



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

**Internal Medicine**  
**Clerkship**

**BCC 7112**

**2014-2015**

# Table of Contents

Instructors.....	3
Education Director .....	3
Clerkship Directors.....	3
Site Directors .....	3
Course Overview.....	4
Description .....	4
Course Components .....	5
Teaching and Learning Methods .....	5
Call and Weekends.....	6
Internal Medicine Clerkship Student Self-Study Program .....	6
Assigned Readings .....	7
Broad Topic Areas .....	8
Competencies-3 <sup>rd</sup> year Internal Medicine Clerkship .....	9
Policies .....	10
Americans with Disabilities Act.....	10
Academic Honor Code.....	11
Attendance Policy .....	11
Library Policy .....	11
Required Materials .....	11
ALL TEXTS AVAILABLE ON the Internal Medicine COURSE PAGE .....	11
Required Texts.....	12
Required Mobile Device Resources .....	12
Suggested Materials .....	12
Grading.....	12
Evaluation Methods and Assignment .....	12
Clerkship-Specific Grading Criteria.....	13

# Instructors

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## ***Education Director***

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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>
Marianna	Dr. Steven Spence
Thomasville	Dr. Rudolf Hehn

# 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 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 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 will be expected to post at least 120 unique patient encounters during this clerkship.

This is primarily an apprenticeship-style one-on-one 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 will 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. Students are expected to demonstrate involvement at the moderate to full level of participation in at least 2/3 of their patient encounters.

Didactic sessions may be available through grand rounds, morning report, noon lectures, and 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 or Andreoli and Carpenter's *Cecil Essentials of Medicine* 8th 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* (8<sup>th</sup> Edition) and *Harrisons Online* (18<sup>th</sup> edition), along with Lange's *Case Files Internal Medicine* (page numbers for both 2<sup>nd</sup> and 3<sup>rd</sup> editions given) that will allow the student to maximize the learning experience:

# Assigned Readings

Wee	Topic	Readings	Column1	Column2	Column3	Lange Case Files	Column4	Column5
			Harrison's Online 18th edition	Cecil Essentials of Medicine 8th edition 2012	Case number	Chapter Title	2nd ed	3rd ed
<b>1 Cardiovascular Disease</b>								
		MI	Chapters 234-236	Pages 95-117	1	Acute MI	24-37*	21-35
		HF	Chapter 234	Pages 66-74	2	CHF/AS	40-45	37-44
		HBP	Chapter 247	Pages 165-186	9	Hypertension	97-107	99-109
		Hypercholesterolemia	Chapter 356	Pages 643-650	46	Hypercholesterolemia	422-428	429-436
*Please note that in the 2nd Edition, on page 29, last paragraph, second sentence should read: <i>If patients with an acute STEMI present within 2-3 hours of symptom onset and receive PCI ideally within 90 minutes, then PCI is the recommended reperfusion therapy.</i>								
<b>2 Gastrointestinal Disease</b>								
		Abdominal pain	Chapter 13	Pages 382-384	14	Pancreatitis/gallstones	146-151	149-156
		GERD	Chapter 292	Pages 408-410				
		PUD	Chapter 293	Pages 414-429	4	PUD	56-61	55-61
		GI bleed	Chapter 41	Pages 385-388	26	Diverticulitis	251-258	252-262
					28	Sickle Cell	268-272	271-276
					16	Ulcerative Colitis	161-167	165-171
<b>3 Infectious Disease</b>								
		Pneumonia	Chapter 257	Pages 254-258, 951-960	39	Pneumonia	362-368	369-376
		UTI	Chapter 288	Pages 989-991	54	Urosepsis	483-490	493-499
		Cellulitis	Chapter 125	Pages 969-974				
		HIV/AIDS	Chapter 189	Pages 1008-1027	7	HIV	81-88	81-89
		Hospital Acquired infections	Chapter 131	Pages 992-997				
					29	Meningitis	274-282	277-286
<b>4 Pulmonary Disease</b>								
		COPD	Chapter 260	Pages 213-224	34	COPD	316-322	319-327
		Tb	Chapter 165	Pages 256-257	31	Tb	292-298	295-301
		Interstitial Lung Disease	Chapter 261	Pages 225-240				
		Pulmonary Embolism	Chapter 262	Pages 241-244	37	PE	343-350	349-357
		Cough/Asthma	Chapters 34, 254	Pages 193, 222-224	35	Cough/Asthma	324-332	329-337
<b>5 Endocrinology/Metabolism</b>								
		Thyroid Disease	Chapter 341	Pages 670-678				
		Diabetes Mellitus	Chapter 344	Pages 697-720	42	Type 2 DM	386-392	393-400
		Obesity	Chapter 77, 78	Pages 630-634				
		Hypercalcemia	Chapter 46	Pages 618-619	36	Hypercalcemia/MM	333-342	339-348
		Hyponatremia	Chapter 45	Pages 305-311, 783-788	5	Hyponatremia		63-71
<b>6 Neurology</b>								
		Stroke/TIA	Chapter 370	Pages 1123-1135	47	TIA	430-436	437-444
		Dizziness	Chapter 21	Pages 1104-1107	60	Dizziness	531-539	539-547
		Seizure	Chapter 369	Pages 1141-1153				
		Headache	Chapter 14	Pages 1086-1095				
<b>Renal</b>								
		Kidney Injury	Chapter 279	Pages 359-368	17	Acute Renal Failure	169-178	173-181
		Glomerulonephritis	Chapter 283	Pages 323-332	19	Acute GN	187-196	191-200
<b>7 Musculoskeletal</b>								
		Osteoarthritis	Chapter 332	Pages 870-872	24	Low Back Pain	234-240	237-244
		Crystal Arthropathies	Chapter 333	Pages 864-869	21	Gout	206-213	209-217
		RA	Chapter 321	Pages 823-882				
		SLE	Chapter 323	Pages 834-840				
<b>Prevention</b>								
		Health Maintenance	Chapter 4	Pages 733-734	53	Health Maintenance	477-482	539-547
		EBM	Chapter 3	Pages 15-20				
<b>8 Review</b>								

