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.

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

It is your responsibility to read this syllabus in its entirety and to understand what is expected of you while on this rotation.

YOU MUST COMPLETE THE FOLLOWING REQUIREMENTS:

- Complete the on-line Breeze Presentation and pre-rotation quiz (which is embedded in the Breeze Presentation). These will assist you in your preparation for the required End of Rotation Final Examination.

- Read and view each Anesthesia Learning Module in its entirety (located beginning on Page 5 of the Syllabus).

- These modules, the Breeze Presentation (and quiz), the Short Answer Quiz, your Clinical Experiences are the foundation for your Final Examination.

- Short Answer Questions: you will have up to one week post rotation to complete and submit your Short Answer Questions. Completion of these will assist you in taking the End of Rotation Examination.

- Complete required patient encounter logging system requirement. When working in the hospital, keep a log of all your daily patient encounters. You must record these encounters in the MYCHECKLIST online system.

- You must complete and pass the End of Rotation Final Examination with a grade of 80% or more. Failure to do so will require a retake of the Examination and a score of 90% minimum. Failure of this second Examination will necessitate an Oral Examination, Extensive Remediation, and/or a repeat of the Entire Rotation.

- Complete all required Surveys.

This rotation is a balance of clinical encounters, didactic sessions, video/on-line presentations and reading assignments (both on-line and textual). This blend will provide you with a strong foundation in your approach to anesthesiology during urgent, elective and emergency conditions. There will be one-on-one teaching on this rotation. The more interest you demonstrate in learning, the more you will benefit from this clinical experience.

The enclosed syllabus represents general and specific didactic requirements that are inherent in your rotation. All anesthesiology educational conferences in your institution are mandatory. You must check with the department rotation office for time and scheduled dates that will be in effect during your rotation.
Goals and Objectives

Goals

Clinical education in anesthesiology involves achieving competence in two important areas:

A. Acquisition of a specific body of information/knowledge.
B. Acquisition of the various mechanical (psychomotor) skills associated with anesthesiology.

The acquisition and demonstration of a core set of anesthesia skills is especially relevant to the adequate application of the art and science of anesthesiology. These skills vary in complexity from the insertion of an interavenous line to endotracheal intubation and progress to many increasingly complex diagnosis and therapeutic modalities. Mastery of these skills will often require repetition, in order for students to achieve the requisite skill level and degree of competence required.

Objectives

General Anesthesiology Learning Modules

These objectives will be covered in your learning modules, either in whole; or as applicable, in part.

Video presentations may be found under the general heading ‘Didactic Material/Online Study Guides, Videos in Clinical Medicine’. Please view at least one video per day (Monday through Friday) to acquaint yourself with the technical aspects as well as the didactic foundation necessary to perform these activities and prepare for the required end of rotation examination. Scroll through the NEJM Videos until the recommended video appears.
Anesthesia Core Competencies/Learning Modules

A. **Pre-Anesthesia History and Physical Examination.**
   Be able to perform a history and physical examination, including musculoskeletal status, on a scheduled preoperative patient. At a minimum, pertinent information will include: preoperative data (laboratory, x-ray/ecg findings), informed consent, anesthetic plan, and determination of ASA status and appropriate pre-anesthetic medication.

**SPECIFIC LEARNING OBJECTIVES**
1. Be able to perform a pre-anesthetic history and physical examination
2. Interpret pre-operative data, including laboratory, ECG and X-ray findings
3. Explain the need for and how to obtain an informed consent
4. Determine an anesthetic plan
5. Determine ASA physical status and what it means
6. Determine proper preanesthetic medication(s), including need and route
7. Be able to start an intravenous line utilizing proper technique

**BASIC SCIENCE LINKS**
1. Review/know the basic physiology of the cardiopulmonary system and,
2. All affected operative areas/sites

**LABS/OTHER ACTIVITIES**
1. Know if the patient is stable and, if not, why not.
2. Be able to interpret all applicable labs, ECGs, radiographs
3. Be aware of the basic uses of various intravenous solutions and why/when they are used.
4. Be aware of the uses of intravenous cannulas and how to insert them using proper technique
5. VIDEO: Peripheral Venous Cannulation (NEJM)
6. VIDEO: Peripheral Venous cannulation (You Tube)

