Section IV: Teaching Opportunities
(http://humanmedicine.msu.edu/medical_education/curriculum.asp)

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Code of Teaching Responsibilities

CODE OF TEACHING RESPONSIBILITY

This policy was approved by the Academic Council on November 4, 1969 and the Academic Senate on November 19, 1969; it was subsequently revised by Academic Council on May 19, 1976, February 27, 1996, and April 19, 2005 (effective Fall semester 2005).

Satisfaction of teaching responsibilities by instructional staff members (herein referred to as instructors) is essential to the successful functioning of a university. This University conceives these responsibilities to be so important that performance by instructors in meeting the provisions of this Code shall be taken into consideration in determining salary increases, tenure, and promotion.

1) Course content: Instructors shall be responsible for ensuring that the content of the courses they teach is consistent with the course descriptions approved by the University Committee on Curriculum and the Academic Council. Instructors shall direct class activities toward the fulfillment of course objectives and shall evaluate student performance in a manner consistent with these objectives.

2) Course syllabi: Instructors shall be responsible for distributing a course syllabus (either in print or electronic form) at the beginning of the semester. The syllabus shall minimally include: (a) instructional objectives; (b) instructor contact information and office hours; (c) grading criteria and methods used to determine final course grades; (d) date of the final examination and tentative dates of required assignments, quizzes, and tests, if applicable; (e) attendance policy, if different from the University attendance policy and especially when that attendance policy affects student grades; and (f) required and recommended course materials to be purchased, including textbooks and supplies.

3) Student Assessment and Final Grades: Instructors shall be responsible for informing students, in a timely manner so as to enhance learning, of the grading criteria and methods used to determine grades on individual assignments. Instructors shall be responsible for assessing a student’s performance based on announced criteria and on standards of academic achievement. Instructors shall submit final course grades in accordance with University deadlines.

4) Testing Documents: Instructors shall be responsible for returning to students student answers to quizzes, tests, and examinations with such promptness to enhance the learning experience. Instructors shall retain final examination answers for at least one semester to allow students to review or to retrieve them. All testing questions (whether on quizzes, tests, or mid-semester or final examinations) are an integral part of course materials, and the decision whether to allow students to retain them is left to the discretion of the instructor.

5) Term Papers and Comparable Projects: Instructors shall be responsible for returning to students student term papers and other comparable projects with sufficient promptness to enhance the learning experience. Term papers and other comparable projects are the property of students who prepare them. Instructors shall retain such
unclaimed course work for at least one semester to allow students to retrieve such work. Instructors have a right to retain a copy of student course work for their own files.

6) Class Meetings: Instructors shall be responsible for meeting their classes regularly and at scheduled times. To allow units to take appropriate action, instructors shall notify their units if they are to be absent and have not made suitable arrangements regarding their classes.

7) Applicability of the Code of Teaching Responsibility to Student Assistants: Instructors of courses in which assistants are authorized to perform teaching, grading, or other instructional functions shall be responsible for acquainting such individuals with the provisions of this Code and for monitoring their compliance.

8) Instructor Accessibility to Students: Instructors shall be responsible for being accessible to students outside of class time and therefore shall schedule and keep office hours for student conferences. Office hours should be scheduled at times convenient to both students and instructors with the additional option of mutually convenient prearranged appointments for students whose schedules conflict with announced office hours. Each teaching unit shall determine the minimum number of office hours for instructors in that unit. Instructors who serve as academic advisors also shall be responsible for maintaining appropriate office hours before and during enrollment periods. In addition to office hours, instructor accessibility through e-mail and other means is encouraged.

9) Commercialization of Course Notes and Materials: The University prohibits students from commercializing their notes of lectures and University-provided class materials without the written consent of the instructor. Instructors may allow commercialization by including permission in the course syllabus or other written statement distributed to all students in the class.
College of Human Medicine Block I and Block II Teaching Assignments

The CHM Teaching Assignment Process:

**Step 1:** December - Solicitation of Teaching Preferences Form sent to Department Chairs for Distribution to Faculty. *DO NOT RANK MORE THAN A TOTAL OF 5 COURSES.* It’s also important to note anticipated lecture hours on the last page of the form. (See sample form)

**Step 2:** January – Deadline for Faculty/Department Return of Solicitation Forms to Dean's Office.

**Step 3:** February - Dean's Office Mails List of Suggested Teaching Assignments to Department Chairs. These suggestions are based on faculty who have taught the class last year and who received evaluations above 3.5 from their students.

**Step 4:** March - Deadline for Department Chairs to Return Finalized Assignments to Dean's Office. To balance the divisions clinical and research activities chairs can assign faculty other than those suggested by the Dean’s Office.

**Step 5:** April - Dean’s Office (Academic Programs) will send a final assignment report to all Department Chairs. Chairs are responsible for notifying their department faculty of teaching assignments.

**Step 6:** April/May – Dean’s Office (Academic Programs) staff will begin contacting faculty to schedule teaching assignment dates/times.

The teaching preferences information serves as a tool in determining the suggested teaching assignments that will be sent to Department Chairs in January. *It's important to note that it will be the responsibility of your Chair to finalize all assignments, as well as notify you of those assignments. Once the assignments are final it is faculty’s responsibility to arrange coverage for his/her teaching assignments should there be conflict (away meeting, patient care etc).*

**CHM Course Descriptions:**

The following course descriptions have been developed as a faculty guide for use during the faculty assignment process. It lacks the details and requirements, included in specific course and experience descriptions, and is subject to change.

