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

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

This syllabus is active for any rotation August 1, 2019 to July 30, 2020
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**Introduction and Overview**

Welcome to IM 660 Sub-I clerkship, which is one of the three core Internal Medicine (IM) rotations you will complete successfully during the course of your clerkship years. Our internal medicine team has collaborated to offer selected topics in IM for your study through a series of three required clerkship rotations - IM 650 (inpatient IM rotation #1), IM 658 (Out-patient IM #1) and IM 660 (sub-internship or Sub-I inpatient IM #2). IM650 must occur before IM660 and is highly recommended, but not essential that IM658 occur before IM660. IM 660 should ideally be completed after IM 650 and 658 and should ideally NOT occur prior to the 7th month of the third year to allow adequate exposure to inpatient medicine for the medical student. It is intended to be an advanced rotation with higher expectations of the student for performance. Preferably, it should be scheduled after C3 and all R2 core rotations are completed.

The fourth year of medical school is an exciting time, which continues to provide students with a well-rounded clinical foundation to ensure that all graduating physicians are well trained and well prepared to practice medicine. MSUCOM has developed a model medical curriculum that provides an academic environment within the base hospitals. The internal medicine faculty are passionate about medicine and medical education.

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 internal medicine. The more interest you demonstrate in learning, the more teaching you will receive. By completing the three internal medicine rotations you will be able to achieve the objectives that will be covered in internal medicine. You will find included in this syllabus important information needed to matriculate through your four week Sub-I rotation. (Sub-I stands for Sub-internship and implies greater responsibility and expectations).

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

Medical students are expected to participate in direct patient care on the hospital floors, although final responsibility and decision making rests with the attending physician. As a fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated internal medicine patients. Students are required to attend daily didactics that may include morning report, noon conference, faculty grand rounds, resident grand rounds, hematology rounds, cardiology rounds and faculty lectures.

In addition to in hospital requirements medical students will complete a series of weekly modules and assignments designed to broaden their scope of internal medicine and prepare for exams. These modules/reading assignments will require about two hours per week outside of regular clinical rotations.

Attendance and punctuality during all aspects of clinical clerkships are expected and considered an important part of a student’s evaluation. Students, like house staff, are expected to fulfill their educational responsibilities and their patient care responsibilities.
What’s In This Syllabus

This syllabus is divided into the following areas:

**Goals & Objectives** – A list of learning goals & objectives covering the scope of internal medicine

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

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

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

**Summary of Clinical Requirements** – A list of required activities for this month with required submission method and completion dates

**Internal Medicine COMAT Exam Info** – Explanation of the COMAT exam for Internal Medicine

**Rotation N Grade Process** – Students who receive an “N” Grade will be required to appear before the Committee On Student Evaluation (COSE) to determine the next course of action.

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### Goals and Objectives

**Goals**

The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable and sympathetic physicians.

The following is a list of the knowledge, skills and behaviors students should possess upon completion of the clerkship.

A. **HISTORY TAKING: Obtain an accurate, efficient, appropriate and thorough history.**
   This clerkship will emphasize the development of intermediate level history taking skills. It will emphasize strategies and skills for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient settings. Particular attention will be given to identification and elicitation of key historical data pertinent to immediate clinical decision-making.

B. **PHYSICAL EXAM: Perform and interpret findings of a complete and organ-specific exam.**
   This clerkship will focus on development of intermediate-to-advance physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, Nephrology and gastrointestinal diseases) pertinent to the clinical evaluation of adults presenting with medical
problems in the inpatient settings. It will emphasize elicitation of physical findings pertinent to
differential diagnosis and immediate clinical decision-making.

C. **DIAGNOSTIC EVALUATION:** Interpret data from laboratories and radiology demonstrating
knowledge of pathophysiology and evidence from the literature.
This clerkship will emphasize interpretation of basic tests used in the evaluation of adult medical
patients presenting with medical problems in inpatient and outpatient setting. Principles of clinical
epidemiology will be used to facilitate test interpretation, especially as they relate to determination
of post-test probabilities and contribution of test results to differential diagnosis.

