

It is the sole responsibility of the student to check AIMS for schedule and site updates on a daily basis!

**Northeast Ohio Medical University
College of Medicine**

Internal Medicine Clerkship, 40001

**Course Syllabus
2018-19**

Contents

Course Description.....	3
Course Administration.....	3
Clinical Experiential Director and Course Directors	3
Course Coordinator.....	3
Hospital Sites and Clerkship Site Directors.....	4
Course Goals.....	5
Core Clerkship Learner Objectives.....	6
Student Assignment.....	7
First Day Reporting.....	7
Orientation.....	9
Subspecialty Selective Rotations.....	9
Clinical Skills Experience Portfolio (CSEP).....	10
Passport (Clinical Participation).....	10
Learning Strategies.....	11
Patient Assignment.....	11
Supervision of History and Physical Examinations.....	12
Orders.....	12
Course Textbooks and Instructional Resources.....	12
Required Textbooks and Resources.....	12
Aquifer Internal Medicine Online Cases.....	13
Recommended Textbooks and Resources.....	14
Conference and Morning Report.....	14
Call and Work Hours.....	14
Branched Exams.....	14
Slide Review and Examination.....	15
Palliative Care and Hospice Module.....	15
Outpatient Experience.....	16
Core Educational Lecture Videos on AIMS.....	16
Internal Medicine NBME Practice Subject Examination.....	17
Minimum Performance Requirements.....	18
Appendix A – History and Physical Examination Outline.....	19

Appendix B – Admission Orders Mnemonic Outline.....	21
Appendix C – The Standard Medicine 25.....	22

COURSE DESCRIPTION

The Northeast Ohio Medical University M3 Internal Medicine Clerkship is a nine-week clinical rotation. This core curriculum is designed to develop clinical competence, to foster appropriate attitudes toward professional responsibility as a physician and to introduce the student to the specialty of Internal Medicine. The emphasis will be on the internist's method and approach to the care of the patient. Both cognitive and non-cognitive learning will be primarily patient oriented.

COURSE ADMINISTRATION

Clinical Experiential Director and Course Directors

Dr. Paul Lecat serves as the Clinical Experiential Director for the Internal Medicine Clerkship and in collaboration with Dr. David Sperling and Dr. Susan Labuda Schrop, Clerkships Course Co-Directors, provides oversight for the clerkship. In his role as Clinical Experiential Director, Dr. Lecat ensures that implementation of the Internal Medicine curriculum is comparable across all teaching sites.



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Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction in Internal Medicine are those institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.

Site Directors are designated at each hospital that provides a clerkship experience. Responsibilities of the Clerkship Site Director include tasks and responsibilities in three categories: 1) curricular, 2) assessment and 3) administrative.



Kevin C. Frey, M.D.
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Mercy Medical Center
(Canton)



Tom Tanphaichitr, MD
Cleveland Clinic Akron
General



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Bradley A. Moore, Jr., M.D.
Summa Health System,
Akron City Hospital



Todd Lisy, MD
Western Reserve Hospital

COURSE GOALS

The overall goal of the Internal Medicine Clerkship is the mastery of the basic core competencies that are essential for practice as a competent physician focused on the ACGME core competencies. The Internal Medicine Clerkship will focus on these competencies in the context of the delivery of care of adult patients in internal medicine. The overall desired end point is the mastery of basic core competencies that are essential for practice as a competent physician, regardless of career focus to include:

- Acquisition of a body of knowledge and skills necessary for the recognition and management of patients with common medical diseases and disorders and for the provision of good patient care,
- Refinement of history-taking and physical examination skills and development of diagnostic decision-making skills,
- Development of an evidenced-based approach to the evaluation, management and care of patients,

- Commitment to ethical principles and behaviors that promote effective patient and professional relationships, including honesty, integrity, reliability and compassion,
- Recognition of the constantly evolving nature of knowledge and the value of intellectual curiosity and lifelong learning,
- Exploration of preventive medicine and psycho-social-environmental factors that directly influence disease and promote better patient outcomes,
- Recognition and appreciation of one's own limits, values and need for growth as well as recognition of one's own response to criticism, and
- Development of personal characteristics including professional appearance and appropriate balance between one's personal and professional life.

