

**IM 657**  
**CORE EMERGENCY MEDICINE**

**CLERKSHIP CORE ROTATION SYLLABUS**

OSTEPATHIC 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 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 rotation.*

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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 solid 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. **For scheduling, as per the syllabus, you must meet with the department where you will be rotating to set up your initial assigned schedule. However, you may not work more than five shifts in a row, nor do 'double shifts' or be scheduled for more than four 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 were made to the content of the rotation to ensure that the student will pass on the first attempt, IF they have read the content provided. You may find it easiest to take notes on the objectives and bring forward some of the EM lectures that were provided in years 1 and 2 to help with the content to make a study guide. The previous curriculum revision in 2012 lead to the increased integration and less repetition of content between the rotations, and between C3 content. However, due to the variability in when you will be scheduled for this rotation and therefore this exam, we have chosen to go back to a more formal didactic reading list to assure you all have the basics, even if repetitious.

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

**If you are at Sinai Grace for your CORE IM657 and are scheduled for 12 shifts, you may log your 5-hour Grand Rounds requirements that are completed in addition to residency conference. Any other site or reason for not completing 14 shifts should be discussed with the Instructor of Record. If at Sinai Grace and assigned less than 12 shifts, you must complete 1 week of "Grounded in EM" (10 hours of content).**

**For any site that has <14 shifts for each 2 shifts not scheduled, you must complete 1 week of 'Grounded in EM'.**

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 get you to complete this task, and then you can log it. There are particular patient types that need to be seen

also. All of this is to enhance your learning, otherwise you will most likely be stuck seeing only the basics or just shadowing, and we feel it is important that you develop skills both manual and intellectual around a variety of patient complaints. These lists help assure your breadth of exposure. **You do not have to be the primary provider on the patient to log them, but do need to do the things requested** – i.e., take vitals on three infants, perform mini mental status exams, see children with musculoskeletal complaints or fever, etc.

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

## **COURSE SCHEDULING**

### Course Enrollment

- The student must be an active student at MSUCOM.
- Core rotations are scheduled by MSUCOM and may not be moved.
- It is the responsibility of the student to ensure MSUCOM confirmation and enrollment prior to starting any course/rotation:
  - MSUCOM clerkship confirmation is complete when the rotation is visible on the students Medtrics schedule.
  - Enrollment will be processed by the MSUCOM Registrar's Office upon clerkship confirmation.
  - Enrollment can be verified by the student by reviewing the Student Information System

## **ROTATION FORMAT**

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

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

## **GOALS AND OBJECTIVES**

### GOALS

1. Introduce the student to basic procedures relevant to the practice of emergency medicine.
2. Facilitate an understanding of the approach to acute care clinical problem solving.
3. Promote the acquisition of simple basic skills for the diagnosis and management of common simple emergencies.

4. Encourage the continued development of the student's professional attitude and behavior.
5. Provide the initial competency-based skills assessment for ABG, IV start, IM injection, and laceration repair.

### OBJECTIVES

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

### COMPETENCIES

Although the Emergency Medicine patient encounter allows one to provide all of the core competencies across the rotation, some will be emphasized in each patient more than others depending on the patient circumstances and location of your rotation. The Emergency Medicine Rotation will allow focus on the following Osteopathic Core Competencies for Medical Students:

Please refer to this document often to determine all aspects of the core competencies.

<https://www.aacom.org/docs/default-source/med-ed-documents/corecompetencyreport2012.pdf>

To avoid an extensive listing that is already provided elsewhere you are encouraged to review this document and incorporate these principles to each patient encounter.

