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 inpatient IM rotation are created to showcase a typical day for an Internist in the hospital. You will be assigned 4 modules during your four week IM rotation. Each module is under 60 minutes. It is recommended that you complete all of them the weekend before your rotation starts.

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
- **Rotation Remediation Process** – An explanation of remediation steps should you not pass the rotation initially

**Required Reference Material**
MKSP for Students 5 Digital – as of 5-25-15 the price was 59.95 with a free student membership in ACP. http://www.acponline.org/medical_students/products/mksap_students_digital/
Goals and Objectives

The general goal of clerkship is to provide the environment needed for students to develop into knowledgeable, sympathetic and sophisticated physicians. Additionally, it seeks to ensure that each student is able to work up a patient, to develop differential diagnosis, to formulate a treatment plan, and to consider an approach to managing the patient. Further, our aim is to teach students to apply the background in pathophysiology acquired in the pre-clinical years to the diagnosis and management of patients. Lastly, it is expected that students continue to expand their knowledge base and clinical judgment.

The following is an outline of the knowledge, skills, and behavior students should possess upon completion of the clerkship:

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.

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.

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 out patient 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.

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.
DIAGNOSIS II: Students are expected to design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of pathophysiology and evidence from literature.

Another priority learning objective for this clerkship will be formulation of a diagnostic strategy, emphasizing use of the principles of clinical epidemiology (test sensitivity, specificity, pretest probability, predictive value) and cost effectiveness data to guide test selection and interpretation.

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.

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.

COMMUNICATION: Presenting patient information concisely, accurately and in timely fashion to members of a health care team in a variety of settings 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.

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.

This clerkship will also stress skills relevant to taking initiative and responsibility for learning, achieving personal growth and supporting learning objectives of your colleagues. Students are expected to learn how to perform appropriate literature search as well as understand the limitations of the literature base.

Demonstrate knowledge and affirmation of ethical standards

CAREERS IN MEDICINE: Is medicine your cup of tea?
This clerkship will highlight available career paths in internal medicine including primary care versus subspecialty training. It will also encourage students to find mentors as they prepare for future choices.

**IM 650 In-Patient Internal Medicine Weekly Objectives**

**Rotation Format:** Each week during the core internal medicine rotation the student will be responsible for viewing a case presentation module, reviewing a reference sheet and a reading assignment. These activities are designed to sharpen your understanding of the topics and management of complicated patients in the hospital setting.

**Week 1**

**Topics**

A. Cardiology
   a. Acute Coronary Syndrome
   b. Heart Failure

B. Nephrology
   a. Acute Kidney Injury
   b. Electrolyte Abnormalities

**Specific Learning Objectives**

**Acute Coronary Syndrome**

- Understand definition of ACS and difference between ST Elevation MI (STEMI), NonST Elevation MI (NSTEMI) and Unstable Angina (USA)
- Understand the pathophysiology of acute coronary syndrome
- Know diagnostic criteria for USA, NSTEMI, and STEMI
- Recognize EKG presentation of ACS
- Understand post MI risk stratification and TIMI scores
- Review Current guidelines for the treatment of ACS
- Outline indications, contraindications and complications of various treatment modalities.
- Be aware of the different techniques behind the diagnostic tests, and the benefits to each one
- Have an understanding of the different therapies for unstable angina, NSTEMI, and STEMI.
Heart Failure Exacerbation
- Understand definition and pathophysiology of systolic and diastolic types of heart failure
- Identify various clinical presentations associated with heart failure exacerbation
- Know the appropriate labs and imaging needed to order when managing heart failure exacerbation
- Know how to acutely manage heart failure exacerbation
- Have an understanding of long term management of heart failure exacerbation

Acute Kidney Injury
- Define acute kidney injury
- Know pre renal, renal and post renal etiologies of AKI
- Know the appropriate labs and imaging to be ordered when managing AKI
- Understand management of AKI

Electrolyte Abnormalities
- Understand clinical presentation of various types of electrolyte abnormalities (Na, K, Ca, Mg, Phosphorus)
- Know how to manage electrolyte abnormalities

