**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, IMED-83001
## 10 Credit Hours
## Course Syllabus
## 2020-2021

## Contents


COURSE DESCRIPTION ..... 3
General Description ..... 3
Course Type ..... 3
Course Enrollment Requirements ..... 3
Student Assignment ..... 3
Call and Work Hours ..... 3
Outpatient Experience ..... 4
COURSE ADMINISTRATION ..... 4
Hospital Sites and Clerkship Site Directors ..... 4
Orientation ..... 5
First Day Reporting ..... 5
COURSE OBJECTIVES ..... 6
Course Sequence and Links with College of Medicine Program Courses ..... 6
Instructional Methods/Learning Strategies ..... 7
Pathway Articulation ..... 7
AIMS ..... 7
Core Educational Lecture Videos on AIMS ..... 7
Patient Assignment ..... 8
Supervision of History and Physical Examinations ..... 9
Orders ..... 9
Conferences and Morning Report ..... 9
The Stanford School of Medicine, Stanford Medicine 25 ..... 9
Clinical Recognition Examination ..... 9

Low Resource Clinical Skills ..... 10
Palliative Care and Hospice Module ..... 10
Aquifer Internal Medicine Online Modules ..... 10
COURSE GRADE ..... 12
Final Grade Determination ..... 12
NBME ..... 13
PBLI ..... 13
CSEP ..... 14
PASSPORT (IM Clerkship – Clinical Participation) ..... 15
Internal Medicine NBME Practice Subject Examination ..... 15
Formative, Mid-course, and End of Rotation Feedback ..... 16
Narrative Feedback ..... 17
Course Remediation ..... 17
COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES ..... 18
Required Textbooks and Resources ..... 18
Recommended Textbooks and Resources ..... 18
COURSE POLICIES ..... 18
APPENDICES ..... 23
Appendix A. History and Physical Examination Outline ..... 23
Appendix B. Admission Orders Mnemonic Outline ..... 25
Appendix C. The Stanford Medicine 25 ..... 26

## COURSE DESCRIPTION

### General Description

The Northeast Ohio Medical University M3 Internal Medicine Clerkship is a ten-week clinical rotation. This core curriculum is designed to develop clinical competence, to foster appropriate attitudes toward professional responsibility as a physician and to introduce the student to the specialty of Internal Medicine. The emphasis will be on the internist's method and approach to the care of the patient. Both cognitive and non-cognitive learning will be primarily patient oriented.

### Course Type

This course is solely a College of Medicine Course for M3 students taking place at medical facilities under the supervision of clinical site supervisors and their designated staff.

### Course Enrollment Requirements

Successful completion of M1 and M2 years of study.

| Trainings | Screenings | Immunizations |
|---|---|---|
| HIPPA<br>BLS<br>OSHA<br>ACLS<br>Responsible Conduct of Research<br>Human Subjects Research | Criminal Background Check<br>Toxicology Screen<br>TB Test | Hepatitis B, MMR, Tdap, Varicella (required upon matriculation)<br>Flu shot |

### Student Assignment

Students are assigned to one of the ten hospital sites. All sites offer the benefits of a major teaching center with outstanding attending faculty. The clerkship teaching sites are commonly bound by shared learning objectives as well as a common didactic and clinical curriculum.

Teaching sites are closely monitored to ensure comparability. The depth and scope of clinical encounters during the ten-week clerkship are comparable among sites as evidenced by student feedback, clerkship valuations and NBME subject examination scores.

### 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.

(LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents

**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).

## COURSE ADMINISTRATION

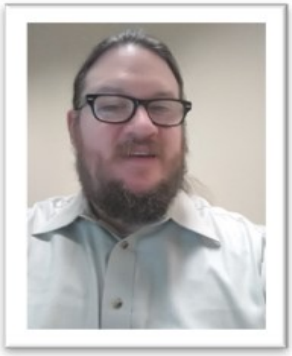
Dr. Paul Lecat serves as the Clinical Experiential Director for the Internal Medicine Clerkship and in collaboration with Dr. David Sperling, Senior Director of Clinical Experiential Learning, and Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship. In his role as Clinical Experiential Director, Dr. Lecat ensures that implementation of the Internal Medicine curriculum is comparable across sites.