CORE CLERKSHIP LEARNER OBJECTIVES

Upon completion of the nine-week Internal Medicine Clerkship the student will be able to:

- Obtain a thorough history and perform an appropriate physical examination in a time-efficient manner.
- Present clinical data in both written and oral form in a clear and cogent fashion.
- Synthesize data in order to be able to generate a pertinent problem list and relevant differential diagnoses for each identified problem.
- Develop a diagnostic plan to differentiate rationally between possible diagnoses.
- Perform routine technical procedures commonly required on an internal medicine service.
- Interpret diagnostic tests and perform laboratory procedures effectively to confirm or clarify a diagnosis.
- Discuss the cost and utility of specific laboratory tests.
- Construct a management plan reflecting an understanding of physiology and pharmacologic principles with the goal of optimizing the patient's ultimate well-being.
- Establish effective communication with patients, patients' families and colleagues.
- Respect and support the patient's autonomy, individuality and right to privacy, confidentiality, dignity and quality of life, and freedom from undue discomfort or injury.
- Recognize ethical dilemmas and avoid conflict between one's own ethical beliefs and choices made by patients and their families.
- Identify appropriate consultation resources, both medial and non-medical, as well as community resources.
- Recognize awareness of his/her own feelings as a medical student and the patient's feelings about illness.
- Recognize the importance of cost-effective health care, quality assurance and practice guidelines in today's health care market, and recognize one's role as an advocate for access to health care for all patients.
- Function comfortably within the hospital or outpatient setting working as a team member with faculty, peers, ancillary personnel and other health care professionals.
- Recognize potential medico-legal issues.

STUDENT ASSIGNMENT

Students are assigned to one of the eleven hospital sites. All sites offer the benefits of a major teaching center with outstanding attending faculty. The clerkship teaching sites are commonly bound by shared learning objectives as well as a common didactic and clinical curriculum. Teaching sites are closely monitored to ensure comparability. The depth and scope of clinical encounters during the nine-week clerkship are comparable among sites as evidenced by student feedback, clerkship valuations and NBME subject examination scores.

FIRST DAY REPORTING

In addition to the information provided below, students may receive first-day reporting information directly from their clinical sites. If that information differs from the information provided below, please follow the instructions provided directly by the sites.

Where and When to Report on First Day of Clerkship		
You will need your student ID, white coat and license plate number.		
Aultman Hospital/ Mercy Medical Center (Canton)	7:15 a.m.	Aultman Medical Education, First Floor, Education Building (adjacent to the parking deck; do not enter the hospital). Note: Park in the Seventh Street visitors parking deck.
Cleveland Clinic Akron General	8:00 a.m.	Medical Education Office located in the Ground Floor Annex to Main Hospital. <i>Note: Park in employee Lot A across from main entrance to hospital.</i>
Mercy Health St. Elizabeth Youngstown Hospital	7:30 a.m.	Undergraduate Medical Education, 2 South. <i>Note Use Belmont Avenue entrance to Hospital and take elevator B to the Second Floor, turn left toward the Library. Please park in the back of the garage in the higher level.</i>
Mercy Health, St. Vincent Medical Center (Toledo)	7:00 a.m.	2222 Cherry St., MOB #2, Suite 1300.
MetroHealth System (Cleveland)	8:00 a.m.	Graduate Medical Education Office (A-107) located on the main floor of the Towers entrance to MetroHealth Main Campus and situated in the courtyard hallway near the gift shop. <i>Note: students will be notified by email of any change in reporting time or location.</i>
Mount Carmel Health System (Columbus)	8:00 a.m.	Mount Carmel West. Medical Education Lobby located on the third floor of the

