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.

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

Introduction and Overview................................................................. 3
Goals and Objectives.............................................................................. 4
Family Medicine Weekly Case Overviews........................................... 4
References......................................................................................... 5
Student Responsibilities....................................................................... 6
Family Medicine (Sub-I) Rotation Academic Requirements............... 7
Base Hospital Expectations................................................................. 7
Family Medicine (Sub-I) Corrective Action Process for Deficient Academic Requirements........... 8
Family Medicine (Sub-I) Rotation Clinical Requirements.................... 8
Unsatisfactory Clinical Performance.................................................. 9
“N” Grade and Remediation............................................................... 9
Family Medicine COMAT Exam Information...................................... 10
Special Considerations.................................................................... 11
Family Medicine Core Competencies............................................... 12
Attendance Policy............................................................................ 13
Statement of Professionalism........................................................... 13
Students’ Rights and Responsibilities............................................... 13
Faculty Responsibilities.................................................................... 14
Course Grades................................................................................ 14
Rotation Evaluations........................................................................ 14
Exposure Incidents Protocol............................................................. 14
Introduction and Overview

Hello and welcome (again) to Family Medicine. The purpose of this syllabus is to provide you with an overview of your goals and objectives during this rotation. These goals and objectives are designed to help you gain an understanding of the breadth and scope of family medicine. As you progress through the month, you will perform certain activities designed to help you meet the goals and objectives identified. Please make sure you review this entire syllabus to understand the format and content of this syllabus.

Rotation Format: This rotation has been designed to cover primary topics commonly seen in Family Medicine. To accomplish this, each week will focus on one didactic topic of importance. Each week will be centered on a patient-oriented case. Each case will include anywhere from 5-10 questions for you to review and answer. Questions will have attached recommended readings that will help you to answer each question thoroughly. At the end of each week, you will take an online quiz based on the topic and your readings. This quiz will be completed via Desire2Learn (D2L) which is accessed at http://d2l.msu.edu and will require you to have computer access. You may also choose to discuss these cases with preceptors you work with and you are encouraged to engage the attending physician in discussion as this will lend a greater understanding of these critical issues.

What’s In This Syllabus: This syllabus is broken down into the following areas:

<table>
<thead>
<tr>
<th>Goals &amp; Objectives</th>
<th>A list of learning goals &amp; objective covering the scope of family medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>A list of recommended reading references for this specialty; these include recommended readings to meet the stated goals and objectives</td>
</tr>
<tr>
<td>Summary of Didactic Requirements</td>
<td>A list of required didactic elements for this month with completion dates and respective percentage of grade (readings will be housed in D2L)</td>
</tr>
<tr>
<td>Core Competencies</td>
<td>A list of core competencies (as identified by the American Association of Colleges of Osteopathic Medicine) addressed during this month</td>
</tr>
<tr>
<td>Summary of Clinical Requirements</td>
<td>A list of required activities for this month with required submission method and completion dates</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>Things to remember about rotating in Family Medicine</td>
</tr>
<tr>
<td>Family Medicine COMAT Exam Information</td>
<td>Explanation of the COMAT exam for Family Medicine</td>
</tr>
<tr>
<td>Rotation Remediation Process</td>
<td>An explanation of remediation steps should you not pass the rotation initially</td>
</tr>
</tbody>
</table>
GOALS & OBJECTIVES

By the end of this rotation, the student will:

• Review guidelines for adult immunizations
• Identify 3 major disease processes seen in Family Medicine
• Recall risk factors for each disease process and relevant questions for screening
• Review appropriate stratification of each disease process, where applicable
• Recognize clinical manifestations of each disease
• Review relevant tests for each disease
• Identify resources for reviewing current guidelines for the management of these diseases from a primary care perspective
• Develop basic strategies for treatment of each disease including first-line recommendations and follow-up strategies
• Consider osteopathic manipulative techniques for specific manifestations of disease where applicable

Family Medicine (Sub-I) Weekly Case Overviews

Review each case and then use the associated study questions to identify critical learning points as well as prepare for the end-of-week quiz. Case questions are for self-study, but answers may be required if grading requirements are not met (see ‘Family Medicine Corrective Action Policy’ below for further details).

Week 1 – Adult Immunizations
The case will focus on a typical adult individual coming for routine exam and in need of updates to his or her immunizations and will cover goals such as: identifying adult immunizations include initial and booster schedules; identifying contraindications to these immunizations, recognizing what groups constitute ‘special populations’ in regards to immunizations and interpreting Hepatitis B serologies.

