Faculty Participating in the Planning Process

Alma B. Littles, M.D., Acting Education Director for Internal Medicine  
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Faculty Members Participating in the Course Delivery

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Nancy Van Vessem, M.D.  
Cynthia Powell, M.D.  
Robert Anderson, M.D.  
Clerkship Faculty from each regional campus  
Dennis Baker, Ph.D., Assistant Dean, Faculty Development

Clerkship Goals and Objectives

The inpatient Advanced Internal Medicine Clerkship is designed to allow students the opportunity to participate in the management of patients with common clinical presentations encountered in the practice of hospital based internal medicine. Each student will have the opportunity to experience a broad range of illness severity ranging from acute care upon presentation to the emergency department to life threatening processes in the intensive care unit. Students will also have the opportunity to improve their basic clinical skills, learn new inpatient procedures and examination techniques, and assess the effectiveness of their clinical interventions.

These clerkship objectives reflect the knowledge, skills and attitudes of the overall COM competencies as noted below. By the completion of the clerkship, students will be able to:

Knowledge:
1. Demonstrate the ability to use appropriate decision support resources (e.g., treatment guidelines) in managing inpatient IM patient problems.
2. Apply principles of Evidence Based Medicine (EBM) in making diagnostic and management decisions in IM through the use of interpretation of current literature.
3. Discuss the major classes of drugs used in IM and demonstrate the ability to apply appropriate clinical pharmacological principles to the management of common inpatient IM medical problems.
4. Demonstrate facility in the application of medical informatics technology, and critical appraisal of the medical literature in making diagnostic and management decisions in IM.

Skills:

1. Demonstrate the ability to conduct a focused medical history and targeted physical examination appropriate to the patient’s chief complaint(s) and the history of the present illness(es) in IM.
2. Demonstrate the ability to perform a history and physical examination in the inpatient setting.
3. Demonstrate the ability to diagnose and present a treatment plan for commonly occurring IM illnesses in inpatient settings.
4. Demonstrate the ability to initiate an effective transition of patients in and out of the Intensive Care Unit.
5. Demonstrate the ability to initiate an effective transition of patients between inpatient and outpatient settings.
6. Demonstrate appropriate technique for performing routine technical procedures including: arterial puncture; inserting a nasogastric tube; inserting a Foley catheter; BLS; ACLS; demonstrating universal precautions; and obtaining blood and wound cultures.
7. Demonstrate familiarity with interpreting Chest X-rays and Electrocardiograms.

Attitudes:

1. Demonstrate the ability to apply the biopsychosocial model and patient-centered clinical method to the understanding of patient presentations in the inpatient setting.
2. Demonstrate a basic understanding of ethical principles and their applications to patient care.
3. Demonstrate effective communication skills with a diverse array of patients, physicians and other health team members in the inpatient setting.
4. Demonstrate a basic understanding of how age, gender, race, culture and socioeconomic class effects management of IM patients.
5. Demonstrate familiarity with the objectives of the CDIM Subinternship Task Force at this website, (http://www.im.org/CDIM/ResourcesFor/EducationalTools/CDIMsubinternshipcurriculum/Final_curriculum2.pdf) including, but not limited to:
   a. Demonstrate the ability to discuss end of life issues with a patient and/or
their family.

b. Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team with attention to inclusion of relevant information and synthesis of clinical information.

c. Demonstrate knowledge of appropriate resources available in the inpatient and outpatient setting for the management of grief.

**Broad Topic Areas:**

The student should have an understanding appropriate to his/her level of training of the following topics. This will occur through the use of didactic lectures, clerkship faculty interaction or completion of assigned reading. Students will be required to evaluate the following problems/diagnoses in the following numbers of patients:

1. DKA/Hyperosmolar coma/Diabetes out of control - 2
2. Hypertensive urgency/emergency - 1
3. Congestive Heart Failure - 2
4. Acute/Chronic renal failure - 1
5. Asthma/COPD - 2
6. Chest pain/Acute MI - 2
7. Aortic Aneurysm - 1
8. Pneumonia - 2
9. Electrolyte abnormality - 3
10. Abdominal pain - 2
11. Gastrointestinal Bleeding - 1
12. Hepatitis - 1
13. Meningitis - 1
14. Seizures - 1
15. CVA/TIA - 2
16. Anemia - 1
17. Alcohol Withdrawal/Addiction - 2
18. Cellulitis - 1
19. Mental status change - 1
20. Syncope - 1
21. Pancreatitis - 1
22. Drug toxicity - 1
23. Cirrhosis/Spontaneous Bacterial Peritonitis/Ascites - 1
24. DVT/Pulmonary Embolus - 1
25. Diverticulitis - 1

If unable to gain access to a patient with a diagnosis in any one of the categories listed, the student will be required to complete a reading assignment or a case with a diagnosis/problem in that category. The need for completing the reading assignment will be determined by the clerkship director based on weekly reviews of the CDCS data, which will be discussed with the student on a weekly basis.
How the Course Will Achieve These Objectives

This clerkship will be conducted at community hospitals chosen to provide students comprehensive experiences with hospitalized patients on internal medicine services. The students will spend four weeks with a clerkship faculty physician who specializes in the care of hospitalized patients. Under the direct supervision of the clerkship faculty physician, each student will learn to identify, evaluate and prioritize treatment of medically complex inpatients.

