At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester-to-semester.
Before you start to read the syllabus, please make a note of this important information below from Dr. Mary Hughes pertaining to the ER end-of-rotation exam (please see page 3 for more exam information):

Due to the vast knowledge and possibilities for exam questions in EM, and variability of student exposure to certain patient types, I felt that an ‘all items are fair game’ approach in the exam question bank was not fair. Therefore I have used a series of questions (the didactic essay questions which are based on the objectives in the syllabus) to focus the material I would like everyone to take away from their rotation, regardless of where it is done. The EM program directors have created a bank of questions related to these specific objectives. The EM End-of-Rotation Exam is based SPECIFICALLY on the answers to these questions (in the didactic questions exercise) with 1-2 questions pooled from each objective. You must do the reading to be able to answer the exam questions, and understand and be able to apply the answers to the questions to be successful (i.e. pass with a 77% or higher). For example, you will need to be able to calculate a mini mental status score for one of the questions.

Regarding the logs: daily patient logs should be maintained of patients that you see, either by yourself with attending and/or resident supervision or that you are part of the care on, but not the primary provider. There are also several procedures that are expected to be completed on patients while on this rotation. It is your duty to seek them out, and then log them. For example, let the nurses know that you need to start two IV’s, and then, even if it is not your primary patient they will come and get you to complete this task, and then you can log it. There are particular patient types that need to be seen also, to avoid the student only being exposed to the simplest of patients that present to the ED, and to allow you review under supervision of EKG’s, CXR, and the evaluation of pediatric patients. These are mandatory to ensure 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 – ie 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 til 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.

**INTRODUCTION**

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

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

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

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

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

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

   MSU College of Osteopathic Medicine, Osteopathic Medical Specialties
   ATTN: Margaret Mohr
   909 Fee Rd., B311, West Fee Hall
   East Lansing, MI 48824
   Fax: 517-432-1062

C. You must complete and return the required procedure checklist, patient logs of required/observed procedures or evaluations, and daily logs to the proper ANGEL course drop boxes. All materials are posted in the ANGEL course site for IM 657 no later than two weeks after the completion of your rotation.

   If you have access to a scanner, you may scan your EMS option form once it’s been completed and signed and then upload it to the proper Angel course drop box. However, if you do not have access to a scanner, you will have to snail mail the EMS option form. Your EMS option form should be completed by the end of the rotation and sent within two weeks via mail or fax to:

   MSU College of Osteopathic Medicine, Osteopathic Medical Specialties
   ATTN: Margaret Mohr
   909 Fee Rd., B311, West Fee Hall
   East Lansing, MI 48824
   Fax: 517-432-1062

D. Log onto the ANGEL website for this course and complete the 35-40 question online exam, which is based on the answers to the didactic essays questions. So, students would be wise to use the didactic essay questions as a study guide before taking the online exam. The exam will be open for one week – starting the Friday of your third week on rotation and closing at 11:00PM on the last Sunday of your rotation. Ms. Margaret Mohr will be sending out instructions once the tests are ready to be released. A **77%** is needed to pass. All students who fail the online exam must submit the didactic essay questions, plus retake the exam.
E. Return all rotation books to the hospital emergency department office within one week of the end of the rotation.

F. Attend all scheduled conferences as assigned.

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

H. Complete at least one shift as an EMS “ride-along” (see #C above) OR complete the written EMS option 2 if “ride-alongs” are not allowed at your hospital (see page 16). 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.