D. **DIAGNOSIS:** Articulate a cogent, prioritized differential diagnosis based on initial history
and exam.
A prime learning objective of this clerkship will be the formulation of a prioritized initial differential
diagnosis based on the history and physical examination for common medical problems of adult
patients presenting in inpatient settings. Differential diagnosis of common systemic, cardiac,
pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, and
infectious disease problems will receive particular emphasis.

E. **MANAGEMENT:** Design a management strategy for life threatening, acute, and
chronic conditions demonstrating knowledge of pathophysiology and evidence from
the literature.
This Core IM rotation will focus on basic management of the common medical problems of
adults presenting to inpatient and ambulatory settings, with particular reference to the relevant
pathophysiology and best scientific evidence. Please see the list of 21 content objectives for the
IM clerkships.

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

G. **COMMUNICATION:** Presenting patient information concisely, accurately and in timely
fashion to members of a health care team in a variety of setting s and formats
including verbally and in writing.
This course will emphasize effective written and oral presentation of pertinent clinical
information (including differential diagnosis, assessment, and plan) for the care of adult patient.
Particular attention will be given to adapting the presentation to the issue at hand.

H. **CULTURAL COMPETENCE:** Understanding of the disease with respect to the
cultural, socioeconomic, gender and age related context of the patient.
Core IM will stress how doctor-patient relationship is influenced by a variety of factors. Special
emphasis will be placed on conducting patient interviews with sensitivity towards cultural
differences as well as impact these may have on disease evaluation and management.
PROFESSIONALISM:

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

Objectives

1. Provide the student with the fundamental knowledge base in internal medicine.

2. Introduce the student to basic procedures relevant to the practice of internal medicine.

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

4. Promote the acquisition of simple basic skills for the diagnosis and management of common internal medicine cases.

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

Reference Materials

Suggested Textbooks and Resources

1. Student MKSAP –
   - MKSAP for Students 5 Digital
   - This is a strongly recommended resource for all of the Internal Medicine rotations. It must be purchased by the individual student.
   - https://www.acponline.org/membership/medical-students
   - http://mksapstudents5.acponline.org/
   - http://www.acponline.org/medical students/products/mksap_students_digital/
   - Board questions are strongly reflected by this resource.
   - It can be purchased at a discounted price of ~ $60.00 as a student member.
   - Membership is free.
   - IM attendings and residents use MKSAP which updates every three years.

2. Harrison’s – Online: http://libguides.lib.msu.edu/medicalebooks

   - This is a strongly recommended text for all Internal Medicine rotations. It must be purchased by the individual student and cost $99.95;

4. New England Journal of Medicine link to videos in clinical medicine –


6. Additional Resources/Convenient Apps - some are free through the web and some you will need to pay for if you would like access. Also check with your hospital library as to whether they have any available electronically for your use.
• Dynamed- http://libguides.lib.msu.edu/dynamendapp
• UpToDate – http://www.uptodate.com/home
• Epocrates - https://online.epocrates.com/rxmain
• The Sanford Guide - http://www.sanfordguide.com/
• ACP Doctors Doctor’s Dilemma - https://ddm.acponline.org/

Accessing the Electronic Resources Using MSU’s Library will provide many of these for free.
www.lib.msu.edu

References by Subject

Cardiology
   Medicine-Review-Eighth/dp/142008478X)
   Internal Medicine, 19th Edition

Nephrology
1. McKean, S., Ross, J. Dressler D., Brotman D., Ginsberg J. Principles and Practice of Hospital
   4023

Infectious Disease
1. Rangel-Grausto MS, Pittet D, Costigan M et al The natural history of the systemic inflammatory
   v=2.1&it=r&sid=summon&userGroup=msu_main&authCount=1

