



## BCC 7112 Internal Medicine Clerkship 2019-2020

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# Overview

## **Description**

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Internal Medicine Clerkship is a six-week clinical rotation. The purpose of the clerkship is to introduce the student to the varied aspects of medical care for adults. Emphasis is placed on enhancing the skills of taking a history, performing a physical examination, presenting these findings, developing a differential diagnosis for common clinical presentations and problems and finally, developing evidence-based high-value care plans. The skills of data analysis and critical thinking about diseases in patients are stressed. Students will participate in the evaluation and care of outpatients and inpatients primarily under the supervision of the College of Medicine internal medicine faculty physicians.

This is primarily an apprenticeship-style experience with an internal medicine clerkship faculty member allowing for 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 and medical specialties that occur inside and outside of the hospital setting, and are encouraged to follow their patients for consultations and procedures.

## **Orientation and Syllabus Review**

Students **MUST** view the current [Introduction to Internal Medicine Clerkship orientation video](#) PRIOR to the beginning of the clerkship. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship. Students **MUST** be prepared to present a case at the first Clerkship Director meeting.

## **Longitudinal Integrated Curriculum (LIC)**

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the [Office of Medical Education](#) website.

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

The Internal Medicine Clerkship is six weeks in duration and will consist of both ambulatory and inpatient care. Students will work at least four full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work five days per week with Clerkship Faculty.** Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

Students may be on-call at the discretion of the clerkship faculty. The call frequency will not exceed every fourth night and will **not** require overnight call. Each student will work at least two weekend days during the six-week clerkship unless otherwise directed by clerkship faculty.

## **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 (Doctoring 3 didactics, 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: Reflection**

The student will submit an essay *on the following topic*: reflect on the psychosocial aspects of being a patient in the hospital setting, focusing less on the HPI and more on the patient’s comfort, fears, and thoughts on being in the hospital. How would YOU feel if you were in your patient’s place? Please do not write more than 500 words.

- **Submission Guideline:** Students will submit this as a Microsoft Word document to be uploaded into Student Academics by 5 p.m. on Friday of the LAST week of the clerkship. The Education Director will evaluate this assignment.

### **Required Assignment: Case Presentation**

A concise oral case presentation to the Clerkship Director, done near the end of the clerkship, will assess case presentation skills, which is one of the course objectives.

- **Submission Guideline:** Students are expected to present a patient they have seen, including history, exam, diagnostic data, assessment and plan within 5 minutes.

### **Patient Care**

Since this clerkship is an apprentice-style experience, direct clinical observation by internal medicine faculty is the *primary* method of student evaluation. Each student will record and present appropriate clinical data daily to their clerkship faculty member. Students will be observed in their patient encounters by the clerkship director or designee during the clerkship. Students are assigned to work with one or more clerkship faculty members during the six-week rotation. It is anticipated that students will spend at least 50% of the clerkship time in the inpatient setting. The clerkship directors or clerkship faculty will observe and verify that each student has met competency standards in the performance of these areas:

- History and Physical Examination
- Concise Oral Case Presentation
- Chart Documentation
- Clinical Diagnostic Decision Making (Critical Thinking)
- **Performing AND interpreting EKG**
- **Interpreting chest x-ray**

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

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a *daily* basis. This data will be reviewed weekly with the Clerkship Director to insure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication. Students are expected to demonstrate involvement at the **moderate to full level of participation** in at least 2/3 of their patient encounters. Students are expected to evaluate **at least 80 internal medicine patients over the course of the clerkship**, and at least 40 of these encounters must be in hospitalized patients. **All patient**

**encounters must be entered before the last day of the clerkship.**

The student should have an understanding of the following topics, commensurate with their level of training. Students will be required to evaluate the following categories of problems/diagnoses in new or established patients:

**Prevention and Health Maintenance:**

1. Preventative Care and Health Maintenance –including screening for appropriate risk factors and understanding appropriate immunization schedules. Students will have the opportunity to continue disease screening from other clerkships.