**OPC SKILLS REVIEW**
1. Vital signs
2. Cardiac physical examination
3. Pulmonary physical examination
4. Examination of affective operative area/site (as applicable)
5. Proper interviewing technique
6. Proper use of empathy

**EQUIPMENT NEEDED**
1. Intravenous start equipment as per institution
B. Basics of Anesthesiology/Machine/Monitoring.
Complete an anesthesia machine preoperative check. Critical elements of this check include:
knowledge of the proper utilization of nitrous oxide, oxygen, gas metering and flow, use of a
semi-closed circle absorber system, vaporizer function, and the basics of intraoperative ventilator
use. Be aware of the safety features of the anesthesia machine and all applicable monitors.

SPECIFIC LEARNING OBJECTIVES
1. Complete an anesthetic machine preoperative safety check and have basic knowledge of:
2. Proper utilization of anesthetic gases/agents,
3. Metering and flow,
4. Vaporizer function,
5. Absorber system, and
6. Intraoperative ventilator use
7. Be aware of the basic uses of all applicable intraoperative monitoring devices

BASIC SCIENCE LINKS
1. Basic physiology of the cardiopulmonary system
2. Basic pharmacology of anesthetic agents (gas and liquid)

LABS/OTHER ACTIVITIES
1. VIDEO: Monitoring Ventilation with Capnography (NEJM)
2. VIDEO: Pulse Oximetry (NEJM)
3. VIDEO: Pulse Oximetry (You Tube)
4. VIDEO: Capnography (You Tube)

EQUIPMENT NEEDED
As supplied by institution

C. Anesthetic Agents/Medications
Define and describe pharmacodynamic, pharmacokinetic, physiological, and postoperative effects
of all anesthetic agents as well as appropriate drug interactions.

SPECIFIC LEARNING OBJECTIVES
1. Define/describe:
   a. Pharmacodynamic
   b. Pharmacokinetic
   c. Physiological, and, the
   d. Post-operative effects of all anesthetic agents and medications and,
   e. All appropriate drug interactions

BASIC SCIENCE LINKS
1. Pharmacology of anesthetic agents and premedicants

LABS/OTHER ACTIVITIES
1. VIDEO: Conscious Sedation for Minor Procedures in Adults (NEJM)
2. VIDEO: Conscious Sedation (You Tube)

EQUIPMENT NEEDED
As supplied by institution
D.  **Airway Management**  
Identify and/or describe anatomic considerations of the airway, conditions that may compromise that airway, and airway management under mask, oral pharyngeal, nasal pharyngeal, and endotracheal tube placement. Demonstrate familiarity with common complications and treatment of aspiration as well as indications for postoperative extubation.

**SPECIFIC LEARNING OBJECTIVES**  
1. Identify/describe all anatomical and physiological considerations of the airway and,  
2. Conditions that may compromise that airway  
3. Know appropriate airway management techniques utilizing:  
   a. mask and bag  
   b. oropharyngeal airway  
   c. nasopharyngeal airway  
   d. endotracheal tube  
4. Demonstrate familiarity with common airway complications as well as treatment for pulmonary aspiration/pulmonary aspiration pneumonitis  
5. Know the indications for post-operative extubation

**BASIC SCIENCE LINKS**  
1. Be familiar with the anatomical structures of the nose, pharynx and pulmonary tree

**LABS/OTHER ACTIVITIES**  
1. VIDEO: Orotracheal Intubation (NEJM)  
2. VIDEO: Positive Pressure Ventilation with Face Mask and Bag Valve Device (NEJM)  
3. VIDEO: Fiberoptic Intubation (NEJM)  
4. VIDEO: Endotracheal Intubation iSIM2 (You Tube)  
5. VIDEO: Endotracheal Intubation SME PD3 Lab (You Tube)  
6. VIDEO: Fiberoptic Endotracheal Intubation (You Tube)

**OPC SKILLS REVIEW**  
1. Examination of the mouth and posterior pharynx  
2. Examination of the respiratory tree

**EQUIPMENT NEEDED**  
As supplied by institution

E.  **Spinal, Epidural, and Regional Anesthesia**  
Describe appropriate patterns of regional anesthesia usage, including indications, contraindications, principles of use, physiological effects, medications, basic techniques, proper dosage, as well as recognition of the manifestations of toxicity.