Gastroenterology
1. McKean, S., Ross, J. Dressler D., Brotman D., Ginsberg J. Principles and Practice of Hospital
   4138

Pulmonary
2. Gammon RB, Strickland JH, Kennedy JI, Young KR: Mechanical ventilation: A review for the
IM 660 Core Sub Internship IM

Hematology/Oncology

IM 660 In-Patient Internal Medicine Weekly Objectives

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

Week 1

Topics
A. Mechanical ventilation
B. Sepsis
C. Circulatory Shock
D. Nosocomial Pneumonia

Specific Learning Objectives

Mechanical Ventilation
- Consistently recite the 3 main indications for mechanical ventilation
- Familiarize yourself with the various modes of ventilation
- Provide initial ventilator settings (tidal volume, rate, etc.) for a newly intubated patient using assist control volume mode when asked
- Suggest ventilator augmentation to correct disorders present on an arterial blood gas
- Suggest basic troubleshooting for various ventilator alarms
- Familiarize yourself with various ventilator strategies to combat specific disease states
- Define ARDS when asked
- Be able to assist in the decision of when a patient is ready to be weaned off a ventilator

Sepsis
- Identify sepsis based on various physiological signs as well as laboratory findings
- Provide an appropriate work up (labs, imaging, cultures) for a patient with sepsis
- Provide appropriate antibiotic therapy based on site of infection
- Provide appropriate fluid as support for septic patients as well as vasopressor support in patients with septic shock
- Provide additional adjunctive support in septic patients (glucose control, corticosteroids, etc.)

Circulatory Shock
- Define the different forms of shock based on hemodynamic parameter
- List 3-5 etiologies of each form of shock when asked
- Use physical exam findings to narrow down type of shock
- Relate the receptor effects of different vasopressors and inotropes to indications and contraindications under clinical situations for shock
• Provide basic treatment of different shock states

**Nosocomial Pneumonia**
• Differentiate and define various nosocomial pneumonia (healthcare associated, hospital acquired, ventilator associated)
• Provide an oral explanation of how nosocomial pneumonia differs from community acquired based on bacterial spectrum
• Provide a basic work up for pneumonia when encountered
• Recite 2 antibiotics that cover nosocomial MRSA
• Recite 5 antibiotics that cover pseudomonas
• Suggest an appropriate treatment regimen based on clinical presentation of nosocomial pneumonia
• Provide suggestions to augmentation of therapy depending on patient’s clinical response

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**Week 2**

**Topics**
E. Basics of Electrophysiology
F. Tachyarrhythmias
G. Bradyarrhythmia
H. Thrombocytopenia

**Specific Learning Objectives**

**Basics of Electrophysiology**
• Review the action potential of the heart and apply this to mechanisms of arrhythmia
• List 3 common mechanism that lead to arrhythmia and which arrhythmia they may cause
• When given an antiarrhythmic, classify it based on primary channel affects
• Consistently recite antiarrhythmics potential effects on an EKG
• List 3 side effects from commonly used antiarrhythmics
• Don’t worry about dosages of these medications until you are further along

**Tachyarrhythmias**
• Consistently calculate rate and rhythm on telemetry or EKG
• Consistently identify the following arrhythmias on EKG or telemetry
  • Sinus tachycardia, supraventricular tachycardia, atrial fibrillation, atrial flutter, WPW, torsades-de pointes, ventricular tachycardia, ventricular fibrillation
• List at least 5 causes that should be investigated when a patient has sinus tachycardia
• Provide 3 examples of wide and narrow complex tachycardia
• Suggest rate control medications under various clinical scenarios for atrial fibrillation or flutter
• Decide if a patient would require anticoagulation for atrial fibrillation
• Suggest basic treatment for WPW, ventricular tachycardia, ventricular fibrillation
Bradyarrhythmia
- Consistently diagnose symptomatic bradycardia
- List 5 intrinsic & 5 extrinsic causes of bradycardia
- Review a medication list and discontinue any medication that may contribute to bradycardia
- Recognize different forms of sick sinus syndrome on EKG and telemetry
  - Sinus bradycardia, sinus pause, chronotropic incompetence, tachy-brady syndrome
- Recognize different forms of AV node disease on EKG and telemetry
  - 1st, 2nd, 3rd degree AV-block
- Provide ACLS treatment for unstable bradycardia
- Familiarize yourself with transvenous and percutaneous pacemaker procedures
- List 3 indications for permanent pacemaker placement

