

Internal Medicine Clerkship Syllabus



2016-2017 Academic Year

INTERNAL MEDICINE CLERKSHIP
SYLLABUS & ORIENTATION MATERIALS

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Introduction

Welcome to your Clerkship in Internal Medicine! Third year is an exciting time in your medical training since it heralds your transition from basic sciences to application of the acquired basic science knowledge to the patient. Internal medicine rotation is a critical component of your work as a clinician. The knowledge, practice and skills acquired in internal medicine clerkship will help guide you through all aspects and branches of medicine. Irrespective of whatever specialty you pursue in future, you will still find the knowledge and skills learned during this 8 week rotation useful. We therefore challenge you to maximize and pursue all learning opportunities during this time.

We hope that you will enjoy your time on Internal Medicine. If you encounter any issues that are hindering your learning please let us know immediately so that we can resolve them. We wish you all the best in your 3rd year of medical school training. Please bring any questions or concerns to either the Clerkship Director or Clerkship Coordinator.

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Hospital Information

Via Christi St. Francis: 929 N. St. Francis Wichita, KS 67214

Contact: Sherri Skupa, Medical Education Specialist

Phone: 316-268-5984, email sherri.skupa@viachristi.org

Wesley Medical Center: 550 N Hillside St, Wichita, KS 67214

Contact: Janell Vulgamore, Internal Medicine/Pediatric Residency Coordinator

Phone: 316962-2212, email Janell.vulgamore@HCAHealthcare.com

Robert J. Dole VA Medical Center: 5500 E Kellogg Ave, Wichita, KS 67218

Contact: Linda Hankerson, Affiliations Coordinator

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Internal Medicine Web Page

<http://wichita.kumc.edu/im/>

Please visit the internal medicine Web page. From this Web page you can access information regarding the student program and the residency program. You can also access information on teaching faculty and hospitals and up-to-date schedules on conferences and meetings.

The **Student Program Web page** (<http://wichita.kumc.edu/internal-medicine/students.html>) includes:

1. Expectations/responsibilities on the Internal Medicine Clerkship.
2. Information on rural preceptorships (4th year)
3. Link to KU School of Medicine Educational Objectives <http://www.kumc.edu/school-of-medicine/office-of-medical-education/graduation-competencies/graduation-competencies.html>
4. Link to CDIM Core Competencies <http://www.im.org/p/cm/ld/fid=385>

Some of the information you will need is found in the **Boot Camp Book**: You may find that information on Jaydocs or on our Website:

<http://wichita.kumc.edu/Documents/wichita/internalmedicine/Boot%20Camp%202015.pdf>

Student Responsibilities

The Learning Environment

The KU School of Medicine (SOM) is committed to educating students in an environment that fosters optimal learning, a spirit of collegiality, mutual respect, and open communication (i.e. a positive “learning environment”). While the vast majority of KU SOM students experience a positive learning environment, you may either experience or witness events that run counter to this goal. KU takes violations of our learning environment standards (see web links below) seriously. Any faculty member, the KU SOM administration (specifically the OSA), the Vice Chancellor of Students, or the Equal Opportunity Office can be approached with concerns about mistreatment or an adverse learning environment.

<http://www.kumc.edu/school-of-medicine/osa/policies-procedures-and-manuals/faculty-student-relationship-standards.html>

<http://www.kumc.edu/school-of-medicine/osa/academic-standards/academic-and-professional-behavior.html>

ADA (Americans with Disabilities Act) Statement

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available by contacting Academic and Student Affairs – Wichita – 316-293-2603.

It is the policy of KUMC to accommodate students with disabilities, pursuant to federal and state law. Any student with a disability who needs an accommodation, for example in arrangements for exams, note taking, or access to events should contact, Cyn L Ukoko @ cukoko@kumc.edu, in the Academic Accommodations Services Office (1020C Student Center), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at <https://medconsult.kumc.edu>. For online information about academic accommodations, please go to www.kumc.edu/accommodations.

Student as a Physician-Goals and Objectives

Derived from the ACGME Competency-Based Curriculum Evaluation Methods

Goals:

1. To provide junior medical students a clinical experience of patient care in the hospital setting.
2. To enable students to acquire the clinical skills necessary for the collection, verification and interpretation of clinical data on their patients.
3. To acquire the essential values, behaviors and communication skills necessary for the medical care of the sick.
4. To prepare students to assume the role of primary care provider at the R1 house-officer level.

Emphasis:

1. Attitudes, behaviors and skills necessary for successful performance of ward duties.
2. Knowledge base of the pathophysiology and clinical presentation of organ failure and metabolic derangements relevant to hospital patients.

Audience:

Third-year medical students

Location:

Robert J. Dole V.A. Medical and Regional Office Center; Wesley Medical Center and Via Christi Hospital-North St. Francis.