**Human Development & Behavior – Block I**

Social science basis of medicine including social and cultural influences on health and behavior. Overview of normal growth and development throughout the life span.
Clinical Skills Sequence Overview – Blocks I & II

The Clinical Skills teaches preclinical (first and second year) medical students how to:

• Conduct medical interviews with patients of diverse psychosocial backgrounds;
• Develop the communications and empathy (interactional) skills necessary to interview patients effectively;
• Cultivate the doctor-patient relationship;
• Take complete and focused medical histories;
• Perform core and focused (specialized) physical examinations on patients of different ages and genders;
• Give oral case presentations, document databases in health records (including assessment/diagnosis), and write SOAP Notes (including assessment and plan)

The sequence spans 5 terms, starting in the fall of Block 1 and continuing through the spring term of Block 2. It starts by developing skills that do not require much technical knowledge of medicine, and then moves to more specific topics in conjunction with what students are learning in their PBL courses.

Students are taught through a variety of means, including live and on-line lectures and demonstrations, textbook and other readings, student interviews of simulated or volunteer patients, faculty-led small group discussions of videotaped student interviews, supervised physical examinations using partners, volunteer patients, or models (for “sensitive” topics) in CSTA or LAC (MSU teaching spaces), and history and physical examination of volunteer patients in hospital, nursing home, and home settings.

HM 531 (Fall, Block 1)
Interactional Skills (8 weeks)
• Students conduct four 15-minute videotaped medical interviews of increasing complexity in the CSTA with Simulated Patients at 2-week intervals.
• Interviews focus on communications and empathy skills and on gathering information on the “patient’s” story of the illness and “symptom dimensions,” with Social History, Past Medical History, Family History, and other parts of a complete history being added after the first interview.
• The first three interviews are reviewed in small groups.
• The fourth interview is evaluated for assessment purposes.

Introduction to the Patient-Physician Relationship (IPPR) (7 weeks)
• Students do readings, attend and watch lectures, meet weekly in small groups, produce a “reflective project” and write a final essay concerning the patient-physician relationship.

HM 532 (Spring, Block 1)
Core Physical Exam
• Alternating weeks, following demonstrations by faculty, students practice physical examination skills on a partner or hired model in the CSTA, under G.A. and faculty supervision
• Core Physical Exam Sessions:
  o Universal precautions, general appearance, vital signs, external eye, funduscopic, ear nose and throat, neck/thyroid
• Posterior thorax, lung exam
• Cardiovascular
• Abdomen, HEENT, vital signs, posterior thorax, cardiovascular
• Extremities.

• At the end of the term, students are expected to demonstrate competence in core physical exam skills for assessment purposes.

Patient Education Experience
• Students prepare a topic on which to educate a patient (e.g., car seat use, smoking cessation) then teach it to a simulated patient in the CSTA.
• Videotapes of the patient education interview are reviewed in small groups.

HM 533 (Summer, Block 1) (6 weeks)
Newborn Experience
• After faculty demonstration, students do physical exams of newborns under close supervision of preceptors in hospital nursery.

Young Child Experience
• After faculty demonstrations, students conduct age-appropriate physical exams on volunteer children in the CSTA.

Sexual Concerns Experience
• After lecture and demonstration, students conduct videotaped interviews on sexual concerns with simulated patients in CSTA.
• Interview videotapes are reviewed in small groups.

Adolescent Experience
• Students interview volunteer adolescent patients concerning life and health issues of significance during adolescence, then present to supervising faculty.

Senior Citizen Home Visit Experience
• Students visit senior citizens in their homes, where they conduct a focused H&P, a Functional Mobility Assessment, an Activities of Daily Living Assessment (ADL), and an environmental assessment.
• Students then write an essay about the senior citizen and his or her circumstances, as well as submit Functional Mobility, ADL, and environmental assessment forms.

HM 534 (Fall) (15 weeks)
Adult Hospital Experience
• Students conduct H&Ps on patients in a hospital setting, with the help of preceptors, including, for the first time, taking a full History of the Present Illness (HPI), formulating diagnostic “hypotheses” and seeking “pertinent positives and negatives” in both history and physical examination.
• Students give oral case presentations to preceptors, who give help in this first attempt to make an assessment of a patient’s illness.
• Students compile a database on their patients in a health record (read by GAs), including assessment, with alternative diagnoses.
Child Hospital Experience
- Students conduct an age appropriate H&P on child patients in hospital setting, including HPI, with the help of preceptors.
- Students give oral case presentations to preceptors, who help them make assessments of a patient’s illness.
- Students compile a database on their patients in a health record, including assessment, with alternative diagnoses.

LPCE H&P Experience
- Students take a complete history and conduct a partial physical exam on the LPCE patients who they visited during block 1.
- The history includes an HPI of the patient’s chronic illness.
- Students compile a database on their patients in a health record, including assessment of the patient’s chronic illness.

Neurologic Exam Experience
- After faculty demonstration and case presentation, students practice a neurologic screening exam on each other, which is assessed by the observing preceptor.
- Students then write a SOAP Note using data from the case presentation.

Neurology Performance Based Assessment
- Students conduct a focused interview and a neurologic screening exam on simulated patients (played by faculty) with a neurologic complaint.
- The “patients” evaluate the performance on interview and exam on a checklist.
- Students then write a SOAP Note using data from the case.
- The Neurologic PBA is an assessment of whether students can apply knowledge from the Neurologic PBL domain to obtaining data on a neurologic complaint and making an assessment/plan.

Musculoskeletal Exam Experience
- After demonstration, students practice a supervised musculoskeletal physical examination on a partner.

Advanced Interview Experience
- Students conduct 30 minute videotaped interviews with simulated patients making “routine visits” to the doctor, some before engaging in a new activity or needing forms filled out.
- Students take abridged complete histories.
- The “patients” all have known established problems (chronic illnesses), risk factors, and complex psychosocial profiles interconnected to medical issues.
- Students submit health records, including assessment, that take into account all of these complexities.
- Interviews are reviewed in small groups.
- Students are expected to demonstrate competence in communications and empathy skills, as well as documenting the patient’s history and making an assessment.