		Medical Staff Building.
Northside Regional Medical Center (Youngstown)	8:00 a.m.	Main Entrance Lobby, 500 Gypsy Lane, Northside Medical Center. <i>Note: Park in the garage across from the main entrance.</i>
Riverside Methodist Hospital (Columbus)	8:30 a.m.	Medical Education Office, 3535 Olentangy River Road.
St. Vincent Charity Medical Center (Cleveland)	8:30 a.m.	Office of Graduate Medical Education located on the 3 rd floor of the West Building – office number 323W, 338W or 342W; 2351 East 22 nd Street. <i>Note: 1) Park in the East 22nd Street Visitor’s Lot directly across from the main entrance to the hospital. Parking will be validated only if you park in this visitors’ lot. At orientation, you will be issued a complimentary parking pass for the remainder of the rotation. 2) Report to the front desk of the hospital or the security booth and tell them that you have an appointment with the Office of Graduate Medical Education. See paperwork on AIMS that needs completed and sent back to the coordinator prior to start of rotation.</i>
Summa Health System - Akron City Hospital	7:30 a.m.	Department of Internal Medicine Office Conference Room, Suite 1A, Professional, Center-South, Akron City Hospital.
Western Reserve Hospital (Cuyahoga Falls)	8:00 a.m.	Park in visitor lot “E” and enter through the Auditorium entrance. Report to Medical Education (1st floor near Auditorium 1). You will then go to the 4th floor computer training room to have a short EMR training session. We will then have a short orientation and provide your name badge/scrubs, etc. Please bring a personal check with you to orientation. We request that visiting students pay a \$25 deposit. Make checks out to Western Reserve Hospital. We'll destroy the check when you complete the rotation and return your ID badge and scrubs you might have used on rotation.

ORIENTATION

The clerkship begins with orientation focusing on clerkship goals and objectives, student responsibilities, schedules and assessment methods. Students will be provided information about relevant hospital policies and procedures, personnel contact information, meal allowances (if provided) and parking. The orientation will include instruction on the risks of infection, techniques for reducing the spread of infection and site-specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

SUBSPECIALTY SELECTIVE ROTATIONS

The Internal Medicine Clerkship consists of nine weeks of study divided into five to six weeks of general internal medicine and three to four weeks of subspecialty selective experiences. Availability of selective experiences varies by teaching site and may vary by clerkship cycle. Provided below is a listing of selectives currently offered at each teaching site. Students are given the opportunity at the start of the M3 year to rank order the selectives at their assigned hospital site. Although every effort will be made to assign each student to his/her top choice, oversubscription and/or faculty availability may prohibit complete accommodation.

Internal Medicine Clerkship Subspecialty Selective Rotations 2018-19 Academic Year		
Cleveland Clinic Akron General	Summa-Akron City Hospital	Western Reserve Hospital
Cardiology Endocrinology Hematology/Oncology Infectious Disease Nephrology Neurology Pulmonology	Cardiology Critical Care Gastroenterology Infectious Disease Nephrology Neurology Palliative Care Pulmonology	Students are on Internal Medicine Service for 9 weeks, but will get exposed to subspecialties during that time.
Aultman Hospital/ Mercy Medical Center	MetroHealth System	St. Vincent Charity Medical Center (Cleveland)
Cardiology Gastroenterology Hematology/Oncology Infectious Disease Nephrology	Cardiac Telemetry Hematology/Oncology Step Down	Rotation will include Internal Medicine and subspecialties that will be assigned at the start of rotation
Riverside Methodist Hospital	Mount Carmel Health System	Mercy Health St. Vincent Medical Center (Toledo)
Cardiology (all students) Nephrology Pulmonology	Cardiology Critical Care Gastroenterology Hematology/Oncology Infectious Disease Medical Intensive Care Nephrology Neurology	Students are on Internal Medicine Service for 9 weeks, but will get exposed to subspecialties during that time.

	Palliative Care Pulmonology	
Mercy Health St. Elizabeth Youngstown Hospital	Northside Regional Medical Center	
Cardiology Hematology/Oncology Infectious Disease Nephrology Neurology Pulmonology	Cardiology Endocrinology Infectious Disease Medical Intensive Care Nephrology Pulmonology	

CLINICAL SKILL EXPERIENCE PORTFOLIO (CSEP)

The Internal Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to submit their CSEP electronically to the Clerkship Site Director for review at both the midpoint and the end of the clerkship.

