



**The Florida State University**  
**College of Medicine**

**Internal Medicine**  
**Clerkship**

**BCC 7112**

**2015-2016**

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Project upload to Student  
Academics and CoM  
Library Subject Guides

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# Instructors

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## ***Education Director***

### **Dr. Jonathan S. Appelbaum**

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## ***Clerkship Directors***

<b>Campus</b>	<b>Director</b>
Daytona	Dr. Vinayak Purandare
Fort Pierce	Dr. William Hood
Orlando	Dr. Ben Kaplan
Pensacola	Dr. Robert Anderson
Sarasota	Dr. Kathleen Kennedy
Tallahassee	Dr. Michael Forsthoefel

## ***Site Directors***

<b>Site</b>	<b>Director</b>
LIC in Marianna	Dr. Steven Spence
Thomasville	Dr. Calvin Reams

# Course Overview

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## ***Description***

The third year Internal Medicine Clerkship is an eight-week clinical rotation. The objective of the clerkship is to acquaint the student with the varied aspects of medical care for adults. Emphasis will be 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 will be highlighted.

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. Formal and informal daily teaching sessions and rounds with the clerkship faculty physician (and residents at some sites) are a major part of the eight-week experience. Clerkship directors at the regional campuses will meet with students once per week for teaching, evaluation and feedback. Each student will record and present appropriate clinical data daily to their clerkship faculty member.

At least two clinical observations for each student will be performed by the clerkship director or designee during the clerkship. Students will be assigned to work with one or more clerkship faculty members during the 8 week rotation to accomplish the following goals:

1. Each student will evaluate at least 120 internal medicine patients over the course of the clerkship.
2. At least 25 of these encounters will be unique hospital inpatients.
3. The number of inpatient encounters is not to exceed 50% of the total encounters.

The students will spend approximately 60% of clerkship time in ambulatory settings and 40% in inpatient settings.

The Doctoring 3 and Chronic Care Clerkship courses, run concurrently with clerkships throughout the entire third year.

## Course Components

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### ***Teaching and Learning Methods***

Students will have access to personal computers and mobile devices as well. Students will be expected to access course materials through Blackboard. Students must use Firefox internet browser rather than Internet Explorer to access the full functionality of Blackboard. A daily electronic log of patient encounters (E\*value) will be kept by the students and transmitted at least weekly to the main campus. 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.

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.

Clerkship directors will meet with students once per week. General medicine topics will be discussed at this weekly meeting. The discussion may include the following: review of the assigned internal medicine *Case Files*, 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 Blackboard), and practice oral case presentation skills. Patient log entries will be reviewed and suggestions for learning any uncovered topics/diagnoses will be made by augmenting clinical experiences, completing internal medicine *Case Files* or paper cases and/or completing reading assignments.

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. Each student will be informed of their local learning opportunities and are encouraged to participate. Some clinical faculty may assign readings to students. 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, clinical faculty will be posting journal articles of interest on Blackboard.

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
- Timed Oral Case Presentation
- Chart Documentation
- Clinical Diagnostic Decision Making (Critical Thinking)
- Performing *AND* interpreting EKG
- Interpreting chest x-ray

## ***Call and Weekends***

Students may be on-call at the discretion of the clerkship faculty. The call frequency will not exceed every 4<sup>th</sup> night and will **not** require overnight call. Each student will work at least two weekend days during the eight-week clerkship unless otherwise directed by clerkship faculty.

## ***Internal Medicine Clerkship Student Self-Study Program***

This self-study program has been designed to assist the student in managing the vast amount of medical information available. This program will result in exposure to the core concepts and breadth of knowledge deemed necessary for students to have acquired during this clerkship. The keys to success during this rotation include a *daily text reading program covering not only the clinical encounters of the day, but also enough to cover the assigned readings by the end of the clerkship.*

Internal Medicine cases, known as *Case Files*, are an integral part of the clerkship learning experience. Students are to complete at least the assigned cases and the readings in Harrison's *Principles of Internal Medicine* 19<sup>th</sup> edition or Andreoli and Carpenter's *Cecil Essentials of Medicine* 9th Edition. While the student is only responsible for the cases listed below, the student is encouraged to read all of the cases.