**Paul J. Lecat, M.D.**
plecat@neomed.edu
330.325.6843

**David Sperling, M.D.**
dsperling@neomed.edu
330.325.6778

**Susan Nofziger, M.D.**
snofziger@neomed.edu
330.325.6582

### Course Coordinator



**David Ruble, M.S.**
Email: druble@neomed.edu
330.325.6140

### Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction in Internal Medicine are those 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.

Site Directors are designated at each hospital that provides a clerkship experience. Responsibilities of the Clerkship Site Director include tasks and responsibilities in three categories: 1) curricular, 2) assessment and 3) administrative.

**Kevin C. Frey, M.D.**
Aultman Hospital and Mercy Medical Center (Canton)

**Tom Tanphaichitr, MD**
Cleveland Clinic Akron General

**Denis R. Lunne, M.D.**
Mercy Health
St. Elizabeth Youngstown Hospital

**Rawan Narwal, M.D.**
Mercy Health, St. Vincent Medical Center (Toledo)

**Jeffery M. Becker, M.D.**
MetroHealth System (Cleveland)

**Gary Gibson, MD**
Trumbull Regional Medical Center

**Sanjay Patel, M.D.**
Riverside Methodist Hospital (Columbus)

**Hasan Abuamsha, M.D.**
St. Vincent Charity Medical Center (Cleveland)

**Bradly A. Moore, M.D.**
Summa Health System – Akron City

**Todd Lisy, MD**
Western Reserve Hospital

## Orientation

The clerkship begins with orientation focusing on clerkship goals and objectives, student responsibilities, schedules and assessment methods. Students will be provided information about relevant hospital policies and procedures, personnel contact information, meal allowances (if provided) 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.

## First Day Reporting

First day reporting information varies by clinical site. Please see the AIMS M3 site for first day reporting information.

## COURSE OBJECTIVES

Educational Program Objectives are consistent across all seven clerkships and are aligned with NEOMED's overall 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 objectives form the basis for the Student Performance Evaluation that is used to assess student performance in all clerkships.

Students will:

1. Provide general and preventative care for a diverse patient population in a variety of health care settings.
2. Demonstrate empathetic, honest and bi-directional communication with patients and families.
3. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination.
4. Demonstrate clear, effective and complete communication with the interprofessional health care team in both written and verbal forms.
5. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing
6. Generate an assessment and management plan including consideration to preventive medicine, psycho-social-environmental factors and cost and discuss reasoning for that plan by applying their medical knowledge of clinical disorders.
7. Apply knowledge of evidence-based medicine to answer patient care related questions.
8. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.
9. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and responding to patient needs that supersedes self-interest.

## Course Sequence and Links with College of Medicine Program Courses

This course immerses students in the clinical setting after their first two foundational years of medical education. This course introduces students to multiple medical disciplines in the clinical and simulated setting which prepares them for selecting electives in their M4 year.

## Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the clerkship to help you achieve your goals. Strategies include but are not limited to:

- Patient encounters (inpatient, private office, clinics, hospice centers)
- Core educational lecture videos
- Small group discussions
- Conferences, morning report and teaching rounds
- American College of Physicians Internal Medicine Essentials for Students
- American College of Physicians MKSAP for Students 5
- Practice-based Learning and Improvement Project (PBLI)
- Textbooks

Organized reading and study materials will be available to support learning about assigned subjects, problems of assigned patients and to prepare for comprehensive 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 and lectures, which may include EKG, CXR, ABG interpretation sessions and by selective patient assignments appropriate to the curriculum.

The net effect of the several avenues of implementation 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. 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.

## Pathway Articulation

Not applicable.

## Academic Integrated Management System (AIMS)

The online learning and collaboration system, Academic Integrated Management System (AIMS), will be used in M3 to post clerkship educational materials including, but not limited to, course and clerkship syllabi, day one reporting instructions, clerkship materials and core curriculum lecture videos. The web address for AIMS is: https://aims.neomed.edu/portal. It is the sole responsibility of the student to check for updates on a daily basis.

A separate subpage has been created for each clerkship on the M3 Clerkships Site. Students are expected to refer to these materials to become knowledgeable of the requirements, details of preparation and scheduling of NEOMED activities for each clerkship.

### Core Educational Lecture Videos on AIMS

In order 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

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. To access the lecture video series, click on Core Educational Lecture Videos under the M3 Clerkships AIMS Site.

| **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. |

**Patient Assignment**

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. The student's CSEP should be reviewed periodically by the Clerkship Site Director and supervising resident to ensure that the student is seeing a proper number and mixture of patients. The type and volume of patients should be adjusted on an ongoing basis, as appropriate.