1. Recognize and treat each patient as a whole person, integrating body, mind, and spirit.
2. Obtain consent for procedures, and effectively answer the patient's questions about potential risks, benefits, and complications.
3. Identify the association between organ systems, function, and structural findings.
4. Obtain historical information to advance the care and treatment of the patient that integrates physical, psychosocial, and cultural factors.
5. Perform a physical exam incorporating visual inspection, auscultation, palpation, percussion, and range of motion testing.
6. Identify the patient's chief complaints and appropriately perform a logical physical examination in order to properly diagnose the condition.
7. Identify key history and physical examination findings pertinent to the differential diagnosis.
8. Describe how critical pathways or practice guidelines can be useful in sequencing diagnostic evaluations for the patient.
9. Formulate a differential diagnosis based on findings from the history and physical examination of the patient.
10. Consider the patient's perspective and values in diagnostic decision making.
11. Prioritize diagnostic tests based on sensitivity, specificity, and cost-effectiveness.
12. Maintain sensitivity to issues of patient perspective, privacy, comfort, and dignity during the examination.
13. Recognize and correctly interpret abnormal clinical findings.
14. Gather essential data from all additional sources, as available.

15. Recognize and accurately interpret relevant laboratory, imaging, and other diagnostic studies related to patient care.
16. Synthesize into an organized presentation all information gathered as part of the patient encounter.
17. Prioritize the differential diagnosis based on the factors listed above.
18. Include patient education and counseling as part of the management plan; ensure the patient's understanding of the nature of the diagnosis. have them sign the form stating there was not an opportunity for you to perform whatever you did not complete.

**The following four competencies will be evaluated on this rotation with a rubric that must be completed by the supervising personnel and submitted by the end of the rotation:**

1. **Perform intramuscular injections. (Rubric will be used to assess competency)**
2. **Perform peripheral intravenous access. (Rubric will be used to assess competency)**
3. **Perform suturing for closure of an uncomplicated laceration. (Rubric will be used to assess competency)**
4. **Obtain an arterial blood gas (Rubric will be used to assess competency)**

## **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: **Core Emergency Medicine**

If you encounter any issues accessing this D2L course, please email the CA (on the title page of this syllabus). It is your responsibility to make sure you have access to the course D2L page on the first day of the course.

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 have trouble accessing links.***

1. <http://www.lifeinthefastlane.com> for EKG's <https://litfl.com/category/ecg-library/>
2. 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>

3. 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>

The link to video below is based on the article above that was done in 2022:

<https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/Instructional-Videos/medical-student-presentations-video>

4. Access Medicine Tintinalli quizzes that may be helpful for the COMAT. **Emergency Medicine PreTest® Self-Assessment and Review, 5e** <https://accessemergencymedicine-mhmedical-com.proxy2.cl.msu.edu/qa.aspx?groupid=0&categoryid=0&resourceid=3016>;
5. Stanford Life Medicine, The LIFE Curriculum video Fatigue; [https://med.stanford.edu/gme/duke\\_life/fatigue.html](https://med.stanford.edu/gme/duke_life/fatigue.html)
6. CURRENT Diagnosis and Treatment in Emergency Medicine: Multiple Chapters <https://accessmedicine-mhmedical-com.proxy2.cl.msu.edu/book.aspx?bookid=2172>
7. Valeriote T, Morgan O. The Right Route: The site of injection matters. Emergency Physicians Monthly, Nov 2016: pp16-17. <https://epmonthly.com/article/the-right-route/>

## SUGGESTED STUDY RESOURCES

### Recommended Websites

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

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

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



## ROTATION REQUIREMENTS

REQUIREMENT	SUBMISSION METHOD	DUE DATE Please refer to D2L for actual (month/day) due dates
COMAT Exam	NBOME	Schedule for the last Friday of the course. Complete with score of 83 or above 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 *See Introduction section	Online D2L Drop Box	Not to be submitted until the last Friday-Sunday (3 days) of the rotation, and must be the schedule you worked, not what you were scheduled to work.
Mid Rotation Evaluation	Online D2L Drop Box	Completed 100% and uploaded by the 3rd Sunday of the rotation at 11:59 pm. <b>Dated by the 3<sup>rd</sup> Wednesday of the rotation.</b>
Procedure Check List EM ED Performance Parameters	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 Clerkship Student	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	Last Day of Rotation

