



Department of Medicine
College of Human Medicine
MICHIGAN STATE UNIVERSITY

MED 641: Medicine Clerkship Handbook

2022-2023

Late Clinical Experience - Shared Discovery Curriculum

This handbook contains the policies and requirements for this clerkship, it is the student's responsibility to read and to know its contents.

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Goals & Objectives

The Internal Medicine Clerkship has objectives for specific clinical skills as well as for medical knowledge. These objectives are derived from the curriculum guide for an Internal Medicine Core Clerkship from the Clerkship Directors of Internal Medicine, as well as C3 competencies represented for the Internal Medicine clerkship.

During the clerkship students should be able to meet the objectives by participating in required clinical experiences, by attending educational sessions, and by completing required assignments such as the discharge summary, H&P, patient encounter log, and Workplace-Based assessments, etc.

Students are required to demonstrate the following skills:

- accurately and reliably interview and examine adult patients
- organize and present the information to supervising physicians
- identify and interpret abnormal clinical and lab data
- develop and prioritize a list of problems
- develop basic differential diagnoses based on clinical and lab data
- develop plans for further evaluation and care of those patients
- communicate clinical data effectively in oral and written forms
- work effectively as a member of a care team
- demonstrate an attitude of responsibility in caring for patients
- behave in a professional manner

Students are required to demonstrate knowledge in the following areas for each of the types of clinical encounters required:

- pathophysiology of the problem or disease
- clinical presentation
- differential diagnosis
- evaluation
- treatment

For more detailed content about each of the encounters, students should refer to the Just In Time Medicine website (www.justintimemedicine.com) under the “Curriculum” heading for a list of “Diseases You Should Really Know About”.

HERE IS WHERE C3 TABLE STUFF SHOULD GO

CHM Educational Competencies

S.C.R.I.P.T.

- **SERVICE**
 - Participates in the provision of beneficial services within the community
 - Demonstrates preparation and planning to provide services which respond to community need
 - Demonstrates reflection on their participation in service activities

- **CARE OF PATIENTS (ACGME Patient Care and Interpersonal and Communication Skills)**
 - Demonstrates kindness and compassion to patients and their families
 - Collects complete and accurate patient data
 - Synthesizes patient and laboratory data to formulate reasonable assessments and plans
 - Demonstrates the incorporation of patient values into illness assessment and care plans
 - Communicates effectively in writing and orally
 - Effectively counsels and educates patients and their families

- **RATIONALITY (ACGME Practice-Based Learning and Improvement)**
 - Identifies personal strengths and weaknesses and develops ongoing personal learning plans
 - Demonstrates use of faculty and peer/colleague feedback as a means of facilitating personal and professional improvement
 - Locates, appraises and assimilates evidence from scientific studies related to their patients' health problems

- **INTEGRATION (ACGME Systems-Based Practice)**
 - Demonstrates awareness of cost and access issues in the formulation of patient care plans
 - Demonstrates respect for all members of the health care team
 - Demonstrates understanding of and contributes to a culture of safety
 - Demonstrates knowledge of differing types of medical practice and delivery systems and their implications for controlling health care allocation and cost
 - Demonstrates knowledge of how social and economic systems in which people live impact on health, delivery of health care, and well-being.

- **PROFESSIONALISM (ACGME Professionalism)**
 - Demonstrates receptiveness to feedback from faculty/peers/colleagues/team members
 - Contributes actively to group/team process
 - Demonstrates respect to patients, colleagues and team members
 - Fulfills responsibilities in courses and on clinical rotations
 - Takes responsibility for patient outcomes and is accountable to the team, the system of delivery, the patient, and the greater public.

- **TRANSFORMATION (ACGME Medical Knowledge)**
 - Applies essential basic, social, clinical science and systems knowledge in the care of patients
 - Creates new knowledge through research
 - Participates in lifelong teaching and learning with peers, trainees, and patients

Learning Resources

No single text serves as the definitive reference for this clerkship. A variety of sources may be useful for directed reading.

Required

Just In Time Medicine: www.justintimemedicine.com

Goldberger's Clinical Electrocardiography: A Simplified Approach; Goldberger, Ary L, Goldberger, Zachary D. Shvilkin, Alexei: Elsevier Publishing, 2018
<http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20140033199>

Additional Resources

- Step-Up to Medicine; Agabegi, Elizabeth & Agabegi, Steve, 4th Edition <https://clerkship-lwwhealthlibrary-com.proxy2.cl.msu.edu/book.aspx?bookid=1627&rotationId=0>
- Lipincott Q&A Medicine <https://clerkship-lwwhealthlibrary-com.proxy2.cl.msu.edu/book.aspx?bookid=1520&rotationId=0>
- Blueprints in Medicine - <https://clerkship-lwwhealthlibrary-com.proxy2.cl.msu.edu/book.aspx?bookid=1601&rotationId=0>
- Medicine Recall - <https://clerkship-lwwhealthlibrary-com.proxy2.cl.msu.edu/book.aspx?bookid=1255&rotationId=0>
- On Rounds: 1000 Internal Medicine Pearls - <http://ezproxy.msu.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,uid,cookie&db=e000xna&AN=1473166&site=eds-live>
- Andreoli and Carpenter's Cecil Essentials of Medicine - <http://ezproxy.msu.edu/login?url=https://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C2017000616X>
- Pocket Medicine; Sabatine, Lippincott, Williams & Wilkins, 6th Edition http://ovidsp.ovid.com.proxy1.cl.msu.edu/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=booktext&D=books1&AN=02200479/1st_Edition/4&EPUB=Y
- Current Medical Diagnosis & Treatment 2018; Papadakis and McPhee: McGraw-Hill Medical Lange <http://ezproxy.msu.edu/login?url=http://accessmedicine.mhmedical.com/book.aspx?bookid=3081>
- USMLEWORLD: (Online Question Bank) www.usmleworld.com
- Antibiotics Simplified; Gallegher, Jason C. & MacDougall, Conan, 4th Edition – <http://ezproxy.msu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=1229386>
- visualDX: <http://ezproxy.msu.edu/login?url=https://www.visualdx.com/visualdx>

Radiology:

Just In Time Medicine CXR Tutorial

<https://www.justintimemedicine.com/CurriculumContent.aspx?NodeID=6209>

Just In Time Medicine Image Library

<https://www.justintimemedicine.com/CurriculumContent.aspx?p=1769>

Chest X-rays for Medical Students: Clarke & Dux: Wiley-Blackwell, 2nd Edition

<http://ezproxy.msu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&scope=sit e&db=nlebk&db=nlabk&AN=2361312>

Radiology Masterclass: <http://radiologymasterclass.co.uk>

University of Virginia CXR resource: <https://med.virginia.edu/radiology/education/online-training-resources/>

Loyola University of Chicago, Chest X-ray Atlas, A. J. Chandrasekhar, M.D:

http://www.meddean.luc.edu/Lumen/MedEd/MEDICINE/PULMONAR/CXR/atlas/cxratlas_f.htm

Radiology website:

http://www.rad.msu.edu/Education/pages/Stu_Resources/Common/pages/Aben/IM_tutor/

MSU Radiology Horizon Study Cases: <https://horizon.rad.msu.edu>

ECG:

Wave-Maven from Harvard University and Beth Israel Deaconess Medical Center:

<http://ecg.bidmc.harvard.edu/maven/mavenmain.asp>

Rapid Interpretation of EKGs: An Interactive Course; Dubin, Dale, MD: Cover Publishing, 6th Edition

http://ezproxy.msu.edu/login?url=http://www.R2Library.com/marc_frame.aspx?ResourceID=989

Professionalism:

https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/file/The-Virtuous-Professional_a11y.pdf

Clerkship Expectations

Attendance Policy

Students must participate in all aspects of the clerkship on weekdays, evenings and weekends. **Attendance is mandatory for ALL clerkship activities including, but not limited to:**

- Orientation
- Morning report
- Rounds
- Weekend responsibilities
- Call/night float
- Lectures
- Hospital assignments
- Sign out, where applicable, etc.

Failure to attend required activities without an approved excused absence or tardiness to such activities will be considered unprofessional behavior. See Personal Time Off policy under Absences from Clerkships and Other Required Courses for additional info.

Availability is expected by pager where provided (unless a student has an approved excused absence), including post call/night float, scheduled weekends, etc.

Students must stay for the required duration of all clerkship activities. **Preceptors DO NOT have the authority to grant you permission to leave early** (including attendings, residents, nurses, etc.) or to attend non-clerkship activities. If you do so, this is considered unprofessionalism and potentially academic dishonestly.

CHM Events: If students are excused to attend required CHM activities but end up not attending all or part for any reason, they are expected to report for regularly scheduled clerkship activities as soon as possible.

The clerkship officially ends at 5:00pm on the last scheduled day of the rotation, students must be available up until that point (**do not make any travel plans before this time**).

ABSENCE POLICY	Absences Require:	Consequences of failure to meet requirements
<p><u>ALL</u> Absences</p>	<ul style="list-style-type: none"> • Submission of Absence Request Form • All time missed must be made up, regardless of amount or reason, by the end of the clerkship except a PTO day. • Absences cannot exceed > 3 days 	<ul style="list-style-type: none"> • Failure to make-up missed time before the end of the clerkship will result in a CP grade • Absences > 3 days may result in an “N” grade
<p>Planned Absences Regardless of length, including: doctor, dentist appointments, etc.</p>	<ul style="list-style-type: none"> • Signed Absence Request Form before time off (30 days in advance when possible). <p>*Approval is at the discretion of the clerkship assistant and time off requested may not be granted.</p>	<ul style="list-style-type: none"> • Absences without a pre-authorized absence form will be an unexcused absence – see below
<p>Unplanned Absences Regardless of nature.</p>	<ul style="list-style-type: none"> • Must report absence to all (regardless of length) – BEFORE the beginning of scheduled workday: <ul style="list-style-type: none"> ○ Clerkship Office ○ Community Asst. Dean’s Office ○ Senior resident and/or attending • Must submit Absence Request within 2 days following absence. • Make-up time as noted on Absence Request form by Clerkship Office. 	<ul style="list-style-type: none"> • Failure to report to all as noted will result in an unprofessional behavior mark. One (1) mark for each day (each workday)
<p>Unexcused Absences Absences not excused or not reported in a timely manner.</p>		<ul style="list-style-type: none"> • Considered unprofessional behavior - 1 unprofessional behavior mark will be given for each day (12:00am-11:59pm time frame = 1 day) • All unprofessional behavior marks are noted in the Final Clerkship Evaluation.

***If a student must remediate any portion of the clerkship and return for additional time on the clerkship, no time off will be granted during this time frame.**

Professional Behavior

We expect you to demonstrate appropriate professional behavior in all clinical and academic settings. **This includes but is not limited to:** appropriate dress white coat with appropriate identification, appropriate clinical equipment, punctuality, respect, courtesy and helpfulness toward all patients, preceptors, staff and classmates; responsibility for knowledge of the content of the clerkship handbook, schedules, verbal instructions and clerkship memoranda; and timely completion of all components of the clerkship. Students are also expected to adhere to the Student Oath you took when you matriculated into the College of Human Medicine and to the Principles of Professional Behavior.

Part of your “Professional Behavior” evaluation will be based upon **your attitude of responsibility for the care of the patients to whom you are assigned**. As such, it is important to remember that it is your responsibility to be an active participant in patient care and to plan your day accordingly. Specifically, this may mean starting early or staying late to assure that your patients are provided appropriate care and that notes, and orders are completed before you leave each day.

