students are expected to take minimal time off outside of vacation periods built into student schedules and should only request additional time off in the rare events and circumstances outlined below.

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

Excused Absences

Students must obtain documented approval for any full- or partial-day absence on a rotation.

Excused absences require the completion of the *Clerkship Program Excused Absence Request Form* by taking the following steps:

- Obtain appropriate signatures on the *Clerkship Program Excused Absence Request*

Form at least 30 days prior to the date of the absence. An absence due to a sudden emergency is the exception to the 30-day advanced notice rule.

- Upload the completed *Clerkship Program Excused Absence Request Form* to the 'Excused Absences' folder (within the 'My Personal Documents' section) of a student's Medtrics profile.

Unexcused absences are full- or partial-day absences taken without the proper completion of the *Clerkship Program Excused Absence Request Form*, or any absences not covered in the Clerkship Attendance Policy. Unexcused absences are considered unprofessional and will result in a report to the Spartan Community Clearing House and/or the MSUCOM Committee on Student Evaluation (COSE). Unexcused absences may also have a negative impact on a student's rotation grade or evaluation.

Students are not allowed to be absent from the first day of any rotation.

- Due to the onboarding plans at most rotation sites, students must attend the first day of every rotation. Students must plan accordingly for personal days, interview days, COMLEX, etc.

Maximum time off any rotation*

| Length of Rotation | Maximum Number of Days Off | |
|--------------------|----------------------------|---|
| 4 weeks | 2 days | Should an absence exceed these limits, the student is responsible for requesting additional days off from the Associate Dean for Clerkship Education via email (COM.Clerkship@msu.edu) prior to the absence. |
| 2 weeks | 0 days | |

**Exception: A fourth-year student may be absent a total of 4 days on any 4-week rotation or 2 days on any 2-week rotation during the months of October-January for interview purposes only. If interview absences exceed these totals, the student must submit a Clerkship Program Excused Absence Request Form (with appropriate signatures obtained from the rotation attending and rotation site) to the Associate Dean for Clerkship Education via email (COM.Clerkship@msu.edu) prior to the absence.*

| Absence Type | Qualifications | Maximum Number of Days Off | Details | Required Approval from Associate Dean for Clerkship Education |
|---|---|---|--|---|
| Personal Day | May be used at the discretion of the student (example: illness, physician appt., conference time, etc.). <u>Total days off any one rotation (including personal days off)</u> cannot exceed 2 on any one 4-week rotation. | 5 total days per academic year (July-June) | While personal days may be used at the discretion of the student, the <u>total</u> days off any one rotation (including personal days off) cannot exceed 2 on any one 4-week rotation, i.e., students cannot use all 5 days on one rotation. | No |
| Jury Duty | Court documentation must accompany the <i>Clerkship Program Absence Request Form</i> | N/A | Jury duty, when obligated, is not considered a personal day absence. | Yes |
| Hospital-organized community events | Example: Special Olympic Physicals | N/A | These events would be considered part of the rotation and not a personal day absence. | No |
| Examination | COMLEX USA Level 2 CE/USMLE Step 2 CK/Canadian MCCEE | 1 day | | No |
| | COMAT/NBME shelf examinations | Students have the time off to take the examination only | Students should be reporting to rotation before/after examination. | No |
| Prolonged Illness, Bereavement, Maternity Leave | Medical related absence or bereavement | Determined on a case-by-case basis | Students must contact the Associate Dean for Clerkship Education directly (enright4@msu.edu) to discuss time off rotations. | Yes |

Clerkship Program Excused Absence Request Forms: Once appropriate approval signatures are obtained, forms must be uploaded to the 'Excused Absences' folder within each student's Medtrics profile. Students should maintain a copy for their records.

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. They 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 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, but are not limited to, factors such as:

- The student's demonstrated ability
- The student's level of education and experience
- The learning objectives of the clinical experience

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

Third- and fourth-year medical students will be supervised at a level appropriate to the clinical situation and that 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.

MSUCOM STUDENT HANDBOOK

The Student Handbook is published electronically by MSUCOM for students in the Doctor of Osteopathic Medicine program. This handbook does not supersede other Michigan State University or College of Osteopathic Medicine policies, regulations, agreements, or guidelines. The Handbook is updated annually during the summer semester, with changes effective when posted. Any subsequent changes are effective as of the date of issuance.

Students shall adhere to Michigan State University and College of Osteopathic Medicine policies, procedures, agreements, and guidelines. Violations of any regulation are subject to disciplinary action, up to and including program dismissal.

COMMON GROUND FRAMEWORK FOR PROFESSIONAL CONDUCT

The Common Ground Framework provides the MSUCOM community with a reminder of the unity of mind, body, and spirit that underlines the field of osteopathic medicine. The framework is a set of guiding, foundational principles that underpin professional conduct and integrity and applies to all professionals at work within the shared college community, independent of their specific roles or responsibilities.

This framework is built around the acronym CORE, representing Collaboration, Opportunity, Responsibility, and Expertise. Each domain encompasses values and examples of how they are demonstrated.