Week 1 Activity Assignment: (To be completed by the end of rotation week 1)
1. Case Presentation Acute Coronary syndrome Module (see D2L)
2. Review Heart Failure Reference Sheet (see D2L)
3. Review Acute Kidney Injury Reference Sheet (see D2L)
4. Review Electrolyte Abnormalities (see D2L)
5. Reading Assignment
   a. MKSAP for Students 5 Digital
      i. Cardiovascular Disease; section on Coronary Artery Disease
      ii. Nephrology; Section on Acute Kidney Injury and Electrolyte Abnormalities

Week 2

Topics
C. Infectious Disease
   a. Pneumonia
   b. UTI
   c. Pyelonephritis
   d. Tuberculosis (TB)
D. Endocrinology
   a. Diabetic Ketoacidosis (DKA)

Specific Learning Objectives

Pneumonia
- List the types and diagnostic criteria for different types of pneumonia (CAP, HCAP, HAP)
• Review pathophysiology and physical exam findings associated with pneumonia
• Review severity assessment tools used to assess the severity of pneumonia
• List the antibiotics classes recommended to treat each type of pneumonia.
• List the major side effects of these antibiotics classes and possible management of these side effects

**Meningitis**
• Learn various etiologies of meningitis
• Understand clinical presentation of meningitis
• Learn treatment options for different types of meningitis

**UTI**
• Know difference between simple and complicated UTI.
• Learn management of UTI

**Pyelonephritis**
• Define pyelonephritis
• Know common microorganisms responsible for pyelonephritis
• Learn treatment options for pyelonephritis

**Tuberculosis**
• Know definition of different types of TB infection (Primary, Active, Latent etc.)
• Understand pathophysiology of TB and various organs it effects
• Learn different options available for treatment of TB
• Know the side effects of different TB medications.

**DKA**
• Define DKA
• Explain the role of contributing factors in DKA such as infections, noncompliance and diet.
• List physical exam findings and clinical presentation associated with DKA
• Know diagnostic tests to be ordered for patients in DKA
• Learn management of DKA

**Week 2 Activity Assignment:** *(To be completed by the end of rotation week 2)*
1. View Case Presentation on Pneumonia Module (see D2L)
2. Review Meningitis Reference Sheet (see D2L)
3. Review DKA Reference Sheet (see D2L)
4. Review UTI Reference Sheet (see D2L)
5. Review Pyelonephritis Reference Sheet (see D2L)
6. Review Tuberculosis Reference Sheet (see D2L)
7. **Reading Assignment**
   a. MKSAP for Students 5 Digital
      i. Infectious Disease; section on Pneumonia, UTI/Pyelonephritis, TB and Meningitis.
      ii. Endocrinology section on DKA
Week 3

Topics

E. Gastroenterology/Hepatology
   a. Pancreatitis
   b. IBD
   c. Liver Failure

F. Pulmonary
   a. Acute Asthma Exacerbation
   b. Acute COPD Exacerbation

Specific Learning Objectives

Pancreatitis
- Understand pathophysiology of acute and chronic pancreatitis
- Identify signs and symptoms of acute and chronic pancreatitis
- List most common causes of acute & chronic pancreatitis
- Identify the diagnostic approach and evaluation necessary to diagnosis acute & chronic pancreatitis
- Know the management of acute and chronic pancreatitis

Inflammatory Bowel Disease (IBD)
- Define IBD (Crohn’s and Ulcerative Colitis)
- Compare and contrast signs and symptoms of Crohn’s versus ulcerative colitis
- Identify the diagnostic approach and evaluation necessary to diagnose IBD
- Know the management of Crohn’s and ulcerative colitis

Acute Liver Failure
- Understand the definition and classification of acute liver failure
- Learn physical exam findings and clinical manifestations associated with acute liver failure
- Identify common conditions associated with acute liver failure
- Know diagnostic tests to be ordered for patients in acute liver failure

Acute Asthma Exacerbation
- Identify risk factors associated with acute asthma exacerbation
- Learn pathophysiology and clinical manifestation of asthma exacerbation
- Know asthma severity classification
- Understand treatment of asthma based on the severity classification