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

J. **Vacation may not be scheduled during this rotation.**

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

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

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

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Failure to do any of the above will result in an “N” grade and require remediation as determined by the Department of Osteopathic Medical Specialties at MSU/COM. Delay by more than 2 weeks from the end of your rotation in submitting the required material and evaluations that are in your packet may result in an “N” grade as stated above as well.
<table>
<thead>
<tr>
<th>Item</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-of-Rotation Exam</td>
<td>Online in ANGEL</td>
<td>Begins the 3rd Friday of your rotation at 6:00PM and closes the 4th Sunday of your rotation at 11:00PM.</td>
</tr>
<tr>
<td>Didactic Essay Questions</td>
<td>Online ANGEL Drop Box</td>
<td>One week after date exam was taken</td>
</tr>
<tr>
<td>Didactic Essay Questions, <em>All students should complete these prior to taking the exam in order to prepare for the exam. Only students who do NOT score a 77% or higher on the exam need to submit the questions in the drop box</em></td>
<td>Online ANGEL Drop Box</td>
<td>One week after date exam was taken</td>
</tr>
<tr>
<td>Daily Log, see comments in paragraph 2</td>
<td>Online ANGEL Drop Box</td>
<td>Two weeks post rotation</td>
</tr>
<tr>
<td>ER Shift Schedule</td>
<td>Online ANGEL Drop Box if you have access to a scanner -or- Mail to: MSUCOM, OMS ATTN: Margaret Mohr 909 Fee Rd., B311 West Fee Hall East Lansing, MI 48824</td>
<td>Two weeks post rotation</td>
</tr>
<tr>
<td>Patient Log</td>
<td>Online ANGEL Drop Box</td>
<td>Two weeks post rotation</td>
</tr>
<tr>
<td>Procedures Checklist</td>
<td>Online ANGEL Drop Box</td>
<td>Two weeks post rotation</td>
</tr>
<tr>
<td>EMS Option Form</td>
<td>Online ANGEL Drop Box if you have access to a scanner -or- Mail to: MSUCOM, OMS ATTN: Margaret Mohr 909 Fee Rd., B311 West Fee Hall East Lansing, MI 48824</td>
<td>Two weeks post rotation</td>
</tr>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Mail to: MSUCOM Clinical Clerkship Program/Office of Student Services C110 East Fee Hall East Lansing, MI 48824</td>
<td>As soon as possible</td>
</tr>
</tbody>
</table>
SPECIAL CONSIDERATIONS

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

B. Special Cases

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

C. Attire

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

D. Sharps

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

E. Keys to Good Care

See a limited number of patients and give them exceptional care. At all times know the status and results of all labs and x-rays. Constantly reassess your patients and update them of their status in the process. Your attending physician should be able to easily access information through you. In short, take full responsibility for all aspects of the patient’s care.
REFERENCES

For the didactic portion from MSU/COM Department of Internal Medicine all readings and answers are to be referenced from the following texts, which should be available in every emergency department in which you rotate.


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

Available through MSU Libraries. On the website homepage select “Resources” then select “E-resources” Under “Find Electronic Journals” type in “Academic Emergency Medicine” then click “Search” select “From 1997 to Present”. Under “Find Issues” select “All issues” Select “2008” then select “Volume 15, Issue 7” Article is listed under heading “Special Contributions”.

There are 16 core content areas in this syllabus. If you read about one every day and a half you will easily complete the reading recommendations to complete the questions in the didactic area of this syllabus.

In addition, 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. MSU/COM Section of Emergency Medicine will be responsible for grading the enclosed didactic questions. Remember these must be submitted within 1 week of the completion of your examination, but only if you do not pass it. They will be graded and you will receive an email listing items that you should further study based on your answers to the study guide questions - not based on which items you did not answer correctly on the test and then you will be eligible to retake the examination. These are done to help standardized your rotation across all base hospitals, and help you prepare for boards. They are not meant to be busy work, but rather an assistant to your educational progress.
LOCAL HOSPITAL REQUIREMENTS
(To be defined and evaluated by individual hospitals)
MSU-COM EMERGENCY MEDICINE PROTOCOL

OVERVIEW AND GOALS

The clerkship consists of four weeks of emergency department experiences. This service should expose the student to various aspects of management of patients in an emergency department. These experiences should include reading, lectures, seminars, and patient care management.

Emergency medicine has enjoyed increasing popularity and stature in osteopathic medical schools throughout the United States. It 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, and different views of problems that you may have only seen in the hospital or other practical settings.