The principles and guiding virtues for professional behavior for the College of Human Medicine can be found in the Virtuous Professional document. https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/file/The-Virtuous-Professional_a11y.pdf

Extended Time Accommodations

Students are responsible for initiating communication with their Student Program Administrators and the Clerkship Departments about needs as described and validated on the VISA. Please note that extended time accommodations will normally not be granted for those assessments on which students must be able to perform the relevant tasks within a timeframe that represents the typical demand on a developing physician. The Department of Medicine has determined that the Performance Based Assessments on the Internal Medicine Clerkship fall into this category. See [Additional Policies section for further details](#).

Email Responsibilities

To facilitate communication from CHM faculty and staff to students, CHM students are required to have a functioning Spartan Mail email address. Students are responsible for checking their Spartan Mail email accounts daily and maintaining their Spartan Mail mailboxes so that messages can be received. Students must respond in a timely manner and no later than 24 hours. Forwarding Spartan Mail email to another email account or failure to check email is not an acceptable excuse for missing a deadline or other requirement of the clerkship and may be considered a professionalism issue.

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

Weekend Rounding

You are required to be present for a minimum of 3 weekend days during the clerkship.

Community specific aspects will be discussed at orientation

Call/Night Float

Depending on your community, you may be required to participate in call or night float. Students are still required to attend lectures and any other required clerkship activities during the time they are assigned to call/night float, including on the post-call days. **Community specific aspects will be discussed at orientation**

Unprofessionalism/Academic Dishonesty

The following are considered unprofessional behavior and possible academic dishonesty:

- Failing to complete the required number (and required length) of calls/night float and/or weekend rounding
- Not accurately representing your completion of required clinical tasks/assignments
- Misrepresenting your clinical performance
- Additional actions of dishonesty or falsification of performance

Unprofessional behavior and academic dishonesty may result in a failing grade for the clerkship and possibly further consequences as determined by the College. This list is not comprehensive and other activities and behaviors may also constitute possible unprofessional behavior and academic dishonesty.

Direct Supervision of Procedures

There are NO REQUIRED procedures for this clerkship. All procedures (e.g., starting intravenous lines or arterial punctures) are to be done only under supervision. Do not perform any procedure on a patient without direct supervision by a physician responsible for the patient. Additionally, you must be supervised doing genital, rectal and breast examinations. See “Clinical Chaperones” under Additional Policies.

Teaching Settings

Students will be assigned to hospital Internal Medicine wards. The inpatient setting provides a wealth of clinical experiences for achieving most of the course objectives.

Written Assignments

Copying another person’s documentation (whether a medical record document, educational task, scholarly product, etc.) and representing it as one’s own work is considered plagiarism, and therefore academic dishonesty. Copying one’s own documentation generated in another setting (e.g., another clerkship’s written assignment) and using it during this clerkship is also considered plagiarism (this is known as “self-plagiarism”).

Exam Security

Review of exams prior to or after administration is **prohibited** to ensure that exam security is maintained.

Required Activities, Assignments & Examinations

History and Physical Exam Write-Up

DUE DATE FOR SUBMISSION OF ASSIGNMENT: 5pm on the 2nd Thursday of the clerkship
REQUIREMENT: One (1) passing/acceptable assignment by Thursday, 5:00pm, week 6
Assignment to be submitted via email (to the grader and copied to CCA), not using D2L.

Objective: The H&P write-up is designed to assess critical analysis of clinical problems with the inclusion of current literature related to the problem.

GRADUATE RELEVANCY: Core EPA 2, 3, 5 SCRIPT C2, C3, C4, C5, T1

H&P Assignment must include the following components:

- 1. A clinical evaluation of a patient you have personally either admitted or seen on call:**
 - a. You must complete a comprehensive interview and a complete physical examination of a patient.
 - b. You should personally elicit all relevant patient histories if that is possible.
 - c. You should either participate in medical decision making for the patient's assessment and plan or be intimately knowledgeable of the rationale for the management of their care.

- 2. A complete written H&P with all required components including an expanded A&P:**
 - a. The H&P must be in an acceptable electronic form (e.g., Word, pdf)
 - b. H&P must be de-identified – see HIPAA & Patient Privacy section of handbook.
 - c. H&P should be formatted following the [CHM Health Record Protocol](#).
 - d. H&P should at minimum include the following level of detail:
 - Four paragraph HPI with chronology, symptom dimensions, pertinent positives and negatives, and psychosocial context
 - All past histories, medications, allergies, and complete ROS
 - Complete physical exam with appropriate descriptions (not “normal”) and with detailed, hypothesis-driven components included
 - Relevant labs and studies
 - e. Expanded assessment should be included for each new diagnosis and should include:
 - Differential diagnosis for each new or acute problem with a discussion of why you think they are likely or unlikely
 - Evaluation of prognosis, severity, and urgency
 - Significant chronic medical problems
 - f. Expanded plan should include:
 - Diagnostic, therapeutic, and educational plans
 - Problem focus for each new/acute diagnosis (e.g. for a patient with acute dyspnea what tests would you order to further evaluate the problem?)
 - Delineated plan for each new problem (What is the medical management for a patient with heart failure as a cause of the dyspnea identified in the assessment?)
 - No statements such as “acute renal failure: will consult nephrology.” The purpose of the exercise is for you to use your own knowledge and skills as well as available resources to suggest diagnostic and therapeutic plans.
 - g. It is possible that your preceptor may have seen and assessed your case on their own and may have arrived at a different conclusion. Although it may be interesting to know their assessment, **we are more interested in your personal assessment of the problems and how you would manage them.**

GRADING

Students will be evaluated on a submitted H&P write-up using the “H&P Grading Sheet”, and as described above. It will be graded by the clerkship director (or designated faculty).

- **Unprofessionalism Mark:** H&P write-up not turned in by designated due date.
- **Pass:** Met requirement of 1 acceptable H&P write-up
- **CP:** Failure to have 1 acceptable H&P write-up by week 6 deadline noted above.
- **N:** Student failed to have 1 acceptable H&P write-up by 11:59pm of the Monday following the last day of the clerkship.

REMEDICATION

- **CP:** Complete 1 acceptable H&P write-up by 11:59pm of the Monday following the last day of the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements.

Discharge Summary

DUE DATE FOR SUBMISSION OF ASSIGNMENT: 5pm on the 3rd Thursday of the clerkship

REQUIREMENT: One (1) passing/acceptable assignment by Thursday, 5:00pm, week 6.

Assignment to be submitted via email (to the grader and copied to CCA), not using D2L

OBJECTIVE: The student should be able to write a discharge summary on a patient that the student has followed in the inpatient hospital setting.

GRADUATE RELEVANCY: Core EPA 5 SCRIPT C2, C5, I1, T1

LEARNING STRATEGIES:

- Review the “Ideal Discharge Summary Components” document and example in D2L.
- Review the “[Discharge Summary Grading Form](#)” document in Appendix.
- Review discharge summaries written by other patient care team members, comparing them to the “Ideal Discharge Summary Components” to determine areas of strengths and areas for improvement.
- Practice composing discharge summaries on patients seen in the inpatient hospital setting. Consider what information is essential for the next provider caring for this patient to know, and plan on how best this information can be summarized concisely.

THE DISCHARGE SUMMARY SHOULD INCLUDE:

- Date of admission*
- Date of discharge*
- Reason for admission (admission diagnosis)
- Length of stay
- Diagnosis at discharge
- Physicians and care providers
 - Inpatient management physician
 - Primary care physician
 - Consulting physicians
- Hospital course
- Condition on discharge
- Disposition
- Medication list

- Instructions
- Follow up appointments and lab studies

Unresolved items or pending issues should be prominently noted. See the “Ideal Discharge Summary Components” for detail regarding sections, as well as additional categories and considerations.

***Please note, while you would typically have dates of admission and discharge in a discharge summary, for the purpose of this assignment de-identify any HIPAA protected information.**

IMPORTANCE OF DISCHARGE SUMMARY

Summarizing a patient’s hospital care is a skill that a student will be required to display upon starting residency.

Concisely summarizing a hospitalization and being able to limit data to only the most pertinent and relevant information will help a student develop communication skills.

Communicating pertinent information with a physician who will be assuming care of a patient allows a student to practice developing multiple competencies, including Care of Patients, Integration, and Transformation.

GRADING

- **Unprofessionalism Mark:** Discharge Summary not turned in by designated due date.
- **Pass:** Met requirement of 1 acceptable Discharge Summary
- **CP:** Failure to have 1 acceptable Discharge Summary by week 6 deadline noted above.
- **N:** Student failed to have 1 acceptable Discharge Summary by 11:59 PM of the Monday following the last day of the clerkship.

REMEDIATION

- **CP:** Complete 1 acceptable Discharge Summary by 11:59 PM of the Monday following the last day of the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements.

Oral Case Presentation Requirement

DUE DATE FOR COMPLETION OF REQUIREMENT: 5pm on the 5th Friday of the clerkship
REQUIREMENT: One (1) passing/acceptable presentation by Thursday, 5:00pm, week 6.

OBJECTIVE: The student should be able to present a patient case that is appropriate for a management rounds setting, prioritizing relevance, hypothesis-driven analysis, and brevity, **within a maximum of 10 minutes.**

GRADUATE RELEVANCY: Core EPA 2, 3, 6 SCRIPT C2, C3, C4, C5, T1

LEARNING STRATEGIES:

- Review the “Ideal Bedside Case Presentation” document in D2L.
- Critically observe case presentations by other patient care team members during Rounds, comparing them to the “Ideal Bedside Case Presentation” document to determine areas

of strengths and areas for improvement, especially noting the order and inclusion of pertinent information.

- Practice delivering case presentations on patients seen in the inpatient hospital setting during Rounds. Consider what information that is essential to provide verbally vs what can be omitted, and how to summarize this in a succinct and logical fashion.

THE CASE PRESENTATION SHOULD INCLUDE:

- Chief complaint
- HPI (including chronology, symptom dimensions, pertinent +/-, and psychosocial)
- Pertinent:
 - PMH/Fam Hx/Soc Hx/ROS
 - Allergies
 - Medications
 - PE
- Initial pertinent laboratory, EKG, and radiographic data
- Assessment of the active problem:
 - Clearly identified likely diagnosis and rationale
 - Differential diagnosis of at least 2 additional possible causes
 - State regarding severity, urgency, and prognosis
- Secondary problems (minor or chronic conditions) if needed
 - Assessment of current status if needed
- Plan for addressing active problem
 - Diagnostic plan with rationale
 - Therapeutic plan with rationale
 - Educational plan

FORMAT OF PRESENTATION:

- Patient should be selected that **you have personally admitted or evaluated**.
- A meeting should occur prior to the formal evaluation in order for you to familiarize yourself with expectations of evaluator.
- Presentation is given directly to the evaluator with other learners present, as available.
 - If done during management rounds, evaluator will notify student when the formal presentation will occur, with ample prior notice.
- Presentation should be delivered **principally from memory**.
 - Memory prompts may be used for any portion of the presentation.
 - The evaluator will determine if you relied too heavily on memory prompts.
- Must be complete within a **MAXIMUM of 10 minutes** (ideally 5-7 minutes total).
- Presentation should address your personal evaluation and assessment.
- Once complete, evaluator **MAY** ask clarifying questions.
 - You are expected to be able to address clarifying questions.
- If your presentation is not acceptable, it may be repeated as frequently as evaluator is available until it is acceptable.