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 during the clerkship.

Students are required to complete and submit for critical review a minimum of five (5) history and physical examinations and two (2) formal SOAP Notes spaced out over the clerkship. Students should expect to receive timely (as is feasible) feedback, thus allowing them to respond

to and incorporate the feedback when completing subsequent histories and physicals. This process enables the Clerkship Site Director to assess students' progress in developing and refining their skills.

All of the student's written patient reports are to be reviewed by the supervising resident, cosigned and then may be entered into the patient's chart. The protocol for reviewing the students' written histories and physicals will vary by site.

**Supervision of History and Physical Examinations**
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**
It is anticipated that early in the rotation orders will be written frequently by the resident and each site may have restrictions on who is able to put orders in the electronic medical record. However, it is expected that students will practice this skill with assistance from their resident. An outline for writing admission orders is contained in Appendix B.

**Conferences and Morning Report**
Students are required to attend morning report and formal teaching conferences along with the house staff and attending physicians. Clerkship Site Director's teaching conferences, which can take the form of basic lectures, physical diagnosis rounds, or other teaching activities, will be in addition to formal teaching conferences.

**The Stanford School of Medicine, Stanford Medicine 25** 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.

**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. 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 a PowerPoint image examination. Students will be asked to demonstrate their knowledge of the primary relationship of ten (10) selected images in diagnostic application. The examination will be administered at the NEOMED Rootstown Campus on the last day of the clerkship immediately preceding the National Board subject examination or at the hospital site in Toledo and Columbus or administered virtually through AIMS if the exam is given virtually. 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. If they once**

**again score less than 70%, they will receive a score of "Below Expectations" on the Student Performance Evaluation in the competency of Patient Care, learning objective "Recommends common diagnostic tests" (will be updated to Recommends and interprets common diagnostic tests)." Students have come close to losing "clinical honors" because they performed poorly on this exam.**

**Low Resource Clinical Skills**
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 AIMS. There is also a sample quiz on the images. This is not required material and is provided for your interest.

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

**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 a total of 18 Internal Medicine cases by the end of the clerkship. During the first week of the clerkship, students are **required** to select one case to complete and discuss as a group with the other students at the assigned clerkship site. This is to introduce them to the Internal Medicine Cases (would need to be submitted individually to obtain credit).

Students are required to select and complete at least 8 Internal Medicine cases IN ADDITION TO the following required cases:

- Internal Medicine case 5 (fatigue)
- Internal Medicine case 20 (HIV)
- Internal Medicine case 30 (DVT)
- Pediatrics case 16 (DM1/DKA)
- Culture in health case 1 (Seizure disorder)
- Any cases needed to gain familiarity with all diagnoses listed in the "Diagnoses" section of the CSEP.

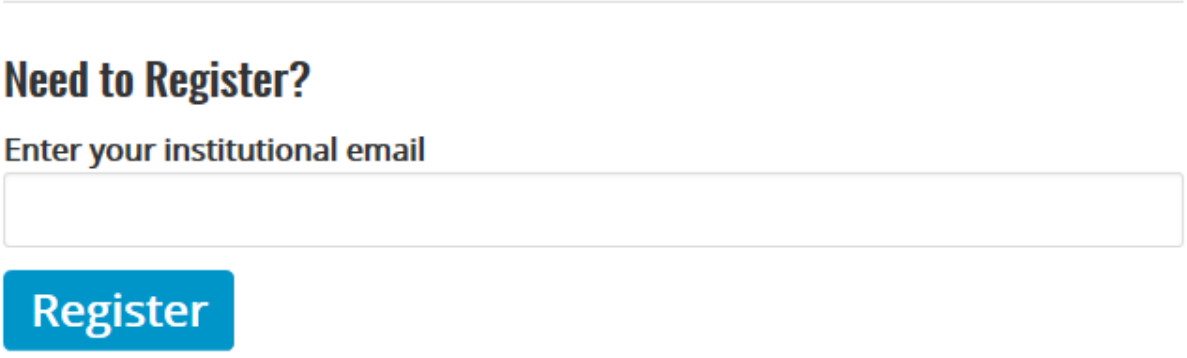
| **Aquifer Internal Medicine Online Cases** | | |
|---|---|---|
| 1 – chest pain | 2 – episodic chest discomfort | 3 – syncope |
| 4 – shortness of breath and leg swelling | 5 – fatigue (man) | 6 – hypertension |
| 7 – lightheadedness | 8 – type 2 diabetes | 9 – upper abdominal pain and vomiting |