## **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
<p>1. Patient Care</p> <p style="margin-left: 20px;">a. Demonstrate the ability to conduct a focused history appropriate to the patient's chief complaint and history of present illness</p> <p style="margin-left: 20px;">b. Demonstrate the ability to conduct a focused physical exam using appropriate techniques</p>	<ul style="list-style-type: none"> <li>• Direct observation by clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>
<p>2. Medical Knowledge</p> <p style="margin-left: 20px;">a. Demonstrate the ability to diagnose, evaluate and construct a treatment plan for common illness in internal medicine</p> <p style="margin-left: 20px;">b. Demonstrate the ability to perform appropriate health maintenance</p> <p style="margin-left: 20px;">c. Perform and interpret ECGs</p> <p style="margin-left: 20px;">d. Interpret chest x-ray</p>	<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>
<p>3. Interpersonal and Communication Skills</p> <p style="margin-left: 20px;">a. Demonstrate the ability to convey appropriate information orally to other health care personnel in a concise manner</p> <p style="margin-left: 20px;">b. Demonstrate the ability to document written admission history and physical exam, progress notes and orders</p>	<ul style="list-style-type: none"> <li>• Timed oral presentations</li> <li>• Chart review</li> <li>• Evaluation by clerkship director</li> </ul>

<p>4. Practice-based Learning and Improvement</p> <p>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</p>	<ul style="list-style-type: none"> <li>• Evaluation by clinical faculty</li> <li>• Evaluation by clerkship director</li> </ul>
<p>5. Professionalism</p> <p>a. Displays and demonstrates professionalism in all interactions with patients, colleagues and staff</p>	<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

97 Woodward Avenue, South  
Florida State University  
Tallahassee, FL 32306-4167  
Voice: (850) 644-9566  
TDD: (850) 644-8504  
[sdrc@admin.fsu.edu](mailto: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**

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**ALL TEXTS AVAILABLE ON the Internal Medicine COURSE PAGE**

<http://med.fsu.edu/index.cfm?fuseaction=library.courseViewer&courseID=17>

## Required Texts

- Andreoli and Carpenter's *Cecil Essentials of Medicine* (Andreoli, Carpenter, Griggs, Benjamin), 8<sup>th</sup> edition, Saunders Elsevier, 2010 **(print or electronic edition available through FSUCOM Medical Library)**
- Case Files: Internal Medicine (Toy, Patlan, Faustinella, Cruse) McGraw-Hill, Inc, 2<sup>nd</sup> edition, 2007 **or** 3<sup>rd</sup> edition, 2009 **(print only)**
- MKSAP for Students 5--available through ACP  
<https://www.acponline.org/ebizatpro/ProductsandServices/Products/ProductDetail/tabid/202/Default.aspx?ProductId=16356> **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**

## Suggested Materials

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- Harrison's Principles of Internal Medicine (Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo) McGraw-Hill, Inc, 18<sup>th</sup> edition, New York, New York, St Louis, Missouri and San Francisco, California, 2012 **(available on-line from FSU-COM library)**
- Madrugá 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 will be 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 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)