IMPORTANCE OF ORAL CASE PRESENTATIONS

Oral case presentations are a vital skill at all levels of medical care among all specialties, and with other health professionals. Being able to quickly and accurately summarize acute concerns of a patient case takes skill and practice, and a thorough understanding of the patient and disease.

Students are expected to be able to deliver appropriate case presentations as part of completing medical school, and as a professional responsibility. It is a skill requiring years of practice and development. So right or wrong, all health care team members are judged on the quality and clarity of their case presentations.

The ability to accurately and concisely present and summarize a patient's case can also affect if a patient receives the appropriate evaluation or treatment.

Importantly, you should appreciate that the case presentation is at its heart storytelling. It is your responsibility to be able to tell the patient's story in a way that explains and advocates for your patient's care.

GRADING

- **Unprofessionalism Mark:** Case presentation not presented during allotted session(s), or flagrantly unprepared.
- **Pass:** Met requirement of 1 acceptable Oral Case Presentation
- **CP:** Failure to have 1 acceptable Oral Case Presentation by week 6 deadline noted above.
- **N:** Student failed to have 1 acceptable Oral Case Presentation by 5:00 PM of the Monday following the last day of the clerkship.

REMIEDIATION

- **CP:** Complete 2-week inpatient Internal Medicine experience and complete Oral Case Presentation during this 2-week period. Failure to pass any part of the remediation will result in an "N" grade for the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements. Complete Oral Case Presentation during this time.

Evidence-Based Medicine (EBM) Assignment

An acceptable assignment earns one (1) Honors Point (not required to pass the clerkship).

DUE DATE FOR SUBMISSION OF ASSIGNMENT: 5pm on the 4th Thursday of the clerkship

REQUIREMENT: One (1) passing/acceptable assignment by Thursday, 5:00pm, week 6.

Assignment to be submitted via email (to the grader and copied to CCA), not using D2L

Objective: The EBM assignment is designed to assess critical analysis of clinical problems with the inclusion of current literature related to the problem.

GRADUATE RELEVANCY: Core EPA 7 SCRIPT R3

1. Evidence-Based Medicine assignment format:

- a. This encourages you to use the current literature to address a question generated by the assessment and plan. **A PICO question is required** (see Appendix for details). For example, in a patient with acute dyspnea from a newly diagnosed pulmonary embolism, you might ask "In a patient with a pulmonary embolism (P), what is the benefit of fibrinolytic therapy (I) versus only anticoagulation (C) on mortality (O)?"
- b. Your EBM assignment should be focused on your H&P Write-Up patient.
- c. Your PICO question should address an element of that patient's care and be relevant to their current management.
- d. This question should then generate a literature search to answer the question. The answer may or may not be found, but the process of searching is the important part of the exercise. If you do find an answer, it should be aimed at improving the management of the patient you are evaluating.
- e. **Prior to your literature search, ask your Community Clerkship Director to review question.**
- f. **Do not copy and paste.** This is plagiarism and if found will result in a failing grade for the clerkship and possibly further consequences as determined by the College.

- g. Choose the most recent published data. Only quote references that have helped you in your search for an answer to your question.
- h. Cite information you use appropriately to attribute the source.

The format of this component of the assignment is as follows:

Clinical question: Search terms: (use MeSH terms when possible). Search method (e.g., PubMed, Ovid, Cochrane database, etc.)

Formatting: All facts and findings should be appropriately cited with the use of in-text citations (e.g., fact¹).

References: A minimum of 3 references should be used. Up-to-Date is acceptable to use as a starting point but **cannot be used as a reference**. All references should be current (e.g., avoid references that are >10 years old).

Synopsis of your findings: This should be in your own words and should address the problem(s) identified in your patient. One-page single spaced or two-pages double spaced should be adequate.

GRADING

Students will be evaluated on a submitted EBM assignment using the “EBM Assignment Grading Sheet”, and as described above. It will be graded by the clerkship director (or designated faculty). Failure to complete an acceptable EBM assignment or submit by deadline will result in inability to earn this Honors Point.

- **Honors:** 1 Honors Point for acceptable EBM assignment by the deadline. If initial submission is graded as “no pass” the submission may be rewritten, or a new submission provided that addresses deficiencies **by 5:00pm the last Monday of the clerkship**.

Rewrites or resubmissions must be “acceptable” **by 5:00pm the last Thursday of the clerkship**.

- **No Honors:** Graded as “no pass” without satisfactory rewrite or resubmission by deadline.

PERFORMANCE BASED ASSESSMENTS (PBAs)

Review of exams prior to or after administration is prohibited to ensure that exam security is maintained.

CHEST X-RAY INTERPRETATION

REQUIREMENT: Achieve $\geq 60\%$ on assessment (1st or 2nd attempt)

Test Administration Date: Wednesday afternoon week 4 of the clerkship (1 hour - 12 CXRs)

GRADUATE RELEVANCY: Core EPA 3 SCRIPT C3, T1

Self-Study:

- Review and practice with the chest x-ray tutorial images in JIT
- Review the chest x-ray image library in JIT

Note that in order to be successful on the PBA, students must prepare for and attend the required session as well as interpreting CXRs whenever possible on your patients.

Education session: There will be one session which all students should attend.

For this PBA, you will be expected to recognize and/or diagnose the following conditions:

Normal	Pneumothorax	Solitary Pulmonary Nodule
Pleural Effusion	Free Air Under Diaphragm	Cardiomegaly
Pneumonia	CHF	Cavitary Lesion
Vertebral Compression Fracture	COPD	Interstitial Lung Disease

GRADING

You will be asked to interpret 12 chest x-rays

- **Honors:** 1 Honors Point for a score of $\geq 85\%$ on this PBA on the 1st attempt.
- **Pass:** Must achieve $\geq 60\%$ to pass this assessment on 1st or 2nd attempt. If you do not pass on 1st attempt, you are no longer honors eligible. You may have a tutoring session with the clerkship director and the 2nd attempt must be repeated before the last day of the clerkship. Failure to sit for 2nd attempt will result in a zero.
- **CP:** Failure to Pass PBA on 2nd attempt
- **N:** Failure to remediate CP grade

REMEDIATION

- **CP:** Complete 2-week inpatient Internal Medicine experience and complete PBA during this 2-week period. Failure to pass any part of the remediation will result in an "N" grade for the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements. Complete PBA during this time.

ELECTROCARDIOGRAM INTERPRETATION

REQUIREMENT: Achieve $\geq 60\%$ on assessment (1st or 2nd attempt)

Test Administration Date: Wednesday afternoon week 4 of the clerkship (1 hour/10 EKGs)
The use of a magnifying glass or calipers is allowed during the exam.

GRADUATE RELEVANCY: Core EPA 3 SCRIPT C3, T1

Self-Study:

- Prior to the class sessions on EKGs, you must:
 - Review and study the appropriate sections from the textbook [Goldberger's Clinical Electrocardiograph: A Simplified Approach](#)
 - Review the EKG Study Guide in D2L

Education session:

You should be prepared to read and interpret the following EKGs:

- ✓ Normal
- ✓ Acute ischemia, injury, and infarct in the inferior, anterior and lateral leads, including reciprocal changes
- ✓ Remote myocardial infarction
- ✓ Left ventricular hypertrophy with and without strain (LVH with strain will not be tested)

You should be prepared to read and interpret the following EKGs:

AV blocks: 1 st degree, 2 nd degree, (Mobitz Type I & II) and 3 rd degree	Left & right bundle branch block
Hyper/hypokalemia	Multifocal atrial tachycardia (MAT)
Atrial fibrillation/flutter	Junctional rhythms
Ventricular tachycardia/fibrillation	Pericarditis
PAC/PVC	Supraventricular tachycardia (SVT)

You should be prepared to read and interpret the following EKGs:

Rate	PR and QRS intervals
Rhythm	Final Interpretation
Axis	Determine if the reading calls for immediate assistance/intervention

GRADING

- **Honors:** 1 Honors Point for a score of $\geq 85\%$ on this PBA on the 1st attempt.
- **Pass:** Must achieve $\geq 60\%$ to pass this assessment on 1st or 2nd attempt. If you do not pass on 1st attempt, you are no longer honors eligible. You may have a tutoring session with the clerkship director and the 2nd attempt must be repeated before the last day of the clerkship. Failure to sit for 2nd attempt will result in a zero.
- **CP:** Failure to Pass PBA on 2nd attempt
- **N:** Failure to remediate CP grade

REMEDICATION

- **CP:** Complete 2-week inpatient Internal Medicine experience and complete PBA during this 2-week period. Failure to pass any part of the remediation will result in an "N" grade for the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements. Complete PBA during this time.

REGRADES FOR FAILED PBAS

Regrades for either PBA may be requested by emailing the Community Clerkship Assistant provided the following criteria are met:

- May only be requested for a **failing** grade, not for Honors.
- A request must be submitted **within 2 days** of the student receiving their PBA score.

PATIENT ENCOUNTER LOG

Website: www.justintimemedicine.com

DUE DATES: Must complete a minimum of 12 logs by 5:00pm on Thursday of week 3 of the clerkship. Remaining 12 logs are due by 5:00pm on Wednesday of week 6 of the clerkship. Failure to meet either deadline will result in an unprofessionalism mark.

REQUIREMENT: Complete 1 of each of the 24 “procedure/diagnosis” logs by deadline using Just In Time Medicine program

The purpose of the log is to track the number and kinds of patients that you must see in order to help monitor your achievement in meeting the objectives of the clerkship. Students can enter logs via their mobile devices and/or laptop computers. On both platforms, students can view their specific entries and view a table listing their progress toward meeting the requirements.

Students are required to meet the minimum requirements for all 24 conditions; however, logging of additional encounters is encouraged. **For each patient you can log up to 3 separate diagnoses as applicable** (once this limit is met, you cannot use this patient to meet further requirements, even if new diagnoses arise).

Internal Medicine Requirements

*Roles = Observe/Discuss or Actively Involved				
**Setting = I (Inpatient)				
***Patient Type = R (Real)				
Procedure/Diagnosis Name	Minimum Requirement	Student Role*	Setting**	Patient Type ***
Abdominal Pain	1	Observe/Discuss or Actively Involved	I	R
Acute/Chronic Renal Failure	1	Observe/Discuss or Actively Involved	I	R
Altered Mental Status	1	Observe/Discuss or Actively Involved	I	R
Anemia	1	Observe/Discuss or Actively Involved	I	R
Anticoagulation	1	Observe/Discuss or Actively Involved	I	R
Arrhythmia	1	Observe/Discuss or Actively Involved	I	R
Back Pain	1	Observe/Discuss or Actively Involved	I	R
Chest Pain/Dyslipidemia	1	Observe/Discuss or Actively Involved	I	R
Chronic Pain	1	Observe/Discuss or Actively Involved	I	R
Congestive Heart Failure	1	Observe/Discuss or Actively Involved	I	R
Common Cancers	1	Observe/Discuss or Actively Involved	I	R
COPD/Asthma	1	Observe/Discuss or Actively Involved	I	R
Cough	1	Observe/Discuss or Actively Involved	I	R
Diabetes	1	Observe/Discuss or Actively Involved	I	R
Dysuria/UTI	1	Observe/Discuss or Actively Involved	I	R
Fluid/Electrolyte/Acid-Base	1	Observe/Discuss or Actively Involved	I	R
Gastrointestinal Bleeding	1	Observe/Discuss or Actively Involved	I	R
Headache	1	Observe/Discuss or Actively Involved	I	R
Hypertension	1	Observe/Discuss or Actively Involved	I	R
Immunological Disorders	1	Observe/Discuss or Actively Involved	I	R
Liver Disease	1	Observe/Discuss or Actively Involved	I	R
Musculo/Skeletal Pain	1	Observe/Discuss or Actively Involved	I	R
Psycho/Social/Impairment to Care	1	Observe/Discuss or Actively Involved	I	R
Substance Use Disorders	1	Observe/Discuss or Actively Involved	I	R

Qualifying encounters include: Patients one directly rounded on or patients for which extensive discussion occurred at the bedside during attending team rounds.

