### Faculty Participating in the Planning Process

- Alma B. Littles, M. D., Acting Education Director for Internal Medicine
- Dean D. Watson, M. D., Clerkship Faculty, Tallahassee Regional Campus
- Nancy Van Vessem, M. D., Clerkship Director, Tallahassee
- Cynthia Powell, M. D., Clerkship Director, Orlando
- Robert Anderson, M. D., Clerkship Director, Pensacola
- Gene Ryerson, M. D., Chair, Department of Clinical Sciences

### Faculty Members Participating in the Course Delivery

- Dean D. Watson, M. D.
- Cynthia Powell, M. D.
- Robert Anderson, M. D.
- Eugene Trowers, M. D.
- Kathleen Kennedy, M. D.
- Clerkship Faculty from each regional campus
- Dennis Baker, PhD, Assistant Dean, Faculty Development

### Clerkship Goals and Objectives

The 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**

- Demonstrate the ability to use appropriate decision support resources (e.g., treatment guidelines) in managing inpatient IM patient problems.
- Apply principles of Evidence Based Medicine (EBM) in making diagnostic and management decisions in IM through the use of interpretation of current literature.
• 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.
• 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/AAIM/Tools/Docs/Curriculum/SubICurriculum2004/Subinternship_curriculum.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 with 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)


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.

SUGGESTED READING RESOURCES

Current: Medical Diagnosis and Treatment 2005 (Tierney, McPhee, Papadakis)

CDIM Subinternship Task Force Internal Medicine Subinternship Curriculum

EXAMINATION AND GRADING POLICY FOR REQUIRED THIRD AND FOURTH YEAR CLERKSHIPS AND ELECTIVE ROTATIONS

The following methods are used to assess student progress through the third and fourth years:

- Performance on the NBME subject examinations or on the FSU COM internal clerkship-specific examinations to assess knowledge acquisition following required clerkships;
- Ratings of student professionalism and clinical skills as recorded by clerkship faculty, residents and clerkship director using standardized FSU COM assessment forms following required clerkships and electives (copy provided in Appendix A of syllabus).
- Ratings of student performance completed by patients and clinical staff.
- Performance on required projects, including compliance with CDCS requirements.
- Performance on Objective Structured Clinical Examinations (OSCE) to assess key clinical skills, including clinical reasoning (These assessments are not part of individual clerkship grades, but assess achievement of FSU COM competencies.)
- Performance on the USMLE Step 2 examinations—both CK and CS exams. (These assessments are not part of individual clerkship grades, but are standardized exams to assess both knowledge acquisition and clinical skills development.)

All students are expected to meet the stated clerkship-specific competencies/objectives in order to pass the clerkship. Third year students who do not meet these clerkship competencies/objectives are required to remediate deficiencies before being advanced to the fourth year curriculum. Fourth year students who do not achieve the stated clerkship competencies/objectives will be required to remediate deficiencies before being permitted to graduate. All students will be provided frequent opportunities to assess their performance in non-graded exercises and to identify areas of strength and weakness prior to graded...
examinations.

**Grading of Required Clerkships:**

It is the responsibility of the Education Director in the appropriate discipline to review the appropriate student assessments and assign the student’s clerkship grade.

**Grading of Elective Rotations:**

It is the responsibility of the Regional Campus Dean to approve or revise the grade proposed by the elective supervisor at the end of each approved elective within the FSU COM system.

It is the responsibility of the FSU COM Electives Administrator to approve or revise the student grade proposed by the elective supervisor at the end of each approved elective that occurs outside the FSU COM system.

**Grading Standards for Required Clerkships:**

FSU COM has adopted the following Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades to students completing the required clerkships. Grades are based on student performance on the NBME subject examination, or, in the case of the geriatrics or emergency medicine clerkship, an internal FSU content exam, clerkship faculty assessments of the student performance, the clerkship director’s summary, compliance with CDCS data entry requirements, clerkship-specific papers or projects (when required) and in some clerkships, patient and staff evaluations. See specific syllabi for details.

**A student may be assigned an “Honors” grade if he meets either of the “Honors Criteria” below:**

**Honors Criteria 1:**

1. A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
2. A student must receive “Almost all of the time/Consistently excellent and exemplary performance” ratings in at least 12 of the 17 remaining subcategories and have no “Occasionally/Needs considerable improvement, showed little growth or progress” or “Rarely/Very problematic, area of grave concern” ratings on the assessment form; AND
3. A student must achieve a score on the NBME subject examination that is at least 1.0 SD above the national mean for shelf exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
4. A student must achieve a pre-determined honors-level score on the internal clerkship-specific exam; AND
5. Successful completion of any required projects and/or papers.
Honors Criteria 2:

1. A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
2. A student must receive “Almost all of the time/Consistently excellent and exemplary performance” ratings in at least 15 of the 17 remaining subcategories and have no “Occasionally/Needs considerable improvement, showed little growth or progress” or “Rarely/Very problematic, area of grave concern” ratings on the assessment form; AND
3. A student must achieve an NBME subject exam score at or above the 70th percentile when compared with subject exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
4. A student must achieve a pre-determined alternate pathway honors-level score on the internal clerkship-specific exam; AND
5. Successful completion of any required projects and/or papers.