Conditions:

1. Patients admitted to general medical service resident teams
2. Patients selected for bedside practical examinations
3. Problem-based scenarios in a seminar setting

Degree:

Level of performance appropriate to an intermediate student as described in the Brown Educational Blueprint.

Skills, competencies and knowledge assessment and verification – faculty will assess these by the following means:

1. Formatted write-up* (FWU)
2. Oral Presentation (OP)
3. Observed performance (ObP)**
4. Oral exam
5. SIMPLE cases

*Formatted write-up includes the department database form, progress notes.

** Observed performance includes student demonstration of interview and examination skills, data gathering/interpretation, clinical reasoning, extemporaneous discussion during teaching conference.

Attitude:

1. Students will demonstrate a compassionate, empathetic and caring attitude toward his/her patients. (ObP)
2. Students will demonstrate full accountability in the performance of all ward duties and clerkship activities.(ObP)
3. Students will show an ability and willingness to function successfully as a member of the ward patient care team.(ObP)
4. Students will demonstrate the work ethic necessary for a successful physician, including reliability and availability.(ObP)
5. Students will show enthusiasm for learning and be active participants in their education.(ObP)
6. Students will show themselves to be teachable, soliciting and accepting feedback and responding to constructive criticism.(ObP)

Expectations and Student Responsibilities – Specific Terms

*The specific objectives and competencies are listed in the syllabus and reviewed at orientation.

A. Values and Attitudes

1. Empathetic, caring, compassionate toward patients
2. Concern about patient's well being
3. Honest
4. Good work ethic, available and accessible, enthusiastic, reliable
5. Interest in learning, active participant in the education process
6. Teachable; solicits, accepts, and responds to feedback

B. The main points emphasized in this clerkship are

1. The collection and verification of patient data
2. Full knowledge of all data and items in the patient record
3. Organized verbal presentation of the data
4. Daily creation of progress notes on each assigned patient in the SOAP format
5. Reasonable interpretation of the data
6. Preliminary understanding of the care of the patient
7. Students are evaluated using the RIME approach – this is described on reverse side of midterm evaluation.

C. Patient Assignments

1. You are to write a complete history and physical (database) on each new patient you work up, complete with problem list and differential diagnosis assessment. Ideally, you should use the form for the first few workups and then with your attending's permission write them free hand afterward.
2. An average of 1-2 complete new workups (databases) weekly on patients with general medical problems is required in order to provide sufficient learning experience. You may not complete 6 patients in one week and no patients the rest of the rotation. For the entire 8-week clerkship, a total of 12 new patients (6 per month) is assigned each student. Attendings have the option of assigning more than 12 patients for complete workups if it is deemed necessary. **Our faculty suggest you do 2 H&Ps per week for the first 3 weeks of each month.**
3. Each new patient assignment requires the completion of a database or "complete history and physical", including complete problem and medical information list and differential diagnosis at a minimum.
4. All workups must be turned in to the attending for review and critique. Students may be assigned additional patients to follow; although a complete database is not required on these patients, students must maintain daily progress notes in the

SOAP format and report the patient status on daily rounds. You may carry up to 5 patients at one time. If a patient becomes stable or loses educational value, ask your attending to release you from following that patient and assign another one.

E. You are responsible for knowing your patients thoroughly, including every item in the chart.

1. This accountability is crucial to functioning as a physician. You are to know their complaints, current clinical status, vitals and highest temperature in last 24 hours, laboratory data, and results of tests, medications, diagnostic and therapeutic plans created by the team.
2. See your patients and write a note in the SOAP format every day before rounds and before your residents see them. If you have an early morning seminar, see your patients before the seminar and write a note. VAMC (and soon to be other students using an EHR): do not “cut and paste” progress notes or H & P’s. This leads to superficiality. For example, no longer recording “Tmax” because VA computer does most recent VS; or repeatedly pasting previous assessments without reconsidering Ddx.
3. Students are to present their patients on rounds daily in an organized and concise manner; the presentation format is reviewed at orientation. This involves presenting the progress note you wrote earlier in the morning. This should be done without notes to the extent that this is possible.
 - 1) Students are to do reading from sources of choice about their individual patients.
 - 2) Preparation for the NBME shelf exam using board review resources of choice is the responsibility of each student. Any additional research assignments from residents or faculty should be completed and reported in a timely manner.

F. The student is responsible for on-call duties. These duties are explained in the syllabus.

1. After conference – whether in the morning or afternoon – return to the hospital, find your resident to check on new patients, additional assignments or other activities going on.
2. See your patients in the morning and again in the evening before departing the hospital.

