

Northeast Ohio Medical University

College of Medicine

Internal Medicine Clerkship, IMED 83001
10 Weeks / 10 Credit Hours
Course Syllabus
Academic Year –2023 - 2024

Table of Contents

COURSE LEADERSHIP.....	4
Internal Medicine Chair	4
Associate Dean of Experiential Education	4
Clinical Experience Director.....	4
Clerkship Site Directors	4
Coordinator Team.....	4
BASIC COURSE INFORMATION	5
Course Description	5
Course Enrollment Requirements	5
CLERKSHIP OBJECTIVES	5
Clerkship Objectives	5
CLERKSHIP RESOURCES	6
Primary Resources	6
Online Resources	6
American College of Surgeons ACS/ASE Medical Student Simulation-Based Surgical Skills Curriculum	6
Aquifer	6
CANVAS	6
ECG Wave-Maven Self-Assessment Program for Students and Clinicians	6
Heart Murmurs and Heart Sounds: Visual Explanation for Students	6
Heart Sounds.....	7
Life In the FASTLANE EKG.....	7
Low Resource Clinical Skills Materials.....	7
Lung Sounds	7

OASIS.....	7
SEPTRIS.....	7
The Stanford School of Medicine.....	7
Secondary Resources.....	7
CLERKSHIP STRUCTURE	7
Orientation	7
First Day Reporting	7
Call and Work Hours.....	7
Inpatient Experience.....	8
Outpatient Experience.....	8
Clinical Recognition Examination	8
LEARNING ACTIVITIES.....	8
Instructional Methods/Learning Strategies	8
Overview.....	9
Clinical Skill Experience Portfolio (CSEP)	11
Internal Medicine National Board of Medical Examiners (NBME) Practice Subject Examination	12
Supervision of History and Physical Examinations and Orders.....	13
PASSPORT (IM Clerkship – Clinical Participation).....	13
Aquifer Online Modules	13
Palliative Care Aquifer Modules	14
uWorld.....	14
Practice-Based Learning and Improvement (PBLI) Project	14
Student-Specified Individual Learning Goals.....	15
Formative and Mid-Course Feedback	15
Self-Directed Educational Resources.....	16
American College of Surgeons ACS/ASE Medical Student Simulation-Based Surgical Skills Curriculum	16
The Stanford School of Medicine.....	16
COURSE GRADING AND ASSESSMENT	17
National Board of Medical Examiners (NBME) Subject Examination	18
Clinical Recognition Examination	18

Final Clerkship Grade Categories.....	18
Grade Dispute.....	19
Course Remediation	19
Committee on Academic and Professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action:	20
COURSE POLICIES & PROCEDURE.....	20
Attendance and Time Off Clerkship	20
Blood Born Pathogen Policy	20
Curriculum Contact Hours	20
Clinical Supervision and Safety.....	20
Mistreatment.....	21
Professionalism.....	21
Subject Examination and Illness Protocol	21
Safety/Clinical Supervision	21
Student Accessibility Services.....	22
APPENDICES	23
Appendix A: Aquifer Cases	23
Appendix B: CSEP	23
Appendix B: History and Physical Examination Outline	27
Appendix C: Admission Orders Mnemonic Outline.....	28

COURSE LEADERSHIP

Dr. Paul Lecat is Clinical Experiential Director for the Internal Medicine Clerkship. He is responsible for ensuring that implementation of the Internal Medicine Clerkship curriculum is comparable across all teaching sites. Dr. Lecat and the respective Clinical Site Directors can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. These are the institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.

Internal Medicine Chair		
Mehool Patel, MD		mpatel@neomed.edu
Associate Dean of Experiential Education		
Susan Nofziger, MD		Snofziger@neomed.edu
Clinical Experience Director		
Pratima Sood, MD		psood@neomed.edu
Clerkship Site Directors		
Kevin Frey, MD Clerkship Director	Aultman Hospital/Mercy Medical Center	kevin.frey@aultman.com
Natthavat Tanphaichitr, MD Clerkship Director	Cleveland Clinic Akron General	tomntan@icloud.com
Regina Pestak, MD Clerkship Director	Cleveland Clinic Fairview	pestakr@ccf.org
Denis Lunne, MD Clinical Director	Mercy Health St. Elizabeth Youngstown Hospital	drlunne152@gmail.com
Kimberly Klosz, DO Clerkship Director	MetroHealth Medical Center	kklosz@metrohealth.org
Sanjay Patel MD Clerkship Director	OhioHealth Riverside Methodist Hospital	sanjay.patel@ohiohealth.com
Katherine Tater, MD Clerkship Director	Summa Health System – Akron Campus	tatark@summahealth.org
Larry Woods, MD Clerkship Director	Trumbull Regional Medical Center	lwoodsmd@aol.com
Todd Lisy, MD Clerkship Director	Western Reserve Hospital	tlisy@westernreservehospital.org
Michael Thompson, DO Clerkship Director	University Hospital St John Medical Center	Michael.Thompson3@uhhospitals.org
Coordinator Team		
Belinda Sasala M3/M4 Curriculum Manager		m3clerkships@neomed.edu bsasala@neomed.edu
Debra Edwards M3/M4 Curriculum Coordinator II (Lead)		m3clerkships@neomed.edu dedwards1@neomed.edu
Elizabeth Clary Clinical Site Coordinator – Aultman Hospital		eclary@neomed.edu
Stephanie Arnold Clinical Site Coordinator – Summa Health Systems		Sarnold@neomed.edu

BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Internal Medicine Clerkship is a ten-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in Internal Medicine, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within Internal Medicine practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> • BLS • OSHA • ACLS • HIPAA • Responsible Conduct of Research • Human Subjects Research 	<ul style="list-style-type: none"> • Criminal Background • Check Toxicology Screen • TB Test 	<ul style="list-style-type: none"> • Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) • Flu shot • COVID vaccination required at some sites and strongly encouraged at others.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED’s College of Medicine Educational Program Objectives \(COM EPO\)](#). Throughout the Clerkships, students will continue to learn and refine skills, knowledge, attitudes, and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination for those patients presenting with acute, chronic, or preventative care needs such as COPD, heart failure, infection, malignancy.	1.1, 1.2
2. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing for patients presenting with symptoms such as chest pain, shortness of breath and neurologic deficits.	1.3
3. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventative care needs such as diabetes, hypertension, COPD, and congestive heart failure.	1.4
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to thrombosis, acute coronary syndrome, and kidney injury.	2.1

5. Apply knowledge of evidence-based medicine to answer patient care related questions.	3.1
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families.	4.2
7. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms.	7.1
8. Fulfill one's professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest).	5.1, 5.2, 5.3
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1

CLERKSHIP RESOURCES

Reading during the Clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in Internal Medicine. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees. The recommended textbooks for the Clerkship are:

Primary Resources

1. Wing, Edward and Shiffman, Fred. Cecil Essentials of Medicine (Cecil Medicine), 10th Edition. Elsevier, May 2021.
2. Bickley, Lynn S. Bates' Guide to Physical Examination and History Taking, 13th Edition. Philadelphia: Lippincott Williams and Wilkins, 2020.
 - *NOTE: 12th Edition is approved*

Online Resources

American College of Surgeons ACS/ASE Medical Student Simulation-Based Surgical Skills Curriculum

- <https://www.facs.org/for-medical-professionals/education/programs/acs-ase-medical-student-simulation-based-surgical-skills-curriculum/>

Aquifer

- Resource that provides essential knowledge and clinical reasoning skills for health profession students.

CANVAS

The online learning and collaboration system, CANVAS, will be used in M3 to post Clerkship educational materials including, but not limited to, course and Clerkship syllabi, Clerkship materials and core curriculum lecture videos. The web address for CANVAS is: <https://neomed.instructure.com/>.

ECG Wave-Maven Self-Assessment Program for Students and Clinicians

- <https://ecg.bidmc.harvard.edu/maven/mavenmain.asp>

Heart Murmurs and Heart Sounds: Visual Explanation for Students

- <https://www.youtube.com/watch?v=wYZbMoWjLEg>

Heart Sounds

- [Heart Sounds Link](#)

Life In the FASTLANE EKG

- <https://litfl.com/ecg-library/basics/>

Low Resource Clinical Skills Materials

- In an effort to assist students in acquiring clinical skills, three slide sets containing blood smears, gram stains and urinalysis along with a narrative video have been developed by the faculty and are available on CANVAS. There is also a sample quiz on the images. **This is not required material and is provided for your interest.**

Lung Sounds

- [Lung Sounds Link](#)

OASIS

It is the sole responsibility of the student to check for updates daily. Grades, CSEP submittal, and schedules will be accessible through OASIS. The web address for OASIS is <https://neomed.oasisscheduling.com/>. Your Office 365 credentials are used to login to both systems.

SEPTRIS

- <https://septris.stanford.edu//game/SeptrisTitle.html>

The Stanford School of Medicine

- <https://stanfordmedicine25.stanford.edu/>

Secondary Resources

1. Innes, J. Alastair; Dover, Anna R.; and Fairhurst, Karen. Macleod's Clinical Examination, 14th Edition. Elsevier, 2018.
2. American College of Physicians Clerkship Directors in Internal Medicine. MKSAP for Students 5. ACP Press. October 2011.
3. American College of Physicians Clerkship Directors in Internal Medicine. Internal Medicine Essentials for Students: A Companion to MKSAP for Students, 3rd Edition. ACP Press. October 2011

CLERKSHIP STRUCTURE

Orientation

The Clerkship begins with orientation focusing on Clerkship goals and objectives, student responsibilities, schedules, and assessment methods. Students will be provided information on relevant hospital policies and procedures, personnel contact information, meal allowances (if applicable) and parking. The orientation will include instructions on the risks of infection, techniques for reducing the spread of infection and site-specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

First Day Reporting

First day reporting information varies by clinical site. Please see OASIS for first day reporting information.

Call and Work Hours

During the Internal Medicine rotation, students should be scheduled for one full day of independent study time during the last week of the Clerkship. This time can be used to make up missed clinical assignments from earlier in the Clerkship, enrichment activities chosen by the student, or time to prepare for the

upcoming subject exam.

Students will be assigned to evening, overnight, night float or week- end calls during the Clerkship. Students may be assigned floor call or unit call. The student will be under the supervision of residents or faculty while on call. On-call facilities will be provided by the assigned hospital. Students are not to be placed on call the night before CSAs or the National Board subject exam.

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Inpatient Experience

Students are to be assigned an average of three new patients per week. The supervising resident, with the guidance of the Clerkship Site Director and chief resident will be responsible for selecting the patients seen by the student and ensuring an appropriate mix. A complete history-taking and physical examination is to be performed and a written report promptly completed on every new patient who the student will actively follow in the hospital while inpatient.

