

BCC 7113

Advanced Internal Medicine Clerkship

2010-2011

Table of Contents

Instructors	3
Education Director	3
Clerkship Directors	3
Course Overview	4
Description	4
Course Components	4
Areas of Interest	4
Inpatient service	4
Meetings, Lectures and Conferences	5
Evaluations and Exam	6
Scheduled Hours/On-Call	6
Competencies-Objectives-Assessment	7
Policies	9
Americans with Disabilities Act	9
Academic Honor Code	9
Attendance Policy	10
Library Policy	10
Required Materials	10
Texts	10
PDA/Smartphone Resources	10
Suggested Materials	11
Reference Texts (On-line versions available)	
Grading	11

Instructors

Education Director

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. William Hood
Daytona	Dr. Vinayak Purandare
Orlando	Dr. Cynthia Powell
Pensacola	Dr. Robert Anderson
Sarasota	Dr. Kathleen Kennedy
Tallahassee	Dr. Raymond Shashaty
Thomasville	Dr. Rudolf Hehn
Rural Tract	Dr. Steven Spence

Course Overview

Description

The Advanced Internal Medicine Clerkship (Medicine Subinternship) is 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. The Education Director will work with the Clerkship Director to allow the student to gain knowledge about these topics. Identification of these topics by the end of the first week of the clerkship will be required.

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. Students will also have the opportunity to learn about many of the ancillary services that occur inside and outside the hospital setting.

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 2/3 of their patient encounters. Students will be expected to have progressively more autonomy in management of their patients during the clerkship.

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 Subinternship 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. A minimum of one patient presentation per clerkship will be assessed by the clerkship director. The clerkship director will oversee student's CDCS patient-log entries, assuring breadth of experience and avoiding duplication.

Clerkship directors will meet with the student at least once per week. The student will give a case presentation of a selected case at this weekly meeting. The student will be responsible for completing any assigned readings as well as being prepared for the educational interaction. The clerkship director will assess progress on the student's self-learning. 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 monthly 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 Internal Medicine Subinternship Exam 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, with night call no greater 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-Objectives-Assessment

These clerkship objectives reflect the knowledge, skills and attitudes of the overall COM competencies and educational learning objectives as noted below. By the completion of the clerkship, students will be able to:

Topic 1: Demonstrate in depth knowledge in the care of the hospitalized internal medicine patient:

- SLO 1.1 Utilize appropriate decision support resources and PDA/Smartphone resources in managing inpatient internal medicine problems
 SLO 1.2 Analyze and apply principles of evidence based medicine in making diagnostic and management decision in internal medicine through the use of interpretation of current medical literature
 SLO 1.3 Demonstrate the ability to apply appropriate clinical pharmacological principles in using medication to manage common inpatient internal medicine problems
- SLO 1.4 Demonstrate the ability to conduct a focused medical history and targeted physical examination appropriate to the patient's chief complaint
- SLO 1.5 Demonstrate the ability to diagnose and present a treatment plan for commonly occurring internal medicine illnesses in the inpatient setting
- SLO 1.6 Formulate and apply effective transitions for patients between different care settings in the continuum of care
- SLO 1.7 Demonstrate application of the principles of patient safety

Topic 2: Demonstrate understanding of the risks, benefits and indications appropriate to the level of education for the following procedures:

SLO 2.1	Insertion of nasogastric tube
SLO 2.2	Insertion of Foley catheter

Topic 3: Demonstrate the following professional and communication competencies:

SLO 3.1	Apply the biopsychosocial model and patient-centered method to the understanding of patient presentations in the inpatient setting		
SLO 3.2	Demonstrate understanding of ethical principles and their application to patient care		
SLO 3.3	Demonstrate effective communication skills with a diverse array of patients and members of the healthcare team in the inpatient		
	setting		
SLO 3.4	Apply principles of end-of-life care with a patient and family		

SLO 3.5	Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the healthcare tea	
	with relevant information and synthesis of clinical information	

Topic 4: Demonstrate understanding of the following broad inpatient internal medicine topics:

SLO 4.1	Abdominal pain	SLO 4.10	Fever
SLO 4.2	Acute gastrointestinal bleeding	SLO 4.11	Glycemic control, including diabetic ketoacidosis
SLO 4.3	Acute neurologic changes, including seizure, stroke, TIA	SLO 4.12	Hypertensive emergencies
SLO 4.4	Acute pulmonary edema	SLO 4.13	Nausea and vomiting
SLO 4.5	Acute renal failure	SLO 4.14	Pain management
SLO 4.6	Altered mental status	SLO 4.15	Respiratory distress
SLO 4.7	Arrhythmias	SLO 4.16	Shock and sepsis
SLO 4.8	Chest pain	SLO 4.17	Substance abuse/overdose/drug withdrawal
SLO 4.9	Electrolyte disorders	SLO 4.18	Syncope

SLO=Specific Learning Objective

Educational methods and evaluation methods for each of these specific learning objectives are listed in the table, Appendix A.

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) 645-8256Fax: (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, found at http://www.fsu.edu/~dof/honorpolicy.htm.

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See pages 27-29** of *FSUCOM Student Handbook* for details of attendance policy, notice of absences and remediation.

Library Policy

The <u>COM Maguire Medical Library</u> 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

<u>The Washington Manual of Medical Therapeutics</u> (Cooper, Krainik, Lubner, Reno, Micek) Lipincott Williams Wilkins, Inc, 32th edition, 2007 (On-line version available through FSU-COM Medical Library and available for PDA/Smartphone via www.skyscape.com. You must download this onto your device BEFORE you start your clerkship or purchase the spiral-bound copy).

Subinternship Primer (on Blackboard)

CDIM IM Subinternship Student's Guide Cases (on Blackboard)

PDA/Smartphone Resources

Epocrates

Essential Evidence Plus (not available for iPhone)

Dynamed

Pepid

The COM Maguire Medical Library is primarily a digital library and over 95% of its resources are available 24/7 at the main COM campus and at each regional medical campus, as well as through authenticated Internet access regardless of student location. 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 are borrowed through interlibrary loan.

Suggested Materials

Reference Texts (On-line versions available)

<u>Cecil Medicine: Expert Consult/Cecil Textbook of Medicine</u> (Goldman and Austello) Saunders Elseviers, Inc. 23nd edition, 2007

<u>Harrison's Principles of Internal Medicine</u> (Fauci, Braunwald, Kasper, Hauser, Longo, Jamesoon, Loscalzo) McGraw-Hill, Inc, 17th edition, New York, New York, St Louis, Missouri and San Francisco, California, 2008.

Grading

Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the *FSUCOM Student Handbook* -page 31.