



The Florida State University
College of Medicine

Advanced Internal Medicine Clerkship

BCC 7113

2013-2014

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Instructors

Education Director

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. William Hood
Daytona	Dr. Vinayak Purandare
Orlando	Dr. Ben Kaplan
Pensacola	Dr. Robert Anderson
Sarasota	Dr. Kathleen Kennedy
Tallahassee	Dr. Gregory Todd

Course Overview

Description

The Advanced Internal Medicine Clerkship is a competency- based internal medicine subinternship or acting internship, designed to allow students the opportunity to participate in the management of patients with common clinical presentations encountered in the practice of hospital based internal medicine. Each student will have the opportunity to experience a broad range of illness severity ranging from acute care upon presentation to the emergency department to life threatening processes in the intensive care unit. Students will also have the opportunity to improve their basic clinical skills, learn new inpatient procedures and examination techniques, and assess the effectiveness of their clinical interventions. The student will have increasing responsibility for the care of patients during the course of this clerkship.

Course Components

Areas of Interest

At the start of the clerkship, each student will identify at least **three issues in internal medicine** that they hope to learn during this rotation, along with a plan to achieve these objectives, such as extra readings, following extra patients, or completing extra cases in the student guide. The student will submit these to the Education Director through Blackboard, who will review them. **You must use Firefox browser rather than Internet Explorer to have access to full functionality of Blackboard.** The student will work with the Clerkship Director to gain knowledge about these topics. *Submission of these topics will be required by the end of the first week of the clerkship.*

This is primarily an **apprenticeship style experience** with an IM clerkship faculty member. There will be experiential learning that each student will have with his/her clerkship faculty, and the clinical faculty will have primary responsibility for assessing the achievement of the clerkship competencies. Students will also have the opportunity to learn about many of the ancillary services that occur inside and outside the hospital setting through the interactions with other professionals, and will have the opportunity to learn the hazards of acute hospitalization.

Inpatient service

This clerkship will be conducted at community hospitals chosen to provide students comprehensive experiences with hospitalized patients on internal medicine services. The students will spend four weeks with clerkship faculty physicians who care for hospitalized patients. Under the direct supervision of the clerkship faculty physician, each student will learn to identify, evaluate and prioritize treatment of medically complex inpatients.

Students will be required to work up a minimum of 3 new/undifferentiated patients each week in the inpatient setting. During the 4 week block, students will see 6 - 10 follow-up/established patients each week. If at any point the student is carrying less than 2 patients per day (follow-ups) s/he will pick up and assume care of a patient who is not a new admission to the hospital. The number of patients each student has responsibility for will be determined by the complexity of cases and the student's demonstrated ability to assume a role in the care of additional patients. Students will be expected to demonstrate involvement at the moderate to full level of participation in at least 80% of their patient encounters. Students will be expected to have progressively more autonomy in management of their patients during the clerkship. Students will be expected to have at least 55 patient encounters during the 4 week clerkship. Patient encounters can be newly admitted patients, or patients seen in follow-up during their hospitalization. For explicit instructions on how to enter patient encounter data using E*Value, click [here](#).

Meetings, Lectures and Conferences

Students will also be required to attend lectures and conferences where available. In settings where lectures and conferences are not available, students will acquire learning materials via reading and case assignments arranged by the clerkship director, using the Student Guide from the CDIM Sub-internship Curriculum or other sources.

In addition, each student will **meet with the clerkship director** once per week during the clerkship for case presentations and discussions. The clerkship director will oversee student patient-log entries, assuring breadth of experience and avoiding duplication. The student will give a case presentation of a selected case at this weekly meeting which will be assessed by the clerkship director. In addition, the student will discuss issues of biomedical ethics which arise during his/her care of patients, using the curriculum and resources posted on Blackboard. During the final week of the clerkship, the student will present a case where the principals of patient safety are outlined and addressed in a patient-centered manner. The student will be expected to have completed the readings posted on Blackboard in preparation for this presentation.