REQUIREMENT	SUBMISSION METHOD	DUE DATE Please refer to D2L for actual (month/day) due dates
	Evaluation within Medtrics. Attendings will be able to electronically access and submit the forms on behalf of their students.	
Student Evaluation of Clerkship Rotation	Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing the Medtrics system: <a href="https://msucom.medtricslab.com/users/login/">https://msucom.medtricslab.com/users/login/</a> . 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 Sunday of Rotation

**WEEKLY READINGS/OBJECTIVES/ASSIGNMENTS**

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

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

**IM 657 EMERGENCY MEDICINE CORE (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 considers common and rare etiologies, cost-effectiveness, and patient-centered factors.
- Accurately interpret diagnostic test results.
- Compare and contrast treatment options.
- Adapt the plan of care as necessary, addressing the differing needs of pediatric and geriatric patients.
- Effectively explain diagnostic tests, treatment procedures and medications to the patient.
- Identify the role of other health team members in patient care.
- Apply relevant osteopathic principles and practices.

## GLOBAL OBJECTIVES FOR BOARDS STUDYING

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

### **A. Core Content Area: ADULT RESUSCITATION OBJECTIVES**

1. Describe and perform several 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. 113-114**)

### **B. Core Content Area: TRAUMA OBJECTIVES**

1. Discuss the components of the history in a multiple trauma patient (**reading: Sec 21: and OST 580 chest trauma lecture**).
2. Discuss the four sequential phases of management of the multiple trauma patient. Outline the components of the primary and secondary trauma survey and discuss the recognition and management of immediate life-threatening injuries.
3. Be able to recognize and diagnose and state initial management of:
  - a. Abdomen: Spleen and liver injury
  - b. Chest: Hemothorax, Pneumothorax, Tension Pneumothorax reading (**Sec 8 Ch 68**) and (**Sec 21 Ch 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 OBJECTIVES**

1. Discuss the etiologies and pathophysiologic mechanisms of shock (**reading: Sec 3: Ch. 12 & 13**).

2. Describe the physical findings of patients in varying degrees and types of shock: to include anaphylactic, cardiogenic. Hypovolemia and septic shock. **(Sec 3: Ch 12-13)**
3. Discuss the management of the varying degrees and types of shock in adults and children **(Sec 3: Ch-12-13)**.

**D. Core Content Area: CHEST PAIN OBJECTIVES**

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

**E. Core Content Area: DYSPNEA OBJECTIVES**

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

**F. Core Content Area: ALTERED MENTAL STATUS (COMA, SYNCOPE, SEIZURES, EMERGENCY PSYCHIATRY) OBJECTIVES**

1. Discuss the pathophysiology and differential diagnosis of the comatose patient **(reading: Sec 14: Ch. 168; Sec 12: Ch. 140)**.
2. List the critical actions in the management of a comatose patient.
3. Explain the diagnostic studies and procedures used in evaluating the comatose patient.
4. Demonstrate the evaluation of the cerebral CT radiograph.
5. Discuss the pathophysiology and differential diagnosis of syncope **(reading: Sec 7: Ch. 52; Sec 12: Ch. 130)**.
6. Perform the history and physical examination pertinent to the evaluation of a patient with syncope.
7. List the diagnostic studies and/or procedures used to evaluate the syncopal patient.
8. Discuss the management of the syncopal patient.
9. Describe the evaluation and pathophysiology of seizures **(reading: Sec 14: Ch. 171; Sec 12: Ch. 138)**.

10. Discuss the initial first line therapy management of seizures in the emergency department. **(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 OBJECTIVES**

1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. Discuss the pertinent diagnostic studies and procedures. Discuss the management of the patient with headache **(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 OBJECTIVES**

1. List the common causes of conjunctivitis, keratitis, iritis and the presentation of acute glaucoma and periorbital cellulitis. Describe their management in the emergency department **(reading: Sec 19: Ch. 241)**.
2. Discuss the presentation and evaluation and management of corneal foreign bodies and abrasions, ocular penetration, hyphemia, dislocated lens, retinal detachment, and corneal burns. **(Reading: Sec 19: Ch. 241)**.