Acute COPD Exacerbation
- Identify risk factors associated with acute COPD exacerbation
- Learn major and minor criteria for COPD exacerbation
- Understand pathophysiology and clinical manifestation of COPD exacerbation
- Learn hospital and home management of COPD exacerbation
Week 3 Activity Assignment: (To be completed by the end of rotation week 3)
1. Acute Pancreatitis Case Module (see D2L)
2. Inflammatory Bowel Disease (IBD) Reference Sheet (see D2L)
3. Acute Liver Failure Reference Sheet (see D2L)
4. Acute Asthma Exacerbation Reference Sheet (see D2L)
5. Acute COPD Exacerbation Reference Sheet (see D2L)
6. Reading Assignment
   b. MKSAP for Students 5 Digital
      i. Gastroenterology/Hepatology; Section on Acute Pancreatitis, IBD & Acute Liver Failure
      ii. Pulmonary Disease; Section on Asthma and COPD

Week 4

Topics
G. Hematology
   a. Thromboembolic Disorders (DVT & PE)
   b. Coagulation Disorders

Specific Learning Objectives

Thromboembolic Disorders
- Understand the definition and differences between proximal versus distal Deep Venous Thrombosis (DVT)
- Understand pathophysiology of thrombus formation
- Understand Well’s scoring system and various tests to order based on this scoring system.
- Know the indications and contraindications of various available testing modalities in the work up of DVT
- Understand how a DVT can lead to PE
- Know the presentation of massive PE and how to manage massive PE.
- Determine when and what work up to order for DVT/PE
- List the various categories of oral and IV anticoagulants
- Know the major side effects of each agent along with their indications/contraindications.
  Know the duration of treatment for acute DVT/PE based on current guidelines

Coagulation Disorders
- Review of normal hemostasis
- Learn how to evaluate patients with suspected bleeding
- Learn various types of acquired versus congenital bleeding disorders

Week 4 Activity Assignment: (To be completed by the end of rotation week 4)
1. Acute DVT/PE Case Module (see D2L)
2. Reading Assignment
   a. MKSAP for Students 5 Digital:
      i. Hematology; Section on DVT and PE
      ii. Hematology; Section on Coagulation Disorders
References by Subject

Cardiology
3. UpToDate –UpToDate.com
6. MKSAP 16, Cardiology section on Acute Coronary Syndrome
7. Harrison’s Internal Medicine

Infectious Disease
7. MKSAP 16, Infectious Disease Section on Pneumonia
8. UpToDate –UpToDate.com
9. Harrison’s Internal Medicine

Gastroenterology:
7. MKSAP 16, Gastroenterology & Hepatology section on Pancreatitis
8. UpToDate –UpToDate.com
9. Harrison’s Internal Medicine

**Hematology:**
8. MKSAP 16, Hematology section on Thromboembolic disorders
9. UpToDate –UpToDate.com
10. Harrison’s Internal Medicine
Useful Resources

Suggested Textbooks and Resources

A. 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. MKSAP for Students 5 Digital.
     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
3. Ashar, B., Miller R., Sisson S. The Johns Hopkins Internal Medicine Board Review. Philadelphia,
   √ 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 –

5. Access Medicine
   http://accessmedicine.mhmedical.com.proxy2.cl.msu.edu/multimedia.aspx#tab=1

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-
     https://mail.hit.msu.edu/owa/redir.aspx?C=5Ge9Lydk7UK7X7mNaGmUefTaWHF7PtEIwNTVuulBcjMYdwFy
     HR-RZ_ZKiYRNg9xMMNJdl-
     hY.&URL=http%3a%2f%2fezproxy.msu.edu%3a2047%2flogin%3furl%3dhttp%3a%2f%2fsearch.ebscohost.com
     %2flogin.aspx%3fauthtype%3dip%2cuid%26profile%3ddynamed
   • UpToDate –UpToDate.com
   • Epocrates
   • PreOpEval
   • The Sanford Guide
   • ACP Doctors Doctor’s Dilemma
   • Murmur Pro
   • WWW.AHA.ORG
   • MKSP 16
Accessing the Electronic Resources Using MSU’s Library will provide many of these for free