If a student is having problems meeting the log requirements, it is their responsibility to contact the clerkship director no later than the beginning of the 2nd week of the clerkship to receive help with this. After this point, students should still contact the clerkship director for help, although there is no guarantee that a patient will be available with the condition(s) needed.

Technical difficulties will not be considered an acceptable reason for not meeting this requirement. If you are having problems that you cannot solve within 15 minutes:

- Email: justintime@hc.msu.edu OR
- Call your community clerkship office for assistance

GRADING

- **Unprofessionalism Mark:** 12 logs not completed by 5:00pm Thursday of week 3 of the clerkship, as well as if all logs are not completed by 5:00pm last Wednesday of the clerkship.
- **Pass:** Log requirements completed by 5:00pm the last Wednesday of clerkship.
- **CP:** Failure to complete all log requirements by 5:00pm last day of clerkship
- **N:** Failure to complete remediation of a CP grade within 2 weeks following the last day of the clerkship.

REMEDIATION

- **CP:** Student must find cases for each requirement in each condition where they failed to meet the requirements. Students must read up on these cases and turn the information (e.g., articles, etc.) into the clerkship office within 2 weeks following the last day of the clerkship. Failure to do so will result in an “N” grade.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements.

Workplace-Based Assessments (WBAs)

DUE DATES: 4 assessments must be completed by 5:00pm on Thursday of week 3 of the clerkship. The 3 remaining assessments must be completed by 5:00pm on Wednesday of week 6 of the clerkship.

Failure to meet either of these deadlines will result in an unprofessionalism mark. Failure to complete the 7 WBAs by 5:00pm the last day of the clerkship will result in a “CP” grade.

REQUIREMENT: Seven (7) WBAs using the Just in Time Medicine (JIT) Program, two from the physical exam category and one from each of the remaining category of assessments (listed below). **WBAs must be entered by the evaluator at the time the assessment is completed.**

OBJECTIVE: The goal of this experience is to ensure that clinical preceptors directly observe student’s clinical skills, and that the assessments linked to these observations are based upon explicit educational objectives (e.g., what to specifically look for when examining a patient with CHF, etc.). Once the assessment has been submitted, an email may be generated to the supervising physician asking him/her to verify your work.

GRADUATE RELEVANCY: Core EPA 1, 4, 5, 6, 8 SCRIPT C1, C2, C3, C5, T1

Students are responsible for:

- Scheduling the WBA with their evaluator
- If needed, orienting the evaluator to the WBA program in JIT
- Choosing the specific competency to be assessed on (e.g., abdominal exam in a patient with abdominal pain, etc.)
- Giving the handheld device to the evaluator with the checklist displayed for assessment, feedback, and completion of the WBA

Assessment Guidelines/Requirements: Two (2) assessments from the physical exam category and one (1) assessment from each of the remaining categories are required.

- ✓ Admission
- ✓ Communication
- ✓ Documentation
- ✓ Hand-Off (Sign-Out)
- ✓ History
- ✓ Physical Exam (x2)

Technical difficulties will not be considered an acceptable excuse for not meeting the requirement.

GRADING

This is a pass/fail exercise. “Grades” for the WBAs are either “Well done” or “Needs improvement” and either of these counts toward the required 7 WBAs.

- **Unprofessionalism Mark:** 4 WBAs not completed by 5:00pm Thursday of week 3 of the clerkship, as well as if all WBAs are not completed by 5:00pm last Wednesday of the clerkship.
- **Pass:** Assessment requirements completed by 5:00pm the last Wednesday of clerkship.
- **CP:** Failure to complete required assessments by 5:00pm last day of clerkship.
- **N:** Did not complete remediation.

REMEDICATION

- **CP:** Student must complete the assessment(s) not previously completed to remediate requirement by 2nd Friday following the end of the clerkship. Additional experiences may be required.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements.

NBME SUBJECT EXAMINATION

Test Administration: Friday morning of the 6th week of the clerkship. Specific information will be provided by your Community Clerkship Assistant at orientation.

4 hours of NBME study time will be provided to the students on Thursday afternoon of week 6, the day before the exam.

You will be given 2 hours and 45 minutes to complete the NBME subject exam for Medicine.

The Clerkship Directors of the Internal Medicine (CDIM) curriculum guide (AKA the Guide) was developed to emphasize the “learning of basic generalist competencies” for students during the Internal Medicine Clerkship. This national collaborative project addresses curricular objectives through core clinical training problems. Examples of such training problems include patients

presenting with a “sign or symptom” such as chest pain, dysuria and cough and patients presenting with a “known condition” such as congestive heart failure, COPD and diabetes mellitus. Each training problem is further defined with up to 9 specific clinical competencies or tasks. These include specific behaviorally focused objectives in the following areas: Attitude/professional behaviors, communication, differential diagnosis, history-taking, knowledge, laboratory interpretation, management, physical examination and procedural skills where applicable.

From a content perspective, the training problems and their respective objectives reflect important competencies for success on the clerkship. The JIT program is a resource that contains the key problems and objectives that help students understand most of the content. However, **no single resource** provides all the information needed for mastery of the content and the use of supplementary resources is required.

OBJECTIVE: Students will be able to discuss the basic etiology, pathophysiology, clinical presentation, differential diagnosis, management, and clinical pharmacology of the following list of medical conditions on the following page.

GRADUATE RELEVANCY: SCRIPT T1

LEARNING STRATEGIES

- Reading related to assigned patients.
- Reading relevant parts of recommended texts.
- Discussions with attending physicians and residents.
- Attending medical education meetings and clerkship lectures.
- Web-based lectures.

All students must take the NBME Medicine Subject Examination on the last day of this clerkship.

GRADING

- **Honors:** 2 honors points for a score of ≥ 80 on first attempt, 1 honors point for a score of 75-79 on first attempt
- **Pass:** ≥ 61 on first or second attempt
- **ET:** ≤ 60 on first attempt
- **CP:** No pass on second attempt
- **N:** Failure to remediate CP

REMEDICATION

- **CP:** Complete 2-week inpatient Internal Medicine experience and retake the NBME Subject Examination during this 2-week period. Failure to pass any part of the remediation will result in an “N” grade for the clerkship.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements including NBME Subject Examination.

The NBME only allows this exam to be taken as a graded exercise; therefore, it cannot be taken for practice purposes or for any other reason than noted above.

REQUIRED CLERKSHIP EVALUATIONS

DUE DATE: Evaluations must be completed by 11:59pm the Monday following the last day of the clerkship.

REQUIREMENT: Complete End of Clerkship Evaluation, Clerkship Director Evaluation, and 10 (ten) scheduled preceptor evaluations (or less if less than 10 were assigned). Completing any preceptor evaluations over 10 is optional. *Also see “Clerkship Evaluations” section.

****All evaluations are anonymous and confidential****

Clerkship directors receive “batched” reports of evaluations at the end of the academic year. The clerkship director will review and censor (as needed) reports to individual preceptors to maintain student confidentiality. Confidentiality in evaluations by students are highly prioritized. If you have concerns about the confidentiality of evaluations, please speak directly to your CCD and/or CAD.

Not filling out or declining evaluations due to anonymity concerns will not be considered an acceptable reason for not completing evaluations and will be considered a professionalism issue. These evaluations help provide feedback to preceptors and clerkship directors on their performance as well as provide valuable information on what is working well in the clerkship and what needs to be improved upon.

Evaluations assigned by the clerkship office include:

- **Clinical Educator Evaluation**
An evaluation on a clinical educator may be declined (*with explanation*) ONLY if you did not work with the preceptor. If you only had minimal exposure to a preceptor, fill out the categories you can evaluate and choose NA for the areas you cannot.
- **Clerkship Director**
If your CD was also your attending, you will receive an evaluation for this role; however, you must also fill out the CD evaluation as you are evaluating them in a different role.
- **End of Clerkship Evaluations**

GRADING

- **Unprofessionalism Mark:** Failure to complete requirement by deadline.
- **Pass:** Complete all evaluations by deadline.
- **CP:** Failure to complete evaluations within 2 weeks following the last day of the clerkship.
- **N:** Failure to remediate CP grade.

REMEDIATION

- **CP:** To be determined by Clerkship Directors Committee.
- **N:** Repeat 6-week LCE Internal Medicine Clerkship and pass all requirements.

EARNING HONORS DESIGNATION

For a student to earn an “Honors” designation on this clerkship, they must accumulate four (4) Honors Points during the clerkship while maintaining honors eligibility (no late assignments, no unprofessional marks, etc.). Extra points outside of the NBME subject examination must be accumulated prior to the last day of the clerkship. In order to earn Honors Points, all requirements must be met for the graded activity, as well as all other clerkship activities.

A student earning a **CP** or **N** in the clerkship cannot apply honors points to change their grade.

There is a total of five (5) possible Honors Points. Honors designation is obtained if a student earns a minimum of four (4). For example, a student who earns a 77 on the Medicine NBME Subject examination (1 HP), scores an 87% on the CXR PBA (1 HP), scores a 92% on the EKG PBA (1 HP) and submits an acceptable EBM assignment (1 HP) will earn a total of 4 Honors Points and be designated honors on their transcript, if the student is otherwise honors eligible.

- 2 Honors Points: ≥ 80 NBME subject examination on first attempt
- 1 Honors Point: 75 - 79 NBME subject examination on first attempt
- 1 Honors Point: ≥ 85 on CXR performance-based assessment on first attempt
- 1 Honors Point: ≥ 85 on EKG performance-based assessment on first attempt
- 1 Honors Point: submit an acceptable EBM assignment by designated due date

HIPAA and PATIENT PRIVACY

Students in clinical settings must be thoroughly familiar with appropriate use of patient information and Protected Health Information (PHI). The Health Insurance Portability and Accountability Act and its regulations (HIPAA) requires that health care workers protect the privacy of PHI, including protecting this information in electronic, written, and verbal formats. Not only is it a breach of professionalism to divulge PHI inappropriately, it may also be a violation of federal law, and as such, an individual or health care system may incur fines and penalties for privacy violations. Based on improper handling of PHI, health care workers may be suspended or terminated from their jobs, and students may be suspended from clinical duties and/or incur a penalty grade or disciplinary complaint. To mitigate risk and demonstrate compliance with HIPAA, many health care systems have developed “zero-tolerance” positions, and these typically extend to non-employees such as students.

Students may need to copy, produce, send and/or store patient information for research or clerkship requirements. One way to protect this patient information is to completely de-identify it, in accordance with HIPAA’s requirements. De-identification requires elimination of all the following patient identifiers in any student notes, lists, or write-ups:

- Patient names and initials
- All geographic subdivisions smaller than a state
- Any dates related to admission date, discharge date, patient’s birth date, death date, or ages of patients older than 89
- Telephone numbers, fax numbers, e-mail addresses, medical record numbers
- Social Security Numbers, and any other unique numeric identifier
- Unique identifiers such as unusual physical markings, tattoos, etc.
- Exceptional information or enough details about an individual that might allow easy identification (e.g. Governor of the State of Michigan, CEO of Steelcase, etc.)