The clerkship director will assess progress on the student's self-learning and achieving the clerkship competencies. A **mid-point (formative) evaluation** will be completed by the clerkship director. A **daily electronic log of patients** will be kept by the students and transmitted weekly to the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication.

Didactic sessions will be available through morning report, grand rounds, morning lectures and/or a noon lecture series. These sessions will be available based on location and clerkship faculty's schedule. Each student will be given an updated schedule indicating available learning opportunities. These sessions will be considered supplementary to the learning objectives of the clerkship and will be substituted with assigned readings and/or sessions with the clerkship director

if needed.

Evaluations and Exam

Evaluation of student's charting of progress notes and discharge summaries will be done by the clerkship faculty member in the course of patient care activities.

The web-based NBME Advanced Clinical Examination in Internal Medicine will be given on the last day of the clerkship.

Each student will be required to meet with the clerkship director during the final week of the clerkship to debrief the clerkship director about the student's experiences on the clerkship. A final substantive evaluation will be completed by the clerkship director with input from clerkship faculty.

Scheduled Hours/On-Call

The clerkship is four weeks in duration and will consist of inpatient shifts, in-house call, lectures, conferences, and reading assignments. The student will work 12 hours per day or 6 days per week. If night call is available, it will occur not more than every 4th night, including weekend call. The student will be expected to be on call one weekend day/night during two of the four weekends during the rotation. The final call schedule will be determined based on the clerkship faculty member's call schedule. Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

Competencies

Competency		Teaching methods	Assessment methods
1. Patient Care—Demonstrates the knowledge and skills to care for the hospitalized internal medicine patient with minimal physician supervision and oversight:			
a)	knowledge of the current medical literature and apply that knowledge in making evidence-based diagnostic and management decisions, using appropriate evidence-based decision support resources.	clinical faculty, meeting with clerkship director, PDA resources, EBM resources	observation by faculty and clerkship director, oral presentation, patient documentation, NBME exam
b)	incorporates basic science information appropriately into clinical decision making		
c)	manage patient transitions	clinical faculty	

	between different care settings.		
d)	clearly conveys thought processes behind clinical decisions and tailors presentations to setting.	clinical faculty	observation by faculty and clerkship director, oral presentation, patient documentation

2. Patient Care --Demonstrate the ability to evaluate and manage patients under supervision with commonly occurring internal medicine presentations:

a)	Abdominal Pain	clinical faculty, clerkship director, Internal Medicine Sub-Internship Training Problems, EBM resources	observation by faculty, meeting with clerkship director, patient log data, oral presentations, NBME exam
b)	Acute gastrointestinal bleeding		
c)	Acute neurologic changes, including seizure, stroke, TIA		
d)	Acute pulmonary edema		
e)	Acute renal failure		
f)	Altered mental status		
g)	Arrhythmias		
h)	Chest Pain		
i)	Electrolyte disorders		
j)	Fever		
k)	Glycemic control, including diabetic ketoacidosis	clinical faculty, clerkship director, Internal Medicine Sub-Internship Training Problems, EBM resources	observation by faculty, meeting with clerkship director, patient log data, oral presentations, NBME exam
l)	Hypertensive emergencies		
m)	Nausea and vomiting		
n)	Pain Management		
o)	Respiratory distress		
p)	Shock and sepsis		
q)	Substance abuse/overdose/drug withdrawal		
r)	Syncope		

3. Medical Knowledge --Discuss the indications, contraindications, risks, and benefits appropriate to the level of education for each the following procedures:

a)	Thoracentesis	clinical faculty, meeting with clerkship director, self-study information on Blackboard	meeting with clerkship director
b)	Paracentesis		
c)	Insertion and maintenance of central lines		
d)	Insertion and maintenance of arterial lines and arterial blood gases		
e)	Nasogastric tubes		
f)	Lumbar puncture		
g)	Insertion and maintenance of bladder (Foley) catheters		