| | | |
|---|---|---|
| 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




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.**

**COURSE GRADE**
**Final Grade Determination**

| Assignment/Assessment | % of Final Grade | Grade Criteria* | Type of Feedback | Date Scheduled/Due |
|---|---|---|---|---|
| **Student Performance Evaluation**<br>• Patient Care<br>• Interpersonal and Communication Skills<br>• Knowledge for Practice<br>• Practice-Based-Learning and Improvement<br>• Systems-Based Practice<br>• Professionalism & Personal and Professional Development | 50% | Behavioral anchors for each rating in each competency element and (2) the formula for final rating/grade (available on AIMS). | 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)** | 0% | Satisfactory completion required | Checklist of required activities | Mid-course and end of rotation meeting with Site Director |
| National Board of Medical Examiners (NBME) subject exam | 50% | See table below | Numerical score and Fail, Pass or Pass with Commendation | Last Friday of the course |
| **Total Course** | N/A | | | |

*A copy of Student Performance Evaluation with grading criteria as well as Competency Objectives are posted under Clerkship Overview on AIMS

## 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 Subject Exam**

| Subject Examination | Failing Range | Passing Range | Pass with Commendation Page |
|---|---|---|---|
| Family Medicine | ≤ 60 | 61-79 | ≥ 80 |
| Internal Medicine | ≤ 58 | 59-79 | ≥ 80 |
| Obstetrics/Gynecology | ≤ 63 | 64-81 | ≥ 82 |
| Pediatrics | ≤ 58 | 59-82 | ≥ 83 |
| Psychiatry | ≤ 68 | 69-85 | ≥ 86 |
| Surgery | ≤ 59 | 60-78 | ≥ 79 |

## 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 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
- Upload the clinical question, in the form of a properly stated clinical question, and article citation, using a proper standard citation format, to the designated AIMS site

**Clinical Skills 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

**All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship. Instructions for accessing and entering data into CSEP in OASIS are under Clerkship Overview on AIMS.**

**IM CSEP**

1. Acute coronary syndrome
2. Acute Kidney Injury
3. Anemia
4. Atrial fibrillation/flutter
5. Cancer
6. Chronic Kidney Disease
7. Chronic Obstructive Pulmonary Disease (COPD)
8. Congestive Heart Failure
9. Deep vein thrombosis and /or pulmonary embolus
10. Diabetes mellitus Type II
11. Gastrointestinal bleed
12. Hypertension
13. Liver disease/cirrhosis
14. Obstructive sleep apnea
15. Pneumonia
16. Sepsis/systemic inflammatory response syndrome (SIRS)
17. Thyroid disease
18. Urinary Tract Infection (UTI)/Dysuria/Pyelonephritis

PHYSICAL EXAM

19. CAGE questionnaire
20. Cardiovascular exam
21. Mini mental status (either Folstein or Montreal)
22. Neurological exam

ADDITIONAL CLINICAL ACTIVIES

23. Complete “Passport” Card

24. Document Admission Orders
25. Document 2 SOAP Notes
26. Document 5 Admission History and Physical
27. Review chest X-ray with attending or resident
28. Review EKG with attending or resident
29. Present patient in inpatient setting to attending or resident
30. Present patient in outpatient setting to attending or resident
31. Observed by resident doing the relevant parts of a history at least once
32. Observed by resident or attending doing a focused physician exam at least once.

ADDITIONAL LEARNING ACTIVITIES

33. Clarify and submit rotation personal goals by end of Week One
34. Review progress on personal goals midway and submit progress by end of clerkship.
35. Complete IM NBME subject practice exam prior to mid-point and share results with site director
36. Complete at least nine Aquifer IM cases and any cases needed to gain familiarity with all diagnoses listed in the "Diagnoses" section.
37. Review of three slide sets containing blood smears, gram stains and urinalysis on M3 Clerkships AIMS site.
38. Review Palliative Care PowerPoint and complete quiz.
39. Review core educational lecture videos as needed to gain experiences with all diagnoses listed in CSEP

**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 AIMS M3 Clerkship Site under Assignments. 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.