#### **I. Core Content Area: ENT EMERGENCIES OBJECTIVES**

1. Describe the evaluation and management of the patient with epistaxis. Be able to distinguish the clinical features of an anterior nosebleed vs. a posterior nosebleed and their management. **(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 OBJECTIVES**

1. List the key points to be obtained in the history and to be addressed on the physical examination of the patient with abdominal pain, addressing the differential diagnosis in adults and children **(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 OBJECTIVES**

1. Describe the evaluation and management of the patient with suspected ectopic pregnancy.
2. Discuss the causes, evaluation, and management of early and late bleeding during pregnancy. Discuss the classifications of miscarriage (**reading: Sec 11: Ch. 98; Sec 11: Ch. 100**).
3. Be able to state the usual physical exam findings secondary to PID or a sexually transmitted infection due to chlamydia, gonorrhea, herpes, or trichomonas.
4. Be able to name the initial treatment options for each of the above pathogens. (**Reading Sec 13; CH 153**)
5. Name admission criteria for PID. (**Sec 11; Ch 103**)
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?MultimediaID=19467803>

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

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

**M. Core Content Area: WOUND CARE OBJECTIVES**

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

**N. Core Content Area: TOXICOLOGY OBJECTIVES**

1. Discuss initial stabilization and management of the poisoned patient with regard to ABC's, supportive care, formulation of a toxidrome from the history and physical exam, use of naloxone, glucose/glucagon, decontamination, prevention of absorption, dilution and enhanced excretion, antidote use (**reading: Sec 15: Ch. 176**).
2. Know the differential diagnosis for anion gap metabolic acidosis.
3. Know the diagnostic criteria and initial management of a patient suffering from acetaminophen, salicylate, carbon monoxide, opioids, tricyclic antidepressants, and toxic alcohol (isopropyl, methanol and ethylene glycol) poisoning. (**Reading**

**Sec 15; Ch 177,185,186,189 & 190 and Sec 16: Ch 222)**

**O. Core Content Area: PEDIATRICS OBJECTIVES**

1. Discuss the accurate assessment of pediatric vital signs **(Sec 12: Ch. 106)**.
2. Be able to list examination findings that would make you suspect non-accidental trauma or domestic violence. **(Sec 12; Ch 150)**
3. Recognize the external signs of abuse, neglect, and trauma Pediatric Emergency Medicine. Ch. 144. Abuse and Neglect. Copy and paste into browser <https://accessemergencymedicine-mhmedical-com.proxy2.cl.msu.edu/content.aspx?bookid=1345&sectionid=72129308>

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

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

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

**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 elective rotations in EM that you might do. For elective rotations, follow the syllabus labeled for selective/elective. If your hospital site requires an EMS experience for an elective, then you are required to complete it.

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

Option one

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

discuss with the EMS personnel what their training and educational background is and what they are licensed to do in their job.

#### Option two

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

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

#### Option three

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

### MID ROTATION EVALUATION

Students are required to complete the MSUCOM Mid-Rotation Feedback Form. This will need to be completed by an Attending or Resident at the end of week two of the rotation. It should be dated no later than the 3rd Wednesday of the rotation. Students must upload the form to a D2L drop box by 11:59 pm on the third Sunday of the rotation to be eligible to receive Honors or obtain a High Pass in the rotation.

A grade cannot be entered for the course until all requirements of the course have been met. If you are unable to complete the Mid-Rotation Feedback, it will be your responsibility to reach out to the Course Assistant for the assigned Corrective Action.

### RUBRICS FOR COMPETENCY SKILLS ASSESSMENTS

Students are required to complete the 4 Competency Skills Assessments forms (ABG Draw Procedure Evaluation, Basic Laceration Suture Procedure Evaluation, Basic IM Injections Procedure Evaluation and Basic IV Set up and Start Procedure Evaluation). Students must upload the form to a D2L drop box by 11:59 pm on the last Sunday of the clerkship to be eligible to receive Honors or obtain a High Pass in the rotation.