See instructions below for accessing and entering data into CSEP:

- Links to clerkship-specific content for each CSEP are posted on AIMS M3 Clerkship Site homepage. Follow the link for CSEP and enter your Banner ID number (excluding the @ character and initial zeros);
- Click the fields in which you wish to enter information. Please be sure to mark Patient Type, Setting and Level of Responsibility for each item;
- click “**Submit**” when you have finished.
- You do not need to put in your email address because you will receive a copy automatically whenever you submit.
- To send a copy of your CSEP to your Clerkship Site Director or preceptor, enter their e-mail address at the bottom of the form.
- You can return to the site as often as necessary throughout the rotation to update your entries. All previous entries will be preserved.

PASSPORT (IM Clerkship – Clinical Participation)

The IM Clerkship Passport is a unique guided experience designed to have you experience and recognize abnormal findings. This may be your only chance to do so under supervision, and if you are diligent, you may experience findings that would otherwise take years in practice to see. You should find the required number of findings if you look carefully for the nine weeks of clerkship. When you find a patient with a finding on the list, fill in the date and obtain the signature of a resident or other physician. You will present your Passport for review at your mid

and end point reviews with your Site Director. If you are unable to find an answer regarding a physical finding, you are welcome to email Dr. Lecat directly at plecat@neomed.edu. At the end of your rotation, please scan and upload your Passport to AIMS M3 Clerkship Site under Assignments. Completion of the Passport is not a part of your clerkship grade, but will allow us to see what findings you are being exposed to on this clerkship.

LEARNING STRATEGIES

A variety of learning strategies will be used during the clerkship to help you achieve your goals. Strategies include but are not limited to:

- Patient encounters (inpatient, private office, clinics, hospice centers)
- Standardized patient encounters
- Teaching rounds
- Small group discussions
- Conferences and lectures
- Core educational lecture videos
- American College of Physicians Internal Medicine Essentials for Students
- American College of Physicians MKSAP for Students 5
- Practice-based Learning and Improvement Project (PBLI)
- Textbooks

Organized reading and study materials will be available to support learning about assigned subjects, problems of assigned patients and to prepare for comprehensive written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences and lectures, which may include EKG, CXR, ABG interpretation sessions and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues of implementation is to provide a framework designed to help the student acquire the knowledge of selected internal medicine subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skill and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

PATIENT ASSIGNMENT

Students are to be assigned an average of three new patients per week. The supervising resident, with the guidance of the Clerkship Site Director and chief resident will be responsible for selecting the patients seen by the student and ensuring an appropriate mix. The student's CSEP should be reviewed periodically by the Clerkship Site Director and supervising resident to ensure that the student is seeing a proper number and mixture of patients. The type and volume of patients should be adjusted on an ongoing basis, as appropriate.

A complete history-taking and physical examination is to be performed and a written report promptly completed on every new patient who the student will actively follow in the hospital during the clerkship.

Students are required to complete and submit for critical review a minimum of six (6) history and physical examinations and two (2) formal SOAP Notes spaced out over the nine-week clerkship. Students should expect to receive timely (as is feasible) feedback, thus allowing them to respond to and incorporate the feedback when completing subsequent histories and physicals. This process enables the Clerkship Site Director to assess students' progress in developing and refining their skills.

All of the student's written patient reports are to be reviewed by the supervising resident, cosigned and then may be entered into the patient's chart. The protocol for reviewing the students' written histories and physicals will vary by site.

SUPERVISION OF HISTORY AND PHYSICAL EXAMINATIONS

Within the first two weeks, two history and physical examinations should be done with the resident or attending physician. If the student is then felt to be capable, subsequent interviews may be conducted alone. "Double teaming" (resident and student) a newly admitted patient on an occasional basis is encouraged as it facilitates exchange between the resident and the student at the bedside. This should not be done routinely. The student should be observed taking a history and performing a physical examination periodically during the nine weeks. An outline for the history and physical examination is contained in Appendix A.

