

It is the sole responsibility of the student to check AIMS for schedule updates on a daily basis!

Northeast Ohio Medical University College of Medicine

Internal Medicine Clerkship, 83001 Course Syllabus AY 2021-22

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COURSE LEADERSHIP

Dr. Paul Lecat serves as the Clinical Experiential Director for the Internal Medicine Clerkship. Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship. In his role as Clinical Experiential Director, Dr. Lecat ensures that implementation of the Internal Medicine curriculum is comparable across all teaching sites.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University M3 Internal Medicine Clerkship is a ten-week clinical rotation designed to develop clinical competence and professional responsibility as a physician in the specialty of Internal Medicine. The emphasis will be on the internist's method and approach to the care of the patient. Students will learn through direct patient care experience in inpatient and ambulatory settings, supplemented by small group discussions, conferences, morning reports and teaching rounds. The net effect of the several avenues of learning is to provide a framework designed to help the student acquire the knowledge of selected internal medicine subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skill and to develop a professional attitude of responsibility and empathy toward patients.

Course Enrollment Requirements

Successful completion of M1 and M2 years of study.

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 strongly encouraged.

Clerkship Structure

- First Day Reporting
First day reporting information varies by clinical site. Please see OASIS for first day reporting information.
- 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 instruction 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.
- 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 an 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. **A Clinical Recognition Examination will be administered the morning of your Internal Medicine shelf examination either virtually or in person.** Topics covered on the exam will include basic physical findings, ECG, 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.

- Call and Work Hours

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.

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 shelf 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.

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:

Bickley, LS, et al. (2016) Bates' Guide to Physical Examination and History Taking. 12th Edition. Philadelphia: Lippincott Williams and Wilkins.

Beckmann, CR, et al. Obstetrics and Gynecology. 8th Edition. Lippincott Williams and Wilkins. April 25, 2018

Douglas G, Nicol F, Robertson C. Macleod's Clinical Examination, 14th Edition. Churchill Livingstone Elsevier, 2018.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven clerkships and are aligned

with [NEOMED's College of Medicine Program Objectives](#). 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 that is used to assess student performance in all clerkships.

Students will:

1. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination, in the care of patients presenting with acute, chronic, or preventive care needs such as COPD, heart failure, infection, malignancy.
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.
3. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventive care needs such as diabetes, hypertension, COPD, and congestive heart failure.
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to thrombosis, acute coronary syndrome, and kidney injury.
5. Apply knowledge of evidence-based medicine to answer patient care related questions.
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families.
7. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms.
8. Display professional behavior and a commitment to ethical principles for all patients, including those working with palliative care, by respecting patient autonomy and responding to patient needs that supersedes self-interest.
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback, and seek help when needed.
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.

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 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.

M3 Clerkships Clinical Skills Experience Portfolio Content		
Internal Medicine Clerkship		
Diagnosis		
Acute Coronary Syndrome	Congestive Heart Failure	Liver Disease/Cirrhosis
Acute Kidney Injury	Deep Vein Thrombosis (DVT)/ Pulmonary Embolism (PE)	Obstructive Sleep Apnea
Anemia	Delirium	Pneumonia
Atrial Fibrillation/Flutter	Diabetes Mellitus Type II	Sepsis/Systemic Inflammatory Response Syndrome (SIRS)
Cancer	Gastrointestinal Bleed	Thyroid Disease
Chronic Kidney Disease	Hypertension	Urinary Tract Infection (UTI)/Dysuria/Pyelonephritis
Chronic Obstructive Pulmonary Disease (COPD)		
Physical Examination		
CAGE Questionnaire or Similar	Mini Mental Status (Folstein or Montreal)	Neurological Exam
Cardiovascular Exam		
Additional Clinical Activities		
Complete "Passport" card	Review chest X-ray with attending or resident	Present patient in outpatient setting to attending or resident
Document Admission Orders	Review EKG with attending or resident	Observed by resident doing the relevant parts of a history at least once
Document two SOAP notes	Present patient in inpatient setting to attending or resident	Observed by resident or attending doing a focused physical exam a least once
Document five admission H&Ps		
Additional Learning Activities		
Develop and submit personal rotation goals by end of week one	Complete mid-course feedback session with site director	Review Palliative Care PowerPoint and complete quiz.
Review progress on personal goals midway and submit progress by end of clerkship	Complete a total of 12 Aquifer Internal Medicine cases and any additional as needed to gain experiences with all required diagnoses listed above	Review core educational lecture videos as needed to gain experiences with all diagnoses listed in CSEP
Complete Internal Medicine NBME subject practice exam prior to mid-point and share results with site director	Review of three slide sets containing blood smears, gram stains and urinalysis on M3 Clerkship AIMS site.	

