



BCC 7112 Internal Medicine Clerkship 2020-2021

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Overview

Course Description

Students will participate in the Internal Medicine Clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). This clerkship will 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 management 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 an apprenticeship-style experience with an internal medicine clerkship faculty member allowing for experiential learning. 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 to coordinate their meetings.

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 when Doctoring 3 is not scheduled, students will work five days per week with Clerkship Faculty.** Students enrolled in the LIC will participate according to 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.

Assignments

Required Assignment 1: On Being a Patient

The student will submit a short (less than 500 words) 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?”

- **Submission:** Students will submit 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 2: Case Presentation

A concise oral case presentation to the Clerkship Director toward the end of the clerkship. This will assess students’ case presentation skills.

- **Submission:** Students will present a patient they have seen, including history, exam, diagnostic data, assessment and plan within 5 minutes. Some clerkship directors may require a written note as well.

Patient Care

Students will participate in both ambulatory and inpatient care of patients during this 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. 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. **It is the student's responsibility to ensure that the clerkship faculty has observed and signed off on at least one clinical observation.** The clerkship directors or clerkship faculty will observe and verify that each student has met competency standards in these performance areas:

- History and Physical Examination
- Concise Oral Case Presentation
- Chart Documentation
- Clinical Diagnostic Decision Making (Critical Thinking)

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) *daily*. This data will be reviewed weekly with the Clerkship Director to ensure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication. Students are required to record a minimum of **80** patient encounters during the Internal Medicine Clerkship, and **at least 40** of these must be **inpatient** encounters. Students will demonstrate involvement **moderate to full level of participation** in at least 66% of their patient encounters. Students should understand the following topics, commensurate with their level of training. Students are required to evaluate the following categories of problems/diagnoses in new or established patients in the following settings and with the appropriate level of participation. Students are required to document procedures at the level of **assist or performed**. Failure to record required patient care by 5:00 p.m. on the last day of the Clerkship will result in a grade of "IR" (incomplete, requires remediation); the student will therefore be ineligible for honors and additional time on the Clerkship may be required. If a student fails to meet this deadline, they risk failure for the clerkship.

Minimum Required	Problem/Condition	Location of Service	Level of Participation		
			Minimal	Moderate	Full
	Elder Care				
1	Delirium	Inpatient Hospital		x	
1	Dementia (any type)	Outpatient Clinic or Inpatient Hospital	x	x	
1	Urinary incontinence	Outpatient Clinic		x	
	Cardiovascular Disease				
At least 4 from this category	Arrhythmia	Outpatient Clinic or Inpatient Hospital		x	
	Coronary artery disease	Outpatient Clinic or Inpatient Hospital		x	x
	Heart Failure	Outpatient Clinic or Inpatient Hospital		x	x
	Hypertension	Outpatient Clinic		x	x
	Thromboembolic Disease	Inpatient Hospital		x	
	Valvular Heart Disease	Outpatient Clinic or Inpatient Hospital			
	Renal Disease				
At least 2 from this category	Acute Kidney Injury	Inpatient Hospital	x		
	Chronic Kidney Disease	Outpatient Clinic or Inpatient Hospital	x		
	Glomerular Disease	Inpatient Hospital	x		
	Gastrointestinal Disease				
At least 7 from this category	Abdominal Pain	Outpatient Clinic or Inpatient Hospital		x	
	Cholecystitis	Inpatient Hospital	x		
	Diverticular Disease (Diverticulitis or Diverticulosis)	Outpatient Clinic or Inpatient Hospital		x	
	Gastritis	Outpatient Clinic		x	
	GERD	Outpatient Clinic			x
	GI Bleed (upper or lower)	Outpatient Clinic or Inpatient Hospital	x		
	Inflammatory bowel Disease	Outpatient Clinic or Inpatient Hospital		x	
	Irritable bowel Disease	Outpatient Clinic		x	
	Pancreatitis	Inpatient Hospital	x		
	Peptic/Gastric Ulcer	Outpatient Clinic		x	