ORDERS

It is anticipated that early in the rotation orders will be written frequently by the resident. However, it is expected that students will assume an increasing amount of this responsibility, such that toward the end of the clerkship most orders will be written by the student with the resident's co-signature. An outline for writing admission orders is contained in Appendix B.

COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES

Required Textbooks and Resources

Reading during the clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in Internal Medicine. Specific reading assignments from both texts and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

The required textbook for the clerkship is:

Goldman L, et al. (2015) Cecil Medicine. 25th Edition. Saunders Elsevier.

AQUIFER INTERNAL MEDICINE ONLINE MODULES

Internal Medicine modules are intended to be a transition from didactic presentation of information to the self-directed learning format students will need to develop and follow in a lifelong study of medicine.

During the first week of the clerkship, students are **required** to select one case to complete and discuss as a group with the other students at the assigned clerkship site. This is to introduce them to the Internal Medicine Cases (would need to be submitted individually to obtain credit). Students also are **required** to select and complete, on their own, one additional case of their choosing each of the following weeks of the clerkship. Therefore, students will have completed nine of the 36 cases. Students are encouraged to complete all cases especially those in areas where they have had minimal clinical exposure.

Aquifer Internal Medicine Online Cases		
1 – chest pain	2 – episodic chest discomfort	3 – syncope
4 – shortness of breath and leg swelling	5 – fatigue (man)	6 – hypertension
7 – lightheadedness	8 – type 2 diabetes	9 – upper abdominal pain and vomiting
10 – diarrhea and dizziness	11 – abnormal LFTs	12 – lower abdominal pain
13 – annual physical	14 – pre-college physical	15 – cough and nasal congestion
16 – obesity	17 – rash	18 – memory problems
19 – anemia	20 – HIV	21 – fever, lethargy and anorexia
22 – cough and fatigue	23 – fatigue (woman)	24 – headache, vomiting and fever
25 – hospitalized with confusion	26 – altered mental status	27 – back pain
28 – shortness of breath and leg swelling	29 – fever and chills	30 – left leg swelling
31 – knee pain	32 – joint pain	33 – confusion
34 – acute low back pain	35 – three-week fever	36 – ascites

Aquifer Registration and Log-in Instructions

Following are the instructions to gain access to the cases for first time users*:

1. Go to: https://www.meduapp.com/users/sign_in

2. Enter your institutional e-mail under “Need to Register?” option

Need to Register?

Enter your institutional email

Register

3. Click “Register” button.
 4. An email will be sent to you. Follow the instructions in the email to set up your account.
- *You only need to register once with Aquifer to access Family Medicine, Internal Medicine, Pediatrics and Surgery (WISE-MD) modules. Separate registration is not required.**

Recommended Textbooks and Resources

Dubin D. (2000) Rapid Interpretation of EKG's, 6th Edition, Cover, Inc.

CONFERENCES AND MORNING REPORT

Students are required to attend morning report and formal teaching conferences along with the house staff and attending physicians. Clerkship Site Director’s teaching conferences, which can take the form of basic lectures, physical diagnosis rounds, or other teaching activities, will be in addition to formal teaching conferences.

CALL AND WORK HOURS

Students will be assigned to a total of five (5) to ten (10) evening, overnight, night float or weekend calls during the clerkship. Students are not expected to be assigned call on Sundays during the day. Students are generally expected to work a part day on Saturdays but are not assigned duty on Sundays.

Students may be assigned floor call or unit call. The student will be under the supervision of residents or faculty while on call. On-call facilities will be provided by the assigned hospital. Students are not to be placed on call the night before CSAs or the National Board subject exam. In compliance with guidelines established by the Liaison Committee on Medical Education (LCME), students generally will not be required to work longer hours than residents.

