

Florida State University College of Medicine Student Syllabus 2006-2007

Third Year Internal Medicine Clerkship BCC 7112 (Revised July 2006)

Faculty Participating in the Planning Process

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COURSE 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 and developing a differential diagnosis for common clinical presentations and problems. Students will participate in the evaluation and care of outpatients and inpatients under the supervision of the COM clerkship faculty physicians. Exposure to common procedures encountered in the practice of Internal Medicine will also be expected. 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 and will be observed performing a complete history and physical examination on at least two occasions during the clerkship by the clerkship director during the rotation. The clerkship

will be delivered at each campus with the intent that all students will be able to meet the objectives, regardless of the setting of care. The ratio will be dependent upon the practice patterns of the clerkship faculty at each campus. However, the objectives will remain the same. The Doctoring 3 course, which runs concurrently with clerkships throughout the entire third year will place the student with a community-based longitudinal faculty member for one half-day every week and in the didactic sessions at the regional campus for one half-day every week.

REQUIRED TEXTBOOK

Harrison's Principles of Internal Medicine (Braunwald, Fauci, Kasper)
McGraw-Hill, Inc, 16th edition, New York, New York, St Louis, Missouri and San Francisco, California, 2005. On-line version available.

Reading Assignments for Internal Medicine (appendix A)

Assigned MedCases: Students are required to complete the assigned Medcases, utilizing Harrison's and other suggested reading resources during the Internal Medicine clerkship rotation.

SUGGESTED READING RESOURCES

Current: Medical Diagnosis and Treatment 2005 (Tierney, McPhee, Papadakis)
McGraw-Hill/Appleton and Lange, Edition 44. Available on line.

Course Objectives

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

Knowledge:

1. Demonstrate the ability to diagnose and present a treatment plan for commonly occurring illnesses in IM settings.
2. Demonstrate the ability to use appropriate decision support resources (e.g., treatment guidelines) in managing IM patient problems.
3. Apply principles of Evidence Based Medicine (EBM) in making diagnostic and management decisions in IM
4. Discuss the major classes of drugs used in IM and demonstrate the ability to apply appropriate clinical pharmacological principles to the management of common IM medical problems
5. List 10 indications for referral to the emergency department or direct admission to the hospital
6. Write admission orders for 4 common medical problems
7. List components of a discharge summary and write a discharge summary

Skills:

1. Demonstrate the ability to conduct a focused medical history and targeted physical examination appropriate to the patient's chief complaint(s) and the history of the present illness(es) in IM
2. Demonstrate the ability to perform a history and physical examination
3. Demonstrate the ability to perform a health maintenance examination appropriate for an adult and to apply appropriate prevention guidelines.
4. Demonstrate facility in the application of medical informatics technology, and critical appraisal of the medical literature in making diagnostic and management decisions in IM.

Attitudes:

1. Demonstrate the ability to apply the biopsychosocial model and patient-centered clinical method to the understanding of patient presentations.
2. Demonstrate a basic understanding of ethical principles and their applications to patient care.
3. Demonstrate effective communication skills with a diverse array of patients, physicians and other health team members
4. Demonstrate a basic understanding of how age, gender, race, culture and socioeconomic class effects management of IM patients

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 the following numbers of new or established patients:

1. Preventative Care and Health Maintenance – 4
2. Elder Care – 4
3. Cardiovascular Disease (hypertension, coronary artery disease, arrhythmia, heart failure) – 5
4. Renal Disease (acute renal failure, chronic renal failure) – 1
5. Gastrointestinal Disease (abdominal pain, peptic ulcer disease, gastritis, reflux, bleeding) – 4
6. Cerebrovascular Disease (stroke, transient ischemic attack, seizure, headache) – 3
7. Endocrinology (diabetes, thyroid disease, dyslipidemia, obesity) – 5
8. Infectious Disease (hospital acquired infections, cellulitis, pneumonia, UTI) – 4
9. Hematology/Oncology and Associated Diseases (anemia) – 2
10. Musculoskeletal Disease (back pain) – 3
11. Pulmonary Disease (COPD, asthma) – 2

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 CDCS data, which will be discussed with the student on a weekly basis.