Outpatient Experience

Students will be assigned on an individual basis to complete outpatient ambulatory care experience. At the discretion of the Clerkship Site Director, this might include a two-week block of time or periodic time spent in a primary care preceptor's office or primary care outpatient clinic(s).

Clinical Recognition Examination

While on the Clerkship, students are expected to demonstrate the ability to solve clinical problems through interpretation of physical examination findings, procedural skill findings and laboratory results. Recognizing clinical entities is crucial to helping patients, and misdiagnosis is the number one cause of malpractice suits. You will be taking a 15-minute, 10-question MCQ test based on images of EKGs, CXRs, and physical findings. **A Clinical Recognition Examination will be administered the last week of your Internal Medicine Clerkship via CANVAS.** The exam will open on Monday at 8:00 am and close on Friday at 11:59 pm. You may retake the exam once without it being recorded as a "fail."

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site. Students will be assigned weekly learning activities and questions to ensure the high yield topics are covered within each Clerkship.

Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the Clerkship to help students achieve their goals. Strategies include but are not limited to:

- Textbooks
- Patient Encounters (inpatient, private office, clinics)
- Small Group Discussions
- Conferences, Morning Report, and Teaching Rounds
- Stanford Medicine 25
- Aquifer Internal Medicine Cases
- Low Resource Clinical Skills Materials
- Palliative Care Materials
- Core Educational Lecture Videos

- Standardized Patient Encounters
- Practice-Based Learning and Improvement Project (PBLI)
- Self-Directed Learning

Organized reading and study materials will be available to support learning about assigned subjects and problems of assigned patients, and to prepare for written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences, lectures, and small-group discussion sessions, and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues for learning is to provide a framework designed to help the student acquire the knowledge of selected obstetrics and gynecology subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills, and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits that will support each medical student in a life-long study of women’s health.

Overview

Week	Topics	Aquifer Cases	Highly Recommended	Other NEOMED requirements <i>Due Sunday by 11:59 pm</i>
1	<ul style="list-style-type: none"> • Cardiac 	<ul style="list-style-type: none"> • Internal Medicine 01: 49-year-old male with chest pain • Internal Medicine 02: 60-year-old female with chest pain • Excellence in Palliative Care 01: Principles of Palliative Care 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> • Wise OnCall: Chest Pain (Diagnosis focus) 	<ul style="list-style-type: none"> • Update CSEP (in OASIS) • Dev/Submit Individualized Learning Goals (ILG) • uWorld Questions
2	<ul style="list-style-type: none"> • Cardiac 	<ul style="list-style-type: none"> • Internal Medicine 03: 54-year-old female with syncope • Internal Medicine 04. 67-year-old female with SOB and lower leg swelling • Excellence in Palliative Care 02: Palliative Care Assessment • Excellence in Palliative Care 03: Family Meetings and Establishing Goals of Care 	<ul style="list-style-type: none"> • Review Self-Directed educational resources 	<ul style="list-style-type: none"> • Update CSEP (in OASIS) • uWorld Questions
3	<ul style="list-style-type: none"> • Respiratory 	<ul style="list-style-type: none"> • Internal Medicine 22: 71-year-old male with cough and fatigue 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> • Wise OnCall: Dyspnea 	<ul style="list-style-type: none"> • Update CSEP (in OASIS)

		<ul style="list-style-type: none"> • Internal Medicine 28: 70-year-old male with shortness of breath and cough • Excellence in Palliative Care 04: Advanced Care Planning • Excellence in Palliative Care 06: Pharmacologic Pain Management 		<ul style="list-style-type: none"> • uWorld Questions
4	<ul style="list-style-type: none"> • Gastrointestinal 	<ul style="list-style-type: none"> • Internal Medicine 10: 48-year-old woman with diarrhea and dizziness • Internal Medicine 11: 45-year-old male with abnormal liver chemistries • Excellence in Palliative Care 07: Supporting Parents and Families in the Grieving Process 		<ul style="list-style-type: none"> • Update CSEP (in OASIS) • uWorld Questions
5	<ul style="list-style-type: none"> • Preventative Medicine 	<ul style="list-style-type: none"> • Internal Medicine 06: 43-year-old male with hypertension • Internal Medicine 16: 45-year-old who is overweight 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> • Wise OnCall: Hypertension • Internal Medicine 13: 65-year-old female for annual physical • Internal Medicine 14: 18-year-old female for pre-college physical 	<ul style="list-style-type: none"> • Update CSEP (in OASIS) • Submit updated SMART goals • uWorld Questions • Complete practice clerkship NBME (will get voucher)
6	<ul style="list-style-type: none"> • Neurology 	<ul style="list-style-type: none"> • Internal Medicine 25: 75-year-old female with altered mental status 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> • Wise OnCall: Loss of Consciousness 	<ul style="list-style-type: none"> • Update CSEP (in OASIS) • uWorld Questions
7	<ul style="list-style-type: none"> • Hematology 	<ul style="list-style-type: none"> • Internal Medicine 19: 42-year-old woman with anemia • Internal Medicine 30: 55-year-old female with leg pain 		<ul style="list-style-type: none"> • Update CSEP (in OASIS) • uWorld Questions