- Photographs of patients
- For a comprehensive list of identifiers that are required to be removed please go [here](#).

Please note that including patient initials is allowed in patient encounter logbooks, because so little other identifying information is included.

Situations where students commonly encounter risks for inappropriate use or disclosure (sharing) of PHI include:

- Submitting patient histories and physicals and progress notes via non-secure e-mail (e.g. Gmail)
- Including patient identifiers in submitted work for grading
- Printing patient rounding lists for use in the hospital and carrying them home or leaving them in the car or other public places (e.g., the cafeteria or library)
- Posting material on social media (e.g., Facebook, Twitter, Instagram) that relates to patient encounters
- Using an unencrypted device to text others about patients
- Discussing patients and/or their health conditions in public places such as the cafeteria, elevator, hallway, or with other colleagues in settings where the discussion may be overheard by passersby, or at social gatherings.
- Looking at medical information of an individual who is not directly under the student's care or a subject in an IRB-approved research project
 - This includes a student looking up their own information or information pertaining to family members, friends, or neighbors, even when done as a "request" and/or in good faith.
- Leaving any computerized patient information visible on a computer screen
- Patient data electronically stored e.g., H&P a28
- Assignments kept on a portable device

You must become aware of the specific policies regarding patient privacy, HIPAA and PHI at the health systems and offices where you are assigned in your communities. For example, in some communities, individuals may not access their own medical records through the electronic health record system. Your Community Assistant Dean and Student Programs Administrator can direct you to the appropriate individuals in your community if you have questions about these policies, or if you have questions about use and de-identification of PHI.

Patient Charting and Other Hospital-Specific Policies

It is the medical student's responsibility to ensure that any information entered in the patient chart during a clerkship (i.e., history and physical, discharge summary, progress notes) is reviewed and countersigned by a physician promptly.

Each hospital in the MSU-CHM system sets its own policies concerning what a student may enter on a patient's chart. Please check with your clerkship directors about hospital policies in your campus. Any documentation by the student must include student signature, school, and level of training (MSU-CHM3 or MSU-CHM4). Students may not enter or dictate chart notes under the ID of an attending or resident physician unless specifically directed to do so by the attending or resident. In this case, the attending or resident will later review and countersign the notes.

Depending on individual institutional policies, student documentation may be used for the billing of evaluation and management of patients. It is the responsibility of the supervising physicians to be aware of and be compliant with these policies.

CHM students must comply with the specific requirements of the hospitals and clinical settings where they are scheduled for their clinical clerkships, including requirements for immunizations, drug testing and criminal background checks.

In the Event of Major Disruptions to Clinical Education

We may experience disruptions in our clinical settings or learning environments during 22-23 due to the COVID-19 pandemic or related events. Should that happen, our academic focus will remain on activities allowing for the fulfillment of course objectives, and that student performance is evaluated in a manner consistent with these objectives. The specific mode of course instruction and assessment could change given changes in public health guidance or changes in university operations. Students will be notified as soon as possible if this becomes necessary and will be provided with information on course completion requirements as soon as they are available for distribution.

Given the nature of COVID-19 issues, it is possible that disruptions to our clinical settings and learning environments will be uneven or varied depending on local issues. In such instances, communities will work to create opportunities for completion of course objectives individualized to available resources.

Clerkship Evaluations

Mid-Clerkship Evaluation

LCE uses a standardized Mid-Clerkship Evaluation in all required clerkships to give students formative feedback on their performance at approximately mid-point in the clerkship. The Mid-Clerkship Evaluation is submitted by the clerkship director and addresses the student's progress on meeting patient logging requirements, professional behavior, overall performance, and any areas of student concern. Students should receive a mid-clerkship evaluation no later than week 3 for 4/6-week clerkships.

Workplace-Based Assessments

LCE clinical clerkships and ASK utilize observation and assessment of clinical tasks in workplace settings, known as workplace-based assessments (WBA), a type of clinical evaluation exercise. These assessments may be used for formative or summative assessment, depending on the clerkship.

During clinical rotations, these evaluations are to be completed during an authentic clinical encounter (not during simulated or other activities).

Clinical Performance Evaluation (CPE)

A standardized Clinical Performance Evaluation (CPE) is used in all LCE required clerkships (a sample is available in JIT). The CPE assesses students on the relevant CHM SCRIPT educational competencies:

- Care of Patients (ACGME Patient Care & Communication Skills)
- Rationality (ACGME Practice-Based Learning & Improvement)
- Integration (ACGME Systems-Based Practice)
- Professionalism
- Transformation (ACGME Medical Knowledge)

The CPE is distributed electronically to attending and resident preceptors to whom the student was assigned during the clerkship. In some cases, students may be asked to supply additional names of preceptors with whom they worked during the clerkship. Additionally, if a student worked for a substantial amount of time with a preceptor who was not scheduled to complete a CPE, the student may request that the preceptor be added as a CPE evaluator for the clerkship. It is expected that additional requested preceptors will appear as preceptors in the student's patient log for the clerkship.

Results of the individual CPEs are compiled into a CPE Summary Report which calculates the student's CPE grade and becomes part of the student's Final Clerkship Evaluation. Evaluations must be completed by the Sunday one week after the end of the clerkship.

All clinical departments use the same criteria for determining the grade on the CPE portion of the clerkship evaluation:

- **Honors-Eligible:** 100% in the "Met Expectations" and "Exceeded Expectations" categories, with no unprofessional behavior notations. Students attaining this CPE grade are eligible for Honors in the clerkship, if other requirements are met.
- **Pass:** 80% or greater in the "Met Expectations" and "Exceeded Expectations" categories, with no more than 1 unprofessional behavior notation from all evaluators

combined.

- **Conditional Pass:** Greater than 20% but no more than 40% in the “Below Expectations” category OR 2-3 unprofessional behavior notations from all evaluators combined. A CP grade on the CPE will require that the student repeat two weeks of a four/six-week clerkship.
- **No Grade:** Any one of the following three conditions will result in a No Grade (No Pass) grade in the clerkship:
 1. Greater than 20% but no more than 40% in the “Below Expectations” category AND two or three unprofessional behavior notations from all evaluators combined
 2. Greater than 40% in “Below Expectations”
 3. 4 or more unprofessional behavior notations from all evaluators combined

An N grade on the CPE will result in a No Grade (N) grade in the clerkship and require that the student retake the entire clerkship.

Professional Behavior Evaluation on the Final Clerkship Evaluation

A standardized Professional Behavior evaluation is part of every CHM Final Clerkship Evaluation (FCE). To pass this component, a student must demonstrate consistent professional behavior in clinical settings, as evaluated on the Clinical Performance Evaluation (CPE), as well as in non-clinical settings and interactions.

During clinical rotations, it is expected that the students will always maintain a high standard for professional behavior, and any instance of unprofessional behavior may be noted and used for determining a grade and included in a student’s MSPE. Unprofessional behavior would include not following policies and procedures listed in this guide, especially concerning attendance and participation in clinical activities. While there are many behaviors that may be determined to be unprofessional, all clinical preceptors are specifically asked to assess whether they have observed the following behaviors:

- Instances of being unwilling to accept feedback.
- Repetitively being unprepared or unwilling to participate in discussions.
- Failure to recognize limitations and/or call upon assistance of others when needed.
- Lack of civility towards other students, faculty or staff.
- Failure to respect patient confidentiality.
- Comments related to sex, gender identity, race, sexual orientation, disability religion or other identifying characteristics, which are harmful to professional relationships.
- Repetitively arriving late without notifying appropriate individuals.
- Repetitively being unavailable for required clinical responsibilities.
- Failure to meet deadlines or follow through in a timely manner.
- Failure to work effectively as part of a team.
- Failure to address the fear and suffering of patients and families.
- Behaviors that undermine patient safety
 - <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safetytopics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf>
- Failure to consider important social factors that threaten the health of patients.

In addition to any professionalism notations on the CPE, students will receive one unprofessional behavior notation on the FCE for each instance of unexcused absence, late submission of assignments, lack of civility towards clerkship staff or others, and any other unprofessional behaviors not recorded on the CPE.

All clinical departments use the same criteria for determining the grade on the Professional Behavior component on the FCE:

- **Pass:** No more than 1 unprofessional behavior notation for all clerkship components combined.
- **Conditional Pass:** Either two or three unprofessional behavior notations for all clerkship components combined. If the student receives a CP on the CPE portion based on unprofessional behavior notations AND receives a CP on the Professional Behavior Evaluation, the student will receive a CP for the overall Clerkship Grade, even though both the CPE and Professional Behavior Evaluation sections of the FCE will be recorded as CP.
- **N:** 4 or more unprofessional behavior notations for all clerkship components combined.

An N grade for Professional Behavior will result in an N grade in the clerkship and require that the student retake the entire clerkship.

Student Evaluation of Clerkship Experiences & Preceptors

Student evaluation of required clerkship experiences, preceptors and instructors is an integral part of CHM clinical program quality improvement. For required clerkships, students are required to complete the standardized CHM End of Clerkship Evaluation (sample available in JIT) and any additional departmental evaluations, all of which are distributed via the electronic evaluation system.

The electronic evaluation system is set up to protect student anonymity. Clerkship directors are given access to anonymous clerkship evaluation data only after final clerkship evaluations are completed. Preceptors and instructors are provided with student feedback on their performance, on at least an annual basis, if three or more student evaluations of the preceptor or instructor have been completed.

Note the following end-of-clerkship completion deadlines:

1. All clerkship assignments are due no later than 5pm Friday, the last day of the clerkship, unless earlier due dates are established in the clerkship handbook.
2. The CHM End-of-Clerkship evaluation and any other required departmental evaluations are due by 11:59 p.m. on the Monday following the last day of the clerkship.
3. Failure to complete the required evaluations by 11:59 p.m. Monday will result in an unprofessional behavior mark in the clerkship, which will be noted in the Professional Behavior section of the FCE under non-clinical professional behavior notations.