- **Collaboration:** Working together with others
 - Interactive: Interact effectively and respectfully with people you encounter; demonstrate honesty, genuineness, humility, and compassion
 - Dynamics and Communication: Demonstrate respect, civility, and courtesy in communication; communicate effectively with diverse individuals and groups for a variety of purposes using available technologies; employ active listening
 - Use of Feedback: Identify sources of feedback; deliver and receive effective feedback for initiatives, evaluations and assessments, quality improvements, conflict resolution, and peer review
- **Opportunity:** Encouraging an environment of mutual support
 - Shared Leadership: Exhibit advocacy for self and others; accept situational leadership as needed; establish mutual support and respect; participate as a support for others regardless of title or position
 - Problem-solving: Recognize and define problems; analyze data; implement solutions; evaluate outcomes; include the perspectives of others

- Decision-making: Fulfill commitments; be accountable for actions and outcomes; discuss and contribute your perspective in group settings; listen to multiple viewpoints prior to making a decision
- **Responsibility:** Supporting a shared culture of accountability
 - Effective Use of Time and Resources: Invest time, energy, and material resources efficiently in order to provide effective services; demonstrate integrity and stewardship of resources
 - Critical Thinking Skills: Recognize and differentiate facts, illusions, and assumptions; question logically; identify gaps in information and knowledge
 - Mindfulness and Self-Care: Actively engage in surrounding circumstances and activities; self-assess, self-correct, and self-direct; identify sources of stress and develop effective coping behaviors
- **Expertise:** Having relevant skills or knowledge
 - Core of Knowledge: Develop core professional knowledge; apply the knowledge in clinical, academic, and administrative settings
 - Technical Skills: Show competency and proficiency in performing tasks that are integral to the scope and practice of your profession; identify needs and resources for learning; continually see new knowledge and understanding in your profession

MEDICAL STUDENT RIGHTS AND RESPONSIBILITIES

The rights and responsibilities of students enrolled in MSUCOM are defined by the medical colleges of Michigan State University, including the College of Osteopathic Medicine, the College of Human Medicine, and the College of Veterinary Medicine. Students enrolled in the professional curricula of these colleges are identified as “medical students”. These colleges collectively define “Medical Student Rights and Responsibilities” (MSRR). This document addresses academic rights and responsibilities, governance, procedures for complaints, due process, and other topics. The current version is available on the MSU Spartan Life website at the address below: <http://splife.studentlife.msu.edu/medical-student-rights-and-responsibilities-mssr>

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.

COURSE GRADES

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

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

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

N Grade Policy

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

STUDENT EXPOSURE PROCEDURE

A form has been developed by the University Physician to report incidents of exposure, e.g., needle sticks, mucous membrane exposure, tuberculosis exposure, etc., and it may be found on the Clerkship Medical Education page of the MSUCOM website [here](https://com.msu.edu/current-students/clerkship-medical-education) (<https://com.msu.edu/current-students/clerkship-medical-education>).

Contact Associate Dean for Clerkship Education, Dr. Susan Enright (enright4@msu.edu), if exposure incident occurs.

STUDENT VISA

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

If modifications, updates, or extensions to an existing VISA form are made after the semester begins, it is the responsibility of the student to submit the newest version to the Clerkship Team if he/she intends to utilize the accommodation going forward

PATIENT TYPES AND PROCEDURE LOG

Name: _____ Student ID#: _____

Patient Types and Procedure Log:

| Procedure | #Required | Date | Supervisor Initials |
|--|----------------------------|-------------|----------------------------|
| 5 patients with a fever | 1. 2. 3. 4. 5. | | |
| Interpret 5 imaging studies with a supervisor | 1. 2. 3. 4. 5. | | |
| Observe/assist in one pediatric sedation | 1. | | |
| Perform a physical examination on one infant less than 3 months of age | 1. | | |
| Observe/participate in one laceration repairs | 1. | | |
| Observe/assist with one fracture evaluation | 1. | | |

SUMMARY OF GRADING REQUIREMENTS

| Requirement | Submission Method | Pass | No Grade Reported | No Pass |
|--|--|---|---|---|
| Patient Types and Procedure Log | See page at the end of syllabus and upload into D2L Drop Box for the course | Completed and uploaded by 11:59 pm Last Sunday of Rotation | <p>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.</p> | <p>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.</p> |
| Access Emergency Medicine Quiz | Submitted first page with name and score submitted electronically in D2L | Completed with a score of 70% or higher and uploaded by 11:59 pm Last Sunday of Rotation | | |
| Clinical Shift Schedule | Online D2L Drop Box | 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. | | |
| Access Emergency Medicine Case #32 Fever without a source in a 1–3-month-old | Submitted first page with name and score submitted electronically in D2L | Completed and uploaded by 11:59 pm Last Sunday of Rotation | | |
| Access Medicine Residency Rediness 3 week old male wih fever | Submitted first page with name and score submitted electronically in D2L | Completed and uploaded by 11:59 pm Last Sunday of Rotation | | |
| Access Medicine Cases #34 Febrile Seizure | Submitted first page with name and score submitted electronically in D2L | Completed and uploaded by 11:59 pm Last Sunday of Rotation | | |
| Attending Evaluation of Clerkship Student | Attendings receive an automated email link connecting them to their assigned evaluation(s) within Medtrics, where they | <ul style="list-style-type: none"> • Student may receive “Below Expectations” in up to one (1) subcategory • Overall categories must receive “Meets | Will be the conditional grade until all requirements of | <ul style="list-style-type: none"> • Receives two (2) or more “Below Expectations” within the subcategory sections. |

| Requirement | Submission Method | Pass | No Grade Reported | No Pass |
|--|--|---|---|--|
| | may access and submit the electronic form(s) directly | Expectations” or “Exceeds Expectations” | this rotation are met | <ul style="list-style-type: none"> • Receives comments that indicate below expectations of performance • See Unsatisfactory Clinical Performance above |
| Student Evaluation of Clerkship Rotation | Can be accessed and submitted electronically by students within the dashboard of their Medtrics profiles | Completed 100% by 11:59 pm the last day of the rotation | Will be the conditional grade until all requirements of this rotation are met | Failure to complete and submit within 14 days from the end of the rotation |