A grade cannot be entered for the course until all requirements of the course have been met. If you are unable to complete any of the Rubric Assessments, it will be your responsibility to reach out to the Course Assistant.

### PROCEDURE CHECKLIST

Students are required to complete the EM/ED Performance Procedure checklist. This will need to be completed at the end of rotation. Students must upload the form to a D2L drop box by 11:59 pm on the last Sunday of the clerkship to be eligible to receive Honors or obtain a High Pass in the rotation.

A grade cannot be entered for the course until all requirements of the course have been met. If you are unable to complete the EM/ED Checklist, it will be your responsibility to reach out to the Course Assistant.



## COMAT EXAM INFORMATION

### **DUE DATE: The last Friday of the Rotation**

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 for honors designation.

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, you will receive a zero 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 an 83 or higher to receive a passing grade. Each student will be allowed to take the exam two times before receiving an "N" grade for the rotation. When a student must sit for a re-take of the exam, s/he will be contacted by the Course Assistant, who will provide the student with a deadline by which s/he must sit for the re-take, as well as the consequence for failure to do so. If a student receives an "N" grade for the rotation, s/he will be notified of the failure by the department.

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

For information on exam registration and administration, please visit the COM (College of Osteopathic Medicine) Clerkship Student Portal: <https://michiganstate.sharepoint.com/sites/StudentClerkship>

The COMAT exam for the related subject/course will be taken by the student on the last Friday of the rotation.

- a. Absence due to emergent need
  - i. The student will need to communicate emergent need of absence to the Associate Dean for Clerkship Education for approval ([enright4@msu.edu](mailto:enright4@msu.edu)). Documentation may be requested.
    1. The clerkship team will schedule a make-up examination that may occur on an open Friday COMAT test date, or another date chosen by the Clerkship team following the missed exam.
- b. Personal need to delay examination.
  - i. On rare occasion, the student may request to delay the COMAT examination. The Associate Dean for Clerkship Education will review and approve/deny such requests. The student must request a delay to [com.clerkship@msu.edu](mailto:com.clerkship@msu.edu) by the end of the first week of the rotation.
- c. Failure to show for the scheduled examination, or failure to show up on time as described in the COMAT Policy, will result in a '0' score for the scheduled examination attempt.

If a student requires accommodation, a valid Student Accommodation Form from the Resource Center for Persons with Disabilities (RCPD) must be presented to the COM Clerkship Team at least seven days in advance of the COMAT examination date.

## 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.Clerkship@msu.edu](mailto:COM.Clerkship@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.

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

If a student does not successfully complete the rotation requirements of the course, the student will receive an NGR grade and be permitted to go through a 'corrective action' process.

The following assignments are eligible for corrective action and will be due no later than 14 days after the last Sunday of the rotation at 11:59pm:

1) Mid Rotation Evaluation

Students that do not successfully complete and upload their mid rotation evaluation by 11:59 pm the third Sunday of the rotation will be required to email the Course Assistant with an explanation why this was missed.

The Course Assistant will contact the Instructor of Record and they will assign the required Corrective Action. Corrective Action may take one of a variety of different formats, and the instructions will be outlined in the email from the Course Assistant with details and deadlines.

2) Checklists, Forms, and Shift Schedule.

The student who fails to turn in required paperwork, who has a verifiable reason they failed to do so, will be allowed 14 days, or more depending on the circumstances. Failure to meet this two-week deadline will result in an N grade.

3) COMAT

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

The student is responsible for contacting the Course Assistant (on the 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. Additionally, in the event of a failing score earned on the student's first attempt of a COMAT subject exam, the corrective action for the COMAT retake may extend beyond 14 days.

If a student **successfully completes** the corrective action process, as determined by the IOR, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade (from NGR to Pass, pending the Attending Evaluation of Clerkship Student and, if applicable, score on his/her COMAT retake).