Listed below are the assigned basic Internal Medicine topics from *Cecil Essentials of Medicine* (9<sup>th</sup> Edition) and *Harrisons Principles of Internal Medicine (19<sup>th</sup> edition)*, along with Lange's *Case Files Internal Medicine* (4<sup>th</sup> edition)) that will allow the student to maximize the learning experience:

2015 Case Files Self-Study

Week	Topic	Case Files (4 <sup>th</sup> Ed) Case #	Lange Case Files Chapter Title	Readings	IM Essentials Chapters	Harrison's Online (19 <sup>th</sup> Ed) Chapters	Cecil Essentials of Medicine (9 <sup>th</sup> Ed) Chapters
<b>1</b>	<b>CARDIOVASCULAR DISEASE</b>						
		1	Acute MI	MI	1, 2, 3	293-296	3, 8
		2	CHF / AS	HF	7, 8	279-280	5, 7
		9	Hypertension	HBP	31	298	12
		46	Hypercholesterolemia	Hypercholesterolemia	32	421	69
<b>2</b>	<b>GASTROINTESTINAL DISEASE</b>						
		14	Pancreatitis / Gallstones	Abdominal Pain	16	20	38, 44
				GERD	17, 18	347	35
		4	PUD	PUD	19	348	36
		26	Diverticulitis	GI Bleed		57	33
		28	Sickle Cell		48		47
		16	Ulcerative Colitis		26		37
<b>3</b>	<b>INFECTIOUS DISEASE</b>						
		39	Pneumonia	Pneumonia	57	153	21, 92
		54	Urosepsis	UTI	60	162	98
				Cellulitis	46	156	94
		7	HIV	HIV / AIDS	62	226	101
				Hospital Acquired Infections	65	168	99
		29	Meningitis	Meningitis	74	165	90
<b>4</b>	<b>PULMONARY DISEASE</b>						
		34	COPD	COPD	93	314	16
		31	Tb	Tb	58	202	21
				Interstitial Lung Disease	95	315	17
		37	PE	Pulmonary Embolism	96	142	18
		35	Cough / Asthma	Cough / Asthma	35, 92	48 & 254	14
<b>5</b>	<b>ENDOCRINOLOGY / METABOLISM</b>						
		57	Thyrotoxicosis	Thyroid Disease	11	405	63
		42	Type 2 DM	Diabetes Mellitus	13, 14	417-419	66
				Obesity	33	415-416	67
		36	Hypercalcemia / MM	Hypercalcemia	68	65	73
		5	Hyponatremia	Hyponatremia	67	63-64	27
<b>6</b>	<b>NEUROLOGY</b>						
		47	TIA	Stroke / TIA	75	446	116
		60	Dizziness	Dizziness	40	28	113
				Seizure	79	445	118
		50	Headache	Headache	73	21	111
	<b>RENAL</b>						
		17	Acute Renal Failure	Kidney Injury	70	334	31
		19	Acute GN	Glomerulonephritis	66	338	28
<b>7</b>	<b>MUSKULOSKELTAL</b>						
		24	Low Back Pain	Osteoarthritis	99	394	111
		21	Gout	Crystal Arthropathies	100	395	76, 82
		22		RA	102	380	77
				SLE	103	378	79
	<b>PREVENTION</b>						
		53	Health Maintenance	Health Maintenance	30	4	70
				EBM	28, 29	3	71
<b>8</b>	<b>REVIEW</b>						

This 2015 Case Files Self Study Guide is also posted on Blackboard.

## **Broad Topic Areas**

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 (for example: hypertension, coronary artery disease, arrhythmia, heart failure)
4.	Renal Disease (for example: acute renal failure, chronic renal failure and glomerular disease)
5.	Gastrointestinal Disease (for example: abdominal pain, peptic ulcer disease, gastritis, reflux, bleeding)
6.	Cerebrovascular Disease (for example: stroke, transient ischemic attack, seizure, headache)
7.	Endocrinology (for example: diabetes, thyroid disease, dyslipidemia, obesity)
8.	Infectious Disease (for example: hospital acquired infections, cellulitis, pneumonia, UTI, HIV/AIDS)
9.	Hematology/Oncology (for example: common malignancies, anemia)
10.	Musculoskeletal Disease (for example: back pain, osteoarthritis, autoimmune diseases)
11.	Pulmonary Disease (for example: COPD, asthma, interstitial lung disease)

If unable to gain access to a patient with a diagnosis in any one of the categories listed, the student will be required to complete a reading assignment or a case with a diagnosis/problem in that category. The need for completing the reading assignment will be determined by the clerkship director based on weekly reviews of the patient log data, which will be discussed with the student on a weekly basis.



