



The Florida State University  
College of Medicine

**BCC 7112**

# **Internal Medicine Clerkship**

**2011-2012**

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## Instructors

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### ***Education Director***

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### ***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. Michael Forsthoefel
Thomasville	Dr. Rudolf Hehn
Rural Tract	Dr. Stephen Spence

## Course Overview

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### Description

The third year **Internal Medicine Clerkship** is an eight-week clinical rotation. The objective of the clerkship is to acquaint the student with the varied aspects of medical care for adults. Emphasis will be placed on enhancing the skills of taking a history, performing a physical examination, presenting these findings, and developing a differential diagnosis for common clinical presentations and problems. The skills of data analysis and critical thinking about diseases in patients will be highlighted.

Students will participate in the evaluation and care of outpatients and inpatients under the supervision of the College of Medicine internal medicine faculty physicians. Exposure to common procedures encountered in the practice of internal medicine will be expected. Formal and informal daily teaching sessions and rounds with the clerkship faculty physician (and residents at some sites) are a major part of the eight-week experience. Clerkship directors at the regional campuses will meet with students once per week for teaching, evaluation and feedback. Each student will record and present appropriate clinical data daily to their clerkship faculty member.

*At least two clinical observations for each student will be performed by the clerkship director or designee during the clerkship.* Every student will work with a general internist four days per week for five weeks and then a hospital based clerkship faculty physician four days per week for three weeks or alternative similar exposure to inpatients and outpatients such that the student has exposure to caring for at least 20 hospitalized patients. Some students will work with the same clerkship faculty for the entire 8 weeks, if that faculty follows a significant number of his/her patients into the hospital. Students may also have the opportunity to work with specialty clerkship faculty during the ambulatory portion of the clerkship, at the discretion of the clerkship director.

The Doctoring 3 and Longitudinal Clerkship courses, which run concurrently with clerkships throughout the entire third year will place the student with a community-based longitudinal

faculty member for one half-day every week and in the didactic sessions at the regional campus for one half-day every week.

## **Course Components**

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### ***Knowledge Based Resources Supporting Course***

Befitting a 21<sup>st</sup> century medical school, all of the physical resources necessary for this course are in place. Student learning areas, complete with computers, basic textbooks, internet access and videoconferencing equipment, are available at each regional campus site.

### ***Teaching and Learning Methods***

Students have access to personal computers and personal digital assistants as well. Students will be expected to access course materials through Blackboard. A daily electronic log of patient encounters will be kept by the students and transmitted at least weekly to the main campus. This data will be reviewed weekly with the Clerkship Director to insure that appropriate numbers of patients are being seen, and that the patient mix reflects common internal medical problems without undue duplication. Students will be expected to post at least 120 unique patient encounters during this clerkship.

This is primarily an apprenticeship-style one-on-one experience with an internal medicine clerkship faculty member allowing for 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 and medical specialties that occur inside and outside of the hospital setting.

Clerkship directors will meet with students once per week. General medicine topics will be discussed at this weekly meeting. The discussion will include the following: review of the assigned internal medicine *Case Files*, discussion of interesting cases seen during the week, a review of materials read prior to the meeting, a brief review of an ethics topic developed by a faculty ethicist, and ability to practice oral case presentation skills. Patient log entries will be reviewed and suggestions for learning any uncovered topics/diagnoses will be made by

augmenting clinical experiences, completing internal medicine *Case Files* or paper cases and/or completing reading assignments. Students are expected to demonstrate involvement at the moderate to full level of participation in at least 2/3 of their patient encounters.

Didactic sessions may be available through grand rounds, morning lectures, noon lectures, and and/or sessions with the clerkship faculty member or clerkship director, depending on location and the clerkship faculty's schedule. Each student will be informed of their local learning opportunities and are encourage to participate. In addition, clinical faculty will be posting journal articles of interest on Blackboard.