As determined by the IOR, the student will receive an N grade for the course if all assignments and the corrective action process are **not completed** successfully within 14 days after the last Sunday of rotation at 11:59pm (except for the Attending Evaluation). Additionally, a letter of unprofessional behavior for late submission of assignments will be sent to the MSUCOM Spartan Community Clearinghouse.

### 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**

1. Meet with the department where you will be rotating prior to the rotation and set your schedule, pick up your rotation book if they have one, obtain the conference schedule, and any other mandatory requirements as per the department.
2. Complete all assigned shifts. This is a **4-week required** rotation; absences due to vacations, interviewing, or other such activities are not acceptable. **You may not work more than five shifts in a row or be scheduled for more than four consecutive days off in a row. Additionally, you may not work more than one shift in a 24-hour period. There must 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. \*See Introduction page if assigned less than 14 shifts.**
3. You must complete and return the required procedure checklist and patient logs of required/observed procedures or evaluations to the proper D2L course drop boxes. All materials are to be posted in the D2L course site for IM 657 no later than two weeks after the completion of your rotation. Your EMS option form should be completed and signed and then uploaded in to the proper D2L course drop box by the end of the rotation and sent by 11:59pm of the last Sunday D2L drop box:
4. Take and pass the COMAT Exam for Emergency Medicine at the end of the rotation. (Passing score = 83 or above).
5. Return all rotation books to the hospital emergency department office by 11:59pm of the last Sunday of the rotation.
6. Attend all scheduled conferences as assigned.
7. Complete any additional didactic work as required by your local emergency department and return to their office by their deadlines.

8. Complete at least one shift as an EMS “ride-along” **OR** complete the written EMS option two in dispatch **OR** EMS option three by reading chapters related to EMS and completing the quiz with a score of 75%. This may be in addition to your assigned emergency department shifts, or in place of one of your emergency department shifts, depending on local departmental rules. If your hospital precludes your participation in an EMS “ride-along” then you must complete EMS Option 2 or Option 3.
9. If illness precludes you from completing a shift, you must make it up.
10. One set of boards may be taken during this rotation.
11. Vacation may not be scheduled during this rotation.
12. Interviewing time must occur on days that you are scheduled off. Any missed shifts must be made up.
13. Always maintain professional appearance and behavior. You must achieve a satisfactory level on the direct observation rating form. Ratings of unsatisfactory in any category will be reviewed with you by a member of the MSU/COM Emergency Medicine faculty with a specific plan for remediation to be decided on a case-by-case basis.
14. All written work must be original and completed on an individual basis.
15. Honors and High Pass – See page 22 for requirement.
16. It is the duty of the student to assure arrival of materials -and always a good idea to keep a copy of everything you send in case it gets lost.
17. Completion of rubrics for Competency Assessment of IV start, IM injection, ABG draw, and suturing must be submitted to the drop box as well.

### SPECIAL CONSIDERATIONS

1. 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.
2. 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.
3. Attire: First impressions are particularly important. **You must always wear a clean lab jacket and professional attire. Name tags must be always worn,**

**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 always worn, even with sandals. No open toed sandals may be worn.

4. 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.
5. 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.

### ATTIRE AND ETIQUETTE

During your clinical rotation, you will be a part of many different learning environments and will be given great deal of responsibility. Importantly, most of your patients will consider you a critical member of the medical team and see you as a physician. Given this, it is vital that a high level of professional behavior is maintained.

Outward appearance is particularly important in this regard and is critical for initial impressions and for gaining the respect of your patients. For this reason, please adhere to the following dress code during your clerkship:

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

## **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 necessary for successful program completion. This policy will define the policy and procedures regarding absences for clerkship activities. [Clerkship-Absence-Policy.pdf \(msu.edu\)](#)

### POLICY FOR MEDICAL STUDENT SUPERVISION

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The Medical Student Supervision Policy outlines all supervision agreements and expectations. [Clerkship Medical Student Supervision Policy.pdf](#)

### 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. <https://osteopathicmedicine.msu.edu/current-students/student-handbook>.