**SPECIFIC LEARNING OBJECTIVES**  
1. Describe the appropriate patterns of regional anesthesia usage, including:  
   a. indications  
   b. contraindications  
   c. principles of use  
   d. physiological effects  
   e. medications  
   f. basic techniques
g. proper dosage
h. recognition and treatment of the manifestations of toxicity

**BASIC SCIENCE LINKS**
1. Anatomy of the central and peripheral nervous system
2. Dermatome recognition
3. Pharmacology of agents utilized in conduction and regional anesthetic techniques
4. Physiological manifestations of toxicity of all applicable agents and treatment indicated

**OPC SKILLS REVIEW**
1. Neurological examination (central and peripheral)
2. Dermatome recognition and application

**LABS/OTHER ACTIVITIES**
1. VIDEO: Lumbar Puncture (NEJM)
2. VIDEO: Lumbar Puncture (You Tube)
3. VIDEO: Epidural Anesthesia
4. VIDEO: Regional Anesthesia (Atlas, 4th Ed.) (You Tube)

**EQUIPMENT NEEDED**
As supplied by institution

**F. Pain Management (Intraoperative / Post-Operative)**
Demonstrate familiarity with the various analgesic agents, their modes of administration, physiological effect, and potential complications. If appropriate to your service, you should also be able to define and describe various nerve blocks and their use in intraoperative as well as postoperative acute pain management.

**SPECIFIC LEARNING OBJECTIVES**
1. Demonstrate familiarity with the various analgesic agents, and,
2. Their modes of administration, and,
3. Their physiological effect/affect, and,
4. Potential complications.
5. Describe/define various nerve blocks and their use in intraoperative as well as postoperative acute pain management

**BASIC SCIENCE LINKS**
1. Physiological/pharmacological properties and effects of analgesic agents
2. Impact upon and the neurological response to analgesic agents

**LABS/OTHER ACTIVITIES**
1. VIDEO: Lumbar Puncture (NEJM)
2. VIDEO: Lumbar Puncture (You Tube)
3. VIDEO: Epidural Anesthesia/Analgesia (You Tube)
4. VIDEO: Local Anesthesia Injection Techniques (You Tube)
5. VIDEO: Pain Management Techniques (You Tube)

**EQUIPMENT NEEDED**
As supplied by institution
G. **Post-Anesthesia Care Unit**  
List factors related to anesthetic emergence, recall its effect upon hemodynamics and physiological status, and explain the use of reversal agents and all monitoring modalities, and scoring techniques utilized in the post-anesthesia care unit.

**SPECIFIC LEARNING OBJECTIVES**  
1. List factors related to anesthetic emergence, and,  
2. Its effect upon the patient’s hemodynamic and physiological status, and,  
3. Explain the use of reversal agents and all monitoring modalities, and,  
4. Know the scoring techniques utilized in the PACU.

**BASIC SCIENCE LINKS**  
1. Know the pharmacological and physiological response to anesthetic emergence.  
2. Know the pharmacological properties of reversal agents utilized in the operating room and within the PACU.

**LABS/OTHER ACTIVITIES**  
1. VIDEO: Arterial Puncture for Blood Gas Analysis (NEJM)  
2. VIDEO: Monitoring Ventilation with Capnography (NEJM)  
3. VIDEO: Pulse Oximetry (NEJM)  
4. VIDEO: Nasogastric Intubation (You Tube)  
5. VIDEO: Pulse Oximetry (You Tube)  
6. VIDEO: Post-Anesthesia Care Unit (You Tube)

**OPC SKILLS REVIEW**  
1. Vital signs in the emergent patient (BP, P, R, Temperature)

**EQUIPMENT NEEDED**  
As supplied by institution

H. **Shock: Fluid and Electrolyte Management/Blood Therapy Management**  
Distinguish between appropriate use of fluids intraoperatively, replacement of intravenous volume during the operative procedure, use of blood products, as well as identify complications and side effects associated with volume replacement.