**Internal Medicine NBME Practice Subject Examination**

For the Internal Medicine Clerkship, 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 h 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!AlAkB8gcPGSxhmvNZO39gNF4MoZ6

**Student-Specified Individual Learning Goals**
The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provide 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 AIMS, 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. This will give students sufficient time to become oriented to and familiar with the expectations of the 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. Guidelines for writing SMART goals are provided on the AIMS site.

**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

**Formative, Mid-course, and End of Rotation Feedback**
The Internal Medicine Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills and attitudes. Your Student Performance Evaluation will reflect the feedback provided to you throughout the rotation. A mid-rotation meeting will be scheduled by your Site Director 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 to match your learning objectives, and
- address any problems or concerns.
- If you want additional feedback or aren't scheduled for a mid-course feedback session, then it is your responsibility to contact the Site Director to schedule this activity.

An end-of-rotation meeting will be scheduled by your Site Director to:
- discuss your performance since mid-rotation,
- review your Clinical Skills Experience Portfolio,
- review clerkship objectives and your initial learning plan to assess if and how all objectives were met, and

- review your feedback forms.

**Narrative Feedback**

Summative feedback will be provided on the Student Performance Evaluation by Site Directors.

**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.

**Remediation Process:** Remediation forms must be signed by the Director of M3 Clinical Experiences. It is the responsibility of the Director of M3 Clinical Experiences in conjunction with the specialty Clinical Experiential Director to oversee and guide the remediation process to assure consistency with the policy.

**Remedial Actions**

Failed NBME subject exam only:

- For the first failed NBME exam only, initial clerkship grade of "incomplete" will appear on your official transcript.
- One initial failed subject examination will not trigger a CAPP referral, even in the context of aggregate performance concerns. Student must retake subject examination (refer to NBME and Remediation Schedule for specifics). You will receive a remediation contract via e-mail.
- The dates of administration for subject examination retakes have been predetermined so that students do not retake an examination at the same time as they are participating in another clerkship.
- After successful retake of the subject exam, the highest overall grade for the clerkship will be "Pass". A passing grade will replace the "incomplete" grade on the transcript.
- If the student fails the retake exam, the "incomplete" will be replaced with a "fail" that will remain visible on the official transcript. This would be considered a failed remediation that would then trigger a CAPP review.
- Any subsequent subject exam failure that results in a clerkship grade of "fail" will remain visible on the official transcript.

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

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Project remediation must occur within next clerkship cycle of same discipline.
- Student must contact the Course Director to schedule remediation presentation.
- The Course Director will notify student's present Clerkship Site Director of need for student to be excused from the current clerkship/elective for up to ½ day, the time of which must be made-up.

Failed competency or "Below Expectations" rating in five or more individual items or "Below Expectations" in professionalism items on Student Performance Evaluation.

- 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: Failure of Practice-Based Learning and Improvement Core Competency due only to failure of project only. In this case, remediation is as described above.

*Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Standards set forth by CAPP will supersede the Course Director's intention to allow the student to remediate (i.e., a student who rises to the level of meeting with CAPP must first meet with this committee before being permitted to proceed with remediation plans).

**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 TEXTBOOKS AND INSTRUCTIONAL RESOURCES

### Required Textbooks and 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 texts and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

The required textbook for the clerkship is:

Goldman L, et al. (2015) Cecil Medicine. 25th Edition. Saunders Elsevier.
Dubin D. (2000) Rapid Interpretation of EKG's, 6th Edition, Cover, Inc.

### Recommended Textbooks and Resources

ECG Wave-Maven Self-Assessment Program for Students and Clinicians
https://ecg.bidmc.harvard.edu/maven/mavenmain.asp

## COURSE POLICIES

**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, 2020-2021, for further details.

### 1. Attendance and Time Off Clerkships

Attendance guidelines for all sessions are set forth in NEOMED's policy Attendance at

Instructional Sessions (available at: https://www.neomed.edu/3349-ac-418-attendance-at-instructional-sessions/).