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

- History and Physical Examination
- Oral Case Presentation
- Chart Documentation
- Clinical Diagnostic Decision Making (Critical Thinking)
- Performing AND interpreting EKG
- Interpreting chest x-ray

Students are encouraged to participate in inter-clerkship disease screening and referral programs such as:

- Tobacco use screen ("Have you used tobacco products within the last 30 days?")
- Depression
- Substance abuse
- Domestic violence, including elder abuse
- Osteoporosis risk
- Falls risk/prevention
- Pain
- Urinary incontinence
- Sexual concerns
- others

## ***Call and Weekends***

Students will be on-call at the discretion of the clerkship faculty during the five weeks outpatient component of the clerkship. The call frequency will not exceed every 4<sup>th</sup> night. The student will be on call every 4<sup>th</sup> night during the two weeks inpatient component of the clerkship and will be expected to

remain in house as directed by the clerkship faculty or resident working with the clerkship faculty member, but no later than 11 pm. Each student will work at least two weekend days per eight-week clerkship unless otherwise directed by clerkship faculty.

### ***M3 Internal Medicine Clerkship Student Self-Study Program***

This self-study program has been designed to assist the student in managing the vast amount of medical information available. This program will result in exposure to the core concepts and breadth of knowledge deemed necessary for students to have acquired during this clerkship. The keys to success during this rotation include a *daily text reading program covering not only the clinical encounters of the day, but also enough to cover the assigned readings by the end of the clerkship.*

Internal Medicine cases, known as *Case Files*, are an integral part of the clerkship learning experience. Students are to complete at least the assigned cases and the readings in Harrison's or Andreoli and Carpenter's *Cecil Essentials of Medicine* 7th Edition. While the student is only responsible for the cases listed below, the student is encouraged to read all of the cases.

Listed below are the assigned basic Internal Medicine topics from *Cecil Essentials of Medicine* (7<sup>th</sup> Edition and *Harrisons On-line*, along with Lange's *Case Files Internal Medicine* (page numbers for both 2<sup>nd</sup> and 3<sup>rd</sup> editions given) that will allow the student to maximize the learning experience:

Week	Topic	Readings		Lange Case Files			
		Harrisons On-Line	Cecil Essentials of Medicine	Case number	Chapter Title	2nd ed	3rd ed
<b>1</b>	<b>Cardiovascular Disease</b>						
	MI	Chapters 219,238-240	Pages 97-117	<b>1</b>	Acute MI	24-37*	21-35
	HF	Chapters 227	pages 68-75	<b>2</b>	CHF/AS	40-45	37-44
	HBP	Chapter 241	pages 167-176	<b>9</b>	Hypertension	97-107	99-109
	Hypercholesterolemia	Chapter 350	pages 617-624	<b>46</b>	Hypercholesterolemia	422-428	429-436
*Please note that in the 2 <sup>nd</sup> Edition, on page 29, last paragraph, second sentence should read:							
<i>If patients with an acute STEMI present within 2-3 hours of symptom onset and receive PCI ideally within 90 minutes, then PCI is the recommended reperfusion therapy.</i>							
<b>2</b>	<b>Gastrointestinal Disease</b>						
	abdominal pain	Chapter 14	Pages 357-359	<b>14</b>	Pancreatitis/gallstones	146-151	149-156
	GERD	Chapter 286	pages 384-389				
	PUD	Chapter 287	pages 390-405	<b>4</b>	PUD	56-61	55-61
	GI bleed	Chapter 42	Pages 360-363	<b>26</b>	Diverticulitis	251-258	252-262
				<b>28</b>	Sickle Cell	268-272	271-276
				<b>16</b>	Ulcerative Colitis	161-167	165-171
<b>3</b>	<b>Infectious Disease</b>						
	Pneumonia	Chapter 251	Pages 249-252	<b>39</b>	Pneumonia	362-368	369-376
	UTI	Chapter 143	Pages 970-973	<b>54</b>	Urosepsis	483-490	493-499
	Cellulitis	Chapter 119	Pages 947-952				
	HIV/AIDS	Chapter 182	Pages 989-1008	<b>7</b>	HIV	81-88	81-89
	Hospital Acquired infections	Chapter 125	Pages 974-979				
				<b>29</b>	Meningitis	274-282	277-286
<b>4</b>	<b>Pulmonary Disease</b>						
	COPD	Chapter 254	Pages 214-223	<b>34</b>	COPD	316-322	319-327
	Tb	Chapter 158	Pages 250-252	<b>31</b>	Tb	292-298	295-301
	Interstitial Lung Disease	Chapter 255	Pages 224-237				
	Pulmonary Embolism	Chapter 111	Pages 238-241	<b>37</b>	PE	343-350	349-357
	Cough/Asthma	Chapters 34, 248	Pages 196-200	<b>35</b>	Cough/Asthma	324-332	329-337
<b>5</b>	<b>Endocrinology/Metabolism</b>						
	Thyroid Disease	Chapter 335	Pages 647-656				
	Diabetes Mellitus	Chapter 338	Pages 676-700	<b>42</b>	Type 2 DM	386-392	393-400
	Obesity	Chapter 75	Pages 605-611				
	Hypercalcemia	Chapter 47	Pages 590-591	<b>36</b>	Hypercalcemia/MM	333-342	339-348
	Hyponatremia	Chapter 46	Pages 289-291	<b>5</b>	Hyponatremia		63-71
<b>6</b>	<b>Neurology</b>						
	Stroke/TIA	Chapter 364	pages 1104-1115	<b>47</b>	TIA	430-436	437-444
	Dizziness	Chapter 22	Pages 1086-1089	<b>60</b>	Dizziness	531-539	539-547
	Seizure	Chapter 363	Pages 1120-1128				
	Headache	Chapter 15	Pages 1069-1078				
	<b>Renal</b>						
	Acute Renal Failure	Chapter 273	pages 332-341	<b>17</b>	Acute Renal Failure	169-178	173-181
	Glomerulonephritis	Chapter 277	Pages 304-315	<b>19</b>	Acute GN	187-196	191-200
<b>7</b>	<b>Musculoskeletal</b>						
	Osteoarthritis	Chapter 326	Pages 845-847	<b>24</b>	Low Back Pain	234-240	237-244
	Crystal Arthropathies	Chapter 327	Pages 840-844	<b>21</b>	Gout	206-213	209-217
	RA	Chapter 314	Pages 804-808				
	SLE	Chapter 313	Pages 813-818				
	<b>Prevention</b>						
	Health Maintenance	Chapter 4	Pages 711-712	<b>53</b>	Health Maintenance	477-482	539-547
	EBM	Chapters 1,3	Pages 17-24				
<b>8</b>	<b>Review</b>						



