



The Florida State University
College of Medicine

BCC 7113

Advanced Internal Medicine Clerkship

2011-2012

Table of Contents

| | |
|---|----|
| Instructors..... | 3 |
| Education Director | 3 |
| Clerkship Directors | 3 |
| Course Overview..... | 4 |
| Description | 4 |
| Course Components | 4 |
| Areas of Interest..... | 4 |
| Inpatient service..... | 5 |
| Meetings, Lectures and Conferences | 5 |
| Evaluations and Exam | 6 |
| Scheduled Hours/On-Call | 7 |
| Competencies-Objectives-Assessment | 8 |
| Policies | 11 |
| Americans with Disabilities Act..... | 11 |
| Academic Honor Code..... | 11 |
| Attendance Policy | 12 |
| Library Policy | 12 |
| Required Materials | 12 |
| Texts | 12 |
| PDA/Smartphone Resources..... | 12 |
| Suggested Materials | 13 |
| Reference Texts (On-line versions available)..... | 13 |
| Grading..... | 13 |

Instructors

Education Director

Dr. Jonathan Appelbaum

Office: Florida State University
College of Medicine
Department of Clinical Sciences
1115 West Call Street
Tallahassee, FL 32306-4300

Phone: 850-645-1227

Email: jonathan.appelbaum@med.fsu.edu

Clerkship Directors

| Campus | Director |
|-------------|-----------------------|
| Fort Pierce | Dr. William Hood |
| Daytona | Dr. Vinayak Purandare |
| Orlando | Dr. Cynthia Powell |
| Pensacola | Dr. Robert Anderson |
| Sarasota | Dr. Kathleen Kennedy |
| Tallahassee | Dr. Raymond Shashaty |
| Thomasville | Dr. Rudolf Hehn |

Course Overview

Description

The Advanced Internal Medicine Clerkship (Medicine Subinternship) is designed to allow students the opportunity to participate in the management of patients with common clinical presentations encountered in the practice of hospital based internal medicine. Each student will have the opportunity to experience a broad range of illness severity ranging from acute care upon presentation to the emergency department to life threatening processes in the intensive care unit. Students will also have the opportunity to improve their basic clinical skills, learn new inpatient procedures and examination techniques, and assess the effectiveness of their clinical interventions. The student will have increasing responsibility for the care of patients during the course of this clerkship.

Course Components

Areas of Interest

At the start of the clerkship, each student will identify at least **three issues in internal medicine** that they hope to learn during this rotation, along with a plan to achieve these objectives, such as extra readings, following extra patients, or completing extra cases in the student guide. The student will submit these to the Education Director through Blackboard. The Education Director will work with the Clerkship Director to allow the student to gain knowledge about these topics. *Submission of these topics will be required by the end of the first week of the clerkship.*

This is primarily an **apprenticeship style experience** with an IM clerkship faculty member. There will be experiential learning that each student will have with his/her clerkship faculty. Students will also have the opportunity to learn about many of the ancillary services that occur inside and outside the hospital setting.

Inpatient service

This clerkship will be conducted at community hospitals chosen to provide students comprehensive experiences with hospitalized patients on internal medicine services. The students will spend four weeks with clerkship faculty physicians who care for hospitalized patients. Under the direct supervision of the clerkship faculty physician, each student will learn to identify, evaluate and prioritize treatment of medically complex inpatients.

Students will be required to work up a minimum of 3 new/undifferentiated patients each week in the inpatient setting. During the 4 week block, students will see 6 - 10 follow-up/established patients each week. If at any point the student is carrying less than 2 patients per day (follow-ups) s/he will pick up and assume care of a patient who is not a new admission to the hospital. The number of patients each student has responsibility for will be determined by the complexity of cases and the student's demonstrated ability to assume a role in the care of additional patients. Students will be expected to demonstrate involvement at the moderate to full level of participation in at 2/3 of their patient encounters. Students will be expected to have progressively more autonomy in management of their patients during the clerkship. Students will be expected to have at least 55 patient encounters during the 4 week clerkship. Patient encounters can be newly admitted patients, or patients seen in follow-up during their hospitalization.

Meetings, Lectures and Conferences

Students will also be required to attend lectures and conferences where available. In settings where lectures and conferences are not available, students will acquire learning materials via reading and case assignments arranged by the clerkship director, using the Student Guide from the CDIM Sub-internship Curriculum or other sources.