**SPECIFIC LEARNING OBJECTIVES**  
1. Distinguish between the appropriate use of fluids intraoperative, and,  
2. The replacement of intravenous volume during the operative procedure, and,  
3. The administration of blood replacement products and when you would use them, and,  
4. Be able to identify the complications associated with fluid volume replacement, and,  
5. The complications and side effects associated with blood replacement therapy.  
6. Know the different types of shock and the treatment for each.

**BASIC SCIENCE LINKS**  
1. Know the physiological effect of volume overloading upon the cardiovascular, pulmonary, renal and hepatic systems  
2. Know the physiological impact/effect of volume depletion, including blood loss, upon the cardiovascular, pulmonary, renal and hepatic systems.

**LABS/OTHER ACTIVITIES**  
1. VIDEO: Fluids and Electrolytes, Part I (You Tube)  
2. VIDEO: Fluid Overload (You Tube)
3. VIDEO: What is Shock? (You Tube)
4. VIDEO: Shock Explained Clearly (You Tube)
5. VIDEO: Shock Treatment Explained Clearly (You Tube)

OPC SKILLS REVIEW
1. Know vital signs, both normal and pathological
2. Be able to perform a cardiac and pulmonary examination
3. Be able to perform an abdominal examination including the examination for hepatomegaly
4. Be able to perform a lower extremity examination for ankle and pretibial edema

EQUIPMENT NEEDED
As supplied by institution

I. Specific Types of Anesthesia Care
Be aware of different physiological and psychological parameters encountered in the administration of Pediatric, Cardiac, Neurosurgical, Obstetrical, Ophthalmic, Thoracic, Vascular and Trauma Anesthesia.

SPECIFIC LEARNING OBJECTIVES
1. Be aware of the different physiological and psychological parameters encountered in the administration of:
   2. Pediatric
   3. Cardiac
   4. Neurological
   5. Obstetrical
   6. Ophthalmic
   7. Thoracic
   8. Vascular
   9. Trauma anesthesia

BASIC SCIENCE LINKS
1. As applicable to the various systems noted under Specific Learning Objectives

LABS/OTHER ACTIVITIES
1. VIDEOS: All types of anesthetic care (Thoracic, Vascular, Trauma, et al) (You Tube)

OPC SKILLS REVIEW
1. As applicable to the various systems noted under Specific Learning Objectives

EQUIPMENT NEEDED
As supplied by institution

References

While there are many fine anesthesiology texts available, much of the information contained in this protocol and study guide may be found in the Handbook of Clinical Anesthesia, Barash, Cullen and Stoelting, Lippincott Williams & Wilkins, Fifth Edition.
Student Responsibilities and Expectations

To successfully complete this rotation, you must complete, and document where required, all of the following administrative and clinical requirements.

A. **Meet with the department where you will be rotating prior to the rotation and set your schedule.** Pick up all required and/or necessary educational materials and determine the educational conference schedule as well as any other mandatory requirements as per the department. Show and go over the end-of-rotation evaluation sheet with your attending so that you are both aware what is required of you.

B. **Complete all assigned shifts.**

C. **Complete the on-line Breeze module in Anesthesiology.** This introductory course and pre-service examination is the online module posted in the course Desire 2 Learn Site. Documentation of your access to the online module will be tracked by the Department of Osteopathic Surgical Specialties and the Clinical Clerkship office. This module and the available case studies will help prepare you for your rotation and your final exam.

D. **Short Answer Questions.** You will have up to one week post rotation to complete and submit your Short Answer Questions. Completion of these will assist you in taking the End of Rotation Examination.

