



**BCC 7113**  
**Internal Medicine Sub-Internship**  
**2019-2020**

**Education Director**

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# Overview

## **Description**

The Internal Medicine Sub-Internship is a competency-based internal medicine acting internship, designed to allow students the opportunity to *actively* 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. Many of these patients will not be previously worked up. Students will have the opportunity to improve their basic clinical skills, learn new inpatient procedures and examination techniques, and assess the effectiveness of their clinical interventions and work with an interdisciplinary team. The student will have increasing responsibility for the care of patients during the course of this clerkship.

Based on the Alliance for Academic Internal Medicine's [AAIM Internal Medicine Sub-Internship Curriculum 2.0](#), the sub-internship will focus on 5 broad areas:

1. Time management
2. Communication
3. Patient evaluation
4. Knowing when to ask for assistance
5. Wellness

## **Orientation and Syllabus Review**

Students are required to review the current [Internal Medicine Sub-Internship Introduction](#) video **PRIOR** to the first day of the clerkship. Students are required to review the syllabus prior to the first day of the clerkship. In addition to review of the syllabus, students may be asked to meet the Clerkship Director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the clerkship.

## **Scheduled Hours/On-Call**

The clerkship is four weeks in duration and will consist of inpatient shifts, in-house call, lectures, conferences, and reading assignments. **However, it is expected that the student will work at least 10 hours per day for 6 days per week. Student must have experience providing extended coverage and patient care after hours through night call, "late" call or night float. This will be determined by the clerkship director. The student will be expected to be on call with their team/faculty, which may include weekend days.** The call schedule will be determined by the faculty member.

## **Student Workhour Policy and Documentation**

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the [Encounter Tracking System \(ETS\)](#) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (includes clinical care and documentation in medical record) and assigned educational activities (clerkship meetings, educational meetings at residency programs). Failure to report work hours is considered a breach of professionalism.

Hours that **should not be included in self-reported work hours** include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

### **Absences**

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.**

## **Components**

### **Required Assignment 1: Start of Clerkship Educational Objectives**

At the start of the clerkship, students will identify at least **three specific educational objectives within internal medicine** that they hope to learn during this rotation, along with a *specific plan* to achieve these objectives, such as extra readings or following extra patients. Students **must list the EBM sources** they will use to achieve these goals and can also work with the Clerkship Director and faculty to gain knowledge about these topics.

- **Submission Guideline:** Students will submit this as a Microsoft Word document to be uploaded into Student Academics. The Education Director will for review and returned with feedback. Students will upload into Student Academics by 5 p.m. on Friday of the first week of the clerkship.

### **Required Assignment 2: End of Clerkship Educational Objectives**

At the end of the clerkship, students will briefly report on the extent to which these educational objectives were achieved and by what means.

- **Submission Guideline:** Students will submit this as a Microsoft Word document to be uploaded into Student Academics for review by the Education Director. Students will upload into Student Academics by 5 pm on the last Friday of the clerkship.

### **Inpatient Care**

The Internal Medicine Sub-Internship is primarily an **apprenticeship style experience** with an Internal Medicine Clerkship Faculty member. The clinical faculty will have primary responsibility for assessing the achievement of the clerkship competencies. Students may work within a residency program. Students will also have the opportunity to learn about many of the ancillary services that occur inside and outside the hospital setting through the interactions with other professionals. Students must attend at least one interdisciplinary or case management meeting during the rotation. Students will learn and evaluate the basics of patient safety and the hazards of hospitalization as well as review ethical issues that arise with their patients.

### **Patient Log (ETS)**

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 students carry less than 2 patients per day (follow-ups) they will pick up and assume care of a patient who is not a new admission to the hospital. Students are expected to have seen and recorded **at least 55 patient encounters** during the 4-week clerkship. 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 **full level of participation in at least 80% of their patient encounters. All patient documentation must be completed by 5 pm on the final day**

## of the clerkship.

Students are required see **ALL** of the conditions listed, and record in patient log (ETS). Students should use chapter 3 of the [AAIM Internal Medicine Sub-Internship Curriculum 2.0](#) as an outline for the learning objectives for these conditions.

1. Hyperglycemia
2. Fever
3. Altered Mental State
4. Blood Pressure Derangements
  - a. Hypotension/Shock
  - b. Hypertensive Urgency/Emergency
5. Respiratory Disorders
  - a. Dyspnea
  - b. Hypoxemia
6. Chest Pain
7. Arrhythmia
8. Electrolyte Derangements
  - a. Hyponatremia
  - b. Hypokalemia
  - c. Hyperkalemia
9. Acute Kidney Injury
10. Acute Pain

### ***Written Documentation of Patient Encounters***

Students will document patient encounters in the appropriate format (e.g. admission note, SOAP note, discharge summary) either in the EHR or in a Word document submitted to their faculty for review. Evaluation of student's charting of admissions, daily progress notes and discharge summaries will be done by the Clerkship Faculty member during the course of patient care activities. Students are expected to participate in, and be evaluated on, their interprofessional communication (including requesting consultations) and "hand-off" of patients. Please review chapter 4 of the [AAIM Internal Medicine Sub-Internship Curriculum 2.0](#) for more details.