Giving Bad News Experience
- Students “give bad news” to simulated patients in a videotaped interview.
- Interviews are reviewed in small groups.
Nursing Home Visit Experience
• Students conduct a focused H&P on nursing home patients, under supervision of geriatrics faculty.
• H&P includes Mental Status Exam and Basic ADL.
• Students submit both a Health Record and essay about the experience, comparing their nursing home patients with the patient from their senior home visits during summer term.

Phlebotomy Experience
• After orientation, students practice on the phlebotomy simulation arm in the LAC, then demonstrate proficiency using the simulation arm.
• Students who wish to are given an opportunity to draw blood from a partner (in the LAC examination rooms) under supervision.

Dermatology Experience
• With the assistance of CHM’s Division of Dermatology & Cutaneous Sciences and of local dermatologists, students rotate through different stations (each with a dermatology patient volunteer) and practices describing skin lesions under attending supervision.
• Students submit a SOAP note focusing on the Objective section.

HM 535 (Spring, Block 2) Pelvic Exam Experience
• After orientation, students conduct a gynecological history and pelvic examination on hired models (who tell their own stories), under close faculty supervision.
• Students submit Health SOAP Notes on their “patients.”

Male Genitalia Exam Experience
• After demonstration, students practice for 15 minutes on male genital and rectal/prostate simulators (in the LAC).
• Under faculty supervision, students do genital and rectal/prostate exams on two live models.
• Students submit the objective portion of a SOAP Note on one of the patients they examined.

Urinary Tract Performance Based Assessment
• Students conduct a problem-focused interview (HPI) on simulated patients (played by faculty) with urinary tract complaints.
• Students are given laboratory and physical examination data.
• Students then submit a Master Problem List and SOAP Note using interview, laboratory, and physical exam data.

Pulmonary Exam Experience
• After demonstration, students conduct focused pulmonary H&Ps on three volunteer patients provided by supervising faculty.
• Students submit a Master Problem List and SOAP Note on one of the patients.

Breast Exam Experience
• After demonstration, students practice the breast exam on a plastic model.
• Students then take focused histories and conduct a supervised breast exam on two live Models and calculate “Gail Model risk.”
• Students submit a Master Problem List and SOAP Note (minus Plan) on one patient.

Cardiac Exam Experience
• After demonstration, students conduct focused H&Ps on three volunteer cardiac patients provided by supervising faculty.
• Students submit a Master Problem Lists and a SOAP Note on one of the patients.

Cardiac Performance Based Assessment (PBA):
• Students take a focused Cardiac history on simulated patients, whose roles include cardiac problems.
• Students also conduct a cardiovascular exam on the simulated patients (who don’t necessarily have real cardiac problems).
• Students then listen to heart sounds and view a chest radiograph, which they substitute for data from the actual physical exam of their simulated patients.
• Using the history from their simulated patients plus the substitute data, students write up a Master Problem List and an assessment.

Clinical Skills Gateway Experience
• Students demonstrate competence in clinical skills through a series of interviews, real and simulated physical exams, and health record submissions.

Problem-Based Learning (PBL) Overview – Block II

The PBL curriculum is organized into 10 Domains which take place in the second year (see schematic). Wherever and whenever possible, each Block 2 course coordinates with contemporaneous course offerings and builds on the Block 1 material relevant to that course. For example; Clinical Skills teaches its breast examination during the Heme/Neoplasia domain when students confront a case depicting breast cancer. The examination of patients with cardiac disease in Clinical Skills occurs during the Cardiovascular domain, so that pathophysiology can be correlated with physical examination findings. A research article required during the Urinary Tract domain is critically reviewed in the Epidemiology course offered that same semester.

Each PBL domain is maintained by a Curriculum Development Group (CDG) with a Curriculum Development Group Chair who assumes final responsibility for the delivery of the course. The CDG determines the breadth and depth of the content, chooses and writes the patient cases and their accompanying stimulus questions, determines the resources which will be recommended to the students, the lecturers and lab instructors who will conduct the large group experiences, and writes all quiz and exam questions. The CDG creates a Preceptor Guide which enables any small group leader to facilitate the students' learning of relevant case content. Content expertise is not a prerequisite for teaching in a PBL group; in fact, preceptors without content expertise often find they are freed to pay attention to process and the facilitation of student-centered learning. This does, however, require preceptors to rethink the typical model of faculty member as "bearer of knowledge" and students as "recipients of knowledge." This paradigm shift takes some getting used to, but is challenging and enjoyable once one gets used to the differences.
**HM 511 Infectious Disease & Immunology**
The goal of this domain is for each student to learn:
- the varied mechanisms by which infectious agents can attack the host
- the ways in which the host responds
- the disease that may result from these interactions
- treatments for infectious disease problems

**HM 513 Neurological**
At the end of the course, students will know the following about diseases of the neurological system:
- Epidemiology/Demographics
- Heritability and genetic aspects, if applicable
- Predisposing factors
- Molecular aspects of pathogenesis
- Pathophysiology
- Etiology/pathogenesis
- Gross and microscopic pathology
- Clinical manifestations/clinical course
- Diagnosis
- Treatment

**HM 515 Cardiovascular Domain**
At the end of this course, students will know the following with regard to cardiovascular topics:
- Epidemiology/Demographics
- Changes with age
- Heritability, if applicable
- Predisposing factors
- Molecular aspects of pathogenesis
- Nutritional aspects of pathogenesis or treatment
- Pathophysiology
- Etiology/pathogenesis
- Gross and microscopic pathology
- Clinical manifestations/clinical course
- Diagnosis
- Treatment of major diseases of the cardiovascular system

**HM 516 Disorders of Thought, Emotion & Behavior**
At the end of the course, students will know about the following diseases:
- Schizophrenia (and also schizophreniform psychosis, schizoaffective disorder, and brief reactive psychosis)
- Mood disorders (including depressive mood disorders and bipolar disorder)
- Anxiety disorders (including panic disorder, agoraphobia, generalized anxiety disorder, social and specific phobias, posttraumatic stress disorder, and obsessive-compulsive disorder)
- Eating disorders
- Be familiar with and able to interpret the DSM-IV Classification system
Understand epidemiology and biological etiological mechanisms for developmental disorders.