GOALS OF THE EMERGENCY MEDICINE CLERKSHIP

I. Provide the student with the fundamental knowledge base in emergency medicine.

II. Introduce the student to basic procedures relevant to the practice of emergency medicine.

III. Facilitate an understanding of the approach to acute care clinical problem solving.

IV. Promote the acquisition of simple basic skills for the diagnosis and management of common simple emergencies.

V. Encourage the continued development of the student’s professional attitude and behavior.

OBJECTIVES

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

By the end of the four-week emergency medicine clerkship, the student is expected to have achieved, at a minimum, the following objectives through reading, conference attendance, observation, discussion, and hands-on clinical experience:
LIST OF OBJECTIVES

A. Core Content Area: ADULT RESUSCITATION OBJECTIVE
   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 3: Chpt 22&23: p 129-161 and ACLS manual).
   3. Describe the IO technique and preferred sites in pediatric patients (reading: Sec 4: Chpt 32: p 215-218).

B. Core Content Area: TRAUMA OBJECTIVE
   1. Discuss the components of the history in a multiple trauma patient (reading: Sec 21: Chpt 250-251: p 1671-1683) and OST 525 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.

C. Core Content Area: SHOCK OBJECTIVE
   1. Discuss the etiologies and pathophysiologic mechanisms of shock (reading: Sec 3: Chapt 25 &26: p 165-176).
   2. Describe the physical findings of patients in varying degrees and types of shock.
   3. Discuss the management of the varying degrees and types of shock in adults and children.

D. Core Content Area: CHEST PAIN OBJECTIVE
   1. Discuss the evaluation and management of the patient with chest pain, discussing the differential diagnosis, the relative importance of the history, physical examination and diagnostic studies (reading: Sec 7: Chpt 52: p 361-66).
   2. Evaluate a patient or simulate various scenarios of patients with chest pain.

E. Core Content Area: DYSPNEA OBJECTIVE
   1. Discuss the differential diagnosis of dyspnea. Discuss the initial evaluation and management of the dyspneic patient.
   2. Discuss the identification, evaluation and management of upper airway causes of dyspnea. Describe the presentation, evaluation and management of the patient with lower airway causes of dyspnea.
   3. Discuss the presentation, evaluation and management of the cardiovascular causes of dyspnea (reading: Sec 7: Chpt 57: p 405-414).
   4. Evaluate a patient or simulate various scenarios of patients with dyspnea.
   5. Discuss the evaluation of the chest radiograph, soft tissue neck films.
F. Core Content Area: ALTERED MENTAL STATUS (COMA, SYNCOPE, SEIZURES, EMERGENCY PSYCHIATRY) OBJECTIVE

1. Discuss the pathophysiology and differential diagnosis of the comatose patient (reading: Sec 14: Chpt 162 p 1135-1141; Sec 12: Chpt 131: 884-887).
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 a comatose patient.
5. Demonstrate the evaluation of the cerebral CT radiograph.
6. Demonstrate or verbalize the procedure for a lumbar puncture.
7. Discuss the pathophysiology and differential diagnosis of syncope (reading: Sec 7: Chpt 56: p 399-404; Sec 12: Chpt 140: 962-966).
8. Perform the history and physical examination pertinent to the evaluation of a patient with syncope.
9. List the diagnostic studies and/or procedures used to evaluate the syncopal patient.
10. Discuss the management of the syncopal patient.
11. Describe the evaluation and pathophysiology of seizures (reading: Sec 14: Chpt 165: p 1153-58; Sec 12: Chpt 129: p 872-879).
12. Discuss the management of seizures in the emergency department.
13. Describe the mental status examination and the psychiatric interview (reading: Sec 24: Chpt 283: p 1939-1942).
14. Discuss the evaluation and management of delirium and dementia. Discuss the use of diagnostic studies.
15. Perform a mental status examination.
16. Describe the evaluation and management of the violent patient. Discuss protective measures for the patient and staff. Discuss involuntary commitment.
17. Describe the evaluation and management of the suicidal patient. Discuss involuntary commitment.