Thrombocytopenia
- Consistently recite the 3 main pathophysiological mechanisms of thrombocytopenia
- Provide a basic work up for thrombocytopenia based on history and physical exam
- Apply the indications for transfusion of platelets under various clinical conditions
- Use peripheral smear findings to help identify etiology of thrombocytopenia
- Distinguish various disorders associated with thrombocytopenia based on history, symptoms, laboratory evidence
- Provide basic treatment for various thrombocytopenic disorders
  - ITP, HIT, DIC and TTP

**Week 3**

Topics
I. Hyperglycemic Crisis
J. Adrenal Insufficiency
K. Thyroid Disease

Specific Learning Objectives

Hyperglycemic Crisis
- Be able to explain the pathophysiology of hyperglycemic crisis and relate it to treatment
- Consistently be able to provide a basic work up when hyperglycemic crisis is suspected based on signs and symptoms that would confirm your diagnosis
- Consistently diagnose DKA/HSS using signs and symptoms as well as electrolytes
- List 5 causes precipitating causes of hyperglycemic crisis and provide a work up to identify each of those conditions
- Quickly calculate an anion gap and understand pitfalls to calculation such as secondary metabolic alkalosis and pseudohyponatremia
- Interpret laboratory findings to grade severity of illness in a patient with hyperglycemic crisis
- Recite treatment goals and basic management of hyperglycemic crisis

Adrenal Insufficiency
- List 3-6 causes of primary and central adrenal insufficiency
- List 5 clinical scenarios in which adrenal insufficiency should be on the differential diagnosis based on signs and symptoms of disease
- Predict laboratory changes that are consistent with adrenal insufficiency on a basic metabolic panel
- Recite the basic treatment for adrenal insufficiency and how it differs between primary and secondary disease
• Interpret adrenal testing for insufficiency to predict likelihood of disease under different clinical situations
• Consistently recognize and provide treatment for adrenal crisis

**Thyroid Disease**
- List 5 causes of primary hypothyroidism when asked
- List 3 causes of central hypothyroidism when asked
- Interpret thyroid studies to make the diagnosis for hypothyroidism and subclinical form
- Discuss with a patient proper dosing/titration/administration of levothyroxine
- Recognize a patient with myxedema based on symptoms and physical exam findings

**Topics**
- L. Ischemic Stroke
- M. Seizure Disorders
- N. Gastrointestinal Bleeding
- O. Complications of Cirrhosis

**Specific Learning Objectives**

**Ischemic Stroke**
- Consistently describe the pathology of stroke to a layman
- List 3-5 risk factors for both embolic and thrombotic ischemic stroke when asked
- List 5 conditions that can mimic stroke when asked
- After examining a patient with a stroke be able to make a reasonable guess as to which cerebral artery or area of circulation is involved
- Identify a stroke patient that may be a candidate for tPA
- Review/recite blood pressure goals for a stroke patient under various clinical circumstances (tPA vs no tPA)
- Provide a sensible and/cost effective work up for secondary prevention of stroke
- Provide appropriate medical therapy for secondary prevention of stroke based on work up

**Seizure Disorders**
- Consistently explain the pathophysiology of seizure to a layman
- List 10 causes of seizures when asked
- Define and identify different seizure types (e.g. partial complex)
- Consistently take a thorough history from a patient who has sustained a seizure, identifying any triggers that may have been present
- Provide an appropriate work up for patient with new onset seizures
- Recite which drugs have therapeutic levels that can be drawn and resulted quickly in most standard hospital labs
- Define status epilepticus when asked
- Familiarize yourself with complications of anti-epileptic medications
- Provide basic abortive anti-epileptic treatment and suggest advanced treatment to a patient with status epilepticus