## Competencies-3<sup>rd</sup> year Internal Medicine Clerkship

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ACGME Competency	Measurement
1. Patient Care <ol style="list-style-type: none"> <li>a. Demonstrate the ability to conduct a focused history appropriate to the patient's chief complaint and history of present illness</li> <li>b. Demonstrate the ability to conduct a focused physical exam using appropriate techniques</li> </ol>	<ul style="list-style-type: none"> <li>• Direct observation by clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>
2. Medical Knowledge <ol style="list-style-type: none"> <li>a. Demonstrate the ability to diagnose, evaluate and construct a treatment plan for common illness in internal medicine</li> <li>b. Demonstrate the ability to perform appropriate health maintenance</li> <li>c. Perform and interpret ECGs</li> <li>d. Interpret chest x-ray</li> </ol>	<ul style="list-style-type: none"> <li>• Performance on NBME shelf exam</li> <li>• Documentation in e*Value</li> <li>• Evaluation by clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>
3. Interpersonal and Communication Skills <ol style="list-style-type: none"> <li>a. Demonstrate the ability to convey appropriate information orally to other health care personnel in a concise manner</li> <li>b. Demonstrate the ability to document written admission history and physical exam, progress notes and orders</li> </ol>	<ul style="list-style-type: none"> <li>• Timed oral presentations</li> <li>• Chart review</li> <li>• Evaluation by clerkship director</li> </ul>
4. Practice-based Learning and Improvement <ol style="list-style-type: none"> <li>a. Demonstrate facility in the application of medical informatics technology and critical appraisal of the medical literature in making diagnostic and management decisions in internal medicine</li> </ol>	<ul style="list-style-type: none"> <li>• Evaluation by clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>
5. Professionalism <ol style="list-style-type: none"> <li>a. Displays and demonstrates professionalism in all interactions with patients, colleagues and staff</li> </ol>	<ul style="list-style-type: none"> <li>• Evaluation by patients, staff, clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>

Achievement of competencies will be assessed mid-point and at the end of the clerkship by faculty and clerkship director.

## Policies

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### ***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](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

### ***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 [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 “Subject Guides” from the *Reference 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.

## Required Materials

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### Required Texts

All texts available on the [Internal Medicine COURSE PAGE](#)

- *Cecil Essentials of Medicine* (Andreoli, Carpenter, Griggs, Benjamin), 9<sup>th</sup> edition, Saunders Elsevier, 2015
- *Case Files: Internal Medicine* (Toy, EC and Patlan JT,) McGraw-Hill, Inc, 4<sup>th</sup> edition, 2013 (**print only**)
- *IM Essentials text and questions* (ACP-CDIM) 2015--Available from ACP or Amazon.com  
<https://store.acponline.org/eBizATPRO/Default.aspx?TabId=203&ProductId=21179>  
[http://www.amazon.com/s/ref=nb\\_sb\\_noss\\_2?url=search-alias%3Daps&field-keywords=im+essentials](http://www.amazon.com/s/ref=nb_sb_noss_2?url=search-alias%3Daps&field-keywords=im+essentials) **This is THE BEST way to prepare for the NBME shelf exam.** You may purchase print or electronic version. The accompanying *Internal Medicine Essentials* is a great text. Some of the clerkship directors have copies of this resource which you may borrow.

### Required Mobile Device Resources

- Epocrates Essentials
- DynaMed
- Harrison’s Manual of Medicine-**through UCentral**
- PEPID
- ePSS Tool (USPSTF)
- Essential Evidence Plus
- Washington Manual of Medical Therapeutics-**through UCentral**
- Madruga Marvel Medical Black Book (available as an app at iTunes)

## Grading

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The standardized clerkship [policy](#) can be found on the [Office of Medical Education website](#).

## ***Evaluation Methods and Assignment***

Since this clerkship is an apprentice-style experience, direct clinical observation by internal medicine faculty will be the *primary* method of student evaluation. Active participation in the weekly meetings with the clerkship director is another means of assessing student performance. Finally, the NBME Internal Medicine Subject Examination will assess overall knowledge of internal medicine and will allow the student to compare him/herself to peers.

Students will also be evaluated in two other ways. **First**, a timed oral case presentation to clinical faculty, 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. **Second**, the student will submit a self-assessment of his/her growth in knowledge of internal medicine and discuss some topic areas where the/she would have liked to have learned more, and the ways he/she hopes to remediate this deficiency. *This self-assessment must be submitted to the Education Director through Blackboard AND Student Academics during the final week of the rotation.* The Education Director will evaluate this assignment.

A post-clerkship debriefing may be held as a group with the clerkship director at the end of the clerkship.

## ***Clerkship-Specific Grading Criteria***

### **How the Final grade will be determined**

1. NBME Internal Medicine Exam (must pass to pass the clerkship)
2. Compliance with patient data entry of at least 120 unique patient encounters, 2/3 of which must be moderate to full involvement (pass/fail)
3. Completion of ALL required procedures (pass/fail)
4. Active participation in weekly clerkship director meetings (pass/fail)
5. Submission of reflection by the end of the clerkship (pass/fail)
6. Timed oral presentation to clerkship director (pass/fail)
7. Faculty evaluations and clerkship director evaluations of competency milestones
8. Professionalism (pass/fail)

## **Longitudinal Integrated Curriculum (LIC)**

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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](#). The Internal Medicine Clerkship Blackboard site also has a content area with specific dates and deadlines for the Internal Medicine clerkship that will be presented over the course of the entire year, with multiple evaluations and formative assessment periods.