Week 2 – Abnormal Liver Function Tests
The case will focus on an individual with mildly elevated liver enzymes and will cover goals including: defining the term minimally elevated liver enzymes, developing a differential diagnosis, understanding the order of laboratory and diagnostic studies and developing treatment and follow up plans.

Week 3 – Osteoporosis
The case will focus on osteoporotic disease and cover elements including: defining the terms osteoporosis and osteopenia, identifying risk factors for development and screening recommendations, identifying screening methodologies and interpreting the results, using the FRAX calculator to calculate 10-year risk for osteoporosis and identifying and utilizing medication for the treatment of osteoporosis (including indications and contraindications).

Week 4 – Upper & Lower Respiratory Infections
The case will focus on infectious respiratory disorders. Goals include: identifying signs, symptoms and testing regimens for streptococcal pharyngitis, distinguishing between acute, subacute, recurrent and chronic rhinosinusitis, suggesting pharmacologic strategies for acute rhinosinusitis, defining and identifying otitis media in children (with suggestions for treatment) and defining and identifying community-acquired pneumonia (with suggestions for treatment).
References

Each recommended text or online reference should be reviewed at a reasonable pace. It should take you no longer than 30-45 minutes to review these elements. Online references will require an active internet connection to review as they will be accessed remotely via the MSU Health Science Library.

Week 1 – Adult Immunizations

Update on Immunizations in Adults - *Am Fam Physician*. 2011 Nov 1;84(9):1015-1020
(http://www.aafp.org/afp/2011/1101/p1015.html)
Recommended Adult Immunization Schedule 2014 (US) – CDC
(http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf)
Contraindications and precautions to commonly used vaccines in adults 2014 (US) – CDC
(http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-contraindications-bw.pdf)
Vaccines that might be indicated for adults based on medical and other indications 2014 (US) – CDC
(http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-bw.pdf)
General Recommendations on Immunization - Advisory Committee on Immunization Practices (ACIP)
(http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm)
Recommended Immunization Schedule for Adults Aged 19 Years and Older (ACIP)
(http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a3.htm)
Hepatitis B: Diagnosis and Treatment - *Am Fam Physician*. 2010 Apr 15;81(8):965-972
Interpretation of Hepatitis B Serologic Test Results – CDC
(http://www.cdc.gov/hepatitis/hbv/pdfs/serologicchartv8.pdf)

Week 2 – Elevated Liver Enzymes

Causes and Evaluation of Mildly Elevated Liver Transaminase Levels - *Am Fam Physician*. 2011 Nov 1;84(9):1003-1008
(http://www.aafp.org/afp/2011/1101/p1003.html)

Week 3 – Osteoporosis

FRAX Calculator – (http://www.shef.ac.uk/FRAX/index.aspx)

Week 4 – Upper and Lower Respiratory Infections

Acute Rhinosinusitis in Adults - *Am Fam Physician*. 2011 May 1;83(9):1057-1063
(http://www.aafp.org/afp/2011/0501/p1057.html)
The Diagnosis and Management of Acute Otitis Media – *Pediatrics*, 2013 Feb 25;131(3):984-999
(http://pediatrics.aappublications.org/content/early/2013/02/20/peds.2012-3488.full.pdf+)
The Diagnosis and Management of Community-Acquired Pneumonia in Adults – *Am Fam Physician*. 2011 Jun 1;83(11):1299-1306
(http://www.aafp.org/afp/2011/0601/p1299.html)
**Student Responsibilities**

During the course of this month, the student is expected to take a proactive approach to learning about the discipline of family medicine. Students should make every effort to have an initial orientation session with their attending physician in an effort to review goals, objectives and expectations on both the part of the preceptor and student. During this initial orientation meeting, students should present the preceptor with both a copy of their evaluation form as well as review this syllabus with him or her. Doing so will improve the overall rotational experience in terms of training and evaluation. Students should also suggest having a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on commentary from the preceptor. Doing so will encourage active participation and improve summative evaluations that occur at the end of the rotation.

It is expected that the student will meet the following **clinical responsibilities** during this rotation:

- Report to their rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
- Demonstrate an enthusiastic and proactive attitude towards the learning process in general and family medicine specifically.
- Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.
- Not engage in behaviors that are either: unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
- Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.
- Represent you, fellow students and the College in a positive and professional manner.

It is expected that the student will meet the following **academic responsibilities** during this rotation:

- Complete all College’s curricular elements of the rotation as specified in this syllabus in a timely fashion.
- Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.
- Attend the C3 didactic sessions (if present) provided during this month as indicated in the C3 (OST 603) syllabus. No exception for this attendance is allowed except as approved by the C3 Director of your base hospital, the Instructor of Record for OST 603 and/or the Director of Medical Education of your base hospital.