BRANCHED EXAMS

During the nine-week Internal Medicine Clerkship, students are expected to learn, to practice, to master and to record on the CSEP the following branched exams:

- Abdominal Exam

- Cardiovascular Exam (Cardiothoracic and Vascular)
- Ear Nose Throat (ENT) Exam
- Musculoskeletal Exam (Lower, Upper, Neck/Spine)
- Neurological Exam
- Rectal Exam
- Thoracic/Pulmonary Exam

The Stanford School of Medicine, Stanford Medicine 25 website has very high quality videos detailing physical examinations. Students may find these videos very useful and practical for review. A link to this site along with a listing of the videos is contained in Appendix C.

SLIDE REVIEW AND EXAMINATION

While on the clerkship, students are expected to demonstrate the ability to solve clinical problems through interpretation of physical examination findings, procedural skill findings and laboratory results. In an effort to assist students in acquiring these skills, three slide sets containing blood smears, gram stains and urinalysis along with a narrative video have been developed by the faculty and are available on AIMS.

The student's ability to master these skills will be assessed via a slide examination. Students will be asked to demonstrate their knowledge of the primary relationship of ten (10) selected lab specimen slides in diagnostic application. The examination will be administered at the NEOMED Rootstown Campus on the last day of the clerkship immediately preceding the National Board subject examination or at the hospital site in Toledo and Columbus. The slide examination is pass/fail with a minimum passing score of 70% (7 out of 10 slides). **Any student who does not achieve a passing score will receive a score of "Below Expectations" on the Final Grade Report Form in the competency of Patient Care, learning objective "Orders and interprets diagnostic tests."**

PALLIATIVE CARE AND HOSPICE MODULE

Students will participate in a group discussion focused on the basic principles of palliative and hospice care. In preparation for the discussion, students are required to review the Primer of Palliative Care (available at each site), and companion workbook, and to prepare responses to the questions contained in the workbook (workbook is posted on AIMS M3 Clerkships Site in IM Clerkship folder).

Upon completion of the session, the student will be able to:

- Describe the differences between palliative and hospice care.
- List the most common physical problems to be assessed and planned for in caring for the seriously ill or terminally ill patient.
- Identify pain syndromes and recognize the challenges to providing effective pain control for the seriously ill or terminally ill patient.
- Outline a plan for effective symptom management.
- Establish a framework for communicating with seriously or terminally ill patients and their families.

- Demonstrate respect for and support the patient’s autonomy, individuality and right to privacy, confidentiality, dignity, and quality of life and freedom from undue discomfort or injury.
- Recognize ethical dilemmas and avoid conflict between one’s own ethical beliefs and choices made by patient and their families.

OUTPATIENT EXPERIENCE

Students will be assigned on an individual basis to complete an outpatient ambulatory care experience. At the discretion of the Clerkship Site Director, this might include a two-week block of time or periodic time spent in a primary care preceptor’s office or primary care outpatient clinic(s).

The ambulatory medicine experience will provide exposure to ambulatory patients, some of whom will be complex, and will allow the student to:

- Develop expertise in the techniques of the medical interview and physical examination, with particular emphasis on the focused evaluation in addition to the complete history and physical.
- Acquire basic factual information with respect to pathophysiology and differential diagnoses of common medical problems as well as opportunities for health maintenance and illness prevention.
- Recognize and understand the role of psychological, social and economic factors in the diagnosis and treatment of each patient's illness.
- Develop basic skills in medical decision making, including planning the workup, using laboratory tests effectively, treating common medical emergencies and developing sound clinical judgment.
- Acquire a sense of the physician's professional role and attitude of concern and responsibility for patients.
- Develop a more realistic view of primary care internal medicine practice and of the varied structures of health care.
- Further develop learning skills, including problem solving, group process, independent study and use of the literature.
- Establish close, long-term relationships with faculty, who can serve as role models.

Each student will be evaluated by his or her preceptor using the standard clerkship assessment form. The preceptor will forward the assessment to the Clerkship Site Director for inclusion when determining the student's final grade. Students are required to record all patients **observed** or **examined** during the experience in their CSEP.