Faculty and Resident Responsibilities

1. The main points of this clerkship to be emphasized by the students are:
 - A. The collection and verification of the patients' databases
 - B. Reasonable interpretation of the data
 - C. Preliminary understanding of the care of the patients
2. The students must be assigned at least 12 new patients for the eight weeks (average of one to two new patients each week). Attending faculty may assign more patients at their discretion. If there are insufficient admissions on the assigned service to fulfill the requirement the attending should seek additional patients on other services. These "outside" assignments are to be accomplished with the knowledge of the responsible faculty and the permission of the resident and attending staff on the other services.
3. The students will complete new patient workups in a timely manner. They will also attend the various conferences, attending rounds, and professor rounds. A mature understanding of the students' schedules with restrictions of additional student commitments is needed by the faculty and residents.
4. The students will be made aware of the general obligations of the attending staff, the residents, and the entire service and/or panel. The students must be responsive to the needs of the service primarily through the resident (and/or attending staff) whenever deemed necessary.
5. The students will be called in whenever a new patient for assignment is admitted or if special events are occurring to the patients for whom they are responsible. The students should be involved in all the activities and procedures regarding their assigned patients. Such events should be anticipated and communicated to the students clearly and in advance.
6. During this phase of training special attention is directed to information obtained by the students: the complete history and physical examination (and in some instances, routine laboratory work) and the development of a problem list and daily progress notes that are problem-oriented. The students will be held accountable for every item in their patients' charts, including the above as well as routine and special observations and evaluations, nurses' notes, etc.
7. The students will not be expected to perform independent rectal examinations or pelvic examinations on female patients; these important aspects of the physical examination may be included in appropriate and selected patients, but only when properly supervised. Directly observed rectal examinations will be done routinely unless the patient, resident or faculty

specifically requests that the examination not be done.

8. The resident should set aside at least one time a week for chart reviews with the students. At this time the database and the clinical course of assigned patients can be explained and discussed. The progress of plans of investigation, management, and education can be evaluated critically and helpfully; more importantly, the students' work can be reviewed directly.
9. While it is obvious that the students are expected to go on teaching rounds with the attending staff and resident, it is appropriate that the resident and the students have separate bedside teaching sessions periodically. It is reasonable and necessary to try to achieve a mutually agreeable schedule for all activities (i.e. rounds, procedures, etc.). It is the resident's responsibility to arrange their timing; the students will honor the schedule by being prompt and reliable. The students' other obligations for conferences and meetings take first priority; however a hospital noon conference or Grand Rounds can be missed for an important learning experience at the hospital.
10. The students are encouraged to become a part of the patient care team, but while on the internal medicine clerkship they are **not** responsible for execution or implementation of the care. They are expected to know what is happening and to learn why; they are not expected to make it happen.
11. The residents will be asked to help in the assessment of the students' performance according to the above guidelines.

Guidelines for Clinical Activities by Medical Students

Medical students rotate in clinical settings to learn all aspects of patient care, including obtaining patient histories, performing thorough physical examinations, formulating differential diagnoses, learning to make decisions based on appropriate laboratory and radiological studies and procedures, interpreting results of special studies and treatment, communicating with patients on all aspects of disease and prognosis and communicating with members of the health care team.

To this end, the medical student may participate in the following activities:

1. Access patients to obtain a medical history, perform a physical exam, and follow the inpatient course.
2. Access the patient's entire medical record, including laboratory reports, x-ray reports, etc.
3. Perform appropriately supervised procedures as authorized by the patient's attending physician. For procedures such as drawing blood that the student has been trained for and declared competent in, the student may draw blood and perform independent of direct supervision.
4. Perform basic laboratory studies such as urinalysis, under appropriate supervision and review.
5. When the student is clinically prepared, write orders for specific patients. All orders written by a medical student must be reviewed and countersigned by the responsible resident or attending physician before forwarding to the nursing service.
6. Write progress notes that the responsible resident or attending physician will review and countersign

Students **CANNOT**:

1. Write orders independently, without review and counter-signature by the responsible faculty member or resident.
2. Be the primary line of communication in the critical value reporting process.
3. Have sole responsibility for communicating vital patient related information to the patient or family members.