Minimum Required	Problem/Condition	Location of Service	Level of Participation		
			Minimal	Moderate	Full
	Neurologic Disease				
At least 3 form this category	Stroke	Inpatient Hospital		x	
	Transient Ischemic Attack	Inpatient Hospital		x	
	Seizure	Outpatient Clinic or Inpatient Hospital		x	
	Headache	Outpatient Clinic			x
	Vertigo/Dizziness	Outpatient Clinic		x	
	Endocrine Disease				
1	Dyslipidemia	Outpatient Clinic			x
1	Thyroid Disease	Outpatient Clinic		x	
1	Obesity	Outpatient Clinic		x	
1	Diabetes (T1 or T2)	Outpatient Clinic or Inpatient Hospital		x	
	Infectious Disease				
At least 5 from this category	Hospital Acquired Infections	Inpatient Hospital		x	
	Cellulitis	Outpatient Clinic or Inpatient Hospital		x	
	Conjunctivitis	Outpatient Clinic		x	
	HIV Infection	Outpatient Clinic or Inpatient Hospital		x	
	Pneumonia	Inpatient Hospital		x	
	Sepsis	Inpatient Hospital	x		
	Pharyngitis (Viral or Strep)	Outpatient Clinic			x
	Urinary Tract Infection	Outpatient Clinic or Inpatient Hospital		x	
Upper Respiratory Infection	Outpatient Clinic			x	
	Hematology/Oncology				
At least 2 form this category	Anemia	Outpatient Clinic or Inpatient Hospital		x	
	Lymphoma	Outpatient Clinic	x		
	Leukemia	Outpatient Clinic	x		
	Common solid cancers (Breast, Colon, Lung, Pancreatic, Prostate or Skin)	Outpatient Clinic or Inpatient Hospital	x		
	Rheumatologic Disease				
At least 3 from this category	Autoimmune Disease (Lupus or Rheumatoid Arthritis)	Outpatient Clinic or Inpatient Hospital	x		
	Fibromyalgia	Outpatient Clinic		x	
	Osteoarthritis	Outpatient Clinic			x
	Chronic Back Pain	Outpatient Clinic			x
	Pulmonary Disease				
At least 2 from this category	Asthma	Outpatient Clinic		x	
	COPD	Outpatient Clinic or Inpatient Hospital		x	
	Interstitial Lung Disease (DPLD)	Outpatient Clinic	x		
	Sleep Apnea	Outpatient Clinic or Inpatient Hospital		x	
	Behavioral				
At least 4 from this category	Bipolar Disease	Outpatient Clinic	x		
	Generalized Anxiety Disorder	Outpatient Clinic			x
	Insomnia	Outpatient Clinic		x	
	Depression	Outpatient Clinic			x
	Opioid Misuse	Outpatient Clinic or Inpatient Hospital		x	
	Substance Abuse	Outpatient Clinic or Inpatient Hospital		x	
	Pain Management	Outpatient Clinic or Inpatient Hospital		x	
	Social Determinates of Health				
At least 2 from this category	Food Insecurity	Outpatient Clinic or Inpatient Hospital	x		
	Homelessness	Outpatient Clinic or Inpatient Hospital	x		
	Lack of Insurance	Outpatient Clinic or Inpatient Hospital	x		

Minimum Required	Procedure	Level of Participation		
		Observe	Assist	Perform
1	EKG performed			X
1	EKG interpreted			X
1	X-ray interpreted			X
1	Adult Immunization Screening		X	X
1 from either	Preventive Health Screening: Aspirin Use for CVD Prevention			
	Preventive Health Screening: Health Diet Screening		X	X

Patient Log (ETS) Monitoring Policy

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students are not encountering the required patient conditions, efforts will be made to specifically select the needed patients for you to see. 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 Aquifer Cases, or discussions with the Clerkship Director.

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 (history, physical or assessment/plan)
- Moderate: perform two of the aforementioned tasks (history, physical and/or assessment/plan)
- Full: perform all three tasks (history, physical and assessment/plan)

Alternate Educational Experiences

Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Online Curriculum

Aquifer Online Cases

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 Internal Medicine modules and the assessment** for each module **PLUS at least one High Value Care 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. Clerkship directors will review the Aquifer log at the mid-clerkship evaluation. While any 6 of the following modules are acceptable, students should choose topics related to clinical cases they have seen or cases that will fill in gaps in their knowledge. Students are required to complete all the self-assessment questions in each module to pass the module.

