BCC 7112
Internal Medicine Clerkship
2023-2024

Education Director
Jonathan Appelbaum, MD
Florida State University College of Medicine
Department of Clinical Sciences
1115 West Call Street, Suite 3140-F
Tallahassee, FL 32306-4300
Phone: 850-645-1227
Email: jonathan.appelbaum@med.fsu.edu

<table>
<thead>
<tr>
<th>Campus</th>
<th>Clerkship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytona</td>
<td>Sheila Gupta, MD</td>
</tr>
<tr>
<td>Fort Pierce</td>
<td>William Hood, MD</td>
</tr>
<tr>
<td>Orlando</td>
<td>Benjamin Kaplan, MD</td>
</tr>
<tr>
<td>Pensacola</td>
<td>Robert Anderson, MD</td>
</tr>
<tr>
<td>Sarasota</td>
<td>Kathleen Kennedy, MD</td>
</tr>
<tr>
<td>Tallahassee</td>
<td>Michael Forsthoefel, MD</td>
</tr>
</tbody>
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Rural Program Site

<table>
<thead>
<tr>
<th>Campus</th>
<th>Clerkship Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marianna</td>
<td>John D. Byrd, MD</td>
</tr>
<tr>
<td>Thomasville</td>
<td>Calvin Reams, MD</td>
</tr>
</tbody>
</table>
Overview .................................................................................................................................................................................. 3
Course Description .................................................................................................................................................................................. 3
Orientation and Syllabus Review ............................................................................................................................................................. 3
Longitudinal Integrated Curriculum (LIC) ........................................................................................................................................... 3
Scheduled Hours/On-Call ......................................................................................................................................................................... 3
Assignments ........................................................................................................................................................................................................... 3
Required Assignment 1: On Being a Patient ........................................................................................................................................ 3
Required Assignment 2: Case Presentation ........................................................................................................................................ 3
Required Assignment 3: Faculty Observed Clinical Encounter ....................................................................................................... 4
Required Assignment 4: Aquifer Internal Medicine Online Cases .................................................................................................. 4
Required Assignment 5: Aquifer Internal Medicine Calibrate Assessment ..................................................................................... 4
Patient Care ........................................................................................................................................................................................................... 4
Overview ........................................................................................................................................................................................................... 4
Patient Log Requirements using the Encounter Tracking System (ETS) ........................................................................................... 4
Alternate Educational Experiences ..................................................................................................................................................... 6
Online Curriculum .................................................................................................................................................................................... 6
Clerkship Director Meeting ................................................................................................................................................................. 6
Clerkship Examinations .......................................................................................................................................................................... 7
Summative Examination ......................................................................................................................................................................... 7
Optional Formative Self-Assessment .................................................................................................................................................. 7
Learning Resources .................................................................................................................................................................................. 7
Institutional Resources ............................................................................................................................................................................ 7
Recommended Reading ........................................................................................................................................................................... 7
Evaluation ........................................................................................................................................................................................................... 7
Formative Evaluation ................................................................................................................................................................................ 7
Summative Evaluation ............................................................................................................................................................................ 7
Grading .......................................................................................................................................................................................................... 8
Years 3 and 4 Grading Policy ............................................................................................................................................................... 8
Clerkship-Specific Grading Criteria .................................................................................................................................................. 8
Course Objectives .................................................................................................................................................................................. 8
Policies ....................................................................................................................................................................................................... 9
Absence and Attendance Policy .............................................................................................................................................................. 9
Academic Honor Policy ........................................................................................................................................................................... 10
Americans with Disabilities Act ............................................................................................................................................................ 10
Clinical Experience and Education Policy (formerly Duty Hours or Work Hours) ........................................................................ 10
Office of Student Counseling Services ............................................................................................................................................... 11
Patient Log (ETS) Monitoring Policy ................................................................................................................................................ 11
Student Mistreatment Policy ............................................................................................................................................................... 11
Syllabus Change Policy .......................................................................................................................................................................... 11
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 are required to read the syllabus located on the Office of Medical Education site to become familiar with expectations before beginning the clerkship. Students will also use the Canvas M.D. Clerkships AY2023-2024 site Internal Medicine Clerkship homepage to access course material. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty before the start date of the clerkship to coordinate 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 calls. Each student will work at least two weekend days during the six-week clerkship unless otherwise directed by their Clerkship faculty. Work hours must be documented in the Encounter Tracking System (ETS) daily.