**Gastrointestinal Bleeding**
- Consistently use history and physical exam to predict location and etiology of gastrointestinal bleeding
- Recite at least 5 causes of upper GI bleed when asked
• Recite at least 5 causes of lower GI bleed when asked
• Provide an initial work up for GI bleeding including lab work and imaging
• List the 2 most common causes of peptic ulcer disease as well as 3-5 other causes
• Discussion options to evaluate obscure GI bleeds

Complications of Cirrhosis
• Describe the basic pathophysiology that results in cirrhosis and relate it to the pathophysiology consequences of decompensated cirrhosis
• List 5 causes of cirrhosis when asked
• Consistently diagnose a patient with cirrhosis by physical exam (compensated and decompensated)
• Provide a work up to assist in diagnosis of cirrhosis
• Familiarize yourself with risk stratifications scores for surgery of cirrhotic patients
• List 5 complications of cirrhosis that might lead to hospitalization

Additional Useful Resources Available
https://lib.msu.edu/
*personal thoughts on contents

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

Harrison’s Principles of Internal Medicine 20th edition
*The bible of internal medicine. Long running book providing complex overview of topics that are applicable to every level of education. Can be overly complex when trying to quickly review a topic or answer clinical questions for a medical student.

Goldman’s Cecil Medicine 25th ed
*Complete overview of Internal medicine. May be a bit easier to follow then Harrison’s.

Current Medical Diagnosis & Treatment 2019
* Concise overviews of topics as well as approach to patient’s organized by system. The text focuses on practical application of knowledge and contains mixed media (videos, sound clips, etc.)

Symptom to Diagnosis: An Evidence-Based Guide, 3e
*Cased based topics that walk a resident or medical student through the basic approach, differential diagnosis, and work up of various symptoms or clinical conditions

Differential Diagnosis of Common Complaints, 7th Edition
*Enhances differential diagnosis and approach to complaints

Medical Secrets, 6th Edition
*Bullet point and fact-based review by organ system

Textbook of Physical Diagnosis, 7th Edition
*Review of physical exam skills

Dynamed Plus
*Online bullet point review of various topics

The 5-minute clinical consult 2019
*Alphabetized, quick bullet point review of topics focused on application of medical knowledge

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

**Board Vitals**
*Board question practice

**Helpful Online Resources**

Stat Pearls
[https://www.statpearls.com/](https://www.statpearls.com/)
*Quick overviews of topics with associated medical questions

Online Med Ed
[https://onlinemeded.org/?track=2](https://onlinemeded.org/?track=2)
*Free lecture-based videos that are geared to improving board scores

Merck Manuals
[https://www.merck manuals.com/professional](https://www.merck manuals.com/professional)
*Contains quick concise overviews of topics as well as a large catalog of procedural videos

**Helpful Review Journals** *(Available through ClinicalKey database)*
- American Journal of Medicine
- American Family Physician
- Critical Care Clinics
- Emergency Medicine Clinics of North America
- Hospital Medicine
- Lancet, The
- Medical Clinics of North America
- Medicine

**Student Responsibilities**

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

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

Medical students are expected to participate in direct patient care on the hospital floors, although final responsibility and decision making rests with the attending physician. As a fourth year sub-I medical student more emphasis will be placed on student responsibility and your ability to manage complicated internal medicine patients. Students are required to attend daily didactics that may include morning report, noon conference, faculty grand rounds, resident grand rounds, hematology rounds, cardiology rounds and faculty lectures.

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

Scrubs are provided for situations where extended periods of patient care necessitate more comfortable clothing or change in clothing. Therefore, scrubs are allowed for on-call days only.