E. **End of the rotation final examination.** You will take the post-service examination online in Angel. You will be notified via email at the time of your exam. In order to receive a passing grade in the course, Complete and pass the End of Rotation Final Examination with a grade of **80% or more.** Failure to do so will require a retake of the Examination and a score of **90% minimum.** Failure of this second Examination will necessitate an Oral Examination, Extensive Remediation, and/or a repeat of the Entire Rotation.

F. **Complete required patient encounter logging system requirement.** When working in the hospital, keep a log of all your daily patient encounters. You must record these encounters in the MYCHECKLIST online system. You must record all patients you observe and attend to each day. At the end of your rotation, print out a copy of your entries and give it to your attending along with your evaluation so that the attending can make a judgment about your logs.

G. **Return all books (if borrowed) to the hospital library and/or anesthesia department within two weeks of the end of the rotation.**

H. **Attend all scheduled conferences as assigned.**

I. **Complete any additional didactic work as required by the hospital anesthesia department and return to their office by their deadlines.**

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

K. **Vacation days may not be scheduled during this rotation.**
L. MAINTAIN PROFESSIONAL APPEARANCE AND BEHAVIOR AT ALL TIMES.

M. You must achieve a satisfactory level on the observation rating form. Ratings of less than satisfactory in two or more categories will be reviewed with you by a member of the MSU-COM anesthesiology faculty with a specific plan for remediation to be decided on a case by case basis. Remember: Failure to do any of the above will result in an "N" grade and will require remediation as determined by the Department of Osteopathic Surgical Specialties, MSU-COM. A delay by more than 2 weeks from the end of your rotation in submitting required materials and evaluations noted above will result in an "N" grade and a total repeat of the rotation.

N. At the completion of the rotation, please fill out the end-of-rotation student evaluation that is online: http://kobiljak.msu.edu/Evaluation/UnitIII.html
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<th>Requirements</th>
<th>Submission Method</th>
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<tr>
<td>On Line Breeze Presentation</td>
<td>Desire2Learn</td>
<td>Before first day of rotation</td>
</tr>
<tr>
<td><strong>Checklist of Procedures –</strong> Please keep a copy for your records - Partially completed checklists WILL NOT be accepted.</td>
<td>Completed via MyChecklists online system</td>
<td>Within two weeks of the end of rotation.</td>
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<tr>
<td>Short Answer Quiz</td>
<td>Desire2Learn</td>
<td>Within one week post rotation.</td>
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<tr>
<td>On Line Final Examination</td>
<td>Desire2Learn</td>
<td>Opens last Friday of rotation, completed within one week of end of rotation.</td>
</tr>
<tr>
<td>Attending Evaluation of Rotation</td>
<td>Submit completed evaluation to your base hospital’s Medical Education office.</td>
<td>As soon as possible – preferably last day of rotation</td>
</tr>
<tr>
<td>Student Evaluation of Rotation</td>
<td>Online through Kobiljak</td>
<td>11pm last Sunday of rotation.</td>
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</tbody>
</table>
Rotation Corrective Action Process and Remediation

For any student who does not achieve an initial passing grade for the rotation, the following corrective plan will go into immediate effect:

1) This rotation will require Short Answer Questions, End of Rotation Examination, Checklist and Evaluations be turned in and complete for a passing grade to be issued. Partially completed requirements will not be accepted. If any of the requirements are not met on time and need to be re-opened or re-done, the student will need to complete number 2.

2) The student will be required to complete the Anesthesia Case Presentation. This will be reviewed by the Course Coordinator as well as the Chair for evaluation. This will be due to our office no later than 2 weeks post rotation for our review.

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

4) If the student fails the rotation for other reasons (poor performance in the eyes of the specialist and/or Director of Medical Education) or fails the Corrective Action Process outlined above for curricular elements, the student will receive an ‘N’ grade on their transcript. The student will then be subject to a remediation plan designed by the Director of Medical Education in conjunction with the Dean of Student Services and Clinical Curriculum Director.