4. Interpersonal and Communication Skills—Demonstrate effective communication with patients and other health professionals.			
a)	patient-centered approach in all communications with patients.	clinical faculty, clerkship director	observation by clinical faculty
b)	understanding of ethical principles and their application to patient care	clinical faculty, clerkship director, ethics cases	observation by clinical faculty, meeting with clerkship director
c)	effective communication with patients from diverse backgrounds and with all the members of the healthcare team	clinical faculty, clerkship director	observation by clinical faculty
d)	application of the principles of end-of-life care with patients and their families	clinical faculty, clerkship director, EBM literature	observation by clinical faculty
5. Professionalism—Displays and demonstrates professionalism in all interactions with patients, colleagues and staff.			
		clinical faculty and clerkship director	observation by clinical faculty and clerkship director
6. Systems-based Practice--- Demonstrate the ability to work effectively as a member of the health care team.			
		clinical faculty and clerkship director	observation by clinical faculty and clerkship director
7. Systems-based Practice—Demonstrate ability to recognize and prevent the hazards of acute hospitalization for patients.			
a)	Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.	clinical faculty, clerkship director and material on Blackboard	oral case presentation to clerkship director
b)	Discuss complications for which hospitalized older adults are at increased risk		

Policies

Americans with Disabilities Act

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.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146

Phone: (850) 645-8256 Fax: (850) 645-9452

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

97 Woodward Avenue, South Florida State University Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504 sdrc@admin.fsu.edu <http://www.fsu.edu/~staffair/dean/StudentDisability>

Academic Honor Code

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. (Florida State University [Academic Honor Policy](#))

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See page 30** of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Library Policy

The [COM 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 "Course Pages" 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.

Required Materials

Texts: ALL TEXTS AVAILABLE ON AIM COURSE PAGE

<http://med.fsu.edu/index.cfm?fuseaction=library.courseViewer&courseID=18>

- Cecil Essentials of Medicine (Andreoli, Benjamin et al) Saunders Elsevier, Inc, 8th edition, 2010
- The Washington Manual of Medical Therapeutics (Cooper, Krainik, Lubner, Reno, Micek) Lipincott Williams Wilkins, Inc, 33th edition, 2010 (Available as a FREE download through uCentral)
- Sub-internship Primer (on Blackboard)
- CDIM IM Sub-internship Student's Guide Cases (on Blackboard)
- Procedures from St. Frances Guide to Clinical Clerkship in Inpatient Medicine, 3rd edition (Sanjay Saint) Lippincott Williams & Wilkins, 2010 (on Blackboard)
- Video clips from NEJM series on procedures (links on Blackboard)
- Additional readings on patient safety and the hazards of acute hospitalization posted on Blackboard.

PDA/Smartphone Resources

Epocrates

Essential Evidence Plus (not available for iPhone)

Dynamed

Pepid

Madruga Marvel Medical Black Book (available as an app at iTunes-Recommended but not required)

Washington Manual

Reference Texts

Harrison's Principles of Internal Medicine (Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo) McGraw-Hill, Inc, 18th edition, New York, New York, St Louis, Missouri and San Francisco, California, 2012.

Grading

The [2013-2014 Grading Policy](#) for all Clerkships are standardized and can be found [here](#).

Clerkship-specific grading criteria: How the Final grade will be determined:

1. NBME Advanced Clinical Examination in Internal Medicine (you must pass with a score >10th percentile to pass the clerkship)
2. Compliance with patient log data entry of at least 55 new patient encounters, 80% of which must be moderate to full involvement (pass/fail) - **this must be completed by 5 pm on the last day of the block**
3. Submission of self-assessment by the end of Week 1 (pass/fail)
4. Case mix of patient problems as listed above with supplementation using CDIM cases (pass/fail)
5. Presentation of patient safety case to clerkship director (pass/fail)
6. Active participation in clerkship director meetings (pass/fail)
7. Faculty evaluations and clerkship director evaluations documenting competency in all required domains.
8. Professionalism (pass/fail)