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

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

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

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

General Inpatient IM Dress Code

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

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

ALL incidents of exposure to blood or body fluids such as parenteral (needle stick or cut); mucous membranes (splash to eyes, nose or mouth); cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded or affected by active dermatitis should be reported immediately to attending physician, student director, and MSUCOM (see “Exposure Incidents Report” on page 23 of the syllabus).
Infection Control Guideline

Universal Precautions:

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

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

Most Common Exposure Risks:
Hepatitis B (HBV), Hepatitis C (HCV), HIV

What should you do if exposure occurs?

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

Prompt notification is critical to evaluate possible treatment options including IgG, HBIG etc. Students should discuss any exposure with their supervising attending and student director. Students exposed to or with infectious material or communicable illness, including chicken pox, shingles, measles, or diarrheal illness, must consult with course director or employee health services about the advisability of working with the patients.
# IM-660 Sub-I Rotation Academic Grading Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Experience Log</td>
<td>D2L Dropbox</td>
<td>11:59 pm on the last day of the Rotation</td>
<td>Must be completed and turned in to receive a “P” grade in this rotation.</td>
</tr>
<tr>
<td>Week 1 Modules</td>
<td>D2L</td>
<td>11:59 pm Sunday after first week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 2 Modules</td>
<td>D2L</td>
<td>11:59 pm Sunday after second week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 3 Modules</td>
<td>D2L</td>
<td>11:59 pm Sunday after third week</td>
<td>25%</td>
</tr>
<tr>
<td>Week 4 Module</td>
<td>D2L</td>
<td>End of rotation last day of clerkship</td>
<td>25%</td>
</tr>
<tr>
<td>You must achieve an 80% average on the above modules to satisfactorily complete this portion of the rotation.</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>COMAT Exam</td>
<td>NBOME</td>
<td>Schedule for last Friday of the last rotation of IM658 or IM660, as per MSU COM instructions. However, successful completion will be tied to the IM 660 grade</td>
<td>Complete with score within 2 SD from the mean of the exam that you take to receive a passing grade. One retake will be allowed before the student will be required to repeat the IM 660 rotation.</td>
</tr>
</tbody>
</table>
IM 660 Corrective Action Process for Deficient Academic Requirements

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

The steps of the “Corrective Action” process for IM 660 Internal Medicine Sub-Internship Rotation are as follows:

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

2) The student who fails to turn in required paperwork, who has a verifiable reason why they failed to do so, will be allowed a 2-week grace period or more depending on the circumstances. Failure to meet this two week deadline will result in an N grade.

3) The student must complete the COMAT exam at the next available scheduled time after completion of the third IM rotation. If this is not IM 660 then the grade for IM 660 will remain ET until the final rotation is completed and the exam is taken.

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

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

IM-660 Sub-I Rotation Clinical Grading Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Submit completed form to your hospital’s Medical Education Office, the DME will sign it and return it to MSUCOM.</td>
<td>End of rotation</td>
<td>Must be completed and submitted to receive a grade</td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through Kobiljak.</td>
<td>End of rotation</td>
<td>Must be completed and submitted to receive a grade</td>
</tr>
</tbody>
</table>

IMPORTANT NOTE: The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course.
IM 660 In-Patient Internal Medicine Core Competencies

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

1) Osteopathic Principles and Practice
   a. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
   b. Diagnose clinical conditions and plan patient care
   c. Perform or recommend OMT as part of a treatment plan
   d. Communicate and document treatment details

2) Medical Knowledge
   a. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

3) Patient Care
   a. Gather accurate data related to the patient encounter
   b. Develop a differential diagnosis appropriate to the context of the patient setting and findings
   c. Form a patient-centered, inter-professional, evidence-based management plan
   d. Health promotion and disease prevention (HPDP)
   e. Documentation, case presentation, and team communication

4) Interpersonal and Communication Skills
   a. Establish and maintain the physician-patient relationship
   b. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
   c. Work effectively with other health professionals as a member or leader of a health care team