G. Core Content Area: HEADACHE OBJECTIVE

1. Discuss the history and physical examination pertinent to the evaluation of a patient with headache. Discuss the pertinent diagnostic studies and procedures. Discuss the management of the patient with headache (reading: Sec 14: Chpt 159: p 1113-1117; Sec 12: Chpt 130: p 880-883).
2. Demonstrate the neurologic and funduscopic exam.

H. Core Content Area: FEVER OBJECTIVE

1. Discuss the evaluation and management of the febrile child. Highlight the important points of history, physical examination and discuss the use of laboratory and other diagnostic tests (reading: Sec 12: Chpt 113: p 752-754).
2. Describe the use of antibiotics and the decision process of admission versus discharge.
I. Core Content Area: ABDOMINAL PAIN OBJECTIVE
   1. List the key points to be obtained in the history and to be addressed on the physical examination of the patient with abdominal pain, addressing the differential diagnosis in adults and children (reading: Sec 9: Chpt 74: p 519-527; Sec 12: Chpt 124: p 839-47).
   2. Discuss the use of laboratory and radiologic evaluation of the patient with abdominal pain.
   3. Review the salient points of examination plain films with the student.

J. Core Content Area: VAGINAL BLEEDING OBJECTIVE
   1. List the causes of ovulatory and anovulatory bleeding and their emergency department management (reading: Sec 10: Chpt 97: p 655-671).
   2. Describe the evaluation and management of the patient with suspected ectopic pregnancy.
   3. Discuss the causes, evaluation and management of early and late bleeding during pregnancy. Discuss the classifications of miscarriage (reading: Sec 11: Chpt 101: p 676-683; Sec 11: Chpt 104: p 695-702).
   4. Perform pelvic exams under supervision.

K. Core Content Area: OPHTHALMOLOGIC EMERGENCIES OBJECTIVE
   1. List the common causes of conjunctivitis, keratitis, iritis and the presentation of acute glaucoma and periorbital cellulitis. Describe their management in the emergency department (reading: Sec 19: Chpt 236: p 1517-1549).
   2. Discuss the presentation and evaluation and management of corneal foreign bodies and abrasions, ocular penetration, hyphema, dislocated lens, retinal detachment and corneal burns.

L. Core Content Area: ENT EMERGENCIES OBJECTIVE
   2. Discuss the differential diagnosis of pharyngitis, appropriate history, physical examination, diagnostic studies, treatment and complications.

M. Core Content Area: MUSCULOSKELETAL INJURIES OBJECTIVE
   1. Describe the clinical finds, evaluation and treatment of dislocation of the shoulder.
   2. Discuss the mechanisms of injury, presentation and management of orthopedic injuries (reading: Sec 22: Chpt 264: p 1783-1796).
   3. Discuss the evaluation and management of common sprains.
   5. Discuss the Salter-Harris classification of fractures (reading: Sec 12: Chpt 133: p 893-894).
   6. Discuss the treatment of “sprains” in the pediatric patient with open epiphyses.
N. Core Content Area: WOUND CARE OBJECTIVE
1. Discuss the evaluation of a wound (reading: Sec 6: Chpt 43: p 299-300).
2. Discuss wound cleansing, debridement and closure. Discuss anesthetic use, suturing materials and technique, and dressings (reading: Sec 6: Chpt 44: p 301-314).
3. List the indications for and use of tetanus, rabies, and antibiotic prophylaxis (reading p 1049).

O. Core Content Area: TOXICOLOGY OBJECTIVE
1. Discuss initial stabilization and management of the poisoned patient with regard to ABC’s, supportive care, formulation of a troxidone from the history and physical exam, use of naloxone, glucose/glucagon, decontamination, prevention of absorption, dilution and enhanced excretion, antidote use (reading: Sec 15: Chapt 170: p 1187-1193).