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
- Upload final report to the “Project Documents” tab for the course in Student Academics by 5 p.m. on Friday of the LAST week of the clerkship. Students are encouraged to send a copy of this report to the Education Director via email if the Student Academics site is unavailable.

Evaluation
The Education Director will evaluate this assignment.

Required Assignment 2: Case Presentation
A final concise oral case presentation to the Clerkship Director toward the end of the clerkship. This will assess students’ case presentation skills.

Submission
- Students will give an oral presentation on 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.
Required Assignment 3: Faculty Observed Clinical Encounter
Clerkship faculty will observe at least one partial history and physical examination by the student. **It is the student's responsibility** to ensure that the Clerkship faculty has observed and signed off on at least one clinical observation of a partial history and exam.

**Submission**
- Document **at least one (1)** faculty observation of a partial history and physical as an Educational Activity in ETS by selecting “[IM] Completion of Faculty Observation of Partial H & P” in the drop-down menu.

**Evaluation**
The Clerkship Director will evaluate this assignment.

Required Assignment 4: Aquifer Internal Medicine Online Cases
The self-directed learning program Aquifer Internal Medicine is a required activity for this clerkship. A total of 9 Aquifer Internal Medicine modules must be completed as follows: Modules 11 (abnormal liver chemistries), 19 (anemia), High-Value Care Module 1, plus at least SIX (6) additional modules during the 6-week rotation. The assessment questions for each module must be completed for full credit. Students are encouraged to begin these early in the clerkship as the modules require a minimum of 45 minutes to complete. Students are encouraged to complete additional Aquifer Cases, particularly as part of their focused study plan. Clerkship Directors will review the Aquifer log at the mid-clerkship evaluation. Students should choose topics related to clinical cases they have seen or cases that will fill in gaps in their knowledge. [Aquifer Internal Medicine](https://example.com) and High-Value Care modules is available on the Canvas M.D. Clerkships AY2023-2024 Internal Medicine page.

**Evaluation**
Student progress will be monitored by their Clerkship Director.

Required Assignment 5: Aquifer Internal Medicine Calibrate Assessment
Before the end of the second week of the clerkship, you will take a 35-40 question assessment test. Aquifer will produce a report showing students’ strengths and weaknesses: Detailed Performance Report and a Summary Report. Next students will then complete a templated Student Debrief Worksheet with the study plan that they will use for the remainder of the clerkship and send it, along with the Summary Report to your Clerkship Director BEFORE the beginning of the 3rd week of the rotation. During the 3rd week of the clerkship students will meet with the Clerkship Director for a coaching session (this might also coincide with the mid-clerkship evaluation). Using the coaching advice and study plan students will take another 35-40 question assessment before the end of the 5th week of the clerkship. Students have the option of meeting again for a coaching session before the end of the clerkship.

**Patient Care**

**Overview**
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. The clerkship is structured so that the student will spend approximately 4 weeks in the inpatient setting and 2 weeks in the ambulatory 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. The Clerkship Director 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 [Encounter Tracking System (ETS)](https://example.com) 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 50** of these must be inpatient encounters, and **at least 30 ambulatory** encounters. **Students are required to document at least 2/3 of all patient encounters at the level of assist or perform.** Failure to record required patient care by 5:00 pm on the last day of the Clerkship will result in a penalty.
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.

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 who have difficulty seeing a patient within a problem or procedure category should notify their Clerkship Director with sufficient time to **enable remedial action**.
- The problems and/or procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact. The remaining conditions should be seen in the clinical setting but may be fulfilled by alternate educational activities as determined by the Education Director.