In addition, each student will **meet with the clerkship director** once per week during the clerkship for case presentations and discussions. A minimum of one patient presentation per clerkship will be assessed by the clerkship director. The clerkship director will oversee

student's CDCS patient-log entries, assuring breadth of experience and avoiding duplication. The student will give a case presentation of a selected case at this weekly meeting. During the final week of the clerkship, the student will present a case where the principals of patient safety are outlined and addressed in a patient-centered manner (see SLO 1.7). The student will be expected to have completed the readings posted on Blackboard in preparation for this presentation.

The clerkship director will assess progress on the student's self-learning. A **mid-point (formative) evaluation** will be completed by the clerkship director. A **daily electronic log of patients** will be kept by the students and transmitted weekly to the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication.

Didactic sessions will be available through morning report, grand rounds, morning lectures and/or a noon lecture series. These sessions will be available based on location and clerkship faculty's schedule. Each student will be given an updated monthly schedule indicating available learning opportunities. These sessions will be considered supplementary to the learning objectives of the clerkship and will be substituted with assigned readings and/or sessions with the clerkship director if needed.

Evaluations and Exam

Evaluation of student's charting of progress notes and discharge summaries will be done by the clerkship faculty member in the course of patient care activities.

The web-based NBME Internal Medicine Sub-internship Exam will be given on the last day of the clerkship.

Each student will be required to meet with the clerkship director during the final week of the clerkship to debrief the clerkship director about the student's experiences on the clerkship. A final substantive evaluation will be completed by the clerkship director with input from clerkship faculty.

Scheduled Hours/On-Call

The clerkship is four weeks in duration and will consist of inpatient shifts, in-house call, lectures, conferences, and reading assignments. The student will work 12 hours per day or 6 days per week, with night call no greater than every 4th night, including weekend call. The student will be expected to be on call one weekend day/night during two of the four weekends during the rotation. The final call schedule will be determined based on the clerkship faculty member's call schedule. Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

Competencies-Objectives-Assessment

These clerkship objectives reflect the knowledge, skills and attitudes of the overall COM competencies and educational learning objectives as noted below.

By the completion of the clerkship, students will be able to:

Topic 1: Patient Care Domain—Care of hospitalized patients: Demonstrate the knowledge and skills to care for the hospitalized internal medicine patient with minimal physician supervision and oversight:

SLO 1.1: Utilize appropriate evidence-based decision support resources and PDA/Smartphone resources in making management decisions

SLO 1.2: Demonstrate knowledge of the current medical literature and apply that knowledge in making evidence-based diagnostic and management decisions.

SLO 1.3: Demonstrate the ability to apply knowledge of pharmacodynamics, pharmacokinetics and common pharmaceutical agents in the care of hospitalized patients.

SLO 1.4: Demonstrate the ability to conduct a focused medical history and targeted physical examination appropriate to the patient's chief complaint

SLO 1.5: Demonstrate the ability to diagnose and present a treatment plan for commonly occurring internal medicine illnesses in the inpatient setting

SLO 1.6: Effectively manage patient transitions between different care settings.

SLO 1.7: Demonstrate competence in the principles of patient safety to minimize medical errors with patients:

- a. Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.
- b. Discuss 3 complications for which hospitalized older adults are at increased risk.

Topic 2: Medical Knowledge Domain—Procedures: Discuss the indications, contraindications, risks, and benefits appropriate to the level of education for the following procedures:

SLO 2.1 Thoracentesis

SLO 2.2 Paracentesis

SLO 2.3 Insertion and maintenance of central lines

SLO 2.4 Insertion and maintenance of arterial lines and arterial blood gases

SLO 2.5 Nasogastric tubes

SLO 2.6 Lumbar puncture

SLO 2.7 Insertion and maintenance of bladder (Foley) catheters

Topic 3: Interpersonal and Communication Skills Domain—Effectively communicate with patients and other health professionals.

SLO 3.1: Demonstrate a patient-centered approach in all communications with patients.

SLO 3.2: Apply understanding of the biopsychosocial model to interpret patient presentations in the inpatient setting.

SLO 3.3: Demonstrate understanding of ethical principles and their application to patient care

SLO 3.3: Communicate effectively with patients from diverse backgrounds and with all the members of the healthcare team.