Failure to meet the clinical and/or academic responsibilities (as determined by your preceptor, DME and Instructor of Record for FCM 622) may result in a failing grade for this course and require a corrective action plan and/or remediation as outlined below.
Family Medicine (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>Quiz #1 Adult Immunizations</td>
<td>D2L</td>
<td>1st Sunday of the rotation</td>
<td>25%</td>
</tr>
<tr>
<td>Quiz #2 Abnormal LFTs</td>
<td>D2L</td>
<td>2nd Sunday of the rotation</td>
<td>25%</td>
</tr>
<tr>
<td>Quiz #3 Osteoporosis</td>
<td>D2L</td>
<td>3rd Sunday of the rotation</td>
<td>25%</td>
</tr>
<tr>
<td>Quiz #4 URI/LRI</td>
<td>D2L</td>
<td>4th Sunday of the rotation</td>
<td>25%</td>
</tr>
<tr>
<td>Family Medicine COMAT</td>
<td>Online at Assigned Testing Site</td>
<td>4th Friday of this rotation</td>
<td>---</td>
</tr>
</tbody>
</table>

A cumulative pass rate of 80% for all 4 quizzes must occur to receive a passing grade for the academic portion of this curriculum.

Base Hospital Requirements
(To be defined and evaluated by individual hospitals)

Students are responsible for completing any and all additional requirements set by the hospital/clinical site in which the student is completing the rotation. However, students are not responsible for reporting results of requirements outside the ones listed above to the department/college.
Core Family Medicine (Sub-I) 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 policy are as follows:

1) The student will be required to review and submit answers to the case(s) provided during the rotation. These submissions should be submitted via email to six@msu.edu. The Instructor of Record will review the submission and determine if the student has successfully completed the case(s) and identified relevant information.

2) The student will be required to provide an additional essay, of no less than two (2) pages, discussing the impact of primary care on the direction of medicine as practiced in the United States. The essay may espouse the student’s viewpoint; however, cited facts backing such information must be included. The essay will be reviewed by the Instructor of Record as well for evaluation.

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.

---

Family Medicine (Sub-I) Rotation Clinical Requirements

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending Evaluation of Student</td>
<td>Submit completed evaluation to your base hospital’s Medical Education office.</td>
<td>4th Friday of the rotation</td>
</tr>
<tr>
<td></td>
<td><em>the determination of a satisfactory attending evaluation is governed by the University’s Policy for Retention, Promotion, and Graduation</em></td>
<td></td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>“Evaluate” Link in Koblijak Schedule</td>
<td>End of Rotation</td>
</tr>
</tbody>
</table>


**Unsatisfactory Clinical Performance**

A student’s clinical performance will be assessed through the Attending Evaluation. A satisfactory Attending Evaluation is required for completion of the clinical requirements for the course.

Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation. Evaluations with below average scores in two or more categories defined as rankings of Needs Improvement/Unsatisfactory (on a scale of Needs Improvement/Unsatisfactory-Exceptional) or 3 and below (on a numerical scale of 1-7) will be referred to the Department Chairperson/Instructor of Record for review and grade determination.

Any student with marginal evaluations in two or more rotations will be referred to the COSE Clerkship Performance Subcommittee for review.

**IMPORTANT NOTE:** The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course.

---

**“N” Grade Remediation**

http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm

A student who receives an “N” grade will be required to appear before the Committee on Student Evaluation (COSE) Clerkship Performance Subcommittee for review of the student's overall performance. The Subcommittee may recommend that the student who has received an "N" grade be permitted to remediate the “N” grade (see below) or academically dismissed. If a student is recommended for dismissal, the student will appear before COSE to have their status in MSUCOM determined. COSE will review the student’s academic/clinical performance; determine whether dismissal is appropriate or if the student’s circumstances warrant an opportunity for continuation in the curriculum. The student’s eligibility to remediate will be determined following this COSE decision.

Remediation is the method by which course objectives will be met after receiving an "N" grade. Remediation will be offered only after the student’s eligibility for remediation has been determined.

To successfully remediate an “N” grade, a student must demonstrate mastery of the course objectives. To do this the student may be required to retake the course or enroll and participate in a College directed study course demonstrating successful mastery of the course objectives.

Upon remediation of the “N” grade, the original “N” grade remains on the permanent transcript along with the grade, “P” or “N,” for the remediation experience.
Family Medicine COMAT Exam Information

EXAM PREPARATION
Students always wish to know ‘What is the best way to prepare for an exam?’ The short and simple answer is STUDY APPROPRIATE CONTENT REGULARLY. Doing so will likely increase your ability to pass any testing elements you may encounter during your training, but also help you to develop good habits in the pursuit of becoming an effective ‘lifelong learner’. This is the ideal every physician strives for, as should you.