Aquifer Internal Medicine Required Case List	
1	49-year-old male with chest pain
2	60-year-old female with chest pain
3	54-year-old female with syncope
4	67-year-old female with shortness of breath & lower-leg swelling
5	55-year-old male with fatigue
6	45-year-old male with hypertension
7	28-year-old female with lightheadedness
8	55-year-old male with chronic disease management
9	55-year-old female with upper abdominal pain and vomiting
10	48-year-old female with diarrhea and dizziness
11	45-year-old male with abnormal liver chemistries

12	55-year-old male with lower abdominal pain
13	65-year-old female for annual physical
14	18-year-old female for pre-college physical
15	50-year-old male with cough and nasal congestion
16	45-year-old male who is overweight
17	28-year-old male with a pigmented lesion
18	75-year-old male with memory problems
19	42-year-old female with anemia
20	48-year-old female with HIV
21	78-year-old male with fever, lethargy, and anorexia
22	71-year-old male with cough and fatigue
23	54-year-old female with fatigue
24	52-year-old female with headache, vomiting, and fever
25	75-year-old female with altered mental status
26	58-year-old male with altered mental status and experiencing homelessness
27	65-year-old male with hypercalcemia
28	70-year-old male with shortness of breath and cough
29	55-year-old female with fever and chills
30	55-year-old female with leg pain
31	40-year-old male with knee pain
32	39-year-old female with joint pain
33	49-year-old female with confusion
34	55-year-old male with low back pain
35	35-year-old female with three weeks of fever
36	49-year-old male with ascites

Course Meetings and Lectures

Clerkship directors at the regional campuses will meet with students once per week for teaching, evaluation, review of patient log and Aquifer data, work hours 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 (see Canvas) based on cases presented by the students, review of EKGs, practice oral case and disease presentation skills, and review of NBME-style questions. The Clerkship Director may assign Aquifer cases and/or completing reading assignments for any uncovered topics/diagnoses. 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. **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 110-question NBME Clinical Subject Examination in Internal Medicine. There are NBME self-assessment tools available by request to your Student Support Coordinator. Contact your student support coordination for the student voucher availability policy. Students may also utilize an optional, formative 85-question internal medicine exam available through Exemplify beginning at week 3 of the clerkship. Instructions for accessing the practice exam are on **Canvas**.

Learning Resources

Institutional Resources

The [Maguire Medical Library](#) offers 24/7 remote access to online resources that support the **core clerkships**. They include [Mobile Resources](#), [Point of Care](#) and [Subject Guides](#).

Required Reading

Most clerkship related texts are available through the COM Library's [Internal Medicine Subject Guide](#). Students should use *Step-Up to Medicine, 5th edition* as their basic text and to use the questions that accompany that text as preparation for the NBME end of clerkship 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*.

Recommended Reading

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

Students should review these electronic resources internists find useful, located on the IM subject guide:

- 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)

Evaluation

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. At least 80 patient encounters, with at least 40 in the inpatient setting; 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 with self-assessment questions and 1 High Value Care module (pass/fail)
6. Documentation of at least one observed clinical encounter (pass/fail)
7. Active participation in weekly clerkship director meetings (pass/fail)
8. Submission of essay "On Being a Patient" by end of the clerkship (pass/fail)
9. Concise oral presentation to clerkship director (pass/fail)
10. Clinical performance must be exemplary to be considered for honors
11. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Evaluation

1. *Formative* A 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. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. *Summative* An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. Students may be evaluated by the principle resident they work with and this information will be used by the Clerkship Director for their final summative report 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.

Grade Assignment

The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and it is possible for any student to earn the grade of honors.

Course Objectives

The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective 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 clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Objectives	Assessment						
	End-of-Clerkship Exam	Faculty Observation	Clerkship Director Observation	Oral Presentation	Patient Documentation	Assignments	Online Module
Internal Medicine							
Demonstrate ability to perform and interpret EKG, and interpret a 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 illnesses 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		
Display and demonstrate professionalism in all interactions with patients, colleagues and staff.		x	x			x	
Demonstrate knowledge about how the social determinates of health impact patients.		x	x	x	x	x	
Discuss the impact of cost and value in healthcare.		x	x	x	x	x	x

Policies

Absence and 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.

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.**

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 Office of Accessibility Services; 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 Office of Accessibility Services 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:

Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
Email: oas@fsu.edu
<https://dsst.fsu.edu/oas>

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.

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.

Student Work Hours Policy

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.

Documentation of Work Hours Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

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.