5) Professionalism
   a. Demonstrate humanistic behavior, including respect, compassion, honesty, and trustworthiness
   b. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others
   c. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

6) Practice-Based Learning and Improvement
   a. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
   b. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

7) Systems-Based Practice
   a. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
   b. Identify and utilize effective strategies for assessing patients
**MSUCOM Clinical Expectations**

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

**Internal Medicine COMAT Exam Information**

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

If this deadline is not met, the student will be required to reschedule this exam at a later date. Students will need to contact the Course Assistant, Katie Gibson-Stofflet, 1) by the end of the first week of the rotation if there is a conflict regarding taking the exam on the last Friday of the rotation, or 2) within 24 hours of an emergency that will keep the student from taking the exam the last Friday of the rotation. Course faculty will consider each case and determine if a delay in the exam will be permitted. Should a student be granted a delay in examination or early testing approval, the Department will send written approval and notification of the required reschedule date to the COM Office of the Registrar.

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

For information on exam registration and administration, please visit the COM Office of the Registrar’s COMAT webpage: [http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm](http://com.msu.edu/Students/Clerkship/COMAT_Subject_Exams.htm)[KG1]

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

If a student requires an accommodation, a valid VISA from the Resource Center for Persons with Disabilities must be presented to the COM Office of the Registrar 7 days in advance of the COMAT examination date. The student must also disclose which allowed accommodations s/he intends to use for the exam 7 days in advance of the COMAT examination date.[KG2]
**Unsatisfactory Clinical Performance**

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

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

**MSU College of Osteopathic Medicine Standard Policies**

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

**Clerkship Attendance Policy**

**Policy:**

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

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

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

**Absence due to examinations:**

<table>
<thead>
<tr>
<th>Examination</th>
<th>Maximum Time Off (includes travel time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMLEX USA Level 2 CE/USMLE Step 2</td>
<td>1 day</td>
</tr>
</tbody>
</table>
### Personal Day Absence:

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

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

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

### Conference Absence:

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

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

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

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

Supervisors of the Medical Students in the Clinical Setting

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

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

Level of Supervision/Responsibilities

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

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

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

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

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

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

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

Students Rights and Responsibilities

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

MSU Email

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

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

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

Use of Electronic Devices

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

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

Course Grades

- **H-Honors** – A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabi. While Honors designation will be awarded to students meeting the criteria in the syllabi of the above courses, Honors is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved Honors in the course. The students Medical Student Performance Evaluation will reflect each Honors grade.
- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student's transcript.
Clerkship Honors Designation

A grade of honors will be designated to students demonstrating outstanding clinical, professional, and academic performance in certain core rotations. Criteria for achieving honors in a core rotation will be determined by the Instructor of Record and will be listed in the course syllabi. Students may achieve honors designation in the following core rotations:

