



The Florida State University
College of Medicine

Internal Medicine Sub-Internship

BCC 7113

2016-2017

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Instructors

Education Director

Dr. Jonathan Appelbaum

Office: Florida State University
College of Medicine
Department of Clinical Sciences
1115 West Call Street, Suite 3140-J
Tallahassee, FL 32306-4300

Phone: 850-645-1227

Email: jonathan.appelbaum@med.fsu.edu

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 Internal Medicine Sub-Internship is a competency-based internal medicine acting internship, designed to allow students the opportunity to *actively* 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. Many of these patients will not be previously worked up. Students will have the opportunity to improve their basic clinical skills, learn new inpatient procedures and examination techniques, and assess the effectiveness of their clinical interventions and work with an interdisciplinary team. The student will have increasing responsibility for the care of patients during the course of this clerkship.

Course Components

Orientation to the Subinternship:

Students are required to review the “Orientation to the Internal Medicine Sub-Internship Video” PRIOR to the first day of the rotation. The video may be viewed under the [Syllabus and Orientation content area of the Blackboard site and also AT THIS LINK](#). (Chrome, Firefox, Safari are preferred browsers.)

Required Assignments:

1. At the start of the clerkship, each student will identify at least **three specific educational objectives within internal medicine** that he/she hopes to learn during this rotation, along with a *specific plan* to achieve these objectives, such as extra readings or following extra patients. The student **must list the EBM sources** he/she will use. The student will work with the Clerkship Director to gain knowledge about these topics. The student will submit these as a Microsoft Word document through Student Academics. The Education Director will review them and return them with comments. ***These three specific educational objectives must be submitted by 5 pm on Friday of the first week of the clerkship.***
2. At the end of the clerkship, the student will briefly report on the extent to which these educational objectives were achieved, in a submission as a Microsoft Word document through Student Academics. This will be reviewed by the Education Director. ***This is due by 5 pm on last Friday of the clerkship.***

Inpatient service

This clerkship will be conducted at 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.

The Internal Medicine Sub-Internship is primarily an **apprenticeship style experience** with an IM clerkship faculty member. 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. Students will learn and evaluate the basics of patient safety and the hazards of hospitalization as well as review ethical issues that arise with their patients.

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. Students are expected to have and record at least 55 patient encounters during the 4 week clerkship. 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 *full* level of participation in at least 80% of their patient encounters. Students should see MOST of the conditions listed in the "expected diagnoses for the IM Sub-Internship" (see Page 7 of this syllabus) and it is expected that these will be documented in E*value. Students will be expected to have progressively more autonomy in management of their patients during the clerkship. Patient encounters can be newly admitted patients, or patients seen in follow-up during their hospitalization.

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 reviewed weekly by the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects the breadth of inpatient diagnoses required for completion of the Internal Medicine Sub-Internship without undue duplication. (See page 7 of this syllabus for the list of diagnoses.) All patient documentation must be completed by 5 pm on the final day of the clerkship.

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. 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. We 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 hours to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities. **However, it is expected that the student will work at least 10 hours per day for 6 days per week.** No overnight inpatient call is required for this clerkship. **The student will be expected to be on call with their team/faculty, which may include weekend days.** The call schedule will be determined by the faculty member.

Competencies

Competency		Teaching	Assessment	EPA
1. Patient Care—Demonstrates the knowledge and skills to care for the hospitalized internal medicine patient with minimal physician supervision and oversight:				
a)	Application of knowledge of the current medical literature 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	2: develop differential diagnosis
b)	Incorporation of basic science information appropriately into clinical decision making			7: form clinical questions
c)	Effective management of patient transitions between different care settings.	Clinical faculty		8: transition of care
d)	Conveys thought processes behind clinical decisions and tailors presentations to setting.	Clinical faculty	observation by faculty and clerkship director, oral presentation, patient documentation	2: develop differential diagnosis
Competency		Teaching	Assessment	EPA
2. Patient Care—Demonstrate the ability to evaluate and manage patients under supervision with commonly occurring inpatient 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	1: perform H&P 2: develop differential diagnosis 3: interpret diagnostic tests 4: enter orders
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			

Competency		Teaching	Assessment	EPA
3. Medical Knowledge—Discuss the indications, contraindications, risks, and benefits appropriate to the level of education for each the following procedures:				12: perform general 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 urinary (Foley) catheters			
Competency		Teaching	Assessment	EPA
4. Interpersonal and Communication Skills—Demonstrate effective communication with patients and other health professionals.				5: document clinical encounter 6: oral presentation 9: contribute to interprofessional team
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	
Competency		Teaching	Assessment	EPA
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	9: contribute to inter-professional team
Competency		Teaching	Assessment	EPA
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	9: Contribute to interprofessional team
Competency		Teaching	Assessment	EPA
7. Systems-based Practice—Demonstrate ability to recognize and prevent the hazards of acute hospitalization for patients.				13: identify system failures
a)	Explain the risks, indications, alternatives, and contraindications for physical and pharmacological	Clinical faculty, clerkship director and material on Blackboard	oral case presentation to clerkship director	
b)	Discuss complications for which hospitalized 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

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 “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 textbooks are available through the FSUCOM Medical Library Textbooks and More page: <http://med-fsu.libguides.com/IM>

- Cecil Essentials of Medicine (Andreoli, Benjamin et al) Saunders Elsevier, Inc,
- The Washington Manual of Medical Therapeutics (Cooper, Krainik, Lubner, Reno, Micek) (Available as a FREE download through uCentral)

Available on Blackboard

- 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.
- Ethics curriculum (on Blackboard) regarding futility

Mobile Device Resources

- Epocrates
- Dynamed Plus
- Pepid
- Madruga Marvel Medical Black Book (available as an app at iTunes-Recommended but not required)
- uCentral (Washington Manual, Hopkins HIV and Antibiotic Guide)

Reference Texts

Harrison’s Principles of Internal Medicine (Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo) McGraw-Hill, Inc,

IM Essentials text and questions.

Grading

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

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 full involvement (pass/fail)
3. Submission of self-assessment (Assignment 1) by the end of Week 1 (pass/fail)
4. Submission of end-of-clerkship assessment (Assignment 2) by 5 pm on the last day of the block (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)