Know the definition, epidemiology, biological mechanisms, clinical presentations and treatment of behavioral disorders, somatic conditions, sexual disorders, substance abuse disorders, adjustment disorders, and violence.

Understand the development of defenses.

Know the drugs used to treat disorders of behavior and development

For each of these diseases, they will know:

- Definitions of the major subtypes of the disorder
- Clinical findings and characteristic symptoms
- Clinical course, including outcomes
- Epidemiology, especially the prevalence, age of onset and gender differences
- Etiology and pathophysiology
- Treatment principles.

**HM 517 Musculoskeletal Domain**

At the end of the course, students will know the following about diseases of the neurological system:

- Epidemiology/Demographics
- Heritability and genetic aspects, if applicable
- Predisposing factors
- Molecular aspects of pathogenesis
- Pathophysiology
- Etiology/pathogenesis
- Gross and microscopic pathology
- Clinical manifestations/clinical course
- Diagnosis
- Treatment

**HM 525 Pulmonary Domain**

For each of the following topics, the student will know:

- The physiology, pathology, microbiology, epidemiology, genetics, clinical course and complications of major diseases of the pulmonary system.

- Know the fundamental principles of hypersensitivity reactions and anaphylaxis, the inflammatory response and inflammatory mediators, and the defenses of the respiratory tract against microbial colonization and infection.

- Know the normal flora of the respiratory tract.

- Be able to describe the mechanism of action, pharmacologic properties, key pharmacokinetic properties, adverse reactions, drug-drug interactions and clinical uses of drugs used to treat disorders of the pulmonary system.

- Be able to recognize characteristic radiographs of the common diseases of the respiratory tract.

- Know the usual causes, pathophysiologic mechanisms, pathology and characteristic radiographic findings of occupational and environmental lung diseases.

- Understand the principles of Autonomy and Beneficence, the procedures for making decisions on behalf of incompetent patients, the theories behind Advance Directives, and the procedures in Michigan. With respect to Do-Not-Resuscitate orders; consider
the roles of Patient or Surrogate Consent and the Role of Determinations of Futility.

- Understand the many types of iatrogenic events and associated risks for patients caused by:
  - Overzealous labeling; Bed rest; Enforced dependency; Transfer trauma; Diagnostic procedures; Hospitalization; Institutionalization; Pharmacologic interventions
  - Understand the multiple kinds of health problems caused by tobacco, their magnitude, and epidemiologic features of tobacco addiction
  - Be able to describe the evaluation and treatment of tobacco use disorder and know the steps involved in an office-based approach to smoking cessation

HM 526 Urinary Tract Domain
At the end of the course, students will know:

- Diagnosis and Treatment of Urinary Tract Infections including risk factors, epidemiology, common organisms and drugs.
- The pathology, pathophysiology, epidemiology, sequela and treatment of the glomerulonephritis, acute renal failure, chronic renal failure and systemic diseases that affect the kidneys, problems with micturation and incontinence and acid base disorders.
- The role of nutrition in the prevention and treatment of disorders of the urinary tract
- Describe the anatomic and physiologic basis for the susceptibility of the kidney to damage by toxins (drug and chemical)
- interpret urinalysis
- Be able to identify epidemiology, pathogenesis, genetic and hereditary features if pertinent, gross and microscopic features, pathologic behavior and prognosis, typical clinical presentation, diagnosis, staging and scoring systems if pertinent, and sequelae of urinary tract neoplasms
- Know the chemical composition and presenting manifestations, morphologic features, diagnostic tests, treatment and consequences of various types of urinary tract calculi
- Describe the causes, basic mechanisms, structural manifestations, and clinical presentation of nephritic, nephrotic, tubulointerstitial and renovascular disorders
- Common drugs used to treat diseases of the urinary tract including mechanism of action, pharmacokinetics, adverse reactions, and common side effects.
- Understand the psychosocial ramifications of diseases of the urinary tract
- Interpret images of the urinary tract.
- Inorganic phosphate, potassium, bicarbonate, chloride, erythropoietin, renin, Vitamin D, serum proteins, hemoglobin.
- Describe mechanisms of production and therapeutic approaches to the major problems associated with CKD: hypertension, anemia, renal osteodystrophy, hyperlipidemia, malnutrition.

HM 527 Digestive Domain
At the end of the course, students will know the following:

- Role of enteric nervous system and relationship to CNS
- Neurohumeral (endocrine, paracrine and neurocrine) regulation of enteric and autonomic nervous systems’ control of GI motility and secretion
- Therapeutic and adverse effects of pharmacological agents that mimic or block the actions noted in 2, as well as antacids, acid suppressors, prokinetics, anti-emetics,
antidiarrheals, laxatives and relevant anti-inflammatories, antibacterials and probiotics