Student Duty Hours Policy

Students are not allowed to write orders without explicit approval and oversight by a licensed physician, are not responsible for patient care activities, and do not perform procedures on patients without direct, on site, close supervision by a licensed health care provider. As a result, student fatigue will not lead to patient care errors or misjudgments. While students must learn that high quality patient care requires personal sacrifice including, at times, loss of regular sleep patterns, erratic meal times, and absence from customary social events and personal recreation, they must strive to discover compensatory strategies to maintain physical and mental health, as well as appropriate social and personal relationships. Therefore, the following standards must be followed by students, faculty, and staff:

1. Students will not be asked or encouraged to provide professional services without appropriate supervision.
2. Students must be instructed on the signs and consequences of sleep impairment and emotional fatigue.
3. Students must be provided resources to address the causes and correction of sleep deprivation and/or emotional fatigue.
4. Students must not spend more than 80 hours a week, averaged over a four week period, in the School of Medicine patient care related environments, classroom activities, or other structured educational programs. This does not include time that students may elect to study outside the formal, structured, scheduled learning environment. Students may elect to volunteer time at other health care facilities that are not part of their assigned clerkship experience, but must monitor the effect of such activities on their mental alertness.
5. Student assignment for 24-hour "call" experiences should be scheduled based on student learning requirements and not on any service needs of the institution. Certain types of learning opportunities arise more frequently in the overnight hours and resource availability is often modified during late night and morning times. The student will learn about the unique aspect of health care that occurs at that time of the 24-hour day/night cycle. It is advisable that the supervising faculty/residents provide the student with 4-5 hours of continuous sleeping time if the educational opportunities are not critical to the student's learning. If extremely valuable learning opportunities override the opportunity for student rest and/or sleep during the 24-hour call time block, the faculty/residents should monitor the student's alertness and ability to participate in the learning program. If the student's learning is compromised because of fatigue or sleep deprivation, they should be allowed to rest.
6. Students must have adequate, private sleeping facilities at every teaching site in which 24-hour call activities occur. These facilities must be available to the student 24 hours a day.
7. If a student feels that s/he may be at risk when operating a motor vehicle because of fatigue or sleep deprivation, they should obtain sleep at the on-site call room before departing the premises or ask someone to take them home. The faculty must encourage the student to avoid driving if they feel the student is impaired because of fatigue or sleep deprivation.

8. Students must have, at least, one weekend (from 5 p.m. Friday evening until 7 a.m. Monday morning) free of all formal activities associated with a clerkship every 4 weeks.
9. Faculty (and residents) must monitor students for symptoms and signs suggestive of impairment (including learning impairment) due to sleep deprivation and/or emotional fatigue. The faculty must advise the student appropriately if such observations are confirmed.
10. Faculty must notify the Associate Dean of Student Affairs of any student who suffers continued, persistent signs of sleep deprivation or emotional fatigue.
11. Students should notify the Associate Dean of Student Affairs if they feel their learning is impaired due to sleep deprivation or emotional fatigue.

Clerkship Grading

Junior Obligatory Clerkship Final Grade Determination

Clinical and Interpersonal Skills	60 %
Oral Exam (1)	pass/fail
Faculty-Observed History & Physical Exam (1)	pass/fail
Written Examination (NBME)	30%
Professionalism Points	10%
TOTAL	100%

MINIMAL PASSING INTERNAL MEDICINE REQUIREMENTS

1. Satisfactory or better for each ward rotation.
2. Pass for the Faculty-Observed History & Physical Exam.
3. Pass for the Oral Exam.
4. Satisfactory or better overall.
5. Completion of all assigned tasks.
6. Raw score of 57 or better on NBME exam.
7. Completion of patient data logging as required by clerkship. **Complete your logging BEFORE you take your NBME exam to ensure you will get credit for this grade requirement. Do not wait till Saturday.**

Note: Student must repeat exam if s/he receives raw score of less than 57 on NBME exam. If repeat score is less than 57, student fails the course and must repeat clerkship. If repeat score is 57 or more, student is awarded a clerkship grade of Satisfactory regardless of other accumulated points.

<u>Total Points</u>	<u>Final Grade</u>
90 or higher	Superior (SU)
80-89.9	High Satisfactory (HS)
70-79.9	Satisfactory (SAT)
Less than 70	Unsatisfactory (UNSAT)

KU School of Medicine – Year 3 Clinical Performance Rating

2016-2017

Student: _____ Evaluator: _____ Campus: **KC/S W** Date: _____
 Clerkship: Geriatrics Neurology Psychiatry Ob/Gyn Peds Fam. Med. Int. Med. Surgery Other: _____

DIRECTIONS: Circle the statement that best describes the student’s performance in each category as compared with your expectation of a 3rd year student.