Supervision of History and Physical Examinations and Orders

Within the first two weeks, two 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 A. 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. An outline for writing admission orders is contained in Appendix B.

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.

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.

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)
- Teaching rounds
- 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)

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.

The Stanford School of Medicine, Stanford Medicine 25

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 videos is contained in Appendix C.

Aquifer Internal Medicine Online Modules

Internal Medicine 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 12 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.

- Internal Medicine Cases 1, 2, 3, 4, 5, 6, 8, 11, 16, 20, 30
- Culture in health case 1 (Seizure disorder)

Aquifer Internal Medicine Online Cases		
1 – chest pain	2 – episodic chest discomfort	3 – syncope
4 – shortness of breath and leg swelling	5 – fatigue (man)	6 – hypertension
7 – lightheadedness	8 – type 2 diabetes	9 – upper abdominal pain and vomiting
10 – diarrhea and dizziness	11 – abnormal LFTs	12 – lower abdominal pain
13 – annual physical	14 – pre-college physical	15 – cough and nasal congestion
16 – obesity	17 – rash	18 – memory problems
19 – anemia	20 – HIV	21 – fever, lethargy and anorexia
22 – cough and fatigue	23 – fatigue (woman)	24 – headache, vomiting and fever
25 – hospitalized with confusion	26 – altered mental status	27 – back pain
28 – shortness of breath and leg swelling	29 – fever and chills	30 – left leg swelling
31 – knee pain	32 – joint pain	33 – confusion
34 – acute low back pain	35 – three-week fever	36 – ascites

Aquifer Registration and Log-in Instructions

Following are the instructions to gain access to the cases for first time users*:

1. Go to: https://www.meduapp.com/users/sign_in
2. Enter your institutional e-mail under “Need to Register?” option

Need to Register?

Enter your institutional email

Register

3. Click “Register” button.
4. An email will be sent to you. Follow the instructions in the email to set up your account.

*You only need to register once with Aquifer to access Family Medicine, Internal Medicine, Pediatrics and Surgery (WISE-MD) modules. Separate registration is not required.

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.

Palliative Care Materials

Students will be asked to review the Palliative Care PowerPoint and complete the available quiz on CANVAS by the end of the first week of the rotation. Answers will be available on CANVAS the following week.

Core Educational Lecture Videos

To broaden the student’s knowledge and understanding of the scope of internal medicine, a core lecture video series has been developed by the faculty that includes 9 common topics in both general internal medicine as well as the specialties and subspecialties. As proactive learners, students are encouraged to set a timetable for viewing the lectures during the course of the clerkship. The lectures are intended to help students gain insight into the practice of internal medicine and to prepare for their CSA and National Board subject examination.

Core Educational Lecture Videos	
Cardiac Disease	John C. Cardone, M.D.
Chest Pain	J. Ronald Mikolich, M.D.
Heart Failure	George I. Litman, M.D.

Internal Medicine EKG Basics	George I. Litman, M.D.
Making a Dermatologic Diagnosis	Robert T. Brodell, M.D.
Narration of Infectious Disease Slides	William G. Gardner, M.D.
Nutrition and Hydration at the End of Life: Living with Dying Hospice Patients as Teachers	Kevin F. Dieter, M.D.
Pain Management: Living with Dying Hospice Patients as Teachers	Kevin F. Dieter, M.D.
Palliative Care: Basic Symptom Management I – Pain Assessment and Management	Steven M. Radwany, M.D.
Palliative Care: Basic Symptom Management II – Nausea, Vomiting, Dyspnea and Delirium	Steven M. Radwany, M.D.
Practice-Based Learning and Improvement Project	John D. Sutton, M.D.
Prevention, Detection and Management of COPD	Timothy J. Barreiro, D.O.
The Epidemiology of Death and Dying: Living with Dying Hospice Patient as Teachers	Kevin F. Dieter, M.D.
Vasculitis	Elaine M. Greifenstein, M.D.

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 (*you will need to register to access FREE material*). Much of this material is helpful for both Surgery and Internal Medicine patients. Some 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
- Heart Sounds* Link: <https://libraryguides.neomed.edu/c.php?g=324247&p=2170938>
- Lung sounds**: <https://libraryguides.neomed.edu/c.php?g=324247&p=3439178>
- ECG Wave-Maven Self-Assessment Program for Students and Clinicians <https://ecg.bidmc.harvard.edu/maven/mavenmain.asp>
- Life In the FASTLANE EKG *****: <https://litfl.com/ecg-library/basics/>
- Heart Murmurs and Heart Sounds: [Visual Explanation for Students *****: https://www.youtube.com/watch?v=wYZbMoWjLEg](https://www.youtube.com/watch?v=wYZbMoWjLEg)

- **SEPTRIS** – Stanford Link: <http://med.stanford.edu/septris/game/SeptrisTitle.html>
- American College of Physicians Internal Medicine Essentials for Students
- American College of Physicians MKSAP for Students 5

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:

- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve patient care practices

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

- Formulate a focused clinical question directly related to a current patient care situation
- Complete the PPICO for the clinical question
- Conduct a literature search to answer the question
- Evaluate the literature selection for relevance to the question, and reliability and validity of the article
- Make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.