SLO 3.4: Demonstrate the principles of end-of-life care with patients and their families

SLO 3.5: Demonstrate the ability to synthesize clinical information and formulate concise oral presentations and written case summaries.

Topic 4: Patient Care and Medical Knowledge Domains--Demonstrate the ability to evaluate and manage patients with commonly occurring internal medicine presentations

SLO 4.1: Abdominal pain

SLO 4.2: Acute gastrointestinal bleeding

SLO 4.3: Acute neurologic changes, including seizure, stroke, TIA

SLO 4.4: Acute pulmonary edema

SLO 4.5: Acute renal failure

SLO 4.6: Altered mental status

SLO 4.7: Arrhythmias

SLO 4.8: Chest pain

SLO 4.9: Electrolyte disorders

SLO 4.10: Fever

SLO 4.11: Glycemic control, including diabetic ketoacidosis

SLO 4.12: Hypertensive emergencies

SLO 4.13: Nausea and vomiting

SLO 4.14: Pain management

SLO 4.15: Respiratory distress

SLO 4.16: Shock and sepsis

SLO 4.17: Substance abuse/overdose/drug withdrawal

SLO 4.18: Syncope

SLO=Specific Learning Objective

Educational methods and evaluation methods for each of these specific learning objectives are listed in the table, Appendix A. If unable to follow a patient with a diagnosis in any one of the categories listed, the student will be required to complete the corresponding case in the student's guide from the Clerkship Directors in Internal Medicine. This requirement will be determined by the clerkship director based on weekly reviews of the CDCS data. Progress on reaching the objectives of the clerkship will be formally addressed at the mid-clerkship formative evaluation, and a plan for remediation will be constructed.

Policies

Americans with Disabilities Act

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146
Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
97 Woodward Avenue, South
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu
<http://www.fsu.edu/~staffair/dean/StudentDisability>

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State

University Academic Honor Policy, found at
<http://www.fsu.edu/~dof/honorpolicy.htm>.

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See pages 27-29** of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Library Policy

The [COM Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under “Course Pages” on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Required Materials

Texts

The Washington Manual of Medical Therapeutics (Cooper, Krainik, Lubner, Reno, Micek) Lippincott Williams Wilkins, Inc, 33th edition, 2010 (On-line version available through FSU-COM Medical Library and available for PDA/Smartphone via www.skyscape.com. You must download this onto your device BEFORE you start your clerkship or purchase the spiral-bound copy).

Sub-internship Primer (on Blackboard)

CDIM IM Sub-internship Student's Guide Cases (on Blackboard)

Procedures from St. Frances Guide to Clinical Clerkship in Inpatient Medicine, 3rd edition (Sanjay Saint) Lippincott Williams & Wilkins, 2010 (on Blackboard)

Video clips from NEJM series on procedures (links on Blackboard)

Additional readings on patient safety and the hazards of acute hospitalization posted on Blackboard.

PDA/Smartphone Resources

Epocrates

Essential Evidence Plus (not available for iPhone)

Dynamed

Pepid

The COM Maguire Medical Library is primarily a digital library and over 95% of its resources are available 24/7 at the main COM campus and at each regional medical campus, as well as through authenticated Internet access regardless of student location. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection are borrowed through interlibrary loan.

Suggested Materials

Reference Texts (On-line versions available)

Cecil Medicine: Expert Consult/Cecil Textbook of Medicine (Goldman and Austello)

Saunders Elseviers, Inc, 23rd edition, 2007

Harrison's Principles of Internal Medicine (Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo) McGraw-Hill, Inc, 17th edition, New York, New York, St Louis, Missouri and San Francisco, California, 2008.

Grading

Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the [FSUCOM Student Handbook](#) -page 31.

Clerkship-specific grading criteria: How the Final grade will be determined:

1. NBME Internal Medicine Sub-internship Exam (you must pass to pass the clerkship)
2. Compliance with CDCS data entry of at least 55 new patient encounters, 2/3 of which must be moderate to full involvement (pass/fail)
3. Submission of self-assessment by the end of Week 1 (pass/fail)
4. Case mix of patient problems as listed above with supplementation using CDIM cases (pass/fail)
5. Presentation of patient safety case to clerkship director (pass/fail)
6. Faculty evaluations and clerkship director evaluations
7. Professionalism (pass/fail)