Patient Care: Student is achieving competencies necessary to care for patients at the beginning of residency.	Unsatisfactory*	Satisfactory	High Satisfactory	Superior**	Unable to evaluate
Obtains accurate history from patients/family (PC-1)	Disorganized, shows little effort, incomplete, inaccurate 0	Elicits appropriate data; mostly accurate & complete 1.40	Elicits appropriate data, complete and organized 1.70	Consistently conducts a very well organized and thorough history that exceeds at least 75% of 3rd year students 2.	Not Observed
Appropriately examines patients, using correct techniques and instruments (PC-2)	Incorrect or unnecessary exams, inaccurate findings 0	Satisfactorily identifies key findings accurately in most cases 1.40	Performs accurate exams and routinely identifies key findings 1.70	Consistently performs accurate exams with identification of key findings that at least 75% of 3rd year students would miss 2	Not Observed
Develops a prioritized differential diagnosis and/or problem list based on patient assessment (PC-3)	Assessment incomplete/inaccurate 0	Assessment adequate but problem identification not well prioritized 1.40	Routinely formulates accurate, prioritized assessments 1.70	Assessment skills exceed those observed in at least 75% of 3rd year students 2.	Not Observed
Selects and interprets diagnostic tests based on scientific evidence and patient considerations (PC-4)	Inappropriate/incorrect tests selected; unable to accurately interpret results 0	Tests selected are appropriate with adequate interpretation in most cases 1.40	Routinely selects correct tests and accurately interprets results 1.70	Consistently selects appropriate tests, very accurate interpretation skills that exceed at least 75% of 3rd year students 2.	Not Observed
Uses sound problem-solving strategies to propose initial patient management plans (PC-5)	Unable to propose plans that adequately and safely address patient needs 0	Plans are adequate but incomplete 1.40	Proposes plans using sound problem-solving strategies 1.70	Proposes plans that are unusually thorough and sound for level of training 2.	Not Observed
Assesses and addresses disease prevention/health promotion for individual patients (PC-6)	Inadequately or inaccurately addresses prevention/health promotion 0	Uses accurate prevention/health promotion but misses opportunities with patients 1.05	Makes prevention/health promotion a routine part of patient evaluation 1.28	Addresses prevention/health promotion more effectively than at least 75% of 3 rd year students 1.5	Not Observed
Performs selected investigations and technical skills correctly and with attention to patient safety and comfort (PC-7)	Limited or poor skills 0	Skill adequate for 3 rd year student but significant opportunity for improvement 0	Routinely demonstrates skill at or above expected for 3 rd year student 0	Consistently demonstrates skill that exceeds at least 75% of 3 rd year students 0	Not Observed

0 points 8.05 points 9.78 points 11.5 points

COMMENTS: For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.

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Medical Knowledge: Students will apply scientific knowledge in the logical diagnosis and management of medical problems and promotion of health.	Unsatisfactory*	Satisfactory	High Satisfactory	Superior**	Unable to evaluate
Accesses updated, reliable, high-quality scientific information in order to support clinical decisions (MK-1)	Unable to access and/or evaluate the quality of scientific information 0	Able to access reliable information but application to clinical decisions could be improved 1.05	Reliably accesses and applies high-quality information to support clinical decisions 1.28	Capability to access, assess, and apply scientific information to clinical decisions exceeds at least 75% of 3rd year students 1.5	Not Observed
Provides evidence for their diagnostic and management decisions based on application of medical knowledge and clinical reasoning (MK-2)	Does not appear to know relevant scientific or clinical information 0	Aware of relevant information and proposes ideas for application in patient care 1.05	Routinely demonstrates relevant information and proposes logical applications for patient care 1.28	Evidence base and clinical reasoning consistently exceed at least 75% of 3rd year students 1.5	Not Observed

0 points 2.1 points 2.56 points 3.0 points

COMMENTS: For ALL Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.

Professionalism: Students will integrate altruism, accountability, excellence, duty, service, honor, integrity, and respect for others into all aspects of care.	Unsatisfactory*	Satisfactory	High Satisfactory	Superior**	Unable to evaluate
Demonstrates professionalism in clinical and educational activities (P-1)	Student demonstrates unprofessional attributes 0	Satisfactorily demonstrates professionalism but significant opportunity for improvement 0.70	Routinely demonstrates professionalism 0.85	Consistently demonstrates exemplary professionalism; beyond that of at least 75% of 3rd year students 1.0	Not Observed
Forms appropriate professional relationships with patients from diverse backgrounds (P-2)	Student appears insensitive or disrespectful 0	Satisfactorily demonstrates an awareness of patient needs and attempts to meet them 0.0	Flexibly forms appropriate professional relationships with diverse patients 0.0	Readily forms professional relationships with diverse patients beyond the ability of at least 75% of 3rd year students 0	Not Observed
Recognizes and addresses personal limitations or behaviors that might affect their effectiveness as a physician (P-3)	Misses important cues and/or demonstrates behaviors that adversely impact their effectiveness 0	Adequate insight; no serious behavior concerns 0.0	Consistently recognizes personal limitations and readily accepts feedback to improve 0.0	Insightful and proactive in developing behaviors to become more effective than at least 75% of 3rd year students 0	Not Observed

0 points 0.7 points 0.85 points 1.0 points

COMMENTS: For ALL Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.