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

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Student must contact the Course Director to schedule remediation presentation.

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 3-5 learning goals, as appropriate. 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 a link on [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.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday 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.

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,
- plan activities for the week to match your learning objectives and individual learning goals, and
- address any problems or concerns.

CANVAS and OASIS

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/>. 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.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation	Behavioral anchors for each rating in each competency and formula for final rating/grade.	Rubric with Narrative Feedback	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.
Clinical Skills Experience Portfolio (CSEP)	Satisfactory completion required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
Practice-Based Learning and Improvement Project (PBLI)	Satisfactory completion required	Checklist of required items	Completion by the last Friday of the course
National Board of Medical Examiners (NBME) subject exam	-See Table below	Numerical score and Fail, Pass or Pass with Commendation	Last day of the course

National Board of Medical Examiners 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, virtually by NEOMED or at designated Prometric Center in Toledo and 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 AIMS. Following is a summary of expected performance. 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. 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
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Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 58	59-82	≥ 83
Psychiatry Clerkship	≤ 68	69-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Internal Medicine NBME Practice Subject Examination for Internal Medicine

Students are required to purchase and complete the practice subject examination prior to their mid-clerkship meeting with their site directors, and to prepare to share the results during the meeting. IM Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services: <https://www.nbme.org/taking-assessment/self-assessments>. We strongly recommend taking the 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.

Consider using study tips for NBME shelf exams put together by NEOMED students in the Class of 2018 <https://1drv.ms/u/s!AIAk8gcPGSxhmvNZO39gNF4MoZ6>

Clinical Recognition Examination

A Clinical Recognition Examination will be administered the morning of your Internal Medicine shelf examination either virtually or in person. Topics covered on the exam will include basic physical findings, ECG, 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 opportunity to remediate this examination again. Students must pass the examination to pass the rotation.

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Academic Incomplete 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) (only applicable to clerkships that require a NBME subject exam)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	“Pass with commendations”
High Pass (HP)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass the NBME subject exam on first attempt
	“Pass” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass with commendations
Pass (P)	Pass	Pass
	Pass	NBME subject exam not required
Fail (F)	Fail	Pass
	Pass	Fail*
	Fail	NBME subject exam not required
Incomplete (I) or Academic Incomplete (AI)	*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 policy Grade Dispute](#). 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 subject exam. 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.

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 subject exams
- 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, 2021-2022, for further details.

Policy	Description	Additional Information
<u>Attendance and Time Off Clerkships</u>	<u>Attendance guidelines</u> for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions	<ul style="list-style-type: none"> • Absences must be discussed your site director and an <u>Absence Notification Form</u> must be submitted to NEOMED after a make-up plan is discussed. • Request to present at a <u>professional conference</u> or fulfill a professional obligation should be completed online at least 6 weeks in advance. • <u>Religious Holiday Observation</u> requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.
<u>Curriculum Contact Hours</u>	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.	
<u>Clinical Supervision & Safety</u>	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	<ul style="list-style-type: none"> • 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

	care professional	caution by taking a chaperone (fellow student, attending, nurse or security).
<u>Mistreatment</u>	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.	<ul style="list-style-type: none"> • 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.
<u>Professionalism</u>	NEOMED students sign and are held to the “ Expectations of Student Conduct and Professional Behavior ” and must abide by all student policies contained within <i>The Compass</i> . Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.	<ul style="list-style-type: none"> • Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

APPENDICES

Appendix A. History and Physical Examination Outline

1. Chief complaint
To be written in patient's own words.
 2. 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.
 3. Current medications
List in table form, prescription drugs including dose, frequency, and reason for medication. Over-the-counter drugs should be listed similarly.
 4. Past medical history
Positive responses and pertinent negative information should be listed.
 5. Family medical history
Positive responses and pertinent negative information should be listed.
 6. 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.
 7. 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.
 8. 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).
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9. 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.
10. 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.
11. Diagnostic plan
A brief plan for ongoing observation and studies should be prepared.
12. 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 B. Admission Orders Mnemonic Outline

ADC VAAN DIMLS

A dmitt 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 ^o , 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.

Appendix C. The Stanford Medicine 25

<http://stanfordmedicine25.stanford.edu/>

(Last accessed July 17, 2018)

The Stanford Medicine 25	
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	