- Normal motility of esophagus (swallowing), stomach, small bowel, colon, rectum, anus and gall bladder
- Deviations in normal structure and function that lead to motor disorders; the related consequences, including esophageal motor disorders, gastric emptying abnormalities, small bowel hypomotility and ileus, colonic pseudoobstruction, Hirschsprung’s disease
- Gastro esophageal reflux disease*, Barrett’s esophagus*, esophageal adenocarcinoma* and squamous cell carcinoma*
- Gastric secretions, mechanisms for the intact and breached mucosal barrier
- H. pylori, effects of colonization, gastritis, peptic ulcer disease* and gastric adenocarcinoma*
- Fluid and electrolyte fluxes in normal GI. tract
- Structural and functional abnormalities causing hyper- and hyposecretion of the stomach, small bowel and pancreas and their clinical sequelae
- Functional GI. disorders, biopsychosocial concepts, emphasizing irritable bowel syndrome (IBS)*
- Normal digestion and absorption of carbohydrates, proteins, fats, vitamins, iron and calcium; nutritional needs
- Abnormalities in structure and function of digestion and absorption; clinical and nutritional consequences, including disaccharidase deficiencies*, celiac sprue*
- Abnormalities of pancreatic structure and function; acute and chronic pancreatitis*, pancreatic carcinoma*
- Beneficial roles of normal endogenous intestinal microbiota
- Mechanisms by which enteric pathogens are associated with disease processes; clinical syndromes associated with particular classes of such pathogens
- Mechanisms and categories of diarrhea
- Inflammatory Bowel Disease (IBD)*
- Vascular compromise of the intestines*
- Epithelial metaplasia, adenoma-cancer sequence, colorectal cancer*
- Normal bilirubin metabolism; structural and functional abnormalities causing hyperbilirubinemia
- Bile acid function and metabolism; enterohepatic circulation; gall bladder function; consequences of dysfunction, cholesterol gall stones*
- Major liver functions; interpretations of biochemical tests
- Deviations in normal structure and function: nutritional consequences; liver failure
- Hepatic metabolism of drugs, alcohol and other xenobiotics; therapeutic and hepatotoxic implications, drug-drug interactions
- Viral hepatitis (A,B,C)*
- Alcoholic liver disease*, primary biliary cirrhosis, hemochromatosis*, tumors (benign and malignant) *
- G.I. radiographs, non-contrast and contrast, normal and common abnormalities
- Ultrasonography, CT scanning and MRI in evaluation of common gastrointestinal, hepatic and biliary diseases
HM 528 Metabolic/Endocrine/Reproductive Domain
At the completion of this course, students will:

- know the physiology, biochemistry and pathology of the organs of the endocrine system including the hypothalamus, pituitary gland, thyroid gland, parathyroid gland, adrenal gland and internal and external sex organs.
- know the drugs used to treat dysfunction of the organs of the endocrine system including mechanism, pharmacokinetics, common side effects, adverse reactions, indications contraindications and drug-drug interactions.
- apply understanding of genetics to disorders of the endocrine system including risk status, prenatal screening and diagnosis, newborn screening, and management of inherited metabolic disorders.
- learn the role of nutrition in the prevention and treatment of disorders of the endocrine system as well as the basic sciences of metabolism.

HM 539 Hematopoietic/Neoplasia
At the completion of this course, students will be able to:

- understand the pathophysiology and epidemiology of hematopoiesis, the anemias, coagulation and thrombotic disorders, transfusion medicine and malignancies of the blood.
- apply the basic concepts of carcinogenesis to breast cancer, colorectal cancer, the leukemias and lymphomas.
- apply their understanding of genetics to disorders of the blood and neoplasms.
- learn the role of nutrition in prevention and treatment of blood diseases and neoplasms.
- identify the interplay between the immune system and neoplasia.
- Know common drugs used to treat diseases of the blood and neoplasias including mechanisms and adverse effects.

Epidemiology Sequence Overview – Blocks I & II

EPI 546, Introduction to Epidemiology and Biostatistics
This course introduces the key concepts and vocabulary associated with Clinical Epidemiology and Evidence-based Medicine that are fundamental to clinical practice and the critical appraisal of the medical literature.

EPI 547, Applications of Epidemiology and Biostatistics
The goal of EPI 547 is to develop skills useful to evaluate the medical literature, while increasing the comprehension of epidemiologic and research principles that are relevant to evidence-base medicine. The course includes an online introductory lecture, a series of five two-hour small group discussions, and a final lecture. Each small group of 10-11 students is led by a faculty preceptor. It is expected that students will have completed the assigned reading, online Key Concept Review PowerPoint, online practice questions, and the critical appraisal worksheet prior to each small group session. The faculty preceptor’s role is to facilitate student discussion and answer questions related to the course material.

As part of a general theme of ensuring competence in the management of information throughout a physician’s career, this brief series of publication-based discussion sessions in Clinical Epidemiology and Evidenced-Based Medicine (EBM) will assume the understanding...
gained last year in EPI 546, and further develop the concepts and vocabulary that are fundamental to the quantitative and logical evaluation of clinically focused scientific studies.

The general outline for each small group session is as follows:

- Students given an opportunity to ask questions about material from the previous week or the current week’s readings or Key Concept Review.
- A student summarizes the clinical scenario and clinical question.
- The preceptor demonstrates an online search using the PubMed Clinical Queries tool.
- A student provides a brief overview of the selected article in 2-3 minutes.
- The students perform a critical appraisal of the article using the worksheet based on the Users’ Guides.
- The small group session is concluded with a short discussion regarding the clinical application of the results to the clinical scenario.

Each faculty preceptor is provided a notebook which includes a suggested response to each question on the worksheet.