<u>Interpersonal & Communication</u> Skills: Students will communicate effectively and appropriately with patients, patient family members, colleagues, other health professionals, and relevant others as a basis for trusting, collaborative relationships to promote optimal health outcomes.	Unsatisfactory*	Satisfactory	High Satisfactory	Superior**	Unable to evaluate
Communicates effectively with patients and patient families (ICS-1)	Unable to effectively communicate with patients and families 0	Satisfactorily demonstrates effective communication with patients/families but significant opportunity for improvement 1.05	Routinely demonstrates effective communication with patients and families 1.28	Consistently demonstrates effective communication with patients/families beyond the ability of at least 75% of 3rd year students 1.5	Not Observed
Conducts culturally competent clinical encounters (ICS-2)	Culturally rigid; unable to adapt communication style 0	Aware of cultural concerns but demonstrates limited adaptation to patient needs 1.05	Routinely uses adaptive communication style(s) to meet patient/family needs 1.28	More culturally competent than at least 75% of 3rd year students 1.5	Not Observed
Provides concise, accurate, prioritized verbal summary of patient situations to supervisors and other members of the health care team (ICS-3)	Disorganized; student is unable to present and prioritize appropriately 0	Demonstrates satisfactory ability to present patients with adequate prioritization 1.05	Routinely demonstrates ability to accurately present patients with appropriate prioritization 1.28	Consistently demonstrates patient presentations with ability beyond that of at least 75% of 3rd year students 1.5	Not Observed
Creates, maintains, and uses appropriate confidential records of clinical encounters using standard terminology and formats (ICS-4)	Documentation is incorrect, inappropriate, or inadequate 0	Documentation of patient encounters is timely, accurate, and adequately organized 1.05	Documentation of clinical encounters is routinely timely, accurate, appropriate, and well organized 1.28	Documentation of encounters is consistently more timely, accurate, appropriate, and well organized than at least 75% of 3rd year students 1.5	Not Observed
0 points 4.2 points 5.12 points 6.0 points					
COMMENTS: For ALL Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.					

<u>Systems-Based Practice:</u> Students will prepare to function effectively in teams and within organizations. They will be aware of and responsive to community health issues and apply community and other resources to medical problems for individual patients and groups.	Unsatisfactory*	Satisfactory	High satisfactory	Superior**	Unable to evaluate
Demonstrates effective participation in a health care team (SBP-1)	Ineffective team member and/or does not participate with the team. 0	Adequately assumes role as a team member. 1.4	Participation with the health care team is appropriate and effective. 1.7	Consistent team participation exceeds that of at least 75% of 3rd year students 2.0	Not Observed
Adapts appropriately to the priorities, opportunities, and constraints of this clinical setting (SBP-2)	Rigid or unaware of complexities of this clinical setting 0	Aware of complexities of this clinical setting and adapts adequately 1.05	Routinely aware of and adapts to the complexities of this clinical setting 1.28	Adapts more fluidly to the complexities of this clinical setting than at least 75% of 3 rd year students 1.5	Not Observed
Incorporates organizational, financial, and health systems factors into clinical decision-making (SBP-3)	Does not account for system factors in clinical decision-making 0	Able to articulate system factors but inconsistently considers them 0.7	Routinely considers system factors in clinical decision-making 0.85	Incorporates system factors more effectively than at least 75% of 3 rd year students 1.0	Not Observed
0 points 3.15 points 3.83 points 4.5 points					
COMMENTS: For ALL Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.					

Practice-Based Learning and Improvement: Student will demonstrate critical and analytic thinking, awareness of the limitations of their knowledge and skills, and commitment to continuous learning and improvement.	Unsatisfactory*	Satisfactory	High Satisfactory	Superior**	Unable to evaluate
Refines diagnoses, management strategies, and prognosis as conditions evolve in the ongoing care of patients (PBL-1)	Does not refine diagnoses and management strategies as patient conditions require 0	Refines diagnoses and management strategies as patient conditions require for safety but not necessarily optimal care 0.7	Routinely refines diagnoses, management strategies, and prognosis as conditions evolve 0.85	Anticipates and refines diagnoses, management strategies, and prognosis as patient conditions evolve better than at least 75% of 3rd year students 1.0	Not Observed
Accepts and provides constructive feedback (PBL-2)	Does not accept feedback or provides destructive feedback to others 0	Accepts and provides feedback adequately but less than optimally 1.4	Accepts feedback and improves performance as an outcome; provides constructive feedback to others 1.7	Seeks out feedback and uses it to enhance performance more effectively than at least 75% of 3rd year students; consistently provides constructive feedback to others 2.0	Not Observed
Critically reflects on patient care activities, using analysis of experiences to improve performance (PBL-3)	Lacks insight to improve performance 0	Reflects adequately for patient safety 0.7	Routinely reflects critically on patient care experiences and improves performance 0.85	Reflects on patient care experiences and improves performance more effectively than at least 75% of 3 rd year students 1.0	Not Observed
0 points 2.8 points 3.4 points 4.0 points COMMENTS: For ALL Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.					