Knowledge Based Resources Supporting Course

Befitting a 21st century medical school, all of the physical resources necessary for this course are in place. Student learning areas, complete with computers, textbooks, internet access and video conference equipment, are available at each regional campus site. Students have access to personal computers and personal digital assistants as well. Hard copies of many of the required and suggested readings are available at each FSU Regional Campus. A daily electronic log of patient encounters will be kept by the students and electronically-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.

TEACHING AND LEARNING METHODS

This is primarily an apprenticeship style experience with a single IM clerkship faculty member at any given time. 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 of the hospital setting.

Clerkship directors will meet with students at least once per week. A general medicine topic will be discussed at this weekly meeting. The discussion may include review of the assigned Medcases, discussion of an interesting case seen during the week or a review of materials read prior to the meeting. It will also include a brief review of an ethics topic developed in concert with our faculty ethicist. CDCS entries will be reviewed and suggestions for learning any uncovered topics/diagnoses will be made by augmenting clinical experiences, completing Medcases 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 will be available through grand rounds, morning lectures, 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 given an updated monthly schedule indicating available learning opportunities.

The clerkship directors will observe and certify that each student has met competency standards in the performance of these areas:

- History and Physical Examination
- Oral Case Presentation
- Chart Documentation
- Clinical Diagnostic Decision Making (Critical Thinking)

In addition, the clerkship faculty and clerkship directors will monitor the students' activities to ensure that they are exposed to the procedures listed below, especially if the

student has not had this experience on a prior clerkship. If this criteria is not met and the clerkship faculty member or clerkship director is unable to assist the student with gaining exposure to the procedure (s) in an alternate manner, the clerkship director will notify the Education Director for IM as well as the campus dean that the student still needs to complete the procedure (s). The student will then be expected to gain exposure to the procedure (s) on a subsequent clerkship. Procedures the student is expected to gain exposure to on the IM clerkship include, but are not limited to:

- Venipuncture
- Administering IM, SQ, and Intradermal injections
- Demonstrating universal precautions
- Obtaining blood and wound cultures
- Obtaining a pap smear
- BLS
- ACLS
- EKG Reading
- Chest X-ray

Call and weekends

Students will be on-call at the discretion of the clerkship faculty during the six weeks outpatient component of the clerkship. The call frequency will not exceed every 4th night. The student will be on call every 4th night during the two weeks inpatient component of the clerkship and will be expected to remain in house until 11pm or as directed by the clerkship faculty or resident working with the clerkship faculty member. Each student will work at least two weekend days per eight-week clerkship unless otherwise directed by clerkship faculty. **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.**

EXAMINATION AND GRADING POLICY

For 3rd year clerkships in academic year 2006-2007

The following methods are used to assess student progress through the third and fourth years:

- Performance on the NBME subject examinations or on the FSU COM internal clerkship-specific examinations to assess knowledge acquisition following required clerkships;
- Ratings of student professionalism and clinical skills as recorded by clerkship faculty, residents and clerkship director using standardized FSU COM assessment forms following required clerkships and electives.

- Performance on Objective Structured Clinical Examinations (OSCE) to assess key clinical skills, including clinical reasoning (These assessments are not part of individual clerkship grades, but assess achievement of FSU COM competencies.)
- Performance on the USMLE Step 2 examinations—both CK and CS exams. (These assessments are not part of individual clerkship grades, but are standardized exams to assess both knowledge acquisition and clinical skills development.)

All students are expected to achieve the stated competencies/objectives of each clerkship. Third year students who do not meet these clerkship competencies/objectives are required to remediate identified deficiencies before being advanced to the fourth year curriculum. Fourth year students who do not achieve the stated clerkship competencies/objectives will be required to remediate deficiencies before being permitted to graduate. All students will be provided frequent opportunities to assess their performance in non-graded exercises and to identify areas of strength and weakness prior to graded examinations.

Clerkship Grading:

It is the responsibility of the Education Director in the appropriate discipline to review the appropriate assessments and assign the student's grade in all required clerkships.

Elective Grading:

It is the responsibility of the Regional Campus Dean to approve or revise the grade proposed by the elective supervisor at the end of each approved elective

Grading Standards for Required Clerkships:

FSU COM has adopted the following Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades to students completing the required clerkships. Grades are based on student performance on the NBME shelf examination, or, in the case of the geriatrics or emergency medicine clerkship, an internal FSU content exam, clerkship faculty assessments of the student performance, the clerkship director's summary, compliance with data entry requirements into the CDCS system, clerkship-specific papers or projects (when required) and in some clerkships, patient and staff evaluations (see specific syllabi for details).