**Social Context of Clinical Decisions Sequence - Block II**

**HM 546, Social Context of Clinical Decisions (SCCD) - Medical Ethics Module**

The goal of this module is to introduce medical students to the concepts and strategies they will need to deal effectively and respectfully with the main ethical issues they will face in clinical practice. Some of these ethical issues pertain to the physician-patient communication, such as informed consent, truth-telling, and confidentiality. Other issues pertain to the scope and limits of patient decision making, most especially in matters of treatment refusal where the most likely outcome of a refusal will be the death of a patient. We also discuss the role of surrogate decision makers in these same situations when a patient is incapable of making such decisions for themselves, as we have seen in the controversial Shiavo case. Similar issues also arise in the NICU when infants are born with severe impairments (or become severely impaired because of extreme prematurity). We also discuss ethics issues raised by medical experimentation, especially when vulnerable patient populations are recruited for these efforts. More recently we have added to the syllabus a range of ethics issues related to genetics and reproductive decision-making, which includes a discussion of abortion and contraception issues, especially in relation to the care of adolescents. The course includes five large group hours of lecture and fourteen hours of small group discussion. There are required readings and cases for each of the small group discussions. The goal of the discussions is to model the sort of conversations that need to occur among health professionals or between health professionals and families when there are ethical disagreements regarding morally permissible courses of actions. The readings provide students with a good picture of current considered ethical views in each of the areas mentioned above. Students are required to write two papers for the course, each 3-5 pages in length, the goal of which is to demonstrate competence in identifying and thinking through specific clinical ethics issues.

Students are expected to:

- Recognize ethical issues in clinical medicine
- Identify alternative positions on ethical issues
- Identify information relevant to ethical issues
- Understand and utilize the literature of medical ethics
- Clearly explain your position on an ethical issue
- Present reasons for positions on ethical issues
- Contribute to collegial discussion of ethical issues, showing respect and tolerance for the views of others
- Recognize that an ethical decision depends upon a critical evaluation of data (i.e., understand how the epidemiology module will help you make ethical decisions)
- Recognize that an ethical decision takes into account social structure (i.e., understand how the policy module will help you make ethical decisions)

HM 547, Social Context of Clinical Decisions - Health Policy Module
The health policy module is built on the premise that the larger social context that surrounds the practice of medicine today actually shapes in profound ways the practice of medicine. That larger social context includes the economic environment (health insurance, demands for cost control, demands for increased profit margins), technological developments (organ transplantation, artificial hearts, very expensive cancer drugs, implantable cardiac defibrillators, huge expansions in radiology), organizational developments (mega-managed care organizations, increased intrusion of multiple forms of the profit motive in medicine and increased competition among health care organizations), and broad cultural changes (attitudes regarding sexuality, religious belief etc.). The goal of this module is to provide medical students with the concepts and other intellectual tools they need to understand how health policy is created and how it can at times either threaten or promote the values central to the practice of medicine.

HM 547, Social Context of Clinical Decisions – Integrative Module
As its name implies the integrative exercise aims to integrate in a very concrete way the skills and disciplinary knowledge medical students are expected to have acquired in earlier portions of the SCCD course, as well as other parts of the curriculum. More specifically, they need to integrate what they have learned in ethics with a specific policy problem, taking into account economic, epidemiologic and political/organizational matters as well. There are typically fourteen topics for the students to choose from. They organize themselves into groups of 7-8 with a faculty preceptor. They will have a total of six small group meetings with the goal of creating a fifteen-minute public presentation of their policy proposal and analysis/justification before a panel of ten or more outside judges plus about 20% of their classmates. They will have to defend their recommendations during a fifteen-minute period of questioning by the judges. All these topics are the focus of current medical and policy controversy. Students develop skills in thinking through such controversial matters with their classmates, including having to think through what might be reasonable compromises in the face of uncertainty about many aspects of a specific problem. This is intended to mimic very closely the sorts of policy conversations that must occur in the real world of medicine when faced with these issues.

NOTE: The role of faculty in all these course modules is to serve as preceptors who provoke more critical thinking in the students, who assist in sharpening up questions, who assist with identifying resources, etc. The role of preceptors is NOT to lecture or to provide expert judgment or to do anything else that would short-circuit the kind of conversational/intellectual skills the medical students need to develop and practice.
This module is designed:

- to provide medical students with an introduction to the vocabulary and basic elements of health policy.
- to allow students the opportunity to examine their own and others’ experiences with the health care system.
- to allow students an opportunity to talk about how individual patients and caregivers interact with each other and with the overall health system.
- to help students develop a better understanding of the complex environment in which they will train and work.
- to provide students with the opportunity to develop a more informed and systematic way of approaching collegial discussion and clinical decision making within the broader health policy context.
- to allow students to discuss and to explore their roles and responsibilities as physicians and citizens in achieving an improved/optimal system of health care.
- to build on the readings and experiences from previous courses in Ethics and Epidemiology (and the LPCE experience) and connect the overlapping spheres of health policy with the health care encounters of individuals, and prepare students for determining and implementing aspects of health policy in the SCCD Integrative Module that follows.

**HM 548, Medical Humanities**

Medical Humanities is constituted by three selectives in which students consider medicine and the practice of medicine from the standpoint of medically related humanities, namely, literature, history, and spirituality. Students choose from available sections in each of these three areas. Section leaders are expected to have some expertise in literature, history, or spirituality as appropriate to their section. Those teaching in the course may be physicians but that is not expected and diversity of training is probably desirable in the course faculty. The course meets for two hour per week for four weeks in the Spring semester. Students are evaluated by written essay.

Students in HM 548 should be able to:

- Reflect thoughtfully and critically on issues in today’s medical practice by employing the skills and perspectives of one of the humanities disciplines (spirituality, history, or literature).
- Explain the relevance of the chosen humanities discipline to the understanding of medical issues.
- By employing the perspective of the chosen humanities discipline, understand the practice of medicine within a broader social and cultural context.
- By using the skills of the chosen humanities discipline, demonstrate an ability to achieve greater empathy with (or understanding of the values of) a patient who may come from a social or cultural background different from the student’s own.

**Mentor Program Overview**

**HM 581, 582 Mentor Program (Blocks I & II)**

The Mentor Group program is a series of courses in the preclinical curriculum that is
designed to guide students into the profession of medicine. It is a core component of the professionalism theme of the college. Beginning with the entering class of 2006, the program will extend into Block III to guide students across the transition into clinical settings. It is anticipated that the program will continue through Block III to help students as they strive to choose their career path within medicine and keep their bearings in real world of medical practice..