<table>
<thead>
<tr>
<th>Category</th>
<th>Min. Req.</th>
<th>Problems/Conditions</th>
<th>Location of Service</th>
<th>Min. Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral</td>
<td>1</td>
<td>Major depressive disorder*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bipolar disease</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Generalized anxiety disorder</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Insomnia</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Opioid misuse</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Pain management</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Substance abuse</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>1</td>
<td>Coronary artery disease*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Heart failure*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<td></td>
<td>1</td>
<td>Hypertension*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>At least 1 from category</td>
<td>Arrhythmia/dysrhythmia</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thromboembolic disease</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Valvular heart disease</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td>Elder care</td>
<td>1</td>
<td>Delirium</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Dementia</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Urinary incontinence</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td>Endocrine</td>
<td>1</td>
<td>Diabetes mellitus*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Dyslipidemia*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Obesity*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Thyroid disease*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>1</td>
<td>Abdominal pain*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<td></td>
<td>1</td>
<td>GERD*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td>Gastrointestinal disease</td>
<td>At least 5 from category</td>
<td>Cholecystitis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Diverticulitis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Diverticulosis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Gastritis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gl bleed lower</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gl bleed upper</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Inflammatory bowel disease</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Irritable bowel syndrome</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pancreatitis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>Peptic/gastric ulcer</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td>Hematology/ oncology</td>
<td>1</td>
<td>Anemia*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td>At least 1 from category</td>
<td>Common solid cancers (Breast, colon, lung, pancreatic, prostate or skin)</td>
<td>Inpatient or Outpatient</td>
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<tr>
<td></td>
<td></td>
<td>Lymphoma</td>
<td>Inpatient or Outpatient</td>
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<td></td>
<td>Leukemia</td>
<td>Inpatient or Outpatient</td>
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<tr>
<td>Infectious disease</td>
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<td>Pneumonia, other*</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Viral upper respiratory infection*</td>
<td>Inpatient or Outpatient</td>
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<tr>
<td></td>
<td>At least 3 from category</td>
<td>Cellulitis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conjunctivitis</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
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<tr>
<td></td>
<td></td>
<td>HIV infection</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital acquired infections</td>
<td>Inpatient or Outpatient</td>
<td>X</td>
</tr>
</tbody>
</table>
### Neurologic disease

- At least 3 form category
  - Dizziness/vertigo
  - Headache
  - Seizure
  - Stroke
  - Transient ischemic attack
- Inpatient or Outpatient
- X

### Pulmonary disease

- At least 2 from category
  - Asthma
  - COPD
  - Interstitial lung disease (DPLD)
  - Sleep apnea
- Inpatient or Outpatient
- X

### Renal disease

- 1 Acute kidney injury*
- 1 Chronic kidney disease*
- Inpatient or Outpatient
- X

### Rheumatologic disease

- At least 2 from category
  - Autoimmune disease (Lupus or rheumatoid arthritis)
  - Chronic back pain
  - Fibromyalgia
  - Osteoporosis
- Inpatient or Outpatient
- X

### Social determinates of health

- At least 2 from category
  - Food insecurity
  - Homelessness
  - Lack of insurance
- Inpatient or Outpatient
- X

### Min. Req.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Min. Level of Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>Observe</td>
</tr>
<tr>
<td>Adult immunization screening</td>
<td></td>
</tr>
<tr>
<td>EKG interpreted</td>
<td></td>
</tr>
<tr>
<td>EKG performed</td>
<td></td>
</tr>
<tr>
<td>Preventative health screening: Health diet screening</td>
<td></td>
</tr>
<tr>
<td>X-ray interpreted</td>
<td></td>
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</tbody>
</table>

### Alternate Educational Experiences

For students unable to complete and record a required clinical encounter or other clerkship requirements due to circumstances beyond their control, the Education Director will determine an appropriate alternative educational experience. Additional clinical encounters are the preferred method to complete the requirements of this clerkship. Students may be exposed to the conditions or diseases secondarily through reading assignments, completion of Aquifer cases, or discussions with the Clerkship Director, and will record as instructed in the ETS, and only under the direction of the Education Director. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

### Online Curriculum

The required didactic content for the clerkship is available through Aquifer Internal Medicine, a case-based computer simulation system. Requirements are referenced in the assignments section of this syllabus.