Students will be required to work up a minimum of 3 new/undifferentiated patients each week in the inpatient setting. During the 4 week block, students will see 6 - 10 follow-up/established patients each week. If at any point the student is carrying less than 2 patients per day (follow-ups) s/he will pick up and assume care of a patient who is not a new admission to the hospital. The number of patients each student has responsibility for will be determined by the complexity of cases and the student’s demonstrated ability to assume a role in the care of additional patients. Students will be expected to demonstrate involvement at the moderate to full level of participation in at 2/3 of their patient encounters.

Students will also be required to attend lectures and conferences where available. In settings where lectures and conferences are not available, students will acquire learning materials via reading and case assignments arranged by the clerkship director. In addition, each student will meet with the clerkship director once per week during the clerkship for case presentations and discussions. A minimum of one patient presentation per week will be assessed by the clerkship director. There will also be a brief discussion of an ethics topic developed in concert with our faculty ethicist. The clerkship director will oversee student’s CDCS patient-log entries, assuring breadth of experience and avoiding duplication.

Instructional Methods and Scheduled Hours

This clerkship will be conducted at community hospitals chosen to provide students comprehensive experiences with hospitalized patients on internal medicine services. The clerkship is four weeks in duration and will consist of inpatient shifts, in-house call, lectures, conferences, and reading assignments. The student will work 5 days per week, with call no greater than every 4th night, including weekend call. The final call schedule will be determined based on the clerkship faculty member’s call schedule. This is primarily an apprenticeship style experience with an IM clerkship faculty member. There will be experiential learning that each student will have with his/her clerkship faculty. Students will also have the opportunity to learn about many of the ancillary services that occur inside the hospital setting.

Clerkship directors will meet with the student at least once per week. The student will give a case presentation of a selected case at this weekly meeting. The student will be responsible for completing any assigned readings as well as being prepared for the
educational interaction.

Didactic sessions will be available through morning report, grand rounds, morning lectures and/or a noon lecture series. These sessions will be available based on location and clerkship faculty’s schedule. Each student will be given an updated monthly schedule indicating available learning opportunities. These sessions will be considered supplementary to the learning objectives of the clerkship and will be substituted with assigned readings and/or sessions the clerkship director if needed.

Evaluation of student’s charting of progress notes and discharge summaries will be done by the clerkship faculty member in the course of patient care activities.

The NBME IM Shelf Exam will be given on the last day of the clerkship.

**Reading Assignments and Texts**

**REQUIRED TEXTBOOK**

*Harrison’s Principles of Internal Medicine* (Braunwald, Fauci, Kasper)
McGraw-Hill, Inc, 15th edition, New York, New York, St Louis, Missouri and San Francisco, California, 2004. Students will be expected to initiate self-directed reading assignments from this textbook based on the objectives of the clerkship as well as specific patient encounters and assignments given by the clerkship faculty and/or clerkship director.

*Harrison's Principles of Internal Medicine* (PDA version)

**SUGGESTED READING RESOURCES**


*CDIM Subinternship Task Force* (http://www.im.org/CDIM/ResourcesFor/EducationalTools/CDIMsubinternshipcurriculum/Final_curriculum2.pdf)

**Grading Policies**

The following criteria will be used in assigning grades in the Advanced Internal Medicine clerkship:

1) NBME Internal Medicine Shelf Exam

2) Clinical evaluations - A number of techniques will be used to assess student clinical performance including the following: direct observation and feedback by the supervising clerkship faculty, residents where appropriate, patient satisfaction measures, and assessments by nursing and hospital staff members who have opportunities to observe
student-patient interactions. The supervising physician for each clinical experience will provide a summative evaluation of clinical proficiency using standardized evaluation instruments. The student is evaluated as Exceeds Expectations, Meets Expectations, Marginally Meets Expectations, or Does Not Meet Expectations. The student will also have presentation skills sessions with feedback from the clerkship director. Each student will be assessed by the clerkship faculty, residents and fellows (where appropriate), other health care professionals (including nurse practitioners and nurses) who have sufficient contact with the student to evaluate his or her performance, hospital staff, and patients. Patient and staff assessments will be used for formative feedback purposes only. The regional campus clerkship director will be required to assemble quantitative data and narrative evaluations on each student and provide a summary narrative describing the student’s performance and progress. The final grade will be determined by the Education Director for Internal Medicine based on a compiled evaluation of all the above materials.