<u>Clinical Recognition Examination opens in Canvas.</u>				
<ul style="list-style-type: none"> Complete by 11:59 pm Sunday of the 9th week. The slide examination is pass/fail with a minimum passing score of 70% (7/10 slides). Any student who does not achieve a passing score will have an opportunity to remediate this examination again. Students must pass the examination to pass the rotation. 				
8	<ul style="list-style-type: none"> Musculoskeletal 	<ul style="list-style-type: none"> Internal Medicine 31: 40-year-old male with knee pain 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> Wise OnCall: Lower Extremity Pain 	<ul style="list-style-type: none"> Update CSEP (in OASIS) uWorld Questions
9	<ul style="list-style-type: none"> Nephrology 	<ul style="list-style-type: none"> Internal Medicine 23: 54-year-old female with fatigue Internal Medicine 33: 49-year-old female with confusion 	<u>Aquifer Case(s)</u> <ul style="list-style-type: none"> Wise OnCall: Oliguria 	<ul style="list-style-type: none"> Update CSEP (in OASIS) uWorld Questions Complete clinical skills assessment
10	No New Subject Area	<ul style="list-style-type: none"> Complete any remaining requirements 		<ul style="list-style-type: none"> Complete CSEP (in OASIS) End of Clerkship Survey Finalize learning goals Turn in Passport

Clinical Skill Experience Portfolio (CSEP)

The Internal Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the Clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that become available to you during your rotation. A list of supplemental or alternative activities is also available as an [Appendix](#) and in CANVAS in the unlikely event that a student is not exposed to a particular experience. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the Clerkship to review student progress and completion of items.

**Internal Medicine Clerkships
Clinical Skills Experience Portfolio (CSEP) Content**

Diagnosis		
• Acute Coronary Syndrome	• Acute Kidney Injury	• Anemia
• Atrial Fibrillation/Flutter	• Cancer	• Chronic Kidney Disease
• Chronic Obstructive Pulmonary Disease (COPD)	• Congestive Heart Failure	• Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE)
• Delirium	• Diabetes Mellitus Type II	• Gastrointestinal Bleed
• Hypertension	• Liver Disease/Cirrhosis	• Obstructive Sleep Apnea
• Pneumonia	• Sepsis/Systemic Inflammatory Response Syndrome (SIRS)	• Thyroid Disease
• Urinary Tract Infection (UTI)/Dysuria/Pyelonephritis		
Physical Examination		
• Cardiovascular Exam	• CAGE Questionnaire or Similar	• Mini Mental Status (Folstein or Montreal)
• Neurological Exam		
Additional Clinical Activities		
• Complete "Passport" Card	• Document Admission Orders	• Document Five Admission H&Ps
• Document Two SOAP Notes	• Observed by Resident doing the relevant parts of a history at least once.	• Observed by Resident or attending doing a focused physical exam a least once
• Present patient in inpatient setting to Attending or Resident.	• Present patient in outpatient setting to Attending or Resident	• Review Chest X-Ray with Attending or Resident
• Review EKG with Attending or Resident		
Additional Learning Activities		
• Complete assigned Aquifer Palliative Care Cases.		
• Complete assigned Aquifer Internal Medicine cases and any additional as needed to gain experiences with all required diagnoses listed above.		
• Complete Internal Medicine NBME subject practice exam prior to mid-point and share results with Site Director.		
• Complete mid-course feedback session with Site Director.		
• Complete weekly assigned UWorld questions.		
• Develop and submit personal rotation goals by end of week one.		
• Review of three slide sets containing blood smears, gram stains and urinalysis in the Internal Medicine Clerkship CANVAS site.		
• Review progress on personal goals midway and submit progress by end of Clerkship		

Internal Medicine National Board of Medical Examiners (NBME) Practice Subject Examination
For the Internal Medicine Clerkship, **students are required to complete the practice subject examination**

5 weeks into the 10-week study period. Email your site directors the results of your practice examination once you have taken it. The first practice subject examination is taken via a voucher provided by email from NEOMED.

It is strongly recommended taking a second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship. The Internal Medicine Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services at <https://www.nbme.org/taking-assessment/self-assessments>.

Consider using [study tips](#) for NBME subject exams put together by NEOMED students in the Class of 2018.

Supervision of History and Physical Examinations and Orders

Two (2) history and physical examinations should be done with the resident or attending physician. If the student is then felt to be capable, subsequent interviews may be conducted alone. "Double teaming" (resident and student) a newly admitted patient on an occasional basis is encouraged as it facilitates exchange between the resident and the student at the bedside. This should not be done routinely. The student should be observed taking a history and performing a physical examination periodically during the nine weeks. An outline for the history and physical examination is contained in [Appendix B](#).

Orders may either be written within the EMR or on paper if a site has restrictions on students entering orders within their system. Any orders should be co-signed by the appropriate resident or attending. A mnemonic outline for writing admission orders is contained in [Appendix C](#).

PASSPORT (IM Clerkship – Clinical Participation)

The IM Clerkship Passport is a unique guided experience designed to have you experience and recognize abnormal findings. This may be your only chance to do so under supervision, and if you are diligent, you may experience findings that would otherwise take years in practice to see. You should find the required number of findings if you look carefully for the nine weeks of Clerkship. When you find a patient with a finding on the list, fill in the date and obtain the signature of a resident or other physician. You will present your Passport for review at your mid- and end-point reviews with your Site Director. If you are unable to find an answer regarding a physical finding, you are welcome to email Dr. Lecat directly at plecat@neomed.edu. At the end of your rotation, please scan and upload your Passport to CANVAS. Completion of the Passport is not a part of your Clerkship grade but will allow us to see what findings you are being exposed to on this Clerkship.

