BCC 7112
Internal Medicine Clerkship
2018-2019

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<table>
<thead>
<tr>
<th>Campus</th>
<th>Clerkship Director</th>
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<tbody>
<tr>
<td>Daytona</td>
<td>Vinayak Purandare, 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>
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<td><strong>Rural Program Site</strong></td>
<td><strong>Clerkship Administrator</strong></td>
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<tr>
<td>Marianna</td>
<td>Steven Spence, MD</td>
</tr>
<tr>
<td>Thomasville</td>
<td>Calvin Reams, MD</td>
</tr>
</tbody>
</table>
Contents

Overview .....................................................................................................................................................................3
Description ..................................................................................................................................................................3
Orientation ............................................................................................................................................................3
Longitudinal Integrated Curriculum (LIC) ..............................................................................................................3
Scheduled Hours/On-Call ....................................................................................................................................3
Student Workhour Policy ......................................................................................................................................3
Absences..............................................................................................................................................................4
Components ...............................................................................................................................................................4
  Required Assignment: Reflection .........................................................................................................................4
  Case Presentation ................................................................................................................................................4
  Patient Care .........................................................................................................................................................4
  Patient Log (ETS) ...............................................................................................................................................4
  Documentation of Workhours ...............................................................................................................................5
  Aquifer Internal Medicine ...................................................................................................................................5
Meetings and Lectures .........................................................................................................................................6
Exam ....................................................................................................................................................................6
Readings ..............................................................................................................................................................6
Learning Resources ...............................................................................................................................................7
Institutional Resources ..........................................................................................................................................7
Evaluation and Grading ..............................................................................................................................................7
  Mid-Clerkship Feedback ......................................................................................................................................7
  Evaluation ............................................................................................................................................................7
  College of Medicine Standard Clerkship Grading Policy .....................................................................................7
  Clerkship Specific Grading ..................................................................................................................................7
Policies .......................................................................................................................................................................8
  College of Medicine Attendance Policy ................................................................................................................8
  Academic Honor Policy ........................................................................................................................................8
  Americans with Disabilities Act ............................................................................................................................8
  College of Medicine Student Disability Resources ..............................................................................................8
Competencies ..........................................................................................................................................................9
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
There are TWO ASSIGNMENTS that students MUST complete prior to their first clerkship day and first meeting with their Clerkship Director.

- Students MUST view the 2018-2019 Internal Medicine Clerkship Orientation Video (also located on Canvas).
- Students MUST be prepared to present a case at the first Clerkship Director meeting. 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.

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 and on the Canvas Organizational site for Core Clerkships.

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 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. 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. During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty.

Student Workhour 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.
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 a reflection 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.

- This must be submitted as a Word document to the Education Director through Student Academics during the final week of the rotation. The Education Director will evaluate this 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.

- Students will be 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)
- Completion of Aquifer Internal Medicine modules
- 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:

| 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. |
| 2. Elder Care | —focusing on geriatric syndromes such as delirium, dementia and fall risk |
| 3. Cardiovascular Disease | (e.g., hypertension, coronary artery disease, arrhythmia, heart failure) |
| 4. Renal Disease | (e.g., acute kidney injury, chronic renal failure and glomerular disease) |
| 5. Gastrointestinal Disease | (e.g., abdominal pain, peptic ulcer disease, gastritis, reflux, bleeding) |
| 6. Cerebrovascular Disease | (e.g., stroke, transient ischemic attack, seizure, headache) |
| 7. Endocrinology | (e.g., diabetes, thyroid disease, dyslipidemia, obesity) |
| 8. Infectious Disease | (e.g., hospital acquired infections, cellulitis, pneumonia, UTI, HIV/AIDS) |
| 9. Hematology/Oncology | (e.g., common malignancies, anemia) |
| 10. Musculoskeletal Disease | (e.g., back pain, osteoarthritis, autoimmune diseases) |
| 11. Pulmonary Disease | (e.g., COPD, asthma, interstitial lung disease) |

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

**Documentation of Workhours**

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.

**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 4 of the modules and the assessment for each module during the 6 week rotation.
• Students may pick any 4 of the modules, with the thought that they should pick topics related to clinical cases they have seen. Students will be required to complete all of the self-assessment questions in each module.

Aquifer Internal Medicine Case List:

<table>
<thead>
<tr>
<th></th>
<th>Case Description</th>
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<th>Case Description</th>
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<tbody>
<tr>
<td>1</td>
<td>49-year-old man with chest pain</td>
<td>19</td>
<td>42-year-old woman with anemia</td>
</tr>
<tr>
<td>2</td>
<td>60-year-old woman with chest pain</td>
<td>20</td>
<td>48-year-old woman with HIV</td>
</tr>
<tr>
<td>3</td>
<td>54-year-old woman with syncope</td>
<td>21</td>
<td>78-year-old man with fever, lethargy, and anorexia</td>
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<tr>
<td>4</td>
<td>67-year-old woman with shortness of breath and lower-leg swelling</td>
<td>22</td>
<td>71-year-old with cough and fatigue</td>
</tr>
<tr>
<td>5</td>
<td>55-year-old man with fatigue</td>
<td>23</td>
<td>54-year-old woman with fatigue</td>
</tr>
<tr>
<td>6</td>
<td>45-year-old man with hypertension</td>
<td>24</td>
<td>52-year-old female with headache, vomiting, and fever</td>
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<tr>
<td>7</td>
<td>28-year-old woman with lightheadedness</td>
<td>25</td>
<td>75-year-old woman with altered mental status</td>
</tr>
<tr>
<td>8</td>
<td>55-year-old man with chronic disease</td>
<td>26</td>
<td>58-year-old man with altered mental status and experiencing homelessness</td>
</tr>
<tr>
<td>9</td>
<td>55-year-old woman with upper abdominal pain and vomiting</td>
<td>27</td>
<td>65-year-old man with hypercalcemia</td>
</tr>
<tr>
<td>10</td>
<td>48-year-old woman with diarrhea and dizziness</td>
<td>28</td>
<td>70-year-old man with shortness of breath and leg swelling</td>
</tr>
<tr>
<td>11</td>
<td>45-year-old man with abnormal LFTs</td>
<td>29</td>
<td>55-year-old woman with fever and chills</td>
</tr>
<tr>
<td>12</td>
<td>55-year-old man with lower abdominal pain</td>
<td>30</td>
<td>55-year-old with leg pain</td>
</tr>
<tr>
<td>13</td>
<td>65-year-old woman seen for annual physical</td>
<td>31</td>
<td>40-year-old male with knee pain</td>
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<tr>
<td>14</td>
<td>18-year-old woman for pre-college physical</td>
<td>32</td>
<td>39-year-old woman with joint pain</td>
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<tr>
<td>15</td>
<td>50-year-old man with cough and nasal congestion</td>
<td>33</td>
<td>49-year-old woman with confusion</td>
</tr>
<tr>
<td>16</td>
<td>45-year-old man who is overweight</td>
<td>34</td>
<td>55-year-old man with low back pain</td>
</tr>
<tr>
<td>17</td>
<td>28-year-old man with a pigmented lesion</td>
<td>35</td>
<td>35-year-old female with three weeks of fever</td>
</tr>
<tr>
<td>18</td>
<td>75-year-old man with memory problems</td>
<td>36</td>
<td>49-year-old man with ascites</td>
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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. 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.

Exam
The NBME Internal Medicine Subject Examination will be administered on the last day of the Clerkship. It assesses overall knowledge of internal medicine and will allow the student to compare him/herself to peers.

Readings
Many clerkship related texts are available through the COM Library’s Internal Medicine Subject Guide. Students should use IM Essentials 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 19th edition or Andreoli and Carpenter’s Cecil Essentials of Medicine 9th Edition can be used to supplement the material from IM Essentials.

• 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.

**Learning Resources**
Required Mobile Device Resources are available for download on the Internal Medicine Subject Guide’s Other Resources section
- Epocrates Essentials
- DynaMed Plus
- PEPID
- ePSS Tool (USPSTF)
- Essential Evidence Plus
- Qx Calculate
- Washington Manual of Medical Therapeutics-through UCentral

**Other Recommended Resources:**
- *Rapid Interpretation of EKGs* (Dubin) 2000
- Madruga 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 competencies.

**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.

**College of Medicine Standard Clerkship Grading Policy**
The standardized clerkship policy can be found on the Office of Medical Education website.

**Clerkship Specific Grading**
1. If any remediation is required, the student is no longer eligible for “honors”, and will be assigned an initial grade of “IR” until remediation has been completed
2. Any breech 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 4 Aquifer Internal Medicine modules and self-assessment questions (pass/fail)
6. Active participation in weekly clerkship director meetings (pass/fail)
7. Submission of reflection 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 75th percentile or higher to be eligible for honors consideration, and must be at the 10th percentile to pass the clerkship.

Policies

**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. Any absence from this clerkship requires permission from the regional campus dean. In addition, students must personally notify clerkship faculty and clerkship director. Failure to follow this procedure constitutes a breech in professionalism.

**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
- 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 following table outlines the Internal Medicine clerkship competencies and the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: [https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships](https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships).

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<th>Clerkship Competency</th>
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<td>NBME/End of Clerkship Exam</td>
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**Internal Medicine**

The student will be able to:

- Conduct a focused history appropriate to the patient’s chief complaint and history of present illness.
- Conduct a focused physical exam using appropriate techniques.
- Diagnose, evaluate and construct a treatment plan for common illness in internal medicine.
- Perform appropriate health maintenance.
- Perform and interpret ECGs.
- Interpret chest x-ray.
- Convey appropriate information orally to other health care personnel in a concise manner.
- Document written admission history and physical exam, progress notes and orders.
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<thead>
<tr>
<th>Task</th>
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<tr>
<td>Demonstrate facility in the application of medical informatics</td>
<td>x</td>
<td>x</td>
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<tr>
<td>technology and critical appraisal of the medical literature in</td>
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<tr>
<td>making diagnostic and management decisions in internal medicine.</td>
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<tr>
<td>Display and demonstrate professionalism in all interactions</td>
<td>x</td>
<td>x</td>
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<tr>
<td>with patients, colleagues and staff.</td>
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