Please Note: 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.
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Please be mindful of the need to read your syllabi before beginning your rotations.
Introduction and Overview

Welcome to 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 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.

We believe these topics are the most common ailments affecting our U.S. population. If you put the time and effort into studying these modules you will be well prepared for internship, residency and national tests you will take such as COMAT and COMLEX. It is also our hope that you will recognize the integral role of Internal Medicine, for it is a cognitively rewarding discipline for which there will always be a need.

Rotation Format: The instructional modules for the ambulatory IM rotation are created to showcase a typical day for an Internist. These nine modules flow sequentially with one new patient who presents to your clinic. Over time new maladies are uncovered. There is a single reference guide, divided into multiple topics in which I strongly encourage you to print off in color. You will need to minimize distractions while looking for the key points during module viewing and enter in the highlighted areas. Each of the nine modules is followed by a short quiz covering those key points. Each module is under 60 minutes. It would behoove you to complete all of them the weekend before your rotation starts. In the end you will have a Reference Guide that you have completed on your own which will assist with internship, residency and Board preparation.

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

- **Goals & Objectives** – A list of learning goals & objective covering the selected topics in IM
- **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 the month
- **Summary of Clinical Requirements** – A list of required activities for the month with required submission methods and completion dates
- **Internal Medicine COMAT Exam Info** – Explanation of the COMAT exam for Internal Medicine
- **Rotation Remediation Process** – An explanation of remediation steps should you not pass the rotation initially
Goals and Objectives

Goals

- Demonstrate the ability to obtain a comprehensive versus focused assessment for an adult history and physical examination.
- Demonstrate cardinal techniques of examination that include inspection, palpation, percussion, and auscultation.
- Utilize appropriate clinical reasoning, assessment and planning skills.
- Explain the indications and interpretation of routine laboratory test and procedures.
- Recommend appropriate cost-effective diagnostic tests in the era of cost containment.
- Demonstrate clinical reasoning, assessment and planning skills appropriate for level of training.
- Overarching Goals
- Apply knowledge of relevant health screening and disease prevention guidelines in formulating the plan of care.
- Demonstrate professionalism and ethical decision-making throughout the rotation.
- Practice the “art of medicine” by entertaining differential diagnosis’ as illness evolves/morphs over time.
- Apply the Tenant: “The body’s self-healing capacity when mind, body and spirit are in balance.”

Objectives

Module 1: Hypertension (HTN)

- Understand the proper way of measuring brachial arterial pressure.
- Describe the difference between white coat, masked and resistant HTN.
- Recognize the physical exam manifestations of uncontrolled HTN.
- List the appropriate tests for the initial workup of newly diagnosed HTN.
- List the substances that can raise blood pressure.
- Identify findings that suggest resistant HTN.
- Understand the JNC 8 classification of HTN.
- List lifestyle modification for BP reduction.
- Define the threshold to start medication for uncontrolled HTN.
- Outline the compelling indications, contraindications and side effects of the various classes of antihypertensive medications.
- Define BP goals for special populations.

References:


Module 2: Diabetes (DM)

- List the diagnostic criteria for DM
- List goals for patients with DM
- List the mechanism of action, side effects of available treatment agents in DM and the expected HbA1c reduction of each
- Describe the management of hypoglycemia in the outpatient setting
- Describe the chronic complications of DM

References:

- Standards of Medical Care in Diabetes—2014 Diabetes Care January 2014 37:S14-S80; doi:10.2337/dc14-S014

Module 3: Dyslipidemia

- List the four major groups who benefit from intensive statin therapies
- Recite the expected change in values of available agents.
- Recognize which agents have morbidity/mortality reduction.
- Describe the management of side effects of each available class.

References:


Module 4: Thyroid Nodules

- Know when a thyroid US should be performed.
- Understand when a fine needle aspiration is indicated.
- Know when surgery indicated.
- Describe the follow up of benign nodules.