Aquifer Online Modules

Aquifer Internal Medicine online modules are intended to be a transition from didactic presentation of information to the self-directed learning format students will need to develop and follow in a lifelong study of medicine. Students must complete at least the 16 required Internal Medicine Aquifer cases by the end of the Clerkship. Students should also complete any additional cases needed to gain familiarity with all diagnoses listed in the "Diagnoses" section of the CSEP. See CANVAS for directions to sign up for the Aquifer account.

Required Aquifer Cases

- Internal Medicine 01: 49-year-old male with chest pain
- Internal Medicine 02: 60-year-old female with chest pain
- Internal Medicine 03: Four patients with syncope
- Internal Medicine 04: 67-year-old female with shortness of breath and lower-leg swelling
- Internal Medicine 06: 45-year-old male with hypertension

- Internal Medicine 10: 48-year-old female with diarrhea and dizziness
- Internal Medicine 11: 45-year-old male with abnormal liver chemistries
- Internal Medicine 16: 45-year-old male who is overweight
- Internal Medicine 19: 42-year-old female with anemia
- Internal Medicine 22: 71-year-old male with cough and fatigue
- Internal Medicine 23: 54-year-old female with fatigue
- Internal Medicine 25: 75-year-old female with altered mental status
- Internal Medicine 28: 70-year-old male with shortness of breath and cough
- Internal Medicine 30: 55-year-old female with leg pain
- Internal Medicine 31: 40-year-old man with knee pain
- Internal Medicine 33: 49-year-old female with confusion

Palliative Care Aquifer Modules

Physicians across all specialties will need to provide care to seriously ill patients. Standardized training on the principles of palliative care, establishing goals of care with patients and families, advanced directives and pharmacologic management is necessary to improve our overall knowledge and delivery of care. The Palliative Aquifer cases assigned are to be completed by the midpoint of the Clerkship:

Required Palliative Care Cases

- Excellence in Palliative Care 01: Principles of Palliative Care
- Excellence in Palliative Care 02: Palliative Care Assessment
- Excellence in Palliative Care 03: Family Meetings and Establishing Goals of Care
- Excellence in Palliative Care 04: Advance Care Planning
- Excellence in Palliative Care 06: Pain Management
- Excellence in Palliative Care 07: Supporting Patients and Families in the Grieving Process

uWorld

You are required to complete uWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. www.uworld.com

uWorld Question Topics

- Weeks 1 & 2 – Cardiac
- Weeks 3 – Respiratory
- Week 4 – Gastrointestinal
- Week 5 – Preventive Medicine
- Week 6 – Neurology
- Week 7 – Hematology
- Week 8 – Musculoskeletal
- Week 9 - Nephrology

Practice-Based Learning and Improvement (PBLI) Project

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each Clerkship (except in Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include increasing preventive care, improving chronic disease management and enhancing patient safety.

The goals of the project are to:

1. investigate and evaluate patient care practices,
2. appraise and assimilate scientific evidence, and
3. improve patient care practices.

For each Clerkship (except Emergency Medicine), students will be required to:

1. formulate a focused clinical question directly related to a current patient care situation.
2. complete the PPICO for the clinical question.
3. conduct a literature search to answer the question.
4. evaluate the literature selection for relevance to the question, and reliability and validity of the article.
5. make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.
6. discuss your PBLI question/topic with one of your inpatient attendings.
 - Prepare your PBLI presentation and present to that attending, and any residents, students, or other learners present in your treatment team.

Failed Practice-Based Learning and Improvement (PBLI) project:

- Students may be asked to repeat project with new topic in same specialty discipline as the failed project.
- Students must contact the Course Director to discuss the remediation process.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in Psychiatry, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical students' self-assessment of learning needs and the independent identification, analysis, and synthesis of information relative to their learning needs. Therefore, at the beginning of each Clerkship rotation, each student will identify 2-3 learning goals, including a personal wellness goal. At the end of each Clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via CANVAS, which will provide a cumulative record of their personal learning goals for the entire Clerkship year. Students also will be expected to make their site directors aware of their goals so that the Clerkship learning experience may be enhanced and/or feedback provided accordingly. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each Clerkship. At the end of the Clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

Formative and Mid-Course Feedback

The Internal Medicine Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills, and attitudes. Your final grade report form will reflect the feedback provided to you

throughout the rotation. Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio (CSEP),
- plan activities for the week to match your learning objectives and individual learning goals,
- address any problems or concerns, and
- passport review.

Self-Directed Educational Resources

Listed below are website links to educational resources that contain high quality materials for the self-directed student learner as well as some additional (optional) recommended resources:

American College of Surgeons ACS/ASE Medical Student Simulation-Based Surgical Skills Curriculum

- Will need to register to access FREE material. Much of this material is helpful for both Surgery and Internal Medicine patients. <https://www.facs.org/for-medical-professionals/education/programs/acs-ase-medical-student-simulation-based-surgical-skills-curriculum/> Register by clicking on the Log In button; the click New User. (See CANVAS for details)
 - Suggested modules are listed below:
 - Year 1: Abdominal examination module and videos
 - Year 1: Basic vascular examination
 - Year 1: Breast exam module
 - Year 1: Male groin exam module and video
 - Year 1: Digital rectal exam module
 - Year 2: Nasogastric tubes modules
 - Year 2: Surgical drains care and removal module (focus on Chest Tubes A&B)
 - Year 3: Basic stoma care module
 - Year 3: Central venous line insertion module
 - Year 3: Thoracentesis module and video