## Competencies-Objectives-Assessment

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**Specific Learning Objectives (SLO)** These clerkship objectives reflect the knowledge, skills and attitudes of the overall COM

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

1. Demonstrate knowledge of Ambulatory Internal Medicine

1.1.	Demonstrate the ability to conduct a focused medical history and targeted physical examination appropriate to the patient's chief complaint(s) and the history of the present illness(es) in internal medicine
1.2.	Manage appropriate decision support resources such as treatment guidelines in caring for patients
1.3.	Choose principles of evidence-based medicine in making diagnostic and management decisions in internal medicine
1.4.	Demonstrate the ability to apply appropriate clinical pharmacological principles in the selection of drugs to treat common internal medicine problems
1.5.	Demonstrate the ability to perform a health maintenance examination appropriate for an adult and to apply appropriate prevention and screening guidelines
1.6.	Assess the importance of and screen for specific geriatric syndromes such as dementia, delirium and the propensity to fall in the older aged populations
1.7.	Demonstrate the ability to document an outpatient visit using the SOAP note

2. Demonstrate knowledge of Inpatient Internal Medicine

2.1.	Demonstrate the ability to perform an admission history and physical examination
2.2.	Demonstrate facility in the application of medical informatics technology and critical appraisal of the medical literature in making diagnostic and management decisions in internal medicine
2.3.	Write admission orders for common inpatient internal medicine problems
2.4.	Demonstrate the ability to construct a hospital progress note

3. Demonstrate the ability to understand the indications, risks and benefits and be competent to his/her level of education for the following procedures

3.1.	Perform and interpret ECGs
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3.2.	Interpret chest x-ray
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4. Apply the following in professional and patient interactions:

4.1.	Demonstrate the ability to apply the biopsychosocial model and patient-centered clinical method to the understanding of patient presentations
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4.2.	Demonstrate a basic understanding of ethical principles and their applications to patient care
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4.3.	Demonstrate effective communication skills with a diverse array of patients, physicians and other health team members
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4.4.	Demonstrate a basic understanding of how age, gender, race, cultural and socioeconomic class effects the management of internal medicine patients
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4.5.	Using the patient's history, physical exam, laboratory and imaging results to construct appropriate differential diagnoses
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4.6.	Demonstrate the ability to diagnose and construct a treatment plan for common illness in internal medicine (see Broad Topic Areas below)
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4.7.	Demonstrate the use of PDA resources in the clinic
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4.8.	Demonstrate the ability to clearly and concisely present oral summary of patients to members of the health care team in an allotted period of time
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## ***Broad Topic Areas***