### Clerkship Director Meeting

Clerkship Directors at the regional campuses will meet with students once per week for teaching, evaluation, review of the patient log, 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 before 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 will assign relevant journal articles on selected internal medicine topics for discussion and evaluation during the weekly meetings, which may include topics such as heart failure, atrial fibrillation, and acute kidney injury. The articles will be available on Canvas M.D. Clerkships AY2023-2024 Internal Medicine page. The Clerkship Director may assign Aquifer cases and/or
complete 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 reports, 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.

Clerkship Examinations

Summative Examination
At the end of the clerkship, students will take the 110-question NBME Clinical Subject Examination in Internal Medicine.

- Students in the LIC should plan to take the NBME Internal Medicine Clinical Subject Examination during the spring semester after other clerkship requirements have been met.

Optional Formative Self-Assessment
The NBME’s Self-Assessment Services (NSAS) Clinical Science Mastery Series offers a $20 clerkship-specific exam preparation that includes in-depth answer explanations. Students may purchase an NSAS examination for any clerkship.

Learning Resources

Institutional Resources
The Maguire Medical Library offers 24/7 remote access to online resources such as Mobile Resources, Point of Care, and Subject Guides to support the core clerkships.

Recommended Reading
Students are encouraged to practice lifelong learning skills by reading about the patients they are seeing. In addition to the journal articles of interest cited on the Canvas M.D. Clerkships AY2023-2024 Internal Medicine page, students are encouraged to review the following clerkship-related texts located on the Internal Medicine Subject Guide:

- Step-Up to Medicine, 5th edition
- Harrison’s Principles of Internal Medicine, 21st edition
- Cecil Essentials of Medicine, 10th edition

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

- Epocrates Essentials
- DynaMed Plus
- ePSS Tool (USPSTF)
- MDCalc
- UpToDate
- Hopkins Antibiotic Guide (through UCentral)
- Washington Manual of Medical Therapeutics-through UCentral

Other Recommended Resources

- Rapid Interpretation of EKGs (Dubin) 2000
- OnlineMedEd Internal Medicine videos

Evaluation

Formative Evaluation
A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback on student progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the Canvas M.D. Clerkships AY2023-2024 homepage.

Summative Evaluation
An evaluation of student clinical performance will be completed by the assigned clerkship faculty at the end of the clerkship, as well as by the resident the student worked with during 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.
Grading

Years 3 and 4 Grading Policy
The standardized Years 3 and 4 Grading Policy for clerkships and courses is located on the Office of Medical Education site. The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude, performance during weekly Clerkship Director meetings, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and any student can earn a grade of honors.

Clerkship-Specific Grading Criteria
All assignments are due by 5 p.m. on the day listed.
1. Any breach in professionalism renders a student ineligible for honors
2. Any assignment submitted late or which requires remediation renders the student ineligible for honors and will result in the assignment of an initial grade of IR (Incomplete Remediation) until remediation has been completed
3. Failure to document timely and accurate work hours renders a student ineligible for honors
4. Clinical performance and content knowledge must be exemplary to be considered for honors or high pass
5. End of clerkship NBME examination must be at the
   a. 75th percentile or higher to be eligible for Honors consideration
   b. 60th percentile or higher to be eligible for High Pass consideration
   c. 10th percentile or higher to Pass
6. Active participation in weekly Clerkship Director meetings (pass/fail)
7. Satisfactory Clerkship Faculty and Clerkship Director evaluations documenting competency in all required domains
8. Satisfactory documentation of at least 80 patient encounters with at least 50 in the inpatient setting, and at least 30 in the ambulatory setting (location of service) in ETS (pass/fail)
9. Satisfactory documentation of all required problems and procedures in ETS (pass/fail)
10. Satisfactory completion and timely submission of “On Being a Patient” essay by end of clerkship in Student Academics (pass/fail)
11. Satisfactory completion and timely submission of at least one (1) faculty observed clinical encounter in ETS (pass/fail)
12. Satisfactory completion and documentation of eight (8) required Aquifer Internal Medicine cases (including Cases 11 and 19) and 1 High-Value Care module with self-assessment questions (pass/fail)
13. Satisfactory completion and timely completion of both Aquifer Internal Medicine Calibrate Assessments (early and late) and coaching meeting with Clerkship Director (pass/fail)
14. Satisfactory competence/completion of the concise oral presentation to their Clerkship Director (pass/fail)

Course Objectives
The following tables outline clerkship objectives and assessment methods for each, and are intended to be used as a guide for student learning. Each clerkship objective is mapped to the FSU COM Educational Program Objectives (EPOs) and the ACGME Core Entrustable Professional Activities (EPAs).