FSU COM has adopted the following Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades based on student performance on the NBME shelf examination, clerkship faculty assessments, and clerkship specific papers or projects:

**Honors**

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2) A student must be judged to “exceed expectations” in at least 10 of the 16 remaining subcategories on the assessment form; AND
3) A student must achieve a score on the NBME specialty shelf examination that is 1.0 SD above the national average for clerkships of comparable length.

Or

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2) He/She receives “exceeds expectations” ratings in at least 15/16 categories and
3) He/She achieves an NBME score in at least the 70th percentile when compared to the National Mean for the Quarter they took their clerkship.

**Pass**

1) A student must meet expectations on all subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2) A student must be judged to “meet expectations” in at least 14 of the 16 remaining subcategories on the assessment form and have no more than 2 “marginally meets expectations” in the remaining 16 subcategories; AND
3) A student must achieve a score on the NBME specialty shelf examination that is no more than 1.99 SD below the national average for clerkships of comparable length.

Fail

A student is at risk for failure if:

1) He/she does not meet expectations in any subcategories of the clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; OR
2) He/she does not meet expectations in 2 or more of the remaining 16 subcategories on the rating form; OR
3) He/she marginally meets expectations in 3 or more of the remaining subcategories; OR
4) He/she achieves a score 2.0 SD below the national average on the NBME specialty subject examination.

*Students who do not pass the exam will be given an opportunity to re-take the examination to achieve a passing score and a passing grade in the clerkship. Those who do not pass on the re-take will be required to repeat the clerkship.

Frequent feedback regarding clinical performance will be offered to students. Mid-clerkship formative feedback discussions will be given to students by their clerkship faculty.

Course Evaluation

Each student will be given the opportunity to provide constructive feedback to the clerkship faculty and directors using the on-line evaluation system. Numerical ratings and student comments will be sought at the end of the clerkship. Thoughtful student feedback and faculty evaluation are vital to improving the quality of the clerkship learning experience.

Resource Needs

All of the physical resources necessary for this course are already in place. Affiliation agreements with each of the participating hospitals are in place. Student learning areas complete with computers, textbooks, internet access and videoconferencing equipment are available at each regional campus site. An extensive clinical faculty and support personnel of high caliber have been recruited and are in place.

Knowledge Based Resources Supporting Course

Befitting a 21st century medical school, students will have complete access to electronic
versions of the literature and textbooks, personal computers, and personal digital assistants. Hard copies of the required and suggested readings will be available at each FSU Regional Campus. In addition, the FSU library has arranged for copies of the required texts in electronic and PDA formats to be given to the students, enabling the students to consult their texts anywhere and anytime. A daily electronic log of their patients will be kept by the students and transmitted weekly to the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication.

**Attendance Policy**

**FSU COM ATTENDANCE POLICY**

**COM Philosophy**

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

**Attendance Policy**

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) or the Regional Campus Dean (Year 3/4) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. *It is
important that students realize that their absence or tardiness negatively impacts a number of other people. Attendance, including tardiness, is part of the student’s evaluation for professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

**Procedure for Notification of Absence**

**Year 3/4**

If the student requests an absence in advance, the “Advance Notification of Absence from Educational Activity(ies) form should be completed, signed by the student and given to the regional campus dean. The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director, will make the final decision regarding the student’s request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

If the absence occurs due to an unforeseen emergency, the student should contact the clerkship director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the education director and the clerkship director will make the final decision regarding implications of the student’s absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the campus dean. Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

As a general rule there will be no excused absence from a required rotation except in cases of emergency. Under extenuating circumstances excused absence from a required rotation may be allowed for purposes of a residency interview if it is determined by the campus dean that the student has no alternative.

**Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Preceptor visits, and Clerkship Call**

The remediation policies for absences from examinations, quizzes, small group sessions, and clerkship call are:

1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. According to the curriculum committee a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The course/education director will determine the time of the exam make-up session. Also, according to the
curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same examination given to the other students.

2. POLICY ON MISSED QUIZZES: Students are required to take scheduled and unscheduled quizzes in the courses. A student can only be excused from a quiz by a course director decision based on the personal situation of the student. The student must make arrangements with the course/education director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same quiz given to the other students.

3. POLICY ON MISSED SMALL GROUP SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL: The student should contact the course director, small group leader or education director for instructions on remediation of the missed session and material covered.

Academic Honor Code:

Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook: The Academic Honor System of the Florida State University is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student’s own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.

Students With Disabilities

Students with disabilities needing academic accommodations should:

(1) Register with the Student Disability Resource Center [SDRC], and provide documentation of their disability.
(2) Bring a letter to the Clerkship Director from the SDRC indicating the need for academic accommodations. This should be accomplished within the first week of the rotation. Specific arrangements should be made with the Clerkship Director five working days prior to any examination for which accommodations are being requested.