FINAL GRADE OVERVIEW

FINAL GRADE OVERVIEW

PASS with HONORS

Honors Points

- Must achieve 4 or more Honors Points

CPE

- Achieve Honors-Eligible grade with 100% in the Met and/or Exceeded categories with **NO** unprofessionalism notations

Professional Behavior

- Zero (0) unprofessionalism notations in any component of clerkship (clinical or non-clinical)

PBAs

- Minimum score of $\geq 60\%$ on both PBAs on 1st attempt
- 1 Honors Point for each PBA performance $\geq 85\%$

NBME EXAM

- Minimum score of 75-79 on first attempt (1 Honors Point)
- ≥ 80 score on first attempt (2 Honors Points)

Written Assignments

- 1 Acceptable History & Physical Exam Write-Up by deadline
- 1 Acceptable Discharge Summary by deadline
- 1 Acceptable Evidence-Based Medicine Write-Up by deadline (1 Honors Point)

Oral Case Presentation

- 1 Acceptable Oral Case Presentation by deadline

Miscellaneous Assignments (Log, WBAs, Clerkship Evaluations)

- Pass/complete assignments by deadline

PASS

CPE

- $\geq 80\%$ in Met and/or Exceeded categories with no more than 1 unprofessionalism notation from all evaluators combined

Professional Behavior

- No more than 1 unprofessional behavior notation in any component of clerkship (clinical or non-clinical)

PBAs

- ≥ 60 on both (1st or 2nd attempt)

NBME EXAM

- ≥ 61 on first or second attempt

Written Assignments

- 1 Acceptable History & Physical Exam Write-Up by deadline
- 1 Acceptable Discharge Summary by deadline

Oral Case Presentation

- 1 Acceptable Oral Case Presentation by deadline

Miscellaneous Assignments (Log, WBAs, Clerkship Evaluations)

- Pass/complete assignments by deadline

CONDITIONAL PASS (CP)

CPE (Any one of the following)

- Greater than 20% but no more than 40% in the “Below Expectations” category
- 2-3 unprofessionalism notations from all evaluators combined

Professional Behavior

- 2-3 unprofessional behavior notations for all clerkship components combined (clinical or non-clinical)

PBAs

- Failure to pass either PBA on 2nd attempt

NBME EXAM

- ≤60 on second attempt

Written Assignments

- Failure to have 1 Acceptable History & Physical Exam Write-Up by deadline
- Failure to have 1 Acceptable Discharge Summary by deadline

Oral Case Presentation

- Failure to have 1 Acceptable Oral Case Presentation by deadline

Miscellaneous Assignments

- Log - Failure to complete requirement by deadline
- WBAs - Failure to complete requirement by deadline
- Required Clerkship Evaluations - Failure to complete requirements within 2 weeks following the last day of the clerkship
- Failure to make-up missed time according to Absence Policy

NO GRADE (N)

CPE (Any one of the following)

- Greater than 20% but no more than 40% in the “Below Expectations” category AND 2-3 unprofessional behavior notations from all evaluators combined
- Greater than 40% in “Below Expectations”
- 4 or more unprofessional behavior notations from all evaluators combined

Professional Behavior

- 4 or more unprofessional behavior notations for all clerkship components combined

PBAs

- Failure to pass either on 3rd attempt (must also pass 2-week remediation requirements)

NBME EXAM

- ≤60 on third attempt

Written Assignments

- Failure to have 1 acceptable History & Physical Exam Write-Up by deadline by 11:59 PM of the Monday following the last day of the clerkship
- Failure to have 1 acceptable Discharge Summary by 11:59 PM of the Monday following the last day of the clerkship

Oral Case Presentation

- Failure to have 1 acceptable Oral Case presentation by 5:00 PM of the Monday following the last day of the clerkship

Miscellaneous

- Failure to pass CP remediation
- Absences according to the Absence Policy
- CP grade in 2 or more components

Informal Grade Appeal

Procedure for Appealing a Clerkship Grade

LCE students wishing to appeal a clerkship grade should start immediately after the grade is issued with the **informal administrative procedure** for handling complaints. The process for this is as follows:

- A. The student meets with the appropriate Community Clerkship Director to discuss his or her concerns. If the dispute is resolved to the student's satisfaction, no further action is needed.
- B. If the issue is not resolved with the Community Clerkship Director, the student meets with the Lead Clerkship Director from the appropriate CHM clinical department. If the dispute is resolved to the student's satisfaction, no further action is needed.
- C. If the issue remains unresolved, the student meets with the CHM Department Chair or designee. The Chair may hold a department administrative meeting with the student to seek resolution; this is not a formal hearing process.

If the student's concern is still unresolved after working through the informal administrative procedure, the student can use the **formal grievance procedure**. This involves the student requesting a grievance hearing before the CHM hearing body. The letter requesting a hearing should be addressed to the Senior Associate Dean for Academic Affairs, who upon receipt will send the request to the chair of the college hearing body. **Requests to formally grieve a grade must be initiated by the midpoint of the semester following the semester in which the grade in question was posted, per MSU policy. Grievances initiated after this deadline will not be considered.**

For more detailed information about grievances, see Article 5 of the MSU Medical Students Rights and Responsibilities (MSRR) document.

Due to concerns for patient safety and the integrity of the health care systems within which the College carries out the clinical education program, students who are suspended pending dismissal may not continue in the LCE clinical education program during the appeal and grievance process. If, because of the appeal/informal process or the formal grievance process, a student grade is changed such that the student no longer qualifies for suspension pending dismissal, the student may re-engage the clinical curriculum.

POLICY/PROCEDURE: Informal Grade Appeal Procedure for the Department of Medicine Clerkships	Michigan State University Department of Medicine
Responsible Agent: MED641 Clerkship Directors Committee	
Category: Academic	
Effective Beginning: 2018-19 AY	

Policy Statement:

Student must begin the informal resolution of difference in writing (letter or email) to their community clerkship director (CCD), stating the exact nature of the appeal. Resolution of differences between faculty and students is the preferable course of action and should proceed as expeditiously as possible with all parties involved. Thus, the student must start the process **no later than 2 weeks following notification of any element of the grade being contested.**

The steps are outlined as follows:

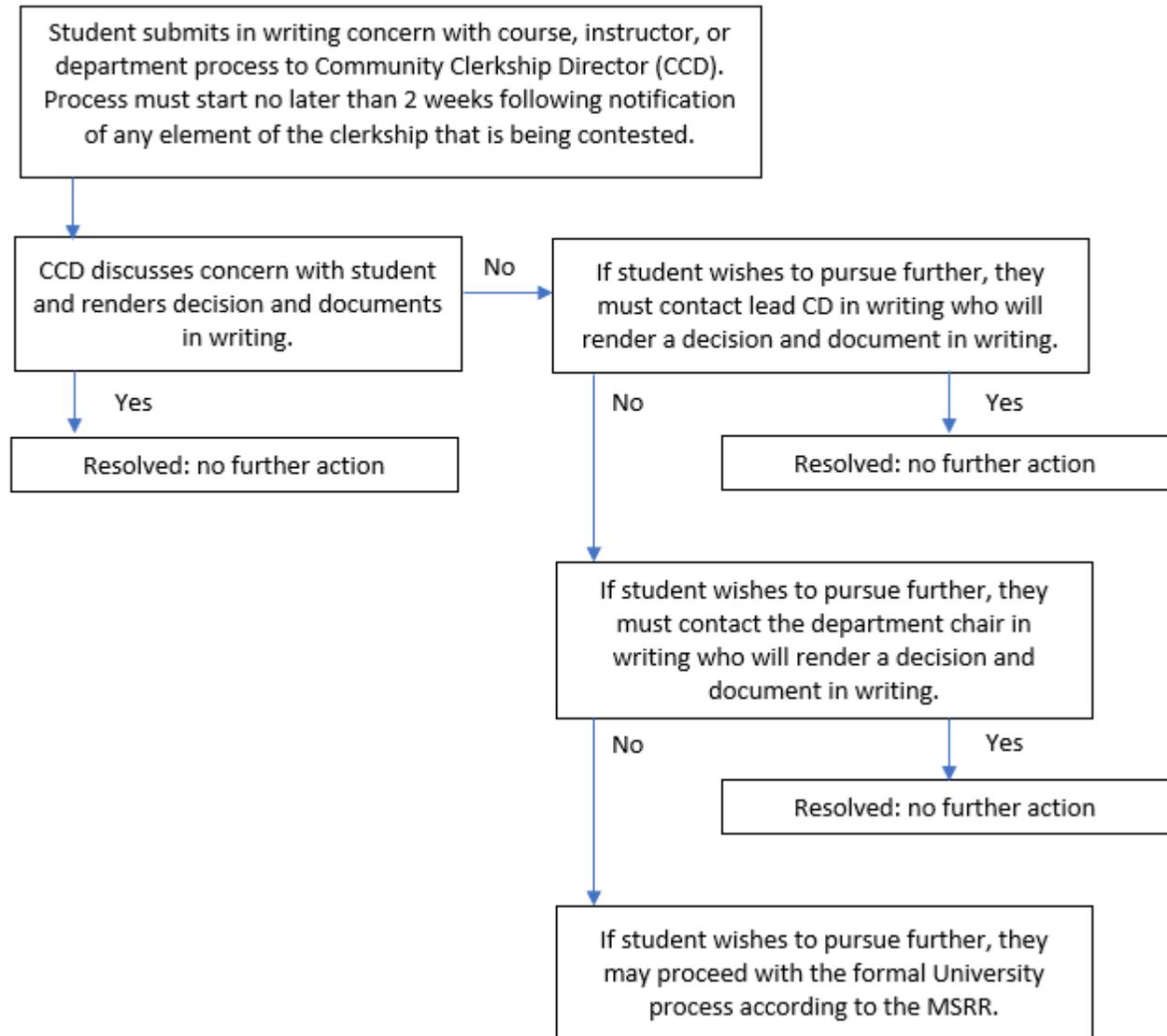
1. If a student disagrees with a faculty decision/grade on a procedural matter or department process, the student must begin the process as noted above following which the student will discuss the issue with the community clerkship director (CCD). **(The resolution will be documented in writing by the CCD.)**
2. If resolution between the student and CCD does not occur and the student wishes to pursue further, the student must notify the lead clerkship director (CD) in writing. The lead CD may or may not meet with the student depending on the nature of the concern. The lead CD may bring the issue to the clerkship directors committee for a decision and the student will be invited to present their case in person at the next scheduled meeting. **(The resolution will be documented in writing by the lead CD).**
3. If student remains dissatisfied with the decision rendered by the lead CD and/or CD committee, the student must contact the department chair in writing if they wish to pursue further. The department chair may or may not meet with the student depending on the nature of the concern. **(The decision following this discussion will be documented by the chair in writing.)**
4. If student is dissatisfied with the decision and wishes to pursue further, they should refer to the Medical Students Rights and Responsibilities:

<http://humanmedicine.msu.edu/search.htm?q=MSRR&sa.x=0&sa.y=0>

CHM Associate Dean for Academic Affairs, and the MSU Ombudsperson for guidance on formal procedures.

Note: “Where an instructor or a committee has rendered a judgment regarding a medical student’s academic performance, that judgment is presumed to be made in good faith and the grievant (student) bears the burden of proving the contrary, with the exception of allegations of academic dishonesty. In those cases, the faculty member bears the burden of proof.” [MSRR 5.1.5]

Process for resolution of differences between students, faculty or department regarding department courses



Additional Policies

Remediation of Clerkship Final Examinations

To allow CHM community campus and department staff to effectively schedule rooms and proctors, all NBME Subject Examinations are scheduled a minimum of two weeks prior to the exam date, with the date as noted on the final written exam policy. Remediation examinations are scheduled at a time convenient for the community, department, and student. Once any NBME Subject Examination is scheduled, a minimum notice of two weeks is required to request cancellation and reschedule an examination. If an exam must be cancelled with less than two weeks' notice because of the student's urgent illness or urgent illness or death in the family, a doctor's note or other documentation will be needed. Only one NBME remediation exam cancellation is allowed. A second NBME remediation exam cancellation will be considered a missed exam and will result in a failing grade on the exam (CP/N for the clerkship at minimum).

Inclement Weather and Attendance

The safety of our students is of the utmost importance to the College. Since the profession of medicine is not one where activity and responsibility cease when severe weather occurs, we trust that students will use discretion and make professional decisions about their attendance during times of extreme weather.

Students who are unable to attend required clerkship clinical and educational activities due to the weather should follow the regular procedure for reporting an absence, including completing an Absence Request form and notifying their clerkship director, preceptor, and Community Assistant Dean's Office at their earliest safe opportunity. The clerkship director will determine proper make-up.