References:

Module 5: Perioperative medicine

- Categorize various surgeries into low, moderate and high risk surgical categories
- List the risk factors included in the Revised Cardiac Risk Index and associated risk % of perioperative cardiac death
- List the active cardiac conditions included in the ACC/AHA algorithm
- Recall the three groups for whom perioperative cardiac testing in not indicated
- Determine when to utilize beta blockers or noninvasive testing based upon use of the 5 step ACC/AHA perioperative evaluation algorithm

References:


Module 6: “The Incidentals”

- List the tests in the initial workup of recurrent kidney stones
- Recite the general prevention measures
- List the available treatment options for Calcium Oxalate stones
- Recite the CT characteristics that differentiate benign from malignant findings
- List the serological tests needed in the work up
- Indicate when surgery is required
- Detail the follow up the adrenal Incidentaloma
- Describe the diagnostic work-up for a pulmonary nodule
- Describe the workup of a renal cyst

References:

- http://www.auanet.org/education/education-for-medical-students.cfm
- http://www.uptodate.com/contents/the-adrenal-incidentaloma?source=search_result&search=incidentaloma&selectedTitle=1%7E29#H28
Module 7: Select Topics in Rheumatology
- Identify the presentation of gout
- Recognize other masqueraders
- Know when arthrocentesis is indicated
- List the laboratory tests needed in the initial work up of gout
- List the available treatment options for gout
- Describe the goals for chronic treatment.
- Detail the follow up of treatment of gout
- Recognize the presentation of Polymyalgia Rheumatica and Giant Cell Arteritis
- Describe the treatment and follow up of patients with Polymyalgia Rheumatica and Giant Cell Arteritis

References:
- [http://www.uptodate.com/contents/prevention-of-recurrent-gout?source=search_result&search=gout+prevention&selectedTitle=1%7E150#H31](http://www.uptodate.com/contents/prevention-of-recurrent-gout?source=search_result&search=gout+prevention&selectedTitle=1%7E150#H31)
- [http://www.uptodate.com/contents/treatment-of-acute-gout?source=search_result&search=gout+treatment&selectedTitle=1%7E150](http://www.uptodate.com/contents/treatment-of-acute-gout?source=search_result&search=gout+treatment&selectedTitle=1%7E150)

Module 8: Healthy Living
- Differentiate the stages of change
- Be able to identify what stage a patient is in
- Be able to move the patient to the next stage
- Describe the various treatment options for smoking cessation
- Apply motivational interviewing techniques for alcohol reduction
- Apply motivational interviewing techniques for weight loss

References:
- [http://www.motivationalinterview.org](http://www.motivationalinterview.org)

Module 9: Sleep Disorders
- List the elements of sleep hygiene.
- Describe the workup and treatment of Restless Legs Syndrome
- Describe the workup and treatment of Obstructive Sleep Apnea

References:
- [Link 1](http://www.uptodate.com/contents/overview-of-obstructive-sleep-apnea-in-adults?source=search_result&search=osa&selectedTitle=1%7E150)
- [Link 2](http://www.uptodate.com/contents/management-of-obstructive-sleep-apnea-in-adults?source=search_result&search=osa&selectedTitle=4%7E150)
Useful Resources

- UpToDate.com
- Harrison’s Textbook of IM – Online: http://libguides.lib.msu.edu/medicalebooks

- 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. MKSAP for Students 5 Digital. http://mksapstudents5.acponline.org/
  - 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.

- Convenient Apps - some must be purchased and some have free options on-line.
  - Epocrates
  - PreOpEval
  - The Sanford Guide (ID)
  - ACP’s Doctor’s Dilemma - Self Play Jeopardy

Check with your hospital library as to whether they have any available electronically for your use. Most of the common textbooks are free through the MSU libraries with your MSU netid.
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 third year outpatient IM rotation, students will rotate as a part of the medical team at a primary care office, which may or may not have additional time spent on the attending’s service in the 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 office notes and begin to develop a basic assessment and plan for the patients they care for.