### ***Interprofessional Activities***

Interprofessional relationships and working as an integral member of a team are important physician activities. Students should function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. Students may do this as part of the healthcare team, when acting as or requesting a consultation. Students can utilize and enhance their own expertise by understanding and engaging the unique and diverse knowledge, skills, and abilities of other professionals to enhance team performance and maximize the quality of patient care. Working with other professionals will enhance patient safety and improve the quality and value of care. During this clerkship students **MUST attend and document their participation in at LEAST TWO interdisciplinary or case management conferences in the ETS as an "Educational Activity."**

### ***Meetings and Lectures***

Students are required to attend lectures and conferences where available. In addition, students will meet with the Clerkship Director once per week during the clerkship for case presentations and discussions. The Clerkship Director will oversee student patient-log entries, assuring breadth of experience and avoiding duplication. Students will give a case presentation of a selected case at this weekly meeting that will be assessed by the Clerkship Director. In addition, students will discuss issues of biomedical ethics and futility that arise during their care of patients, using the curriculum and resources posted on Canvas. During the final week of the clerkship, students will present a case where the principals of patient safety are outlined and addressed in a patient-centered manner. Students will be expected to have completed the readings posted on Canvas in preparation

for this presentation.

Students will be required to meet with the Clerkship Director **during the final week of the clerkship** to debrief about the student's experiences on the clerkship.

### ***End of Clerkship Exam***

On the last day of the clerkship, students will take the NBME Advanced Clinical Examination for Internal Medicine. The examination consists of 100 questions. There are NBME self-assessment tools available by request to your Student Support Coordinator.

## **Learning Resources**

### ***Readings***

The following electronic textbooks are available through the COM Library's [Internal Medicine Subject Guide](#)

- [Cecil Essentials of Medicine, 9<sup>th</sup> edition](#) 2016 (Andreoli, Benjamin et al) Saunders Elsevier, Inc.
- [The Washington Manual of Medical Therapeutics, 35<sup>th</sup> edition](#) 2016 (Cooper, Krainik, Lubner, Reno, Micek) (Also available as a mobile resource through the UCentral app)
- [Harrison's Principles of Internal Medicine 20<sup>th</sup> edition](#) 2018 (Jameson, Fauci, Braunwald, Kasper, Hauser, Longo, Loscalzo) McGraw-Hill, Inc.

### ***Electronic Resources***

The following resources are available on Canvas.

- [AAIM Internal Medicine Sub-Internship Curriculum 2.0](#)
- Additional readings on patient safety and the hazards of acute hospitalization
- Ethics curriculum regarding futility
- Internal medicine journal articles of interest
- Mobile device resources for are available from the COM Library under [Point of Care](#)

### ***Institutional Resources***

The [COM Charlotte Edwards Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

## **Evaluation and Grading**

### ***Mid-Clerkship Feedback***

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering the expected patient conditions, efforts will be made to specifically select the needed patients needed to be seen. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of online modules or discussions with the Clerkship Director.

## **Evaluation**

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

## **Clerkship Specific Grading**

The standardized clerkship policy can be found on the [Office of Medical Education website](#).

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Minimum 55 patient encounters, 80% of which must be full involvement (pass/fail)
4. Attendance of at least 2 interdisciplinary or case management meetings
5. Submission of self-assessment (Assignment 1) by the end of Week 1 (pass/fail)
6. Submission of end-of-clerkship assessment (Assignment 2) by 5 pm on the last day of the block (pass/fail)
7. Presentation of patient safety case to Clerkship Director (pass/fail)
8. Active participation in Clerkship Director meetings (pass/fail)
9. Faculty evaluations and Clerkship Director evaluations documenting competency in all required domains.
10. Clinical performance must be exemplary to be considered for honors
11. NBME must be at 75<sup>th</sup> percentile or higher to be eligible for honors consideration and must be at the 10<sup>th</sup> percentile to pass the clerkship

# **Policies**

## **Student Mistreatment Policy**

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and report the incident as soon as possible.

## **College of Medicine Attendance Policy**

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation. Students must use the [absence request form](#) that is located on Student Academics.

## **Academic Honor Policy**

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy>).

## **Americans with Disabilities Act**

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class

materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center  
 874 Traditions Way  
 108 Student Services Building  
 Florida State University  
 Tallahassee, FL 32306-4167  
 (850) 644-9566 (voice)  
 (850) 644-8504 (TDD)  
[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)  
<http://www.disabilitycenter.fsu.edu/>

### **College of Medicine Student Disability Resources**

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine’s Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

## **Competencies**

The following table outlines the **Internal Medicine Sub-Internship** competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and [ACGME Core Entrustable Professional Activities \(EPAs\)](#). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Competency	Assessment						
	NBME	Observation by faculty	Observation by clerkship director	Online module	Oral presentation	Patient documentation	Project
Internal Medicine Sub-Internship							
Patient centered approach in all communications with patients.		x					
Demonstrate the ability to evaluate and manage patients under supervision with commonly occurring inpatient internal medicine presentations: 1. Hyperglycemia 2. Fever 3. Altered Mental State 4. Blood Pressure Derangements 5. Respiratory Disorders 6. Chest Pain	x	x	x		x	x	

7. Arrhythmia 8. Electrolyte Derangements 9. Acute Kidney Injury 10. Acute Pain							
Convey thought processes behind clinical decisions and tailors presentations to setting.		x	x		x	x	
Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.							x
Apply knowledge of current medical literature in making evidence-based diagnostic and management decisions, using appropriate evidence-based decision support resources.	x	x	x		x	x	
Effectively manage patient transitions between different care settings.	x	x	x		x	x	
Incorporate basic science information appropriately into clinical decision making.	x	x	x		x	x	
Understanding of ethical principles and their application to patient care.		x	x				
Effective communication with patients from diverse backgrounds and with all the members of the healthcare team.		x					
Explain the risks, indications, alternatives, and contraindications for physical and pharmacological.		x	x	x			
Discuss complications for which hospitalized adults are at increased risk.		x	x	x			
Application of the principles of end-of-life care with patients and their families.		x					
Displays and demonstrates professionalism in all interactions with patients, colleagues and staff.		x	x				
Demonstrate the ability to work effectively as a member of the health care team.		x	x				