If the University suspends classes, students should access the chm.msu.edu home page to view any further instructions. Any plans to close the community campus would be posted on the chm.msu.edu page. The individual community campuses may continue activities even when the University cancels activities, and students may have required clinical responsibilities even if the University suspends classes or closes. Monitoring e-mail during potential inclement weather events is a good idea as other communications about status of experiences will be sent as soon as possible. Clerkship directors, residents, and attending physicians may not excuse students due to weather.

Use of Electronic Devices by students

All students are expected to be fully engaged in the educational experience. Using electronic devices can be distracting and disrespectful to patients, preceptors, faculty, and your fellow students. It is never appropriate for students to use electronic devices for reading e-mail, texting, surfing the web or other personal activities when it can adversely affect the learning environment. Use of electronic devices, even for professional reasons can easily be misinterpreted by faculty or patients. Students may receive unprofessional behavior notation(s) for failure to use electronic devices appropriately.

Accommodations in LCE

The College of Human Medicine and the MSU Resource Center for Persons with Disabilities (RCPD) are committed to providing equal opportunity for participation in all academic programs, services and activities. The mission of the RCPD is to lead MSU in maximizing ability and opportunity for full participation by persons with disabilities.

Federal and state laws provide protection against discrimination on the basis of disability in post-secondary education. The Americans with Disabilities Act defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from temporary or common conditions that do not substantially limit major life activities.

Students who have been diagnosed with a disability (physical, sensory, cognitive, or psychological) that substantially limits a major life activity and would like to request a disability-related accommodation to participate in MSU programs must register with the MSU RCPD as outlined below. Please note that information shared with the RCPD is kept strictly confidential, and self-identification is voluntary.

Students must take the following steps to expedite the accommodation process:

- a. Students wishing to request an accommodation must formally identify as an MSU student with a physical, sensory, cognitive or psychological disability via secure/confidential web registration. Students must initiate this process by visiting www.rcpd.msu.edu and selecting the link “Login to My Profile” in the lower right navigational box.
- b. Upon student self-identification, an RCPD Ability Access Specialist will contact the student to schedule a confidential needs assessment. The specialist will request submission of recent medical or diagnostic documentation of disability upon registration with the office.

As each situation is unique, an RCPD specialist will provide details on what constitutes appropriate documentation for a particular disability. Full details about the RCPD and accommodations at MSU are available at www.rcpd.msu.edu. As many reasonable accommodations require significant pre-planning, registration with the RCPD prior to situations requiring accommodations is essential.

Students who are working with RCPD or who have a VISA (Verified Individualized Services and Accommodations) prior to entry into LCE should schedule a meeting with their Student Programs Administrator and Community Assistant Dean at least 60 days prior to the first clerkship if at all possible.

If they wish to utilize their VISA accommodation in LCE clerkships or courses, students must follow the process outlined below:

1. The student must register with the RCPD at least 60 days prior to the first clerkship when accommodations may be required, so that a (VISA) form can be issued and available 30 days prior to that clerkship.

If a student’s disability is identified too late to meet the 30-day deadline, the CHM clerkship and community campus will work as quickly as possible to provide the requested accommodations, but accommodations cannot be guaranteed. In situations in which proctoring resources or exam rooms are limited, a late accommodation request may require that the student take an exam earlier or later in the day or on an earlier or later day than the rest of the class.

2. Students must share their VISA with the course director for the course/clerkship for which they wish to use their VISA. To facilitate this process and the implementation of needed accommodations in the community campus, CHM offers this process:
 - a. The student should forward a copy of their VISA to their CHM Student Programs Administrator and Community Assistant Dean at least 30 days prior to the clerkship in which accommodation is desired. Students seeking to use accommodations for rotations within the

MSU system but outside of their assigned community campus must forward a copy of their current VISA to the CHM Student Programs Administrator at the campus where they are completing the away-rotation. Expired VISAs will not guarantee accommodation, so keeping your VISA up to date is important. VISAs received less than 30 days will be accommodated whenever possible, but not all accommodations may be possible under short notice.

- b. The student will communicate with the Community Assistant Dean and Student Programs Administrator which courses/clerkships they wish to utilize these accommodations in. Further discussion to understand the needed accommodations may sometimes be beneficial and may be requested by student or Community Asst. Dean/Student Programs Administrator. At the student's request, the Community Assistant Dean may also discuss these accommodation needs with the relevant Community Clerkship Director.
- c. With the student's approval, the Student Programs Administrator (or Community Assistant Dean) will share the VISA with the Community Clerkship Director and Community Clerkship Assistant for the relevant clinical courses in which the student wishes to use the VISA, copying the student on these communications. Similarly, the Student Programs Administrator will share the VISA with the Advanced Skills & Knowledge Course Director, again copying the student on the communication, if a student wishes to use their VISA accommodations for ASK.
- d. The Community Clerkship Director may request to meet with the student to understand more completely a needed accommodation. The RCPD Ability Access Specialist may be included in this meeting at either the student or faculty's request.
- e. In the case of accommodations involving the student's clinical activities, the Community Clerkship Director will then share any needed information regarding the necessary accommodations for the student with all preceptors that the student is scheduled to interact with on that rotation, so as to ensure provision of the needed accommodation(s). The entire VISA document does not need to be shared with all preceptors, just the relevant details to allow the needed accommodation. Occasionally, a student may work with a preceptor who could not be anticipated from their schedule. In this case, a student may share their need for an accommodation with the faculty, so that this accommodation can be provided, and the student may note that the faculty can confirm with the Community Clerkship Director.
- f. In the case of accommodations other than for NBME subject examinations, the Lead Clerkship Director will be informed by the Community Clerkship Director/Community Clerkship Assistant, so as to ensure comparability across communities and appropriate provision of the needed accommodation.

Please note that extended time accommodations will normally not be granted for those assessments on which students must be able to perform the relevant tasks within a timeframe that represents the typical demand on a developing physician. The clerkship handbook will outline which assessments fall into this category.

Questions about this process should be discussed with the student's CHM Student Program Administrator or MSU RCPD staff. Students may also seek assistance from the Office of Student Affairs and Services.

Student Work Hours

Clinical student work hours must be limited to 80 hours per week, averaged over a four/six-week period, inclusive of all in-house call activities. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four/six-week period, inclusive of call. Adequate time for rest and personal activities must be provided. This should include a 14-hour time period provided after in-house call lasting 24 or more hours.

In all cases, student schedules will be planned so that they have no more than 28 hours of continuous responsibilities, and students must be excused after 28 hours. In rare cases, the student may choose to continue working beyond 28 hours on an active case with overriding educational value; this is allowable as long as it is clearly the student's choice.

Professionalism

Sexual Harassment Policy

Sexual harassment at Michigan State University College of Human Medicine is considered intolerable behavior. It is a violation of trust, ethical standards, and federal law. Sexual harassment is defined as unwelcome (unwanted, uninvited) behavior of a sexual nature including unwanted touching, fondling or hugging; or behavior that has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, hostile or offensive work environment; or direct or implied threat that submission to sexual advances is a condition for education or educational rewards (i.e., grades). Please refer to the University Policy on Relationship Violence & Sexual Misconduct <https://oie.msu.edu/resources/rvsm-resources.html> for additional specific information about what constitutes sexual harassment, how to make a complaint about sexual harassment and other relevant information.

Any CHM student who believes that s/he has been subjected to sexual harassment is strongly encouraged to advise their community campus Student Programs Administrator, their Community Assistant Dean, the Associate Dean for Student Affairs, Assistant Dean for Clinical Experiences, the CHM Student Resolution Advocate, or any administrator with whom the student feels safe, so that the matter can be investigated, and appropriate action taken. MSU policy requires administrators to report these incidents to the University Office of Institutional Equity and the CHM Senior Associate Dean for Academic Affairs.

Michigan State University has published the following statement to inform all students: *“Limits to Confidentiality: Essays, journals, and other materials submitted for this class are generally considered confidential pursuant to the University’s student record policies. However, students should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues to protect the health and safety of MSU community members and others. As the instructor, I must report the following information to other University offices (including the Department of Police and Public Safety) if you share it with me:*

- Suspected child abuse/neglect, even if this maltreatment happened when you were a child,
 - Allegations of sexual assault, relationship violence, stalking, or sexual harassment; and
 - Credible threats of harm to oneself or to others.

These reports may trigger contact from a campus official who will want to talk with you about the incident that you have shared. In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting you are encouraged to make an appointment with the MSU Counseling Center.”

Other Conflicts of Interest in Clinical Placements

Students will not be required to rotate in a clinical office site or with a physician who is the student’s own personal physician or other health provider. Likewise, the College does not want a student or faculty member to be uncomfortable because the student is assigned a preceptor who is related to the student or knows the student from a previous relationship. If such an assignment is made, the student should notify the community clerkship assistant or Student Programs Administrator and request a different assignment.

The College of Human Medicine [Conflict of Interest Policy](#) states that faculty members may not participate, either formally or informally, in the evaluation of a student who is related by blood, marriage, or adoption, domestic partnership, or other personal relationship in which objectivity might be impaired. Assignments of students to a class or training experience where they will be supervised, directly or indirectly, by a faculty member to whom they are personally related should be avoided. Where this situation cannot be avoided, another faculty member within the unit or department must be appointed as the evaluator for the student, as approved by the unit chair.

Student Mistreatment

The College maintains a Student Mistreatment Policy to help members of the CHM community identify and manage episodes of potential student mistreatment. Students, staff, and faculty should refer to the [CHM Student Resolution Advocate website](#) for questions related to this policy and contact information for the CHM Student Resolution Advocate, Christine Shafer, M.D.

The College has defined mistreatment as behavior that shows disrespect for medical students and unreasonably interferes with their respective learning process. Such behavior may be verbal (swearing, humiliation), emotional (neglect, a hostile environment), and physical (threats, physical harm). When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Medical student training is a rigorous process where the welfare of the patient is the primary focus that, in turn, may appropriately impact behavior in the training setting.

Examples of mistreatment include but are not limited to:

- harmful, injurious or offensive conduct
- verbal attacks
- insults or unjustifiably harsh language in speaking to or about a person
- public belittling or humiliation
- physical attacks (e.g., hitting, slapping, or kicking a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a rotation, of students with interests in a different field of medicine)
- disregard for student safety
- denigrating comments about a student's field of choice
- assigning tasks for punishment rather than for objective evaluation of performance (inappropriate scut work)
- exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student's performance or merit
- other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner

Absences from Clerkships and Other Required Courses

Students who are unable to be present for any required or elective clerkship activities must complete an LCE Absence Request form and have this form approved by the Student Programs Administrator and (if applicable) the Community Clerkship Director.

The faculty members and administration of the College of Human Medicine recognize that students will periodically need to be absent during a clerkship because of illness, or to attend to personal or health matters. Students on clerkships may have one full day of excused absence which does not require a makeup activity. This day will be called a Personal Time Off (PTO) day. Students must complete an Absence Request form prior to the PTO day and should send it to the Student Programs Administrator **as soon as possible** prior to the PTO day. For any reason other than illness, the clerkship director and Student Programs Administrator **must both have time to review and approve** the PTO day prior to when it occurs.