The Stanford School of Medicine

This website has very high-quality videos detailing physical examinations. Students may find these videos very useful and practical for review. A link to this site along with a listing of the content and videos are below and on CANVAS. <https://stanfordmedicine25.stanford.edu/>

Content Material and Videos	
Thyroid Exam	Precordial Movements
Gait Abnormalities	Cardiac Second Sounds
Examination of the Spleen	Neck Veins and Wave Forms
Examination of the Liver	BP and Pulsus Paradoxus
Liver Disease, Head to Foot	Ankle Brachial Index
Ascites and Venous Patterns	The Hand in Diagnosis
Knee Exam	Bedside Ultrasound
Shoulder Exam	Rectal Exam
Lymph Node Exam	Pupillary Responses

Deep Tendon Reflexes	Involuntary Movements
Cerebellar Exam	Internal Capsule Stroke
Fundoscopic Exam	The Tongue in Diagnosis
Pulmonary Exam	Approach to Low Back Exam
Hip Region Exam, Approach to	Dermatology Exam: Learning the Language
Dermatology Exam: Nevi (Mole) Exam	Dermatology Exam: Acne vs. Rosacea
Pelvic Exam	

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Clinical Performance			
Clinical Recognition Examination	<ul style="list-style-type: none"> 70% or higher on 1st or 2nd attempt 		<ul style="list-style-type: none"> Completion by Sunday at 11:59 pm of the 9th week.
Student Performance Evaluation (SPE)	<ul style="list-style-type: none"> Behavioral anchors for each rating in each competency and formula for final rating/grade 	<ul style="list-style-type: none"> Rubric with Narrative Feedback 	<ul style="list-style-type: none"> Feedback is recorded throughout the Clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the Clerkship Site Director submitted to for final review and grade assignment to the Clinical Experience Director. Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). <i>Items include onboarding, CSEP completion, UWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.</i>
Clinical Skills Experience Portfolio (CSEP)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required activities 	<ul style="list-style-type: none"> Mid-course and end-of-rotation meeting with Site Director
Practice-Based Learning and Improvement Project (PBLI)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required items 	<ul style="list-style-type: none"> Completion by the last Friday of the course.

Examination(s)			
National Board of Medical Examiners (NBME) Subject Examination	• See Table below	• Numerical score and Fail, Pass, or Pass with Commendation	• Last day of the course

National Board of Medical Examiners (NBME) Subject Examination

The National Board of Medical Examiners (NBME) Subject Examination is the final written examination for each Clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus or at designated Prometric Center in Columbus area the last day of each Clerkship. For additional details, see academic policy titled *Administration of Examinations at Remote Sites* in the [Compass](#). Reporting time and location for each examination administered on NEOMED’s campus is posted on the Outlook Calendar. Below is a summary of expected performance measurements. The Subject Examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are based on the most recent recommendations of the National Board of Medical Examiners (NBME). Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores. [NBME content examples](#) for each Clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 61	62-82	≥ 83
Psychiatry Clerkship	≤ 70	71-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Clinical Recognition Examination

A Clinical Recognition Examination will be administered the morning of your Internal Medicine subject examination via CANVAS. Topics covered on the exam will include basic physical findings, EKG, and radiology findings. The student’s ability to master these skills will be assessed via an image examination. Students will be asked to demonstrate their knowledge of the primary relationship of ten (10) selected images in diagnostic application.

The slide examination is pass/fail with a minimum passing score of 70% (7 out of 10 slides). Any student who does not achieve a passing score will have an opportunity to remediate this examination again. Students must pass the examination to pass the rotation. Complete by Sunday at 11:59 pm of 9th week.

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Extended Time or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. **Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Honors (H) <ul style="list-style-type: none"> only applicable to Clerkships that require a NBME subject exam 	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
High Pass (HP)	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass the NBME subject exam on first attempt</i>
	<i>Pass</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
Pass (P)	<i>Pass</i>	<i>Pass</i>
	<i>Pass</i>	<i>NBME subject exam not required</i>
Fail (F)	<i>Fail</i>	<i>Pass</i>
	<i>Pass</i>	<i>Fail</i>
	<i>Fail</i>	<i>NBME subject exam not required</i>
Incomplete (I) or Extended Time (EX)	<ul style="list-style-type: none"> Temporary grade indicating that work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. 	

Grade Dispute

Grade Dispute guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). A Grade Dispute is a formal request to change a Final Grade based on 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a Clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade **within five (5) working days** of posting of the Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.

- Repetition of Clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Committee on Academic and Professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the Compass are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns.
- Failure of multiple NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

COURSE POLICIES & PROCEDURE

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed

Students should refer to the NEOMED Policy Portal for a full list of Clerkship Course Policies (<https://www.neomed.edu/policies/>) and the NEOMED [Compass](#), 2023-2024, for further details.

Attendance and Time Off Clerkship

[Attendance guidelines](#) for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions

- Absences must be discussed with your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.
- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.