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE COURSE OBJECTIVES</th>
<th>EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM-1 Demonstrates the ability to gather essential and accurate information from adult patients in both an ambulatory and inpatient setting through history taking, physical exam and diagnostic data</td>
<td>1.2</td>
</tr>
<tr>
<td>IM-2 Performs appropriate health maintenance on adult patients</td>
<td>1.2</td>
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<tr>
<td>IM-3 Develops appropriate differential diagnoses for adult patients using gathered data</td>
<td>1.5, 2.6</td>
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<tr>
<td>IM-4 Develops basic patient management plans for adult patients in both the ambulatory and inpatient setting</td>
<td>1.6</td>
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<td>IM-5 Demonstrates the ability to document adult patient encounters in both the ambulatory and inpatient settings</td>
<td>4.5</td>
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<tr>
<td>IM-6 Demonstrates the ability to convey appropriate information in a concise oral presentation to other health care personnel caring for adult patients</td>
<td>4.1, 4.2</td>
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<td>IM-7 Analyzes how the social determinants of health impact the health of adult patients</td>
<td>9.1</td>
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<tr>
<td>IM-8 Compares and contrasts the impact of cost and value in healthcare affects adult patients</td>
<td>6.2</td>
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<tr>
<td>Component</td>
<td>Learning objectives</td>
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| **Ambulatory Medicine**    | 1. Perform complete history and exams on adults in the ambulatory setting  
2. Develop differential diagnoses on adults in the ambulatory setting  
3. Interpret diagnostic data on adults in the ambulatory setting  
4. Develop management plans on adults in the ambulatory setting  
5. Provide guideline-based preventive care to adults | • Faculty assessment of communication skills  
• Clerkship director assessment  
• Faculty observation of student performing history and exam |
| **Inpatient Medicine**     | 1. Perform complete history and exams on adults admitted to the hospital  
2. Demonstrate the ability to document history and physical exam, progress notes and orders  
3. Communicate appropriate information orally to other healthcare personnel concisely | • Faculty observation of student performing history and exam |
| **Required Patient Encounters** | 1. Document at least 80 encounters with at least 50 at the inpatient location of service, and 30 at the ambulatory location of service; and 2/3 of the encounters must be at the assist or perform level of participation  
2. Document the following procedures at the specified minimum number and level of participation: Adult immunization screening, EKG interpreted, EKG performed, Preventative health screening: Health diet screening, X-ray interpreted  
3. Document the following problem categories at the specified minimum number and level of participation: Behavioral, Cardiovascular disease, Elder care, Endocrine, Gastrointestinal disease, Hematology/oncology, Infectious disease, Neurologic disease, Pulmonary disease, Renal disease, Rheumatologic disease, Social determinates of health | • Review of ETS documentation |
| **Reflection “On Being a Patient” paper** | 1. Consider the impact of hospitalization on a patient | • Reviewed by the Education Director |
| **Weekly clerkship director meetings** | 1. Demonstrate oral presentation skills  
2. Demonstrate clinical reasoning skills  
3. Demonstrate time management skills through duty hours  
4. Understand the impact of cost and value in healthcare  
5. Demonstrate the ability to use medical informatics at the point of care and the medical literature to make diagnostic and management decisions in internal medicine | • Clerkship director assessment of organized, concise, and clear presentations  
• Mid-rotation feedback summary  
• Review of work hours |
| **NBME Internal Medicine Subject Examination** | 1. Demonstrate knowledge and clinical reasoning to analyze clinical scenarios and answer basic, clinical, behavioral and social science questions pertaining to adult patients | • Minimum score of 10th percentile |