### 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.

<https://osteopathicmedicine.msu.edu/about-us/common-ground-professionalism-initiative>

### 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

MSU email is the official communication from faculty and staff to students and students are responsible for checking it daily and maintaining their MSU email accounts 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 DO 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. <https://osteopathicmedicine.msu.edu/current-students/student-handbook>.

### DUTY HOURS AND FATIGUE MITIGATION

The accreditation standards for graduate medical education programs include restrictions on the duty hours of residents. Additionally, institutions are expected to promote a clinical learning environment in which duty hours are monitored and strategies exist to mitigate the effects of fatigue. [Clerkship Duty Hours and Fatigue Mitigation Policy.pdf](#)

### STUDENT EXPOSURE PROCEDURE

A protocol 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 here:

<https://osteopathicmedicine.msu.edu/current-students/clerkship-medical-education/injury-and-property-damage-reports>

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

### COURSE GRADES

**H/Honors** – A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabus. 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.

**HP/High Pass** – The grade of High Pass will be designated to students who have above average clinical, professional, and academic performance in certain core rotations but do not meet the criteria for Honors. Criteria for High Pass in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabus. While High Pass designation will be awarded to students meeting the criteria in the syllabi of the above courses, High Pass is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved High Pass in the course. The student's Medical Student Performance Evaluation will reflect each High Pass grade.

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



**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 ACCOMMODATION LETTERS**

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(s) are determined, the student may be issued an Accommodation Letter. Students must present their letter to the Clerkship Team ([COM.Clerkship@msu.edu](mailto: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 letter 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.

## SUMMARY OF GRADING REQUIREMENTS

Requirement	Submission Method	Honors Designation	High Pass	Pass	No Grade Reported	No Pass
<b>COMAT Exam</b>	NBOME	Score of 110 or higher on first attempt	Score of 102-109 on first attempt	Score an 83 or above the day you take the exam. If you fail to take your exam the last Friday of the Rotation, you will receive a zero and have one chance to retake the exam.	Will be the conditional grade until all requirements of this rotation are met.	<ul style="list-style-type: none"> <li>• Failure to pass the exam with two attempts.</li> <li>• Failure to take the retake in the time given.</li> <li>• 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.</li> </ul>
<b>ED Shift Schedule</b>	Submitted into Dropbox in D2L.	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation in D2L. You must upload the schedule you worked. There is no standard form, and you can just upload the four-week calendar marking the shifts you worked.	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation in D2L. You must upload the schedule you worked. There is no standard form, and you can just upload the four-week calendar marking the shifts you worked.	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation in D2L. You must upload the schedule you worked. There is no standard form, and you can just upload the four-week calendar marking the shifts you worked.	Will be the conditional grade until all requirements of this rotation are met.	Failure to complete and upload within 14 days from the end of the rotation.
<b>Procedure Check List EM ED Performance Parameters Checklist</b>	Submitted into Dropbox in D2L	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Will be the conditional grade until all requirements of this rotation are met.	Failure to complete and upload within 14 days from the end of the rotation.

Requirement	Submission Method	Honors Designation	High Pass	Pass	No Grade Reported	No Pass
<b>Four (4) Rubrics for Competency Skills Assessments</b> 1. <b>ABG Draw Procedure Evaluation</b> 2. <b>Basic Laceration Suture Procedure Evaluation</b> 3. <b>Basic IM Injections Procedure Evaluation</b> 4. <b>Basic IV Set Up and Start Procedure</b>	Submitted into Dropbox in D2L	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Will be the conditional grade until all requirements of this rotation are met.	Failure to complete and upload within 14 days from the end of the rotation.
<b>EMS Option Form</b>	Submitted into Dropbox in D2L	Completed 100% and uploaded by 11:59pm the last Sunday of the rotation	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Completed 100% and uploaded by 11:59 pm the last Sunday of the rotation.	Will be the conditional grade until all requirements of this rotation are met.	Failure to complete and upload 14 days from the end of the rotation.
Mid Rotation Evaluation Form	Completed in D2L	Completed 100% per instruction above and uploaded by 11:59 pm <b>the third Sunday of the rotation.</b>	Completed 100% per instruction above and uploaded by 11:59 pm <b>the third Sunday of the rotation.</b>	Completed 100% per instruction above and uploaded by 11:59 pm <b>the third Sunday of the rotation.</b>	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 at 11:59 pm.