CORE EDUCATIONAL LECTURE VIDEOS ON AIMS

In order to broaden the student’s knowledge and understanding of the scope of internal medicine, a core lecture video series has been developed by the faculty that includes common topics in both general internal medicine as well as the specialties and subspecialties. As proactive learners, students are encouraged to set a timetable for viewing the lectures during the course of the

clerkship. The lectures are intended to help students gain insight into the practice of internal medicine and to prepare for their CSA and National Board subject examination. To access the lecture video series, click on Core Educational Lecture Videos under the M3 Clerkships AIMS Site.

Core Educational Lecture Videos	
Cardiac Disease	John C. Cardone, M.D.
Chest Pain	J. Ronald Mikolich, M.D.
Heart Failure	George I. Litman, M.D.
Internal Medicine EKG Basics	George I. Litman, M.D.
Making a Dermatologic Diagnosis	Robert T. Brodell, M.D.
Narration of Infectious Disease Slides	William G. Gardner, M.D.
Nutrition and Hydration at the End of Life: Living with Dying Hospice Patients as Teachers	Kevin F. Dieter, M.D.
Pain Management: Living with Dying Hospice Patients as Teachers	Kevin F. Dieter, M.D.
Palliative Care: Basic Symptom Management I – Pain Assessment and Management	Steven M. Radwany, M.D.
Palliative Care: Basic Symptom Management II – Nausea, Vomiting, Dyspnea and Delirium	Steven M. Radwany, M.D.
Practice-Based Learning and Improvement Project	John D. Sutton, M.D.
Prevention, Detection and Management of COPD	Timothy J. Barreiro, D.O.
The Epidemiology of Death and Dying: Living with Dying Hospice Patient as Teachers	Kevin F. Dieter, M.D.
Vasculitis	Elaine M. Greifenstein, M.D.

INTERNAL MEDICINE NBME PRACTICE SUBJECT EXAMINATION

For the Internal Medicine Clerkship, students are required to purchase and complete the practice subject examination prior to their mid-clerkship meeting with their site directors, and to prepare to share the results during the meeting. IM Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://nsas.nbme.org/home> We strongly recommend taking the second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the clerkship. Consider using study tips for NBME shelf exams put together by NEOMED students in the Class of 2018 <https://1drv.ms/u/s!AlAkB8gcPGSxhmvNZO39gNF4MoZ6>

MINIMUM PERFORMANCE REQUIREMENTS

To meet the minimum requirements necessary to complete the Internal Medicine Clerkship satisfactorily, the student must:

- maintain professional appearance and behavior at all times,
- perform all required activities,
- complete Clinical Skills Experience Portfolio (CSEP) to the satisfaction of the Clerkship Site Director,
- complete and present results of the NBME practice subject examination to the site director at the mid-clerkship review session
- complete and submit a minimum of six history and physical examination write-ups and two SOAP Notes
- complete a Practice-based Learning and Improvement (PBLI) project,
- complete required Aquifer Internal Medicine modules,
- complete the palliative care and hospice module,
- Complete and share IM Passport with site director and upload to AIMS
- obtain approval of the Clerkship Site Director prior to any absence,
- pass the National Board of Medical Examiners (NBME) subject exam, and
- complete the end of clerkship evaluation (feedback) survey.

Appendix A

History and Physical Examination Outline

1. Chief complaint
To be written in patient's own words.
2. History of present illness
One to three paragraphs detailing chronologically the illness that led to admission. Pertinent positive and negative symptoms from the appropriate organ review of systems should be included. Whenever possible, the information should be quantitative. This section should be complete and extensive and demonstrate the logic of the process of data collection.
3. Current medications
List in table form, prescription drugs including dose, frequency and reason for medication. Over-the-counter drugs should be listed similarly.
4. Past medical history
Positive responses and pertinent negative information should be listed.
5. Family medical history
Positive responses and pertinent negative information should be listed.
6. Psycho-social history and health risk factors
Include a brief work history, educational level and personal habits that affect health (e.g., smoking, alcohol use, recreational drugs). Hobbies, sports, etc., are omitted unless relevant.