**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 the [FSU COM Student Handbook](#) for details of the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form located on Student Academics](#). Extended absences from the clerkships are not permitted. Any absence from the clerkships must be **pre-approved by the Regional Campus Dean** before the beginning of the clerkship, using the student absence request form. The clerkship faculty, Clerkship Director, and Education Director must be notified of any absence in advance by the student, once approved by the campus dean. Under no circumstances should a student arrange with the clerkship faculty or elective
faculty to be away from the rotation without first obtaining the approval of the campus dean. Any approved absence from a required clerkship may result in the student receiving a grade of “incomplete” and the student is expected to make up missed time and/or complete alternative/additional assignments before a final grade will be assigned. **Unapproved absences during the clerkship are considered unprofessional behavior, will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.** In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible.

**Academic Honor Policy**
The Florida State University Academic Honor Policy outlines the University’s expectations for the integrity of student’s 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](http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy).)

**Americans with Disabilities Act**
Florida State University (FSU) values diversity and inclusion; we are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. FSU is committed to providing reasonable accommodations for all persons with disabilities in a manner that is consistent with the academic standards of the course while empowering the student to meet the integral requirements of the course. To receive academic accommodations, a student: (1) must register with and provide documentation to the Office of Accessibility Services (OAS); (2) must provide a letter from OAS to the instructor indicating the need for accommodation and what type; and, (3) should communicate with the instructor, as needed, to discuss recommended accommodations. A request for a meeting may be initiated by the student or the instructor. Please note that instructors are not allowed to provide classroom accommodations to a student until appropriate verification from the Office of Accessibility Services has been provided. This syllabus and other class materials are available in an 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, Florida State University, Tallahassee, FL 32306-4167; (850) 644-9566 (voice); (850) 644-8504 (TDD), oas@fsu.edu, [https://dsst.fsu.edu/oas/](https://dsst.fsu.edu/oas/).

**Clinical Experience and Education Policy (formerly Duty Hours or Work Hours)**
The FSU COM uses the ACGME requirements regarding clinical experience and education as a guideline for our policy. Our goal is to provide a structure that supports patient safety and student education and facilitates personal-professional balance and well-being.

- Clinical experience and scheduled educational activities must be limited to no more than 80 hours per week when averaged over 4 weeks.
- Students must have at least one day out of every 7 completely free from clinical duties and required educational activities when averaged over 4 weeks.
- Clinical experience must not exceed 24 hours of continuously scheduled assignments, with the exception that up to 4 hours of additional time may be used for effective transitions of care or student education. No additional patient care responsibilities may be undertaken during these 4 hours. After 24 hours continuously on call, students must have at least 14 hours free of clinical work and scheduled educational activities.
- Students should have 8 hours off between scheduled clinical experience and education periods.

**Documentation** of time spent on clinical experience and education:
Students will use ETS to document by self-report their daily work hours on required clerkships and courses. Students must enter daily hours to include both clinical experience and required educational activities. Failure to report work hours is considered a breach of professionalism.

Students will report the following:

- Clinical experience, including documentation in the medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, meetings with clerkship faculty, 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
Office of Student Counseling Services
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 the Office of Student Counseling Services and the FSU Office of Accessibility Services (OAS) to determine whether they might be eligible to receive the accommodations needed 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 a medical degree.

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 patients with the required conditions. The level of participation in the care of patients is determined by the student's involvement during the history, physical exam, assessment, and treatment plan. The complexity of these components will vary, but to choose a level of participation, three categories have been created, all of which include supervision of the medical student. The student will select the level of participation that most closely describes their involvement in the patient encounter and will receive credit for documented participation at the required level or higher.

- **Observe** should be selected when the student observes a clinician conducting a patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Student Mistreatment Policy
“Mistreatment” arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age, or sexual orientation. If a student feels they are being mistreated, the student should report this concern to the Division of Student Affairs (Student Support Coordinator, Assistant or Associate Dean for Student Affairs, or the Regional Campus Dean). We treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Please refer to the Student Mistreatment Policy in the FSU COM Student Handbook and report incidents of mistreatment as soon as possible.

Syllabus Change Policy
Except for changes that substantially affect the implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advance notice.