Students please understand that you will not have a passing grade for this rotation until ALL of your requirements are in our office and marked as received in your KOBILJAK schedule. This may take months after your rotation ends and you initial grade of “ET” to have your grade changed to a “P”.

Thank you in advance for your understanding.
**Anesthesia Exam Information**

**EXAM PREPARATION**
- Complete the on-line Breeze Presentation and pre-rotation quiz. These will assist you in your preparation for the required End of Rotation Final Examination.
- Read and view each Anesthesia Learning Module in its entirety.
- These modules, the Breeze Presentation (and quiz), the Short Answer Quiz, and your Clinical Experiences are the foundation for your Final Examination.

**EXAM ADMINISTRATION**

To take this exam, you must log onto the D2L website for this course and complete the 20 question online exam, which is based on the preparatory material mentioned above. Students would be wise to use the preparatory material to study before taking the online exam. The examination will open the last Friday of the rotation at 6:00 pm and will remain open until the following Friday at 11:00 pm. The student will have one hour and 30 minutes to complete the examination. If you are having technical difficulties with the examination please contact: Shannon Grochulski-Fries at grochuls@msu.edu.

**EXAM SCORING**

You must complete and pass the End of Rotation Final Examination with a grade of 80% or more.

**EXAM CORRECTIVE ACTION (Prior to Remediation)**

Failure to complete and pass the End of Rotation Final Exam with a grade of 80% or more will require a retake of the Examination and a score of **90% minimum**. Failure of this second Examination will necessitate an Oral Examination, Extensive Remediation, and/or a repeat of the Entire Rotation.
**Base Hospital Requirements**

*(To be defined and evaluated by individual hospitals)*

**LOCAL HOSPITAL CLINICAL OBJECTIVES (IF REQUIRED) WILL BE PROVIDED SEPARATELY BY EACH INSTITUTION**

In addition, your hospital may require additional articles, videos or other forms of educational information to be obtained and utilized by you to further answer didactic questions that they may assign. The Chief of the Department of Anesthesiology and/or his/her designate at your hospital will be responsible for assigning a grade to their specific material. MSU/COM, Department of Osteopathic Surgical Specialties and the Division of Anesthesiology will be responsible for grading all didactics requirements including the log sheets and the exam.
Special Considerations

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

B. Special Cases: Upon occasion you may be asked not to be involved in certain anesthesia cases owing to a variety of reasons -- both published and unpublished. Please do not write on these patient's charts.

C. Attire: First impressions are very important. You must wear a clean lab jacket when not in the operating room and professional attire at all times. Name tags must be worn at all times. You must follow the guidelines relative to head, face, and foot coverings as established and determined by your institution.

D. Sharps: When using sharp instrumentation, all sharps including needles and/or other invasive modalities must be properly disposed of. This is the responsibility of the person performing the procedure and you must take care to remove all sharp instruments in order to avoid injury to your co-workers.

E. Keys to good care: You should be aware of the physical, mental, and laboratory status of all patients in whose care you may anticipate. Constantly reassess your patients and update them of their status in the process as appropriate. Your attending physician should be able to easily access information through you. In short, take full responsibility for all aspects of the patient's care.
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.

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 attending clinical faculty to:

1) Provide feedback during rotation  
2) Enforce the 60 hour work week  
3) Treat students fairly and professionally

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

<table>
<thead>
<tr>
<th>Attending/Faculty/Resident Evaluation of Student</th>
<th>Students are responsible for assuring that his/her clinical supervisor receive the appropriate evaluation form. Forms can be found in [insert location of evaluations in D2L] or in the individual D2L Rotation Course. 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Evaluation of Rotation</td>
<td>Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE:** Attending Evaluations do not follow the above “Corrective Action” process. Marginal Attending Evaluations will be reviewed on a case-by-case basis by the department, where the Instructor of Record will then determine whether to give the students a Pass or an N grade for the rotation. If the department determines students will be given an N grade in light of the evaluation, they will then proceed to “Remediation Policy” process.
**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 two or more marginal evaluations 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 of the course.

**“N” Grade and Remediation**

[http://com/msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm](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 of 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.
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.