**Student Responsibilities and Expectations**

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 inpatient IM rotation, 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 physical’s 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 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 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 will 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 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.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Due Date</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>View the 4 modules online Take end of module Quiz after completing 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 Evaluation</td>
<td>Submit electronically by 11pm the last Sunday of the rotation online through Kobiljak Center</td>
<td>11pm last Sunday Must submit to receive a passing grade, does not count for points</td>
</tr>
<tr>
<td>Attending Evaluation of your Performance on Rotation</td>
<td>Submit completed form to the DME and follow up to confirm they submit to MSU at: MSUCOM Clinical Clerkship Program/ Student Services C110 East Fee Hall East Lansing, MI 48824</td>
<td>As soon as possible. Must submit to receive a passing grade, does not count for points</td>
</tr>
<tr>
<td>Student Rotation Schedule</td>
<td>11pm last Sunday of the rotation.</td>
<td>Must upload into D2L the schedule you worked on this rotation</td>
</tr>
<tr>
<td>Procedure Checklist Log (see next page)</td>
<td>11pm last Sunday of the rotation.</td>
<td>Must be completed via MyChecklists online system for this rotation</td>
</tr>
</tbody>
</table>

**Failure to complete all of the above will result in an N grade being issued for IM 650**
**IM 650 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.
Required IM 650 In-Patient Internal Medicine Procedures Checklist

Name _______________________________ Hospital _______________________________

Rotation Dates ____________________________________________________________________________

Print Dates

For this log to be accepted, all requested information – including date of procedure, supervisor’s last name and contact information, and role – must be included for each entry. Additionally, the check box at the bottom of the log must be checked and your attending’s name must be provided in the appropriate space.

By the end of the clerkship, the student is expected to have satisfactorily performed, at least once, those skills and procedures listed on the checklist below. The student is expected to understand the indications and contraindications, as well as the technique.

<table>
<thead>
<tr>
<th>Date the Procedure was completed</th>
<th>Required Procedures to be Performed by Student</th>
<th>Role (Observed, Assisted, or Performed)</th>
<th>Print Supervisor’s Last Name and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate one patient with in-hospital fall, and be able to discuss the relevant evaluation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review for anticoagulant use and discuss the necessity of brain imaging with your supervising physician.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assist with the insertion of one arterial line or central line.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arterial blood gas results interpretation and suggested management of results to restore homeostasis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attendance at one Rapid Response Team event or Code Blue (cardiac arrest in house event) with performance of CPR if allowed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By checking this box, I certify that the information provided on this log sheet is accurate and truthful and has been reviewed and approved by my attending. I understand that the University may audit this log sheet at any time to verify its validity.
Inpatient 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:

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

- **Medical Knowledge**
  - Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

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

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

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

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

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

**COMAT**

The COMAT exam for Internal Medicine is to be taken after IM 660 or the third IM rotation, whichever is later, and does not apply to this rotation. At that time a minimum score of 52 must be obtained for the 2015-16 academic year. Failure to achieve this minimum score will result in the student being required to schedule and take the exam again at a later date as scheduled by Academic Programs. Failure to achieve this passing score on the second exam will result in an N grade for IM 660 and require a retake of IM 660.
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-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. The COMAT exam will not be taken until all three IM rotations have been completed (IM 650, IM 658, IM 660). At that time a minimum score of 52 must be obtained for the 2015-16 academic year. Failure to achieve this minimum score will result in the student being required to schedule and take the exam again at a later date as scheduled by Academic Programs. A second failure will result in the grade of N being assigned to IM 660 and require a retake of IM 660.

Rotation Remediation Process

For any student who receives an N grade in IM 650 the following remediation plan will go into immediate effect:

For any student who does not pass the rotation, 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 correctly answer incorrect module questions in short essay style answers and submit to the department chair for review.
3) The student will be required to provide a summation essay of no less than 2 pages discussing a current evidence based article on the module subject matter. This will be reviewed by the Chair of the Department as well for evaluation.
4) The student will be required to complete any requirements 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 specialist 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.
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 Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services 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 Heading 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. Please make yourself familiar with the procedure and the form.

LOCAL HOSPITAL REQUIREMENTS
(To be defined and evaluated by individual hospitals)