**Problems:**

1. Elder Care –focusing on geriatric syndromes such as delirium, dementia, incontinence, fall risk
2. Cardiovascular Disease (e.g., hypertension, coronary artery disease, arrhythmia, heart failure, DVT)
3. Renal Disease (e.g., acute kidney injury, chronic renal failure, glomerular disease)
4. Gastrointestinal Disease (e.g., abdominal pain, peptic ulcer disease, gastritis, reflux, bleeding, IBD, IBS, diverticular disease, cholecystitis, pancreatitis)
5. Cerebrovascular Disease (e.g., stroke, transient ischemic attack, seizure, headache)
6. Endocrinology (e.g., diabetes, thyroid disease, dyslipidemia, obesity)
7. Infectious Disease (e.g., hospital acquired infections, cellulitis, pneumonia, UTI, HIV, sepsis)
8. Hematology/Oncology (e.g., common malignancies, anemia, lymphoma, leukemia)
9. Musculoskeletal Disease (e.g., back pain, osteoarthritis, autoimmune diseases, fibromyalgia)
10. Pulmonary Disease (e.g., COPD, asthma, interstitial lung disease, pulmonary embolus)
11. Behavioral (e.g., depression, anxiety, substance abuse, bipolar disease, pain management)

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For “Level of Participation in Patient Care” the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

***Aquifer Internal Medicine***

The self-directed learning program [Aquifer Internal Medicine](#) is a required activity for this rotation. A great way to develop the habit of lifelong learning, each student will be required to **complete at least SIX (6) of the modules and the assessment** for each module during the 6 week rotation. Because these modules require a minimum of 45 minutes to complete, students are encouraged to begin these early in the clerkship. While any 6 of the following modules are acceptable, students should choose topics related to clinical cases they have seen. Students are required to complete all of the self-assessment questions in each module to pass the module.

**Aquifer Internal Medicine Case List:**

1	49-year-old man with chest pain	19	42-year-old woman with anemia
2	60-year-old woman with chest pain	20	48-year-old woman with HIV
3	54-year-old woman with syncope	21	78-year-old man with fever, lethargy, and anorexia
4	67-year-old woman with shortness of breath and lower-leg swelling	22	71-year-old with cough and fatigue
5	55-year-old man with fatigue	23	54-year-old woman with fatigue
6	45-year-old man with hypertension	24	52-year-old female with headache, vomiting, and fever
7	28-year-old woman with lightheadedness	25	75-year-old woman with altered mental status

8	55-year-old man with chronic disease management	26	58-year-old man with altered mental status and experiencing homelessness
9	55-year-old woman with upper abdominal pain and vomiting	27	65-year-old man with hypercalcemia
10	48-year-old woman with diarrhea and dizziness	28	70-year-old man with shortness of breath and leg swelling
11	45-year-old man with abnormal LFTs	29	55-year-old woman with fever and chills
12	55-year-old man with lower abdominal pain	30	55-year-old with leg pain
13	65-year-old woman seen for annual physical	31	40-year-old male with knee pain
14	18-year-old woman for pre-college physical	32	39-year-old woman with joint pain
15	50-year-old man with cough and nasal congestion	33	49-year-old woman with confusion
16	45-year-old man who is overweight	34	55-year-old man with low back pain
17	28-year-old man with a pigmented lesion	35	35-year-old female with three weeks of fever
18	75-year-old man with memory problems	36	49-year-old man with ascites

### **Meetings and Lectures**

Clerkship directors at the regional campuses will meet with students once per week for teaching, evaluation and feedback. General medicine topics are discussed at this weekly meeting. The discussion may include the following: discussion of interesting cases seen during the week, review of materials read prior to the meeting, discussion of ethics topics based on cases presented by the students (see curriculum on Canvas), review of EKGS, and practice oral case presentation skills. Review of NBME-style questions may be part of this discussion. The Clerkship Director may assign paper cases and/or completing reading assignments for any uncovered topics/diagnoses. The Clerkship Director will also review progress on completion of Aquifer modules and ETS documentation. Formal and informal daily teaching sessions and rounds with the clerkship faculty physician (and residents at some sites) are a major part of the six-week experience. Clerkship faculty are expected to observe students performing history and exams on their patients.