The student should have an understanding of the following topics, commensurate with their level of training. Students will be required to evaluate the following categories of problems/diagnoses in new or established patients:

1.	Preventative Care and Health Maintenance –including screening for appropriate risk factors. Students will have the opportunity to continue disease screening from other clerkships.
2.	Elder Care –focusing on geriatric syndromes such as delirium, dementia and fall risk
3.	Cardiovascular Disease (for example: hypertension, coronary artery disease, arrhythmia, heart failure)
4.	Renal Disease (for example: acute renal failure, chronic renal failure and glomerular disease)
5.	Gastrointestinal Disease (for example: abdominal pain, peptic ulcer disease, gastritis, reflux, bleeding)
6.	Cerebrovascular Disease (for example: stroke, transient ischemic attack, seizure, headache)
7.	Endocrinology (for example: diabetes, thyroid disease, dyslipidemia, obesity)

8.	Infectious Disease (for example: hospital acquired infections, cellulitis, pneumonia, UTI, HIV/AIDS)
9.	Hematology/Oncology (for example: common malignancies, anemia)
10.	Musculoskeletal Disease (for example: back pain, osteoarthritis, autoimmune diseases)
11.	Pulmonary Disease (for example: COPD, asthma, interstitial lung disease)

If unable to gain access to a patient with a diagnosis in any one of the categories listed, the student will be required to complete a reading assignment or a case with a diagnosis/problem in that category. The need for completing the reading assignment will be determined by the clerkship director based on weekly reviews of the CDCS data, which will be discussed with the student on a weekly basis.

# Policies

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## ***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](mailto: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](#))

## ***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

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Harrison’s Principles of Internal Medicine (Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, Loscalzo) McGraw-Hill, Inc, 17<sup>th</sup> edition, New York, New York, St Louis, Missouri and San Francisco, California, 2008 (**available on-line from FSU-COM library**)

Case Files: Internal Medicine (Toy, Patlan, Faustinella, Cruse) McGraw-Hill, Inc, 2<sup>nd</sup> edition, 2007 **or** 3<sup>rd</sup> edition, 2009

### PDA Resources

- Epocrates Essentials
- DynaMed
- Harrison’s Practice
- PEPID
- ePSS Tool (USPSTF)
- Essential Evidence Plus

## Suggested Materials

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

Saunders Elseviers, Inc, 23<sup>rd</sup> edition, 2007(**On-line version available**)

Andreoli and Carpenter’s Cecil Essentials of Medicine (Andreoli, Carpenter, Griggs, Benjamin)

Saunders Elseviers, Inc, 7<sup>th</sup> edition, 2007 (**only available in print**)

The Washington Manual of Medical Therapeutics (Cooper, Krainik, Lubner, Reno, Micek) Lipincott Williams Wilkins, Inc, 33<sup>th</sup> edition, 2010 (**available on-line from FSU-COM library or may be purchased—either spiral bound or PDA version**)

## Grading

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

### ***Evaluation Methods***

Since this clerkship is an apprentice-style experience, direct clinical observation by internal medicine faculty will be the primary method of student evaluation. Active participation in the weekly meetings with the clerkship director will be another means of assessing student performance. Finally, the NBME Internal Medicine Subject Examination will assess overall knowledge of internal medicine and will allow the student to compare him/herself to peers.

Students will also be evaluated in two other ways. First, a timed oral case presentation to clinical faculty, done near the end of the clerkship, will assess case presentation skills, which is one of the course objectives. Second, the student will submit a self-assessment of his/her growth in knowledge of internal medicine and discuss some topic areas where the/she would have liked to have learned more, and the ways he/she hopes to remediate this deficiency. This self-assessment will be submitted to the Education Director through BlackBoard during the final week of the rotation.

A post-clerkship debriefing may be held as a group with the clerkship director at the end of the clerkship.

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

1. NBME Internal Medicine Exam (must pass to pass the clerkship)
2. Compliance with patient data entry of at least 120 unique patient encounters, 2/3 of which must
3. be moderate to full involvement (pass/fail)
4. Submission of reflection by the end of the clerkship (pass/fail)
5. Timed oral presentation to clerkship director (pass/fail)
6. Faculty evaluations and clerkship director evaluations
7. Professionalism (pass/fail)