Include a diagram of the family tree one generation above and below patient. Ages, illnesses and status of family members and also illnesses questioned about but not present are included.
7. Review of systems
All pertinent questions asked, whether a positive or negative answer was elicited, are listed by group of organ systems. If portions of organ system review were included in the history of present illness (including negatives), these need not be repeated, rather "SEE H.P.I." should be inserted.
8. Physical examination
Vital signs that the student obtained (including blood pressure in both arms and position indicated) are listed. If orthostatic changes, paradoxical pulse, etc., are found, these are included. Both normal and abnormal findings are described, including a good screening neurological examination. Findings are diagrammed when possible (e.g., abdominal scars, deep tendon reflexes) and tables are used (e.g., grade pulses 1-4+, muscle strength 1-5+). Rectal/pelvic examinations are included and the source identified (whether by the student or another examiner).

9. Initial laboratory findings
Studies done by the student (e.g., urinalysis, peripheral smear, Gram stains, etc.) and initial laboratory results and x-ray findings obtained within the first hospital day are to be listed.
10. Diagnostic impression
Problems identified during the history and physical examination, both active and inactive are to be listed. A differential diagnosis for each problem should be constructed.
11. Diagnostic plan
A brief plan for ongoing observation and studies should be prepared.
12. Discharge summary
Each patient selected for the formal history and physical should be followed through discharge even if the student's location has changed during the clerkship. The discharge summary should be brief and follow the particular hospital's format.

Appendix B

Admission Orders Mnemonic Outline

ADC VAAN DIMLS

A dmit to:	service, attending; or STO status
D iagnosis:	
C ondition:	e.g., stable, fair, poor, etc.; code status if applicable
V ital signs:	e.g., VS q4°, VS qshift; orthostatics, pulse ox checks? telemetry?
A ctivity:	bed rest, up ad lib, etc.
A llergies:	and reactions or NKDA
N ursing:	e.g., I&Os, weights, O2, Foley, NG tubes, isolation/ infection control precautions, neuro checks, seizure precautions, “notify HO for . . .”, incentive spirometry, stool diary, skin/wound care, BS commode, etc.
D iet:	e.g., NPO, regular, cardiac, diabetic, renal, sodium limit, fluid limit; tube feeds, TPN, etc.
I V fluids:	type, amount or rate
M edications:	name, dose, route, schedule, indication if prn med; include home meds, new meds, STATS, IV meds, prns (think about pain, nausea, stools, sleep, etoh WD), aerosols, MDIs; blood; insulin order sheet
L abs (diagnostics):	specify what and <i>when</i> ; include blood tests, X-rays, urine and stool studies, chest X-rays, sugar checks, EKGs, echo, etc.
S pecials:	any other miscellaneous studies/diagnostics not listed above; consults (consultants, Wound Center, dietician, PT/OT, SW, care manager, resp tx, other); DVT prophylaxis, etc.

Appendix C

<http://stanfordmedicine25.stanford.edu/>

(last accessed July 17, 2018)

The Stanford Medicine 25	
Thyroid Exam	Precordial Movements
Gait Abnormalities	Cardiac Second Sounds
Examination of the Spleen	Neck Veins and Wave Forms
Examination of the Liver	BP and Pulsus Paradoxus
Liver Disease, Head to Foot	Ankle Brachial Index
Ascites and Venous Patterns	The Hand in Diagnosis
Knee Exam	Bedside Ultrasound
Shoulder Exam	Rectal Exam
Lymph Node Exam	Pupillary Responses
Deep Tendon Reflexes	Involuntary Movements
Cerebellar Exam	Internal Capsule Stroke
Fundoscopic Exam	The Tongue in Diagnosis
Pulmonary Exam	Approach to Low Back Exam
Hip Region Exam, Approach to	Dermatology Exam: Learning the Language
Dermatology Exam: Nevi (Mole) Exam	Dermatology Exam: Acne vs. Rosacea
Pelvic Exam	

7.19.2018

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