Students may use a PTO day to remediate exams or other work for another clerkship, or to sit for part of a USMLE examination (with the exception of Step 2; see section on Step 2 testing), but the time must be approved well in advance. The PTO day is usually taken as an entire day but may be broken into segments for reasons such as medical appointments. The PTO day may not be used during:

- clerkship orientation
- an examination
- a required weekend work or rounding day
- a call day or night float week

- lectures
- mid-clerkship feedback session
- other activities which occur only a few times during a clerkship, which may vary by clerkship
- during the last week of the clerkship

Students must consult with the clerkship director and/or clerkship assistant when planning a PTO day to avoid conflicts. Additional days missed on a clerkship, as well as any days on a four/six-week clerkship or a four-week elective, must be made up at the discretion of the clerkship director. Note that not all requests for specific PTO days may be honored, depending on the needs of students on a clerkship and other scheduling issues. Students must make sure time off is approved prior to making final plans. Clerkship deadlines stay the same for all students, regardless of whether a student is in attendance on a particular day.

Requests for scheduled absences that can be anticipated, other than the PTO day, must be **sent at least 30 days prior to the date(s) of absence**. Time off for religious holiday observance must be submitted at least 30 days prior to the beginning of the clerkship from which time off is being asked, using the LCE Absence Request form. If permission for an absence is granted, it is the student's responsibility to notify his or her clinical preceptor.

Scheduled absences are not approved until the Absence Request form is signed by both the clerkship director and Student Programs Administrator. Residents and other faculty members may not authorize excused absences. Failure to complete this form and obtain the required signatures will result in an unexcused absence from the clerkship.

While all requests are subject to approval by the Student Programs Administrator and clerkship director and are considered on a case-by-case basis, examples of possible excused absences include:

- death of a close family member
- serious illness or hospitalization of a close family member
- student presentation at a professional conference if the student is in good academic standing

Students should plan weddings, family vacations, and trips during scheduled time off.

Students with excused or unexcused absences of more than two days in a four-week clerkship or three days in a six-week clerkship due to reasons other than illness or need to self-isolate or quarantine are eligible to receive a CP grade and need to remediate two weeks of a four/six-week clerkship, in addition to any other clerkship deficiencies.

Exceptions for Illness or Need for Self-Isolation/quarantine:

In the case of emergency or sudden illness, the student must contact the Community Clerkship Director or assistant, the Community Assistant Dean's office, and his/her preceptor as soon as possible. For absences because of emergencies and acute illness, the LCE Absence Request form must be given no later than two days following the absence. Depending on the circumstances and length of absence, the student may have to supply documentation.

During the continued Covid-19 pandemic students may require additional days off due to illness or the need for isolation or self-quarantine. Students should complete an Absence Request form as above.

- The first day of absence may be used as PTO (if not already used).
- Students who are absent two to five days during a clerkship due to illness or isolation/quarantine are required to work with the clerkship director to formulate a remediation plan. The remediation plan may include rescheduling clinical time or another assignment.
- If a student misses more than a total of five days of clinical time the initial grade for the clerkship will be ET, pending completion of remediation requirements.
- In the case of a prolonged absence, the student should work with their Clerkship Director and their Student Programs Administrator to plan the timing of makeup clinical time. Clinical duty make-up time may not occur during another clerkship.

Note that the PTO day counts toward the maximum allowable days absent. Approved time off for college-wide activity days will not be counted toward the maximum number of excused absences allowed

per clerkship. Schedules that have approved alterations for religious holiday observance do not count toward the maximum number of absences per clerkship. These alterations are approved at the clerkship level.

For two-week experiences, students may not have more than one day of absence, and a PTO day may not be applied during a two-week experience. Students with excused absences of more than one day in a two-week clerkship due to illness or need to quarantine or self-isolate will need to work with the clerkship director to formulate a remediation plan, which may include additional clinical time or another assignment. If a student misses more than five days of clinical time because of illness or need to self-isolate or quarantine, the initial grade for the clerkship will be ET, pending completion of remediation requirements. In the case of a prolonged absence, the student should work with their Clerkship Director and their Student Programs Administrator to plan the timing of makeup clinical time.

Students may not take time off a required clerkship to sit for a remediation examination for another clerkship unless the student chooses to do this on a PTO day. Again, clinical duty makeup time cannot be completed during another clerkship.

Students may be granted an additional one day of excused absence from four-week, fourth year required and elective clerkships for the purposes of residency interviewing, with appropriate documentation of the interview schedule. This additional excused absence day does not apply to two-week experiences. **Some clerkships may have more stringent attendance policies; be sure to check your clerkship handbook for more specific information.**

Any unexcused absences will be considered unprofessional behavior. Each unexcused absence will count as one instance of unprofessional behavior and will be noted as such by the clerkship director on the student's CPE form and in the final clerkship evaluation. Instances of unprofessional behavior may be incorporated into the Medical Student Performance Evaluation.

If an illness or exposure requires a student to be absent from a required assessment activity (clerkship examination, PCSE, CNSE), the student should contact his/her Student Programs Administrator in addition to the entity responsible for the specific exam:

1. For clerkship examinations, student should also contact community clerkship director.
2. For CNSE exams, student should also contact Office of Assessment.
3. For PCSE exams, student should contact the planned Simulation site.

The student should contact these individuals/offices as soon as they are aware of the need to miss the assessment. Clerkships and the Office of Assessment will work with the student to plan remediation for the activity(ies) missed.

Students missing Advanced Skills and Knowledge activities should complete an Absence form to alert their Student Programs Administrator of an anticipated absence, while being aware that there is no PTO or planned excused absences in ASK. A student's attendance will be available to the Student Competence Committee. In addition, completion of makeup activities in the case of absences may be needed. Students missing ASK should alert their Student Programs Administrator and review the ASK materials closely to ascertain any missed assignments or activities needing makeup.

Student Responsibilities Regarding Patient Supervision

All medical procedures performed by medical students must be supervised by a licensed physician responsible for the care of the patient. Before starting any procedure, the medical student must be told to do the procedure on the patient by a physician responsible for the care of this patient. The supervising physician and the student share the responsibility for determining the level of supervision needed: either direct supervision (i.e., an appropriate supervisor is present while the procedure is being performed) or indirect supervision (i.e., an appropriate supervisor can be called into the room within a time span appropriate for that procedure). In the case of sensitive examinations under anesthesia for educational purposes, specific consent and direct supervision are always required.

A complete list of procedures that a medical student may perform is not possible to establish. For most instances (and especially in the setting of sensitive examinations under anesthesia for educational purposes) these general guidelines should be followed:

- a. Appropriate informed consent must be obtained and documented. No procedure should be attempted by the medical student unless s/he is given permission to do so by a physician responsible for the patient.
- b. If a student does not feel capable, then s/he must not undertake performance of the procedure without further instruction and direct supervision.
- c. If the student is not known by the patient, the student should properly identify her/himself to the patient.
- d. If the medical student is not successful in the performance of a procedure within a reasonable amount of time or without undue discomfort to the patient, the medical student must withdraw and notify the supervising physician.
- e. It is the responsibility of the medical student to cease and desist from the performance of any procedure at the direction of any health care professional responsible for that patient, if that person has reasonable cause to ask the student to cease and desist. The supervising physician should be notified promptly of any such action.
- f. The student has the responsibility to record on the chart that a procedure was undertaken, the reason for the procedure, the outcome of the procedure, the patient's condition at the conclusion and plan for post-procedure interval.

Clinical Chaperones

Procedures and examination of intimate anatomy are a part of a student's medical education and patient care. Having an appropriate chaperone is required when CHM students participate in any of these clinical events. Chaperones are present to ensure the safety of patients and the student. Traditionally, genital, female breast, rectal examinations (and procedures on those areas) are those that require an appropriate chaperone, but students should be aware that some patients will consider other parts of their anatomy to be intimate based on their personal or cultural perspective.

Students are to comply with their local health system's process for providing chaperones. In the case that there is no chaperone available, the student cannot participate in the examination or procedure even if the patient gives their consent for there to be no chaperone. If students are concerned about behaviors they see in a clinical setting, they should contact Academic Affairs or Student Affairs, or CHM Student Resolution Advocate immediately.

For all examinations and procedures, all clinicians including students must have the consent of the patient to participate in their care regardless of the sensitivity of the examination or procedure. Students must be aware of and follow specific chaperone policies at sites where they are assigned. Be aware that in some sites, examination of children may require the presence of a chaperone. Patients must give specific consent for a student to perform a sensitive examination under anesthesia for educational purposes. Patient consent for the medical student to perform the exam under anesthesia must be documented in the patient's medical record.

Late Clinical Experience
Absence Request for Required and Elective Clerkships

This form must be completed for **ALL** absences from clerkship activities. Requests for scheduled time off are to be submitted at least 30 days prior to the date(s) of absence whenever possible. For unforeseen absences due to illness or family emergency, this form must be submitted no later than two days following the absence.

For clerkship absences: Scheduled absences are not approved until signed by both the Clerkship Director and the Student Program Administrator. Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship, resulting in an unprofessional behavior mark.

For completion by Student:

Student Name: _____

Clerkship: _____

List date(s)/time(s) for absence: _____

Is the above absence:
A request for scheduled absence? Absence due to illness? Absence from ASK?

Reason for absence (please be specific): _____

Requesting to designate as Personal Time Off (PTO) Day (for clerkships/electives only)? Yes No

Student Signature: _____ Date: _____

Sign to acknowledge your responsibilities if absent from ASK:

1. You are required to review all materials, including the pre-session and in-class materials. As outlined above, you are required to turn in all required assignments and artifacts by email.
2. If the assignment or artifact was assigned 'Pre-session' for a then this must be turned in within 24 hours of your return. All 'Pre-session' assignments are available on JIT at the start of each semester.
3. If the assignment or artifact was assigned or completed during the 'In-class session' then this must be turned in within seven days of the student's return. Team assignments that were completed in class may need to be completed individually by students who were absent.
4. If the assignment or artifact was assigned to be completed 'Post-session' then it must be completed and turned in by the originally published due date.
5. I understand there are no 'excused' or 'unexcused' absences for ASK and that this form will not be shared with the Student Competence Committee unless I choose to upload it. If I am absent from ASK, uploading materials of explanation or reflection is highly recommended.

Student Signature: _____ Date: _____

Reviewed by Student Program Administrator: _____ Date: _____

~~~~~ COMPLETE BELOW FOR CLERKSHIPS ONLY ~~~~~

For completion by Clerkship Director:

Do you approve the absence(s) listed above as excused? Yes No

If yes, please specify the remediation required for this absence and discuss with the student (a remediation plan is required for all absences).

Approved by Clerkship Director: _____ Date: _____

Final Approved by Student Program Administrator: _____ Date: _____

PICO Question

The PICO question format helps you to develop a clinical question that is relevant to a specific patient or problem you encounter on the wards. With a well-designed question, you will be able to complete an efficient literature search to find the answer.

PICO is an acronym that stands for:

- **P**atient, Problem or Population
 - Age, gender, disease
- **I**ntervention
 - Medication, diagnostic test, exposure/activity
- **C**omparison or Control
 - Alternative management, standard of care, placebo
- **O**utcome
 - Mortality, quality of life, symptom reduction

When framing your question, be sure to think about what type of question you want to ask. Here are some examples:

- Therapy
- Prevention
- Diagnosis
- Prognosis

Here are examples:

In patients with knee osteoarthritis (P), is hydrotherapy (I) better than traditional physical therapy (C) at reducing pain (O)?

In adults with cough and fever (P), is the lung physical exam (I) as effective as chest x-ray (C) in detecting pneumonia (O)?