‘Appropriate content’ is harder to define – in the case of the Family Medicine National Board of Osteopathic Medical Examiners’ (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) exam, which serves as a summative testing element for core rotations in Family and Community Medicine, the NBOME has provided a list of recommended areas of concentration covering specific dimensions of knowledge (Patient Presentation and Physician Tasks) as well as general and specific learner objectives. In addition, the NBOME provides recommended resources for learning as well as practice examinations. All of these elements may be accessed at the NBOME website (http://www.nbome.org/comat-fm.asp?m=can).

The curriculum provided as part of this course is designed to support your preparation for the COMAT exam, but it is by no means comprehensive and should NOT serve as your only learning resource for preparing for this exam. While designed to aid in studying for COMAT testing, it has multiple goals that extend beyond COMAT testing performance.

Each month students receive a MSUCOM e-mail announcement with instructions to access the MSUCOM NBOME COMAT online computer program and select the subject, time and location for their exam. A confirmation is returned to the student upon submission of the information.

EXAM ADMINISTRATION
**THE FAMILY MEDICINE NBOME COMAT EXAM:** All students are required to take the NBOME subject COMAT examination in Family Medicine in order to receive a “Pass” grade for the FCM 620 rotations. Students must take the Family Medicine exam on the last Friday of their 2nd Family Medicine Rotation. For exam dates/times, please refer to the COMAT Exam Schedule on the Academic Programs website at http://com.msu.edu/AP/clerkship_program/top_page_links_clerkship/comat_exam_protocol.htm.. The exam is offered on the Michigan State University campus, the DMC, and Macomb University Center. Western Michigan University School of Medicine, Mercy General, Munson Medical Center, McLaren Bay Regional Medical Center, and Lakeland Healthcare will administer exams only for students based at their hospital. The exams are 2½ hours in length and contain 125 questions.

Additional information is available at http://com.msu.edu/AP/clerkship_program/syllabus/core_syllabus/comat_exam_protocol_2013.10.01.pdf. Contact Ms. Evita Gilbert (517-432-5423 / gilber10@msu.edu) with questions.

EXAM ATTENDANCE
Recognizing that the college’s current resources for the administration of online exams are limited, students will be asked to commit to a specific exam location and scheduled exam time substantially before the scheduled exam date. Due to the substantial teamwork that is needed to scheduling COMAT exams among college and NBOME staff, students cannot make late, last minute changes in these schedules.

**STUDENTS MUST BRING A VALID GOVERNMENT ISSUED PICTURE ID** (i.e. driver’s license or passport) TO THE EXAM.
EXAM SCORING
The NBOME sends scores two- three weeks after the exam. E-mail notification is sent to the class when the scores have been entered on the student’s individual clerkship schedule.

COMAT exam scores reported by the NBOME are reported as standard scores.

The respective departmental chairs and course faculty will evaluate individual student performance on the online COMAT examination relative to overall performance of the national cohort. Students identified as scoring below the 20th percentile on a COMAT exam will be notified by the respective department.

The exams are offered as an opportunity to prepare for the NBOME licensure exam. Students performing poorly may anticipate similar results and possible failure of their licensure exam. Further study and review is encouraged.

Special Considerations

Family medicine is one of the most varied of fields – you can see a wide spectrum of physicians practice an even wider range of medical elements in the sub-specialty. It is important to remember that family medicine represents the frontline of medical care, not only in terms of interaction with the community and society, but also in terms of good stewardship of medical resources, both financial and material. During your time on this rotation, consider discussing with your attending physician(s) aspects of medical care such as: health care reform and its impact, being a financially responsible physician and the delivery of care in a resource-deprived environment, etc. You will find that most family physicians are not only interested, but passionate about these topics and, as a future member of the profession, you should utilize this time to better understand the environment you will be part of in the future.
Family 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 Family 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. Provide health promotion and disease prevention (HPDP)
   e. Engage in 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, probity, 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
MSU College of Osteopathic Medicine Standard Policies

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

**ATTENDANCE POLICY**

Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

**An absence request for the first or last day of the rotation will be denied.** All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.

**IMPORTANT NOTE:** The only exception to this attendance policy is Emergency Medicine, where attendance is based on a shift schedule assigned by the hospital. Please refer to the Emergency Medicine “Introduction and Overview” for more information.

**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.
FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. 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.

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. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar if submitted by the student. 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 their online schedule through Kobiljak.

EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME’s office. You can also access the form at [www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf](http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf). Please make yourself familiar with the procedure and the form.