The goals of the mentor group program are to:

- **Guide beginning medical students into the career of medicine with emphasis on values and behaviors important to the profession.**
- **Facilitate the development of a substantive, durable relationship with a caring, competent physician whether the mentor group leader or another physician.**
- **Assist the development of students’ abilities to be reflective and thoughtful about good health care and the physician’s role in its maintenance.**
- **Provide an opportunity to see physicians at work.**
- **Offer the opportunity for reflection and dialogue about the changes and challenges of medical education, integrating the work being done in other courses.**
- **Guide students across major transitions in medical education – entry into medical school, transition to more self-directed learning in Block II, and transition to clinical settings as they enter Block III.**

**ACTIVITIES:**

**Block I fall:**
- Hunt lecture 1 hour
- Mentor group meeting 2 hours
- Careers in medicine 2 hours
- Shadowing 4 hours

**Block I spring:**
- Mentor group meetings 4 hours
- Individual meeting with mentor 1 hour
- Careers in medicine presentation/workshop 2 hours
- Impaired physician presentation/workshop 2 hours
- Shadowing 4 hours

**Block I summer**
- Mentor group meeting 2 hours

**Block II fall:**
- Hunt lecture 1 hour
- Mentor group meetings 6 hours
- Shadowing 4 hours

**Block II spring:**
- Mentor group sessions (community mentor) 4 hours
- Careers in medicine presentation/workshop 2 hours
- Shadowing 4 hours

**Block III fall:**
- Mentor group sessions (community mentor) 6 hours?

**Block III spring:**
- Mentor group sessions (community mentor) 6 hours?
FACULTY MENTORS:
Faculty mentors are all physicians. Mentors must also serve as small group preceptors in the “Interactional Skills” OR “Introduction to Patient-Physician Relationship” modules of Clinical Skills.

Students and preceptors work together closely for 7 weeks in the fall of Block I; this fosters the development of a relationship. These mentors continue with their group of students through the fall of Block II.

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College of Human Medicine:
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Kathy Lovell, PhD, Block I Director
Andrew Saxe, MD, Block II Director
Christopher Reznich, PhD, PBL Director
Suzanne Sorkin, MD, Clinical Skills Director
Pediatric Clerkship Block III

Pediatrics is an eight-week clerkship. It consists of inpatient pediatrics, ambulatory pediatrics, newborn nursery, exposure to community agencies involved in the care of children and didactic sessions, reading, and exercises covering core topics and skills in pediatrics. The prerequisite for all students who take the Pediatric Clerkship at the College of Human Medicine is derived from Part One of the USMLE. The Goals and Objectives of Pediatric Clerkship at CHM are derived from the 2005 revision of APA/COMSEP general pediatric clerkship curriculum (APA: Ambulatory Pediatric Association; COMSEP: Council on Medical Student Education in Pediatrics).

Goals of the Pediatric Clerkship

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
- An understanding of the approach of pediatricians to the health care of children and adolescents.
- An understanding of the influence of family, community and society on the children and in health and disease.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents, and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children, and adolescents.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.

Medical Student Evaluation Methods:

- Pediatric Oral Examination (POE)
- Formal Written H&P's
- Clinical Performance Evaluations (CPE)
- NBME/USMLE Shelf Exam in Pediatrics
- The Pediatric Portfolio (Electronic Logbook)
- Clinical Encounters
- CLIPP Cases
- Pediatric Procedures
Performance Based Assessment: Newborn Examination
Structured Clinical Observations (SCO)
PICO Questions (Evidence-Based Medicine)

Clinical Performance Evaluations (CPE) – Web-Based Evaluation System:

The College of Human Medicine (CHM) uses the E*Value web-based evaluation system in all required clerkships. As a clinical educator, you will be asked to complete a Clinical Performance Evaluation (CPE) on students for whom you serve as a preceptor using the E*Value system.

The procedure is simple. You will receive an email notification from E*Value requesting you to complete an evaluation on-line. The subject line of the email will read “An Evaluation Notice.” All you will need to do is click on the web address provided in the email message and you will be taken directly to the evaluation form. You will receive weekly email reminders until the evaluation is completed. The subject line for reminder emails will read “E*Value Incomplete Evaluation Reminder.” To be considered in determining the student’s clerkship grade, all Clinical Performance Evaluations (CPEs) must be submitted by 5pm Friday two weeks after the last day of the clerkship. CPEs submitted after the deadline cannot be considered in the student’s grade.

Clinical Performance Evaluation Grading Criteria:

The Clinical Performance Evaluation (CPE) grading criteria for Pass, Conditional Pass, No-Pass and Pass with Honors, is outlined below. Please remember that the Seldom, Usually and Consistently ratings, as well as the Professional Behavior sections, are used to calculate whether a student passes, fails or receives an honors designation.

**PASS**
85% or greater in the Usually and/or Consistently categories in data collection and assessment skills and no more than 2 notations on professional behavior from all preceptors combined.

**CONDITIONAL PASS OR NO-PASS**
Greater than 15% in the Seldom category in data collection and assessment skills from all preceptors combined OR more than 2 notations on professional behavior from all preceptors combined results in a Conditional Pass on the CPE. Meeting both of these conditions results in a No Pass on the CPE.

**PASS WITH HONORS**
75% or greater in the Consistently category with no Seldom ratings and no notations of unprofessional behavior.

Your comments on the CPE may be included in the student’s final grade summary and are very helpful in preparing the student’s Medical Student Performance Evaluation.
Logbook of Patient Encounters:
Students may ask you to verify patient encounters on their PDA. You can do this on the spot by signing off on the PDA. If you prefer, you can ask the student to submit the encounter for you to verify later via an email notification that will come to you automatically.