TOTAL POINTS for 4 weeks (1 month) 0 points 21.0 points 25.54 points 30.0 Points

Required comments that may be used for Chairman's and/or Dean's Letter * Please list specific action steps to improve ** Please list specific examples of how student was superior	General comments not intended for Chairman's and/or Dean's Letter
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By signing below you are indicating that the ratings above were discussed with the student.

Signatures: Student _____ Evaluator _____ Date _____

Status: [] Faculty Member, [~~_____~~] Resident,] Other: _____

Objectives/Competencies:

Curriculum Objective	Competency: <i>Upon completion of the clerkship, the students should be able to</i>	Course content	Assessment
<p>Patient Care¹ <i>Students will achieve the knowledge, skills, attitudes and behaviors to enable them, under supervision, to demonstrate increasing clinical capabilities as they progress through the clerkship</i></p>	<p>PC1: Assess patients presenting with undifferentiated urgent, acute, or chronic health problems</p> <p>PC2 Develop a prioritized differential diagnosis and/or problem list based on patient assessment</p> <p>PC3: Select and interpret diagnostic tests based on scientific evidence and patient considerations</p> <p>PC4: Use sound problem solving strategies to propose initial patient management plans (see also PBL 1, SBP1-4)</p> <p>PC5: Assess and address disease prevention/health promotion for individual patients.</p> <p>PC6. Perform selected investigations and technical skills correctly and with attention to patient safety and comfort (See Appendix)</p>	<p>Ward/Clerkship</p> <p>Ward/Clerkship</p> <p>Ward/Clerkship, SIMPLE cases, clinical case discussions</p> <p>Ward/Clerkship SIMPLE cases Clinical case discussions</p> <p>Ward/Clerkship SIMPLE cases Clinical case discussions</p> <p>Ward/Clerkship</p>	<p>Faculty observation, Observed H&P, Standardized patients</p> <p>Faculty observation, Observed H&P, Standardized patients</p> <p>Faculty observation SIMPLE cases Oral exam-ICT, , Shelf, Standardized patients</p> <p>Faculty observation, SIMPLE cases, Oral exam-ICT, inpatient documentation/write-ups, Shelf</p> <p>Faculty observation, SIMPLE cases, inpatient documentation/write-ups, Shelf</p> <p>Faculty/resident assessment</p>
<p>Medical Knowledge <i>Students will use sound scientific principles to explain normal / abnormal human function at the molecular, biochemical, cellular, organ system, and societal level. They will apply scientific knowledge in the logical diagnosis and management of medical problems and promotion of health.</i>²</p>	<p>MK1. Access updated, reliable, high-quality scientific information in order to support clinical decisions</p> <p>MK2: Provide evidence for their diagnostic and management decisions based on application of medical knowledge and clinical reasoning</p>	<p>Ward/Clerkship, Didactics, Course textbooks, Online resources</p> <p>Ward/Clerkship, Didactics, Course textbooks, Online resources</p>	<p>Faculty observation SIMPLE cases, Shelf</p> <p>Faculty observation SIMPLE cases, Shelf</p>

<p>Practice-Based Learning/Improvement <i>Students will demonstrate critical and analytic thinking, awareness of the limitations of their knowledge and skills, and commitment to continuous learning and improvement</i></p>	<p>PBL1 Refine diagnoses, management strategies, and prognosis as conditions evolve as active participants in the ongoing care of patients.</p> <p>PBL2: Accept and provide constructive feedback</p> <p>PBL3: Critically reflect on patient care activities, using analysis of experiences to improve performance</p>	<p>Ward/Clerkship SIMPLE cases Clinical case discussions</p> <p>Ward/Clerkship</p> <p>Ward/Clerkship End of clerkship seminar</p>	<p>Faculty observation, Oral exam-ICT</p> <p>Faculty, Residents, Oral exam-ICT</p> <p>Faculty, residents</p>
<p>Interpersonal and Communication Skills <i>Students will communicate effectively and appropriately with patients, family members of patients, colleagues, other health professionals, and relevant other as a basis for trusting, collaborative relationships to promote optimal health outcomes</i></p>	<p>ICS1: Communicate effectively with patients and families, including situations involving sensitive, technically complex, or distressing information.</p> <p>ICS2: Conduct a culturally-competent clinical encounter.</p> <p>ICS3: Provide a concise, accurate, verbal summary of a patient situation to a faculty member, resident, peer, or other member of the health care team prioritizing the most clinically significant factors</p> <p>ICS4: Create, maintain and use appropriate confidential records of clinical encounters using standard terminology and formats</p>	<p>Ward/Clerkship</p> <p>Standardized patient, Faculty-observed H&P</p> <p>Ward/Clerkship</p> <p>Ward/Clerkship</p>	<p>Faculty/resident observation, SP exercises, OSCEs (1-4)-KC</p> <p>Faculty review/feedback</p> <p>Faculty observation</p> <p>Faculty observation, Formatted write-ups-ICT</p>
<p>Professionalism <i>Students will integrate the concepts of altruism, accountability, excellence, duty, service, honor, integrity, and respect for others into all aspects of their professional lives</i></p>	<p>P1: Demonstrate appropriate professional attitudes and behaviors (altruism, respect, accountability, duty, honor, integrity and commitment to excellence) in their clinical and educational activities</p> <p>P2: Demonstrate sensitivity and responsiveness to patient individuality in health practices and decisions by demonstrating the ability to form appropriate professional relationships with patients from diverse backgrounds.</p>	<p>Ward/Clerkship</p> <p>Ward/Clerkship</p>	<p>Faculty observation</p> <p>Faculty observation</p>