A student may be assigned an "Honors" grade if he meets either of the "Honors Criteria" below:

Honors Criteria 1:

- 1) A student must receive affirmation (a "yes" rating) in all 6 subcategories of the clerkship assessment form pertaining to "Professionalism" and "Ethical Standards"; AND

- 2) A student must receive “Consistently excellent and exemplary performance” ratings in at least 12 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at least 1.0 SD above the national mean for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined honors-level score on the internal clerkship-specific exam.

Or

Honors Criteria 2:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Consistently excellent and exemplary performance” ratings in at least 15 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve an NBME score in at least the 70th percentile when compared with shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined alternate pathway honors-level score on the internal clerkship-specific exam.

A student may receive a “Pass” grade if they meet the “Pass Criteria” below:

Pass Criteria:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Consistently good, performance improved with experience” ratings in at least 15 of the 17 remaining subcategories on the assessment form and have no more than 2 “Needs considerable improvement, showed little growth or progress” in the remaining 17 subcategories; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at or above the 10th percentile for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all

- NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR,
- 4) A student must achieve a score above a predetermined minimum passing score on the internal clerkship-specific exam.

A student is at risk for a grade of “Fail” if they achieve any of the “Fail Criteria” below:

Fail Criteria:

- 1) A student does **not** receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; OR
- 2) A student receives one or more “Very problematic, area of grave concern” ratings in any of the remaining 17 subcategories on the rating form; OR
- 3) A student receives a “Needs considerable improvement, showed little growth or progress” rating in 3 or more of the remaining subcategories; OR
- 4) A student achieves a score below the 10th percentile of students completing clerkship of comparable length at a similar time in the academic year on the retake of his/her NBME specialty subject exam. (note: all NBME shelf exam scores taken by fourth year students shall be referenced to scores by students in the fourth quarter of third year); OR
- 5) He/she does not achieve a score above a predetermined minimum passing score on the retake of the internal clerkship-specific exam.

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the internal clerkship-specific exam:

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the initial internal clerkship-specific exam will receive an initial clerkship grade of “IR”. They will be given one additional opportunity to re-take the examination to achieve a passing score. If a passing score is achieved on the re-take examination, the “IR” grade will be changed to a grade of “Pass.” (A student who fails the initial exam cannot achieve an “honors” grade regardless of the score on the re-take exam.) This re-take examination must be completed prior to the beginning of the student’s fourth year curriculum, or in the case of a fourth year student, prior to graduation.

If a third year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being promoted to his/her fourth year, at the discretion of the Student E and P Committee. If a fourth-year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being allowed to graduate.

Students who fail to meet CDCS requirements for required clerkships:

Data from the CDCS system is used to assess and direct individual educational objectives for each student. This makes accurate and timely data entry into the CDCS system imperative for clerkship students. Failure to comply with the CDCS data-entry standards established for the clerkship may result in a lowering of the student's clerkship grade, and in cases of blatant noncompliance, may result in a student's failing the clerkship due to concerns of professionalism.

Students who receive poor evaluations by patients or staff:

Patient and staff evaluations are important pieces of information about student performance, and are required to be collected during all third-year required clerkships. While this information is used for formative feedback in all clerkships, in some clerkships, this information may be used in grade determinations. The clerkship syllabus will clearly indicate how these patient and staff evaluations are to be used. Consistently low evaluations by either patients or staff may result in a lowering of the student's clerkship grade, and in extreme cases, may result in a student's failing the clerkship due to concerns about professionalism. Consistently high evaluations by patients or staff may also result in elevating the student's grade from a "pass" to an "honors" grade for students in certain students who fall just below the "honors" cutoffs.

Please note: For the Internal Medicine Clerkship, patient and staff evaluations are generally used for formative feedback, and not numerically calculated into the final grade. However, consistently low evaluations by either patients or staff may result in a lowering of the grade on this clerkship, and in extreme cases, may result in a failing grade due to concerns about professionalism. Furthermore, consistently high evaluations by patients or staff may result in elevating the student's grade from a "pass" to an "honors" for certain students who fall just below the "honors" cutoffs.

Impact of Clerkship grades on the student's overall FSU COM grade point average:

Clerkship grades are translated to numerical equivalents by the FSU COM Office of Student Affairs and the FSU Registrar in order to calculate the student's grade point average (GPA). The numerical equivalents used for this calculation are:

"Honors"	=	A	=	4.0
"Pass"	=	B	=	3.0
"Fail"	=	F	=	0.0

Students will be provided with frequent feedback about their performance. Mid-clerkship formative feedback will be given to the students by their clerkship faculty member and clerkship director. Remediation opportunities will be provided. Students who have serious problems meeting clerkship requirements will be referred to the Student Evaluation and Promotions Committee.

The NBME subject exam will generally be given on the morning of the last day of the clerkship.

Course Evaluation

Thoughtful student feedback is vital to assuring a high quality clerkship. All students will be given an opportunity to provide constructive feedback to the clerkship faculty and clerkship directors using the on-line evaluation system. Numerical ratings and comments by all students will be solicited at the end of each clerkship.

Attendance Policy

FSU COM ATTENDANCE POLICY

COM Philosophy

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

Attendance Policy

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) or the Regional Campus Dean (Year 3/4) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. It is important that students realize that their absence or tardiness negatively impacts a number of other people. Attendance, including tardiness, is part of the student's evaluation for

professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

Procedure for Notification of Absence

Year 3/4 Required Clerkships

If the student requests an absence in advance, the “Advance Request for Absence from Educational Activity(ies)” form should be completed, signed by the student and given to the Regional Campus Dean. Requests for excused absences from a required clerkship should be rare and made only in situations that cannot be rescheduled to occur during a scheduled time off or during an elective. An excused absence from a required clerkship may be allowed when it is determined by the Regional Campus Dean that the student has no alternative (see Fourth Year Scheduling Policies).

The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director, will make the final decision regarding the student’s request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student’s grade shall rest with the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs at the regional campus.

If the absence occurs due to an unforeseen emergency, the student should contact the Clerkship Director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the Education Director and the Clerkship Director will make the final decision regarding implications of the student’s absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the Regional Campus Dean. Final decisions regarding implications for the student’s grade shall rest with the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs.

Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Preceptor visits, and Clerkship Call

The remediation policies for absences from examinations, quizzes, small group sessions, and clerkship call are:

1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. Based on Curriculum Committee policy, a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The Course/Education Director will determine the time of the exam make-up session. Also, according to the Curriculum Committee decision and the existence of the FSU COM honor code, the student will be given the same examination given to the other students.

2. **POLICY ON MISSED QUIZZES:** Students are required to take scheduled and unscheduled quizzes in the courses/clerkships. A student can only be excused from a quiz by a Course/Education Director decision based on the personal situation of the student. The student must make arrangements with the Course/Education Director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU COM honor code, the student will be given the same quiz given to the other students.
3. **POLICY ON MISSED SMALL GROUP SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL:** The student should contact the Course Director, small group leader, Clerkship Director or Education director for instructions on remediation of the missed session and material covered.

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. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to ". . . be honest and truthful and . . . [to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://www.fsu.edu/~dof/honorpolicy.htm>).

Students With Disabilities

Students with disabilities needing academic accommodations should:

- (1) Register with the Student Disability Resource Center [SDRC], and provide documentation of their disability.
- (2) Bring a letter to the Clerkship Director from the SDRC indicating the need for academic accommodations. This should be accomplished within the first week of the rotation. Specific arrangements should be made with the Clerkship Director five working days prior to any examination for which accommodations are being requested.

APPENDIX A

M3 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. While you are certainly free to design your own learning program, adherence to 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: (1) Enthusiastic attendance at all clinical functions, and (2) 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.

Computerized problem-based learning cases, known as MedCases, are an integral part of the clerkship learning experience, and can be accessed via your blackboard. Students are to complete at least 10 MedCases and the assigned reading in Harrison's for Internal Medicine. Completion of the assigned reading prior to completion of the MedCases will improve your learning experience.

Listed below are the assigned basic Internal Medicine topics from Harrison's Principles of Internal Medicine, 16th Edition, along with MedCases that will allow the student to maximize the learning experience. It is important to note that Harrison's Online is the electronic version of the 16th print edition of Harrison's Principles of Internal Medicine, and that the online version is continually updated. To learn about the latest information on each topic listed below, it is the student's responsibility to search for updates.

1. Screening and Prevention of Disease: (Pages 26-28)
Preventative and Early Detection of Cancer: (Pages 441-447)
2. Cardiovascular Disease:
Hypertension (Hypertensive Vascular Disease Pages 1463-1480)
CAD (Ischemic Heart Disease Pages 1434-1359)
Arrhythmia (Bradyarrhythmias Pages 1333-1341)
CHF (Heart Failure and Cor Pulmonale Pages 1367-1378)
MedCases #397, 451 and 445
3. Renal Disease:
ARF (Acute Renal Failure Pages 1644-1653)
CRF (Chronic Renal Failure Pages 1653-1663)
MedCase #402
4. Gastrointestinal Disease:
Abdominal Pain (Abdominal Pain Pages 82-84)
PUD (Peptic Ulcer Disease Pages 1746-1762)
GERD (Diseases of the Esophagus Pages 1739-1745)
Bleed (Gastrointestinal Bleeding Pages 235-238)
MedCases #29 (FP section) and #310 (Surg section)
5. Cerebrovascular Disease:
CVA/TIA (Cerebrovascular Disease Pages 2372-2393)
Seizure (Seizures and Epilepsy Pages 2357-2372)
Headache (Headache Pages 85-94)
MedCases #393 and 562
6. Endocrinology:
DM (Diabetes Mellitus Pages 2152-2180)

- [Thyroid \(Disorders of the Thyroid Gland Pages 2104-2126\)](#)
- [Dyslipidemia \(Disorders of Lipoprotein Metabolism Pages 2286-2298\)](#)
- [Obesity \(Obesity Pages 422-429\)](#)
- [MedCases #549 and 40 \(FP section\)](#)
-
- 7. [Infectious Disease:](#)
 - [Hospital Acquired Infections \(Hospital-Acquired Infections Pages 775-781\)](#)
 - [Cellulitis \(Infections of the Skin, Muscle, and Soft Tissues Pages 740-745\)](#)
 - [Pneumonia \(Pneumonia Pages 1528-1541\)](#)
 - [UTI \(Urinary Tract Infections and Pyelonephritis Pages 1715-1721\)](#)
 - [MedCases #472](#)
-
- 8. [Heme/Onc:](#)
 - [Anemia \(Anemia and Polycythemia Pages 329-336\)](#)
-
- 9. [Musculoskeletal Disease:](#)
 - [Back Pain \(Back and Neck Pain Pages 94-104\)](#)
 - [MedCases #487](#)
-
- 10. [Pulmonary Disease:](#)
 - [COPD \(Chronic Obstructive Pulmonary Disease Pages 1547-1554\)](#)
 - [Asthma \(Asthma Pages 1508-1516\)](#)
 - [MedCases #416](#)

APPENDIX B

SUGGESTED READINGS FROM CURRENT LITERATURE

See Appendix B tab in Blackboard for Direct Links.

1. Medical Progress: Heart Failure NEJM 2003; 348:2007-18
2. Guideline for the management of patients with chronic stable angina: treatment Ann Intern Med. 2001; 135:616-632
3. Clinical Practice: Initial treatment of hypertension NEJM 2003; 348: 610-7.
4. Initial management of glycemia in Type 2 diabetes mellitus NEJM 2002; 347:Vol 17 1342-49
5. Medical Progress: Inflammatory Bowel Disease NEJM 2002 Vol. 347 No.6 417-27
6. Review article: The Irritable Bowel syndrome NEJM 2001 Vol. 344, No. 24 1846-49
7. Clinical Practice: TIA NEJM 2002 Vol.347 N0.21 1687-91
8. Epilepsy NEJM 2001 Vol. 344, No.15 1145-51
9. Essential Tremor NEJM Vol. 345, No. 12 887-891
10. Painful Sensory Neuropathy NEJM 2003; 348:1243-55
11. Migraine-Current Understanding and Treatment NEJM 2002 Vol 346, No.4 257-267
12. Diagnostic Evaluation of Dyspnea AFP Feb. 15, 1998
13. An Office Approach to the Diagnosis of Chronic Cough AFP December 1998

14. Mild Asthma NEJM 2001 Vol. 345, No. 17 1257-61
15. Acute Exacerbations of COPD NEJM 2002 Vol. 346, No. 13 988-93
16. Obstructive Sleep Apnea NEJM 2002 Vol. 347, No.7 498-50
17. Management of Community Acquired Pneumonia NEJM 2002 Vol. 347, No.25 2039-45
18. Principles of Appropriate Use for Treatment of Uncomplicated Acute Bronchitis Ann Int Med 2001 Vol 134 No 6
19. Acute Sinusitis: A cost effective approach to Diagnosis ant Treatment AFP Nov. 15, 1998
20. Managing Depression in Medical Outpatient NEJM 2000 Vol. 343 No. 26 1942-50
21. Medical Care for Obese Patients: Advice for Health Care Professionals AFP January 1, 2002
22. Otitis Media NEJM 2002 Vol. 347, No.15 1169-73
23. Low Back Pain NEJM 2001 Vol. 344, No 5 363-369
24. Blurred Vision NEJM 2000 Vol. 343 No. 8 556-562
25. The Red Eye NEJM Vol 343 No. 5 345-351
26. Diagnosis of Eating Disorder in Primary Care AFP January 15, 2003 Vol 67, NO 2 297-303
27. STD Treatment Guidelines Annals of Int Med 2002 Vol 137 No 4 255-262
28. How to Sort out a Complaint of Dizziness Patient Care May 2003 44-52
29. Mammographic Screening for Breast Cancer NEJM 2003 348; 17 1672-80
30. Screening For Prostate Cancer AFP Feb. 15, 2003 787-91
31. Screening for Lung Cancer NEJM 343:22 1627-1633
32. Screening for Colorectal Cancer NEJM 2002 346:1 40-44
33. Microscopic Hematuria NEJM 2003 348:23 2330-2335
34. Advance Care Planning for fatal Chronic Illness: Avoiding Errors Ann Int Med 2003 138:10 812-817
35. Outpatient Management of Patients with Alcohol Problems Ann Int Med Vol 133 No 10
36. Optimal Treatment of anxiety disorders Patient Care May 2003 18-35
37. What do abnormal LFT's really mean? Patient Care May 2003 35-44
38. Managing abnormal Pap smears Patient care May 2003 56-69
39. Approach to the patient with Syncope Advanced Studies in Medicine May 2003 Vol 3 No 5 265-76
40. Update on Diabetes and the Metabolic Syndrome Advanced Studies in Medicine May 2003 Vol 3 No 5 277-286
41. ACS Updates Guideline for the Early Detection of Cervical Neoplasia and Cancer AFP May 2003 Vol. 67, No 9 2011-2016
42. Postmenopausal Hormone Replacement Therapy AFP Jan 15, 2003 Vol 67 No 2 358
43. USPSTF. Screening for osteoporosis in postmenopausal women Ann Intern Med 2002 137:526-528
44. Chronic Urticaria and angioedema NEJM 2002 vol. 346 no. 3 175-179
45. Adolescent depression NEJM 2002 vol. 347 no. 9 667-671
46. Preventing falls in elderly persons NEJM 2003 vol 348 no. 1 42-47

47. What's new in the ACC/AHA guidelines for evaluation and management of CHF
Advanced Studies in Medicine Vol3 no 1 Jan 2003 14-21
48. Syncope: Review article NEJM 2000 1856-1861
49. Atrial Fibrillation NEJM 2001 Vol 344 no. 14 1067-1077
50. Tinnitus NEJM 2002 Vol 347 no. 12 904-910
51. Vestibular Neuritis NEJM 2003 348:11 1027-1031
52. Health Outcomes associated with various antihypertensive therapies used as first line agents JAMA 2003 vol 289 no 19 2534-2543
53. Medicine and professionalism Arch Intern Med Vol 163 Jan. 27, 2003 145-149
54. Adverse Drug Events in Ambulatory Care NEJM 2003 348:16 1556-1563
55. Restless leg syndrome NEJM 2003 348:21 2103- 2109
56. COPD: Review article NEJM 2000 vol. 343 no. 4 269-278
57. Management of Drug and Alcohol Withdrawal: Review Article NEJM 2003 348:18 1786-1793
58. Public Expectations and attitudes for annual physical examinations and testing
Annals of Intern Med 2002 Vol 136 no 9
59. Putting prevention into practice: The patients role Annals of Intern Medicine 1999
vol 130 no 8