Pediatrics Electives 4th Year:

Elective Clerkships and Prerequisites

Elective clerkships are offered for MSU-CHM and visiting students in all MSU-CHM community campuses. The MSU-CHM Clinical Elective Clerkships chart outlines those community campuses that offer each available elective.

Elective descriptions are available at each of our community campus websites:

- Flint Campus Electives
- Grand Rapids Campus Electives
- Kalamazoo Campus Electives
- Lansing Campus Electives
- Saginaw Campus Electives
- Upper Peninsula Campus Electives

MSU-CHM students should work through their Community Assistant Dean’s office to schedule electives at another campus. The website for each community campus describes how visiting students may apply for elective clerkships.

MSU-CHM students are covered by medical professional liability coverage while on away electives. Click here for coverage details:

- Student Medical Professional Liability Coverage

Requirements for visiting students are as follows:
1. Have met prerequisites by completing his or her own school's required clerkship in the elective discipline being requested.
2. Any additional prerequisites will be clarified when the elective is scheduled.
3. Attained senior status prior to enrollment.
4. Third-year students may apply if prerequisites have been completed but preference will be given to senior applicants.

Clerkship Readings

Some electives may specify required readings, which are updated on a regular basis. If readings are required, a reading list will be provided at the beginning of the elective.
Evaluation

Elective clerkship preceptor(s) will submit a clinical performance evaluation at the conclusion of the clerkship. Faculty is also encouraged to provide ongoing feedback throughout elective clerkships. Additional student evaluations, which will be discussed with student in advance, may include written or oral examinations, oral presentations, papers, or observed clinical assessments. If a visiting student’s school requires the completion of a specific evaluation form, this form should be provided to the community contact person at the beginning of the elective clerkship.
Sparrow/MSU Pediatric Residency

The Michigan State University Pediatric Residency is a University-sponsored primary-care-oriented program offering comprehensive training in general pediatrics in a setting which represents a unique synthesis of academic and community teaching environments. As part of a cooperative effort between the MSU Colleges of Human Medicine and Osteopathic Medicine and Lansing’s Sparrow Hospital, our program combines the strengths of these institutions to offer state-of-the-art training in pediatrics. We have a curriculum, which places emphasis on general and ambulatory pediatrics while maintaining our traditional strengths in all of the pediatric subspecialties. As a result, our residency curriculum provides a solid foundation for a career in either general or subspecialty pediatrics. View the website at http://phd.msu.edu/Education/PediatricResidencyProgram.aspx

Rotations

**Pediatric Inpatient Ward**

The Pediatric ward has 41 beds, and over 50 teaching faculty.

With 2,500 admissions per year, the average daily census is 22. Interns participate in the care and management of 6-10 patients per day with senior residents and attendings overseeing the education of each intern. Teaching faculty include Sparrow pediatric hospitalists for inpatient services/patient care and general pediatricians from the colleges of human medicine and osteopathic medicine for teaching rounds. 2-4 faculty members, 2-3 senior residents, 4-5 interns and medical students are assigned to the peds ward per rotation. Daily patient care rounds are given either by faculty member or senior residents. Teaching rounds such as morning report are done 3 times per week. Weeknight senior call is covered by a night float person, weekend senior call is a rotating schedule with a back-up person available. Each intern is scheduled for 7 nights of call per 5-week rotation.

**Newborn Nursery**

The nursery has 50 beds and 2 full time attendings.

Hosting 2,500 births per year, the average daily census is 20. Residents are the primary care giver to infants on the newborn teaching service. Over 500 newborns receive their follow-up care in the residency continuity clinics. Daily teaching rounds are done with the nursery attendings. Residents do calls from home 1-2 nights per week and 2 weekends per rotation. Weekends include rounding on the infants and home calls.

**Neonatal Intensive Care Unit**

The NICU has 35 beds and 5 full time neonatologists.

With 600 yearly admissions, the average daily census is 23. Residents are primary care physicians to their assigned neonates. They play an active role in the team
management of these infants. Daily teaching rounds by neonatologists or fellows. Each resident has 7 calls per 5-week rotation.

*Pediatric Intensive Care Unit*

PICU has 12 beds and 3 full time Intensivists.

With 650 yearly admissions, the average daily census is 8. Residents participate in the PICU by being the first manager of the patients, accompanying the intensivist to the ER for traumas, medical emergencies, OR treating child abuse victims, attending the OR with patients, and assisting with transfers to/from other facilities or other floors within the hospital. Daily teaching rounds are done with an intensivist. Each resident in the PICU has 7 calls per 4-week rotation.

*Pediatric Subspecialties*

Pediatric subspecialties are available for residents to do during elective rotation time. Most times Pediatric residents are the only resident on the service meaning they get one-to-one teaching from the subspecialist.

*Residents’ Continuity Clinics*

During the first year, residents are assigned to clinic one 1/2 day per week. During the 2nd and 3rd years, residents are assigned to one 1/2 day clinic during their in-hospital rotations and assigned to two 1/2 days of clinic during all other rotations. 3rd year residents can be assigned up to three 1/2 days of clinic per week. Patients are assigned to residents and scheduled according to the residents schedule whenever possible for continuity. Residents get their patients referred to them after hospital stays, from the RNICU, or from the newborn nursery. Preceptors are MSU faculty attendings from both colleges of human medicine and osteopathic medicine. 1-4 residents are scheduled at a time.

*Annual MSU Residents Activities*

Cross-Campus Pediatrics Residency Day: An annual event held in September of each year; to provide workshops, seminars, training and collaboration of residents across community campuses.

Cross-Campus Pediatrics Board Review: A new initiative to provide pediatric board preparation to our residents across community campuses, using our own teaching faculty.
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