| Reason for Absence | Person(s) to Notify | When to Notify | Required Forms and Documentation |
|---|---|---|---|
| **Emergency (e.g, flat tire, emergent health problem)** | • Clinical Site - Clerkship/Elective Site Director and Coordinator*<br>• Rootstown courses – Course Director and Curriculum Coordinator | As soon as circumstances allow | Submit absence notification form available at https://www.neomed.edu/studentservices/forms/ after you have discussed make-up plans with course/clerkship/elective site director. |
| **Personal Illness** | • Clinical Site - Clerkship/Elective Site Director and Coordinator*<br>• Rootstown courses – Course Director and Curriculum Coordinator | ASAP when you realize you are sick and will not be able to attend | |
| **Health care appointment for yourself or to accompany a family member**<br>*You do NOT need to state the reason for or type of health care appointment.* | • Clinical Site - Clerkship/Elective Site Director and Coordinator*<br>• Rootstown courses – Course Director and Curriculum Coordinator | With as much lead time as possible, preferably BEFORE clerkship/elective begins | |

| | | | |
|---|---|---|---|
| **Presentation at Conference or fulfill a professional obligation.** | College of Medicine using College of Medicine Professional Conference/Obligation Request Form | At least six (6) weeks in advance of conference/professional obligation | College of Medicine Professional Conference/Obligation Request Form along with evidence of acceptance to present at a professional conference or fulfill a professional obligation.<br>→ THE PROCESS DOES NOT END once you have submitted the above form. **DO NOT MAKE TRAVEL PLANS.**<br>1. The COM will send written confirmation to let you know your request was received. Follow-up instructions will be provided.<br>2. Check with course director/clinical site director to determine if you can be excused from the curriculum;<br>3. if excused, submit an absence notification form (https://www.neomed.edu/studentservices/forms/) after discussing make-up plans with course/clerkship/elective director. |
| **Religious Holiday Observation** | College of Medicine. Submit "Request for religious holiday observation" form (College of Medicine) | **By July 1 – 5:00 pm**<br>• Holidays falling between July 2 and December 31<br><br>**By November 1 – 5:00 pm**<br>Holidays falling between January 1 – June 30. | Submit "Request for religious holiday observation" form (College of Medicine)<br>→ THE PROCESS DOES NOT END here.<br>1. The COM will send written confirmation to let you know your request was received and date(s) verified. Follow-up instructions will be provided.<br>2. Check with course director/clinical site director to determine if you can be excused from the curriculum; if excused, submit an absence notification form (https://www.neomed.edu/studentservices/forms/) after discussing make-up plans with course/clerkship/elective director. |

* information for course/clerkship site directors and coordinators can be found on AIMS.

## 2. 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. https://www.neomed.edu/3349-ac-409-curriculum-contact-hours/

**3. Clinical Supervision & Safety**

In accordance with LCME requirements, 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. https://www.neomed.edu/3349-ac-408-clinical-supervision/

- Follow OSHA guidelines
- Follow appropriate patient safety procedures (handwashing, mask, gloves as appropriate)
- Follow safety guidelines as directed by the clinical site
- Recognize a potentially aggressive patient
    - history of aggression, mental health issue, drug or alcohol withdrawal, physical sign of anger or agitation
- If you are in doubt, err on the side of caution
    - take a chaperone (fellow student or nurse, security)
- Defusing the situation
    - listen, speak softly, acknowledge the concern, keep space between you and the patient, have an exit

4. Grade Dispute

Grade Dispute guidelines are set forth in NEOMED's College of Medicine policy Grade Dispute (available at: https://www.neomed.edu/3349-ac-405-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 Student Performance Evaluation, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

**5. Mistreatment**

Any issues or concerns regarding the clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Issues or concerns should be addressed as quickly as possible to foster early resolution. Every student has the right to learn in a professional atmosphere. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the Course Director or the Director of M3 Clinical Experiences. Concerns regarding misconduct also may be reported confidentially or anonymously using the Inappropriate Behavior Reporting Form found at https://www.neomed.edu/studentservices/forms/ Students who feel they have been harassed or discriminated against should discuss the matter with their faculty advisor, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

**6. Professionalism**

***Academic Misconduct***: NEOMED students sign and are held to the "Expectations of Student Conduct and Professional Behavior" and must abide by all student policies contained within *The Compass*. Included within these expectations are policies regarding students' academic conduct.

NEOMED students are expected to comply with the following academic standards and to report any violations to the Office of Student Affairs. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

In accordance with the NEOMED policy on proper attire as stated in the Compass, students are required to dress appropriately and professionally for all clinical activities. The hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

## 7. Shadowing

No shadowing is permitted during M3 clerkships this year.

## 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 diagramed 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).

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**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°, 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 *when;* 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 | |