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

While Honors designation will be awarded to students meeting the criteria in the syllabi of the above courses, Honors is not an official MSU grade. The official MSUCOM transcript will reflect a grade as Pass with an additional notation that the student achieved Honors in the course. The students Medical Student Performance Evaluation will reflect each Honors grade.
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Honors Designation</th>
<th>Pass</th>
<th>Extended Grade</th>
<th>No Pass</th>
</tr>
</thead>
</table>
| View the 4 modules online. Take end of module Quiz after completing each module | ➢ Completed by 11:59 pm the last Sunday of the Rotation with a 90% score on all modules on first attempt.  
* Meet all | ➢ Completed by 11:59 pm the last Sunday of the Rotation with an 80% score on all modules.  
* Meet all | ➢ Will be the conditional grade until all requirements of this rotation are met.  
* Any one below | ➢ Failure to meet the quiz and or the corrective action. |
| Student Experience Log                           | ➢ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.  
* Meet all | ➢ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.  
* Meet all | ➢ Will be the conditional grade until all requirements of this rotation are met.  
* Any one below | ➢ Failure to complete and upload within two semesters after the rotation ends. |
| Shift Schedule (for IM 650 and IM 658)           | ➢ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.  
* Meet all | ➢ Completed 100% and uploaded by 11:59 pm the last day (Sunday) of the rotation.  
* Meet all | ➢ Will be the conditional grade until all requirements of this rotation are met.  
* Any one below | ➢ Failure to complete and upload within two semesters after the rotation ends. |
| COMAT Exam (scored under course 660)             | ➢ Score at or above 1.0 SD above the College Mean for the day you take the exam on first attempt.  
* Meet all | ➢ Score at or above 2.0 SD below the College Mean the day you take the exam.  
* Meet all | ➢ Will be the conditional grade until all requirements of this rotation are met.  
* Any one below | ➢ Failure to pass the exam with two attempts.  
➢ Failure to take the retake in the time given.  
➢ Failure to take the exam the first time offered and not pass the exam on your second (due to the first attempt being a zero) attempt. |
| Clinical Clerkship Rotation Evaluation           | ➢ Must have all Meets Expectations in all sections and Meets or Exceeds Expectations in the overall sections.  
* Meet all | ➢ May receive up to 1 Below Expectations in any subsection with an Meets or Exceeds Expectations in the overall sections.  
* Meet all | ➢ Will be the conditional grade until all requirements of this rotation are met.  
* Any one below | ➢ Receives two or more “Below Expectations” in any subsection on the evaluation and after the chair review and discussion.  
➢ Displays indicators of marginal performance on any clerkship rotation. |

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

Version 2019.07.10
N-Grade Policy

- Remediation is not offered for Clerkship courses. Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).

Rotation Evaluations

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

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

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

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

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

**Student Evaluation of Rotation**

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

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

Exposure Incidents Protocol

You must also notify your attending and the DME Office of your base institution of the incident. A form has been developed by the University to report exposure incidents. These forms should be on file in your DME's office. While on rotations that occur outside of the base hospital system notify your attending immediately of any exposure, and follow the MSU procedure for evaluation and treatment. The form can be accessed at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.
Local Hospital Requirements
(To be defined and evaluated by individual hospitals)
**Student Experience Log**  
**IM660 IM Sub-Internship**

### Mid Rotation Evaluation

- **Date of evaluation:**
- **Areas of Strength:**
- **Areas for Improvement:**
- **Attending Signature/Printed Name:**

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

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Experience via patient on rotation</th>
<th>Experience gained via Readings/modules. (Per syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pericardial disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephrotic/nephritic syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FUO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nosocomial infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIR/Shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI Bleed</td>
<td></td>
<td></td>
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<tr>
<td>Biliary tract disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffuse parenchymal lung dz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common cancers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Wellness:** An active process of becoming aware of and making choices toward a healthy and fulfilling life.

- **Have you set one personal wellness goal you would like to accomplish during this rotation?**
  - Yes
  - No

- **Did you accomplish this goal by the end of the rotation?**
  - Not at all
  - Somewhat
  - Completely accomplished goal or exceeded

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

- [ ] Yes
- [ ] No

**Student Name:** ____________________________  
**Rotation Dates** ____________________________  
**Rotation Site:** ____________________________  
**Rotation Attending:** ________________________

- **OMM- briefly describe how you used OMM on one patient during this rotation:** ________________________

**Wellness:** An active process of becoming aware of and making choices toward a healthy and fulfilling life.

- **Have you set one personal wellness goal you would like to accomplish during this rotation?**
  - Yes
  - No

- **Did you accomplish this goal by the end of the rotation?**
  - Not at all
  - Somewhat
  - Completely accomplished goal or exceeded

**OMM- briefly describe how you used OMM on one patient during this rotation:** ________________________

**Comment:** ____________________________

Students are required to complete the student experience logs, and submit them via D2L by 11pm on the last day of the rotation.

**Attending Signature:** ____________________________  
(Verifying mid-rotation feedback and logs)