**Didactic sessions** may be available through grand rounds, morning report, noon lectures, and/or sessions with the clerkship faculty member or clerkship director, depending on location and the clerkship faculty's schedule. A post-clerkship debriefing may be held as a group with the clerkship director at the end of the clerkship.

### **End of Clerkship Exam**

On the last day of the clerkship, students will take the NBME Clinical Subject Examination for Internal Medicine. The examination consists of 110 questions. It assesses overall knowledge of internal medicine and will allow the student to compare him/herself to peers. There are NBME self-assessment tools available by request to your Student Support Coordinator.

*An optional, formative 85-question internal medicine exam will be available through ExamSoft beginning at week 3 of the clerkship. Instructions for accessing the exam are posted on **Canvas**.*

## **Learning Resources**

### **Readings**

Most clerkship related texts are available through the COM Library's [Internal Medicine Subject Guide](#). Students should use *Step-Up to Medicine, 5<sup>th</sup> edition* as their basic text and to use the questions that accompany that text as preparation for the NBME shelf examination. Readings in Harrison's Principles of Internal Medicine, 20th edition or Andreoli and Carpenter's *Cecil Essentials of Medicine, 9th edition* should be used to supplement the material from *Step-Up to Medicine*.

Students are encouraged to practice lifelong learning skills and to read about the patients they are seeing by using the resources recommended in this syllabus. In addition, journal articles of interest are posted on Canvas.

### **Electronic Resources**

Required Mobile Device Resources are available for download on the [Internal Medicine Subject Guide's Other Resources section](#)

- Epocrates Essentials
- DynaMed Plus
- ePSS Tool (USPSTF)
- QCalculate
- UpToDate
- Washington Manual of Medical Therapeutics-**through UCentral**

*Other Recommended Resources:*

- *Rapid Interpretation of EKGs* (Dubin) 2000
- Madrugá Marvel Medical Black Book (available as an app at iTunes)

### **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.

### **Evaluation**

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final, summary 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. 80 patient encounters, with 66% at the full or moderate level of participation in patient care (pass/fail)
4. Completion of ALL required procedures (pass/fail)
5. Completion of 6 Aquifer Internal Medicine modules and self-assessment questions (pass/fail)
6. Active participation in weekly clerkship director meetings (pass/fail)
7. Submission of essay by end of the clerkship (pass/fail)
8. Concise oral presentation to clerkship director (pass/fail)
9. Clinical performance must be exemplary to be considered for honors
10. 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** clerkship 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
<b>Internal Medicine</b>						
Perform and interpret ECGs	x	x	x	x		
Interpret chest x-ray	x	x	x	x		
Demonstrate the ability to conduct a focused history appropriate to the patient's chief complaint and history of present illness		x	x			
Demonstrate the ability to conduct a focused physical exam using appropriate techniques		x	x			
Demonstrate the ability to perform appropriate health maintenance	x	x	x	x		
Demonstrate the ability to diagnose, evaluate and construct a treatment plan for common illness in internal medicine	x	x	x	x		
Demonstrate facility in the application of medical informatics technology and critical appraisal of the medical literature in making diagnostic and management decisions in internal medicine		x	x			
Demonstrate the ability to convey appropriate information orally to other health care personnel in a concise manner		x	x		x	
Demonstrate the ability to document written admission history and physical exam, progress notes and orders		x	x		x	x
Displays and demonstrates professionalism in all interactions with patients, colleagues and staff		x	x			