Blood Borne Pathogen Policy

If the Exposure Incident occurs at a clinical site, first notify the clinical director or preceptor and then report to the Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Clinical Supervision and Safety

Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site.
- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

Mistreatment

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Experiential Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

Professionalism

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

Subject Examination and Illness Protocol

Updated 2.10.22

1. If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu
 - c. The assessments team assessments@neomed.edu
2. If ill during the week of an examination, please reach out to the following people to notify them that you are ill and discuss a plan going forward. We will work with an assessments team that week if necessary.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the campus is closed.

Safety/Clinical Supervision

1. The availability of emergency care. All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to

purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.

2. The possibility of natural disasters, political instability, and exposure to disease. Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department (travel.state.gov) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where the student will be staying so that the student can be located easily in case there would be a need for evacuation.
3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

[Student Accessibility Services](#)

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form ([linked above](#)).

APPENDICES

Appendix A: Aquifer Cases

Internal Medicine Clerkship Aquifer Cases			
Additional Cases			
Case #	Case Name	Case #	Case Name
Internal Medicine 05	55-year-old male with fatigue	Internal Medicine 21	78-year-old male with fever, lethargy, and anorexia
Internal Medicine 07	28-year-old female with light-headedness	Internal Medicine 24	52-year-old female with headache, vomiting, and fever
Internal Medicine 08	55-year-old male with chronic disease management	Internal Medicine 26	58-year-old male with altered mental status and experiencing homelessness
Internal Medicine 09	55-year-old female with upper abdominal pain and vomiting	Internal Medicine 27	65-year-old male with hypercalcemia
Internal Medicine 12	55-year-old male with lower abdominal pain	Internal Medicine 29	55-year-old female with fever and chills
Internal Medicine 13	65-year-old female for annual physical	Internal Medicine 32	39-year-old female with joint pain
Internal Medicine 14	18-year-old female for pre-college physical	Internal Medicine 34	55-year-old male with low back pain
Internal Medicine 15	50-year-old male with cough and nasal congestion	Internal Medicine 35	35-year-old female with three weeks of fever
Internal Medicine 17	28-year-old male with a pigmented lesion	Internal Medicine 36	39-year-old male with ascites
Internal Medicine 18	75-year-old male with memory problems	Pediatrics 16	7-year-old with abdominal pain and vomiting
Internal Medicine 20	48-year-old female with HIV	Pediatrics 19	16-month-old male with a first seizure

Appendix B: CSEP

Internal Medicine (IM) CSEP Supplemental Activity Listing	
Diagnosis	
Acute Coronary Syndrome	<p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 01: 49-year-old male with chest pain Internal Medicine 02: 60-year-old female with chest pain <p><u>Video Resources</u> CANVAS</p> <ul style="list-style-type: none"> Video: Chest Pain

Acute Kidney Injury	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 33: 49-year-old female with confusion
Anemia	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 19: 42-year-old female with anemia
Atrial Fibrillation/Flutter	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 03: 54-year-old female with syncope
Cancer	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 21: 78-year-old female with fever, lethargy, and anorexia Internal Medicine 27: 65-year-old male with hypercalcemia
Chronic Kidney Disease	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 23: 54-year-old female with fatigue <p><u>Video Resources</u></p> <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Neck Veins and Wave Forms
Chronic Obstructive Pulmonary Disease (COPD)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 28: 70-year-old male with shortness of breath and cough <p><u>Video Resources</u></p> <p>CANVAS</p> <ul style="list-style-type: none"> Video: Prevention, Detection & Management of COPD
Congestive Heart Failure	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 04: 67-year-old female with shortness of breath and lower-leg swelling <p><u>Video Resources</u></p> <p>CANVAS</p> <ul style="list-style-type: none"> Video: Heart Failure <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Neck Veins and Wave Forms
Deep Vein Thrombosis (DVT)/Pulmonary Embolus (PE)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 30: 55-year-old female with leg pain
Delirium	
Diabetes Mellitus Type II	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 07: 28-year-old female with lightheadedness Internal Medicine 08: 55-year-old male with chronic disease management
Gastrointestinal Bleed	<p><u>Online Resources</u></p> <p>Aquifer Cases</p>

	<ul style="list-style-type: none"> Internal Medicine 10: 48-year-old female with diarrhea and dizziness
Hypertension	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 06: 45-year-old male with hypertension Internal Medicine 23: 54-year-old female with fatigue Internal Medicine 25: 75-year-old female with altered mental status
Liver Disease/Cirrhosis	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 11: 45-year-old male with abnormal liver chemistries <p><u>Video Resources</u></p> <p>CANVAS</p> <ul style="list-style-type: none"> Video: Hepatobiliary Diseases <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Examination of the Liver Liver Disease, Head to Foot Neck Veins and Wave Forms
Obstructive Sleep Apnea	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 05: 55-year-old male with fatigue
Pneumonia	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 22: 71-year-old male with cough and fatigue
Sepsis/Systemic Inflammatory Response Syndrome (SIRS)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 21: 78-year-old male with fever, lethargy, and anorexia
Thyroid disease	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 05: 55-year-old male with fatigue <p><u>Video Resources</u></p> <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> Thyroid Exam
Urinary Tract Infection (UTI)/Pyelonephritis	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Internal Medicine 14: 18-year-old female for pre-college physical
Physical Examination	
Cardiovascular Examination	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> Chapter 9: The Cardiovascular System <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> Video 10: Cardiovascular System <p>The Stanford Medicine 25</p>

	<ul style="list-style-type: none"> • Cardiac Second Sounds
CAGE Questionnaire or Similar	
Mini Mental Status (either Folstein or Montreal)	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 5: Behavior and Mental Status • Chapter 20: The Older Adult
Neurological Examination	<p><u>Text Resources</u></p> <p>Bates' Guide</p> <ul style="list-style-type: none"> • Chapter 17: The Nervous System <p><u>Video Resources</u></p> <p>Bates' Visual Guide</p> <ul style="list-style-type: none"> • Video 17: Nervous System: Cranial Nerves and Motor System • Video 18: Nervous System: Sensory System and Reflexes <p>The Stanford Medicine 25</p> <ul style="list-style-type: none"> • Pupillary Responses
Additional Clinical Activities	
<ul style="list-style-type: none"> • Complete "Passport" card. • Document Admission Orders. • Document five admission H&Ps. • Document two SOAP notes. • Observed by resident or attending doing a focused physical exam at least once. • Observed by resident doing the relevant parts of a history at least once. • Present patient in inpatient setting to attending or resident. • Present patient in outpatient setting to attending or resident. • Review chest X-ray with attending or resident. • Review EKG with attending or resident. 	
Additional Learning Activities	
<ul style="list-style-type: none"> • Complete assigned Aquifer Internal Medicine cases and any additional as needed to gain experience with all required diagnosis listed above. • Complete assigned Aquifer Palliative Care Cases. • Complete Internal Medicine NBME subject practice exam prior to mid-point and share results with site director. • Complete mid-course feedback session with site director. • Complete weekly assigned uWorld questions. • Develop and submit personal rotation goals by end of week one. • Review of three slide sets containing blood smears, gram stains, and urinalysis in the Internal Medicine Clerkship CANVAS site. • Review progress on personal goals midway and submit by end of Clerkship. 	

Appendix B: History and Physical Examination Outline

History and Physical Examination Outline	
Chief Complaint	To be written in patient's own words.
History of Present Illness	One to three paragraphs detailing chronologically the illness that led to admission. Pertinent positive and negative symptoms from the appropriate organ review of systems should be included. Whenever possible, the information should be quantitative. This section should be complete and extensive and demonstrate the logic of the process of data collection.
Current Medications	List in table form, prescription drugs including dose, frequency, and reason for medication. Over-the-counter drugs should be listed similarly.
Past Medical History	Positive responses and pertinent negative information should be listed.
Family Medical History	Positive responses and pertinent negative information should be listed.
Psycho-Social History and Health Risk Factors	Include a brief work history, educational level and personal habits that affect health (e.g., smoking, alcohol use, recreational drugs). Hobbies, sports, etc., are omitted unless relevant. Include a diagram of the family tree one generation above and below patient. Ages, illnesses, and status of family members and also illnesses questioned about but not present are included.
Review of Systems	All pertinent questions asked, whether a positive or negative answer was elicited, are listed by group of organ systems. If portions of organ system review were included in the history of present illness (including negatives), these need not be repeated, rather "SEE H.P.I." should be inserted.
Physical Examination	Vital signs that the student obtained (including blood pressure in both arms and position indicated) are listed. If orthostatic changes, paradoxical pulse, etc., are found, these are included. Both normal and abnormal findings are described, including a good screening neurological examination. Findings are diagrammed when possible (e.g., abdominal scars, deep tendon reflexes) and tables are used (e.g., grade pulses 1-4+, muscle strength 1-5+). Rectal/pelvic examinations are included, and the source identified (whether by the student or another examiner).
Initial Laboratory Findings	Studies done by the student (e.g., urinalysis, peripheral smear, Gram stains, etc.) and initial laboratory results and x-ray findings obtained within the first hospital day are to be listed.
Diagnostic Impression	Problems identified during the history and physical examination, both active and inactive are to be listed. A differential diagnosis for each problem should be constructed.
Diagnostic Plan	A brief plan for ongoing observation and studies should be prepared.
Discharge Summary	Each patient selected for the formal history and physical should be followed through discharge even if the student's location has changed during the Clerkship. The discharge summary should be brief and follow the particular hospital's format.

Appendix C: Admission Orders Mnemonic Outline

Admission Orders Mnemonic ADC VAAN DIMLS

A dmit To:	service, attending; or STO status
D iagnosis:	
C ondition:	e.g., stable, fair, poor, etc.; code status if applicable
V ital Signs:	e.g., VS q4 ⁰ , VS qshift; orthostatics, pulse ox checks? telemetry?
A ctivity:	bed rest, up ad lib, etc.
A llergies:	and reactions or NKDA
N ursing:	e.g., I&Os, weights, O2, Foley, NG tubes, isolation/ infection control precautions, neuro checks, seizure precautions, “notify HO for.”, incentive spirometry, stool diary, skin/wound care, BS commode, etc.
D iet:	e.g., NPO, regular, cardiac, diabetic, renal, sodium limit, fluid limit; tube feeds, TPN, etc.
I V Fluids:	type, amount or rate
M edications:	name, dose, route, schedule, indication if prn med; include home meds, new meds, STATS, IV meds, prns (think about pain, nausea, stools, sleep, etoh WD), aerosols, MDIs; blood; insulin order sheet
L abs (diagnostics):	specify what and <i>when</i> ; include blood tests, X-rays, urine and stool studies, chest X-rays, sugar checks, EKGs, echo, etc.
S pecials:	any other miscellaneous studies/diagnostics not listed above; consults (consultants, Wound Center, dietician, PT/OT, SW, care manager, resp tx, other); DVT prophylaxis, etc.