IM 657 Core Emergency Medicine

Requirement	Submission Method	Honors Designation	High Pass	Pass	No Grade Reported	No Pass
Attending Evaluation of Clerkship Student	Attendings receive an automated email link connecting them to their assigned evaluation(s) within Medtrics, where they may access and submit the electronic form(s) directly	<ul style="list-style-type: none"> <li>• Receives no “Below Expectations.”</li> <li>• Receives no comments indicating below expectations of performance</li> </ul>	<ul style="list-style-type: none"> <li>• Receives no “Below Expectations.”</li> <li>• Receives no comments indicating below expectations of performance</li> </ul>	<ul style="list-style-type: none"> <li>• Student may receive “Below Expectations” in up to one (1) subcategory.</li> <li>• Overall categories must receive “Meets Expectations” or “Exceeds Expectations”</li> </ul>	Will be the conditional grade until all requirements of this rotation are met	<ul style="list-style-type: none"> <li>• Receives two (2) or more “Below Expectations” within the subcategory sections.</li> <li>• Receives comments that indicate below expectations of performance.</li> <li>• See Unsatisfactory Clinical Performance above</li> </ul>
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 Sunday of the rotation	Completed 100% by 11:59 pm the last Sunday of the rotation	Completed 100% by 11:59 pm the last Sunday 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 at 11:59 pm.



College of Osteopathic Medicine  
MICHIGAN STATE UNIVERSITY

## MID-ROTATION FEEDBACK FORM

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

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

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

Evaluator Signature: \_\_\_\_\_

Date of review with Student: \_\_\_\_\_

1. This assessment is based on:

- My own observations and interactions with the student.  
 Feedback received from other faculty and/or resident supervisors.

2. The student is progressing satisfactorily for their level of training:

- YES                       NO

If NO, please summarize areas needing improvement below:

3. Overall comments on student performance

Strengths:	Areas of Improvement:

4. Professionalism expectations are listed below. Please check only areas of student **DIFFICULTY**:

On time for all activities of the rotation	Present/Prepared for all activities of rotation	
Respectful/courteous to patients, staff, peers, attending's	Student is aware of limitations and appropriately seeks assistance when needed	
A great team player (helpful, reliable, proactive)	Accepting of feedback and made necessary changes because of the feedback	
Engaged in learning	Honest and trustworthy	
A good patient advocate	Work ethic	

## 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)**

## 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, <small>needle</small> )	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)**

## 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)**



## 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
Ascertains 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.	DNP	P
Removes suture tray to dirty utility room or another 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)

## OPTION #1 CLERKSHIP EMS RIDE-ALONG LOG

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

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

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

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

## OPTION #2 ED DISPATCH EXPERIENCE

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

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

**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 five patients:

Patient #	Time from 911 call until scene arrival	Time on scene	Time from scene departure to hospital arrival	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.

## OPTION #3 EMS QUIZ

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

Rotation Dates:

**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 zero 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 to pass the quiz with a score of 75%. You may take the quiz as many times as necessary to achieve the passing score of 75%.

## ED PERFORMANCE PARAMETERS CHECKLIST

Student Name:	Date completed	Approver's Initials
Suture one laceration using sterile technique		
Conduct one mini mental status exam under supervision		
Interpret 5 ECGs	1. 2. 3. 4. 5.	
Interpret 5 CXR under supervision	1. 2. 3. 4. 5.	
Interpret five head CT with resident or attending	1. 2. 3. 4. 5.	
Insert one foley catheter (male or female)		
Start two peripheral IV's including IV bag set up	1. 2.	
Perform one pelvic exam		
Perform one 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		
Conduct one examination of liver and spleen under supervision		
Assist with application of one splint		
Assist with clearing a patient off a backboard.		