A student may receive a “Pass” grade if they meet the “Pass Criteria” below:

Pass Criteria:

1. A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
2. A student must receive “Most of the time/Consistently good, performance improved with experience” ratings in at least 15 of the 17 remaining subcategories on the assessment form and have no more than 2 “Occasionally/Needs considerable improvement, showed little growth or progress” in the remaining 17 subcategories; AND
3. A student must achieve a score on the NBME subject examination that is no more than 1.99 SD below the national mean for shelf exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
4. A student must achieve a score above a predetermined minimum passing score on the internal clerkship-specific exam; AND
5. Successful completion of any required projects and/or papers.

A student is at risk for a grade of “Fail” if they achieve any of the “Fail Criteria” below:

Fail Criteria:

1. A student does not receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; OR
2. A student receives one or more “Rarely/Very problematic, area of grave concern” ratings in any
of the remaining 17 subcategories on the rating form; OR
3. A student receives a “Occasionally/Needs considerable improvement, showed little growth or progress” rating in 3 or more of the remaining subcategories; OR
4. A student achieves a score 2.0 SD or more below the national average of students completing clerkship of comparable length during the same quarter of the academic year on the retake of his/her NBME subject exam. (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
5. He/she does not achieve a score above a predetermined minimum passing score on the retake of the internal clerkship-specific exam; OR
6. He/she does not successfully complete any required projects and/or papers.

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the internal clerkship-specific exam:

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the initial internal clerkship-specific exam will receive an initial clerkship grade of “IR” and the Student E and P Committee will be notified. The student will be given one additional opportunity to re-take the examination and achieve a passing score. If a passing score is achieved on the re-take examination, the “IR” grade will be changed to a grade of “Pass.” (A student who fails the initial exam cannot achieve an “honors” grade regardless of the score on the re-take exam.) This re-take examination must be completed prior to the beginning of the student’s fourth year curriculum, or in the case of a fourth year student, prior to graduation.

If a third year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being promoted to his/her fourth year, at the discretion of the Student E and P Committee. If a fourth-year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being allowed to graduate.

Students who fail to meet CDCS requirements for required clerkships:

Data from the CDCS system is used to assess and direct individual educational objectives for each student. This makes accurate and timely data entry into the CDCS system imperative for clerkship students. Failure to comply with the CDCS data-entry standards established for the clerkship may result in a lowering of the student’s clerkship grade, and in cases of blatant noncompliance, may result in a student’s failing the clerkship due to concerns of professionalism.

Students who receive poor evaluations by patients or staff:

Patient and staff evaluations are important pieces of information about student performance, and are required to be collected during all third-year required clerkships. While this information is used for formative feedback in all clerkships, in some clerkships, this information may be used in grade determinations. The clerkship syllabus will clearly indicate how these patient and staff evaluations are to be used. Consistently low evaluations by either patients or staff may result in a lowering of the student’s clerkship grade, and in extreme cases, may result in a student’s failing the clerkship due to concerns about professionalism. Consistently high evaluations by patients or staff may also result in elevating the
student’s grade from a “pass” to an “honors” grade for certain students who fall just below the “honors” cutoffs.

Please note: For the Advanced Internal Medicine Clerkship, patient and staff evaluations are optional and are used for formative feedback.

Impact of Clerkship grades on the student’s overall FSU COM grade point average:

Clerkship grades are translated to numerical equivalents by the FSU COM Office of Student Affairs and the FSU Registrar in order to calculate the student’s grade point average (GPA). The numerical equivalents used for this calculation are:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Numerical Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Honors”</td>
<td>A = 4.0</td>
</tr>
<tr>
<td>“Pass”</td>
<td>B = 3.0</td>
</tr>
<tr>
<td>“Fail”</td>
<td>F = 0.0</td>
</tr>
</tbody>
</table>

Students will be provided with frequent feedback about their performance. Mid-clerkship formative feedback will be given to the students by their clerkship faculty member and clerkship director. Remediation opportunities will be provided. Students who have serious problems meeting clerkship requirements will be referred to the Student Evaluation and Promotions Committee.

The NBME subject exam will generally be given on the morning of the last day of the clerkship.

Course Evaluation

Thoughtful student feedback is vital to assuring a high quality clerkship. All students will be given an opportunity to provide constructive feedback to the clerkship faculty and clerkship directors using the on-line evaluation system. Numerical ratings and comments by all students will be solicited at the end of each clerkship.

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 are in place.

Knowledge Based Resources Supporting Course

Befitting a 21st century medical school, students 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 are available at each COM Regional Campus. In addition, the FSU COM library has arranged for copies of the required texts in electronic and PDA formats to be available 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
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 (see Fourth Year Scheduling Policies).

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 all courses/clerkships. A student can only be excused from a quiz by a course/education 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 clerkship director or education director for instructions on remediation of the missed session and
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:

Register with the Student Disability Resource Center [SDRC], and provide documentation of their disability.
• 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.