P. Core Content Area: PEDIATRICS OBJECTIVE
1. Discuss the evaluation of the pediatric patient with a febrile illness, the use of the Rochester criteria, and the necessity of a “septic work up” (reading: Sec 12: Chpt 113: p 750-754).
2. Discuss the presentations of the neonate with a serious illness such as meningitis, pneumonia, or sepsis (reading: Sec 12: Chpt 111: p 733-744).
3. Discuss the accurate assessment of pediatric vital signs (electronic chapter 109).
4. (Sec 12: Chpt 109) See C3, F1, F6, F12, H1, H2, I1, M5, M6 for other pediatric objectives.

Q. Core Content Area: OSTEOPATHIC PRINCIPLES AND PRACTICE OBJECTIVE
1. Describe the role of somatic dysfunction in the pathophysiology of pain.
2. Demonstrate a clinical understanding, under emergency conditions of how one might use simple techniques at the bedside to enhance physiologic function of the patient suffering from pain due to any two of the following conditions and document your findings and therapy on the chart if allowed.
3. UTI  Chest Pain  Upper Respiratory infection  Otitis Media Abdominal pain Headache Back pain Neck Pain extremity pain not associated with fracture
LEARNING ACTIVITIES

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

1. **READING:** The emergency medicine reading list, which appears above, is from *Tintinalli’s Emergency Medicine – A Comprehensive Study Guide, 7th* edition; by Judith E. Tintinalli, M.D., et al., McGraw-Hill Book Co., 2011. By the completion of the clerkship experience, each student is expected to complete the readings listed by Objective.

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:** Lectures on various topics are usually given at least once a week. They are intended to provide up-to-date information on clinical and research findings and techniques in various fields. They may be given by a guest speaker who is an expert on the topic. If your hospital has a mid-day or other regular lecture program, you are expected to attend.

Please note the following information that pertains to special handling of requirements and how they must be completed and returned to MSU-COM/ANGEL drop box for IM 657 within 2 weeks of completion of the EM rotation.

All students who fail to take the online exam, pass it, and complete patient logs, EMS option 1 OR 2, daily logs and procedure logs within 2 weeks of the rotation completion may receive an N grade. It is the duty of the student to assure their arrival, so therefore it is always a good idea to keep a copy of everything you send in. An N grade will result in a meeting with the Committee on Student Evaluation. Following COSE’s action, the student MAY be allowed some form of remediation of the deficiency(ies) up to and including a complete repetition of the rotation.

Although it is recognized that rotation evaluations are not under the complete control of the student, it is still the responsibility of the student to assure their timely completion. Any rotation evaluation not received by the end of the semester in which the rotation was completed will result in an ET grade for the student. The evaluation must be completed and submitted within the two week deadline and preferably sent in during that time period. Any student who does not complete 4 weeks of Emergency Medicine will receive an N grade unless excused by illness. This is a required 4-week rotation, and therefore, vacation and interviewing time may not be taken during this month if it compromises the total number of shifts you are required to complete. You may not do 4 weeks of shifts in 3 weeks to obtain a week off for outside activities.
IM 657 Emergency Medicine Core Rotation – Clerkship EMS
(Emergency Medical Services – aka pre-hospital experience)

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

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

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

Option 2
Spend a 4-hour shift with Emergency Department dispatch in your base institution (preferably on an afternoon shift when EMS traffic is heaviest) listening to radio calls. Keep a log of all calls you listened to. Have the dispatch person or whoever answers the radio sign your log.

In addition, you must answer the questions and return with you log within two weeks of the completion of the rotation. (See “EMS Option 2” in Angel).

As previously stated, if you have access to a scanner, you may scan your EMS Option form once it’s been completed and signed, and then upload it to the proper digital drop box in your IM 657 Angel course. If you do not have access to a scanner, your EMS Option form should be mailed to:

MSUCOM, Osteopathic Medical Specialties
ATTN: Margaret Mohr
909 Fee Rd., B311 West Fee Hall
East Lansing, MI 48824