Medical students are expected to participate in direct patient care in the office, although final responsibility and decision making rests with the attending physician. As a third year student more emphasis will be placed on student responsibility and your ability to manage basic internal medicine patients. Students are required to attend didactics as assigned.

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 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.

Scrub 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, and are not typically appropriate for the office setting.

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.

General Inpatient IM Dress Code

During your clinical rotation, you will be a 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 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 generally be of a length that reaches the knees.
- Tennis shoes should not be worn, except with scrubs.
- No open toe shoes, flip-flops, or sandals are allowed at any time.
- 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.

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 17 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.
Summary of MSUCOM IM 658 Academic Grading Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Due Date</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>View the Nine Modules in succession. Take notes in the accompanying reference guides. Take the quiz after each module.</td>
<td>11pm last Sunday of the rotation.</td>
<td>80% average cumulative score on all modules to receive a P on this portion of the rotation.</td>
</tr>
<tr>
<td>Student Rotation Schedule</td>
<td>11pm last Sunday of rotation</td>
<td>Must upload schedule as worked by 11pm last Sunday of rotation</td>
</tr>
</tbody>
</table>

Failure to complete the above will result in an N grade being issued for IM 658

IM 658 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 650 Internal Medicine Core Rotation #1 Inpatient 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, at which time the student will be referred to the Committee on Clerkship Performance for Professionalism issues. All others will be referred to the Committee on Clerkship Performance for Professionalism issues.

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.
# Summary of MSUCOM IM 658 Clinical Grading Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Due Date</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Evaluation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through Kobiljak Center</td>
<td>11pm Sunday after fourth week</td>
</tr>
<tr>
<td>Attending Evaluation of your</td>
<td>Submit completed form to the DME and follow up to confirm they submit to MSU at:</td>
<td>End of rotation</td>
</tr>
<tr>
<td>Performance on Rotation</td>
<td>MSUCOM Clinical Clerkship Program/Office of the Registrar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C110 East Fee Hall</td>
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<tr>
<td></td>
<td>East Lansing, MI 48824</td>
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</tr>
</tbody>
</table>

Failure to complete the above will result in an N grade being issued for IM 658

# 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.
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.

**IM 658 Rotation Remediation**

For any student who receives an N grade in IM 658 and completes the COSE process indicated above, the following remediation plan will go into immediate effect:

1) The student will be required to meet with the Clerkship Performance Committee to determine eligibility to continue in the curriculum.

2) The student will be required to create his or her own modules in a single patient format similar to the Out Patient IM Modules. These modules will be provided to the Chair of the Department who will determine if the student has successfully completed the modules sufficient enough for his or her peers to understand.

3) The student will be required to provide an additional essay of no less than 2 pages discussing the impact of primary care on the direction of medicine as it is practiced in this country. The essay may espouse the students’ view, but must include citations for facts provided by the student to support their viewpoint. This will be reviewed by the Chair of the Department as well for evaluation.

4) The student will be required to complete any requirements made by the Clerkship Performance Committee

5) Upon successful completion of the above, the student will be given a passing grade for the course.

6) If the student fails the rotation for other reasons (poor performance in the eyes of the internist and/or Director of Medical Education), the student will be subject to an alternate remediation plan designed by the Director of Medical Education in conjunction with the Dean of Student Services and Clinical Curriculum Director, in conjunction with the instructor of record.
Out-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 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 Internal 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 Internal 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-im.asp?m=can](http://www.nbome.org/comat-im.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.

**The COMAT exam will not be taken until all three IM rotations have been completed (IM 650, IM 658, IM 660).**
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 must also generally adhere to a 60 hour work week limit for students on any given rotation. 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 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.
LOCAL HOSPITAL REQUIREMENTS
(To be defined and evaluated by individual hospitals)