	<p>P3: Recognize and address personal limitations, attributes or behaviors that might affect their effectiveness as a physician</p> <p>P4: Recognize and address ethical concerns in the practice of medicine</p>	<p>Ward/Clerkship</p> <p>Ward/Clerkship</p>	<p>Faculty observation</p> <p>Faculty observation, Seminar</p>
<p>Systems-Based Practice <i>Students will prepare to function effectively in teams and within organizations. They will be aware of and responsive to community health issues and will be able to apply community and other resources to medical problems for individual patients and groups.</i></p>	<p>SBP1: Demonstrate effective participation in a health care team</p> <p>SBP2: Appropriately adapt to participate in patient care in a variety of settings, each with different priorities, opportunities, and constraints</p>	<p>Ward/Clerkship</p> <p>Ward/Clerkship</p>	<p>Faculty observation</p> <p>Faculty observation</p>

Oral Exam

What you (the students) get out of this: In non-sedating terms, the oral exam is to teach you to think about how Internal Medicine theory applies to the actual practice of taking care of patients. This is something you will be very happy to know in ~12-24 months as you start your internship.

What we (your instructors) get out of this: Sitting you down and going through cases lets us see how you work through problems. This was once done by having you write out cases, with detailed explanations of pathophysiology and treatment. Students almost universally hated the process, though, so we have evolved to an oral examination. As with everything else in medical education, every problem was once a solution. If you don't like oral examinations, blame your predecessors at KUSM-W.

Expectations:

1. Attendance at all oral examination preparation sessions is mandatory. Absences are covered by the same rules as the rest of your clerkship. Dr. Akidiva is happy to help students prepare for the examination outside of the usual preparation time. We do not mandate additional time, though, because you're all grown-ups and you should by now have some idea of your strengths and weaknesses.
2. Come to oral examination preparations prepared to attack patient care problems in front of your classmates. Medicine is performance art. Now is the time to get used to it. That said, many of us are naturally uncomfortable performing in front of people, and being examined in front of our classmates is an inherently naked experience. So...
3. Anyone can ask any question about any topic as it relates to Internal Medicine. You are forbidden to avoid asking a question that you fear may sound obvious, unsophisticated, stupid, or remedial. The instructors of this course are dead serious about creating an environment where people are able to learn safely. So, any student caught groaning, eye-rolling, mocking, or in any other way demeaning a fellow student in these sessions will be warned once (in public) to knock it off. A second offense will result in language inserted into your evaluation with a request to include said language in your Dean's letter. Such a Dean's letter will not make the process of residency application easier.

The exam:

You are assigned to a room with two naïve examiners	You will be presented with two random cases. Choose your favorite	Exam#1 (~10 minutes)	You will be presented with two random cases. Choose your favorite	Exam #2 (~10 minutes)
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Remediation:

If you don't do well enough to pass the examination, you'll have a chance to remediate with a faculty member. The focus of these coaching sessions will be to address whatever weaknesses were noted by the initial examiner. After two coaching sessions, you'll be given the opportunity to be re-examined. If you fail the second oral examination, you will be required to repeat the clerkship.

Oral Exam Topics

- Acute Renal Failure
- Anemia
- Atrial Fibrillation
- Chest Pain
- Congestive Heart Failure
- Diarrhea
- Found Down/Delirium
- Hypertension
- Hyperlipidemia
- Hyponatremia
- Jaundice
- Metabolic Acidosis
- Shock
- Shortness of Air

**Wichita Final Grade Determination-Internal Medicine Clerkship
Aca Yr 16-17 Conversion Table: NBME Shelf Exam**

NBME Raw Score	NBME Exam Converted Score	Percentile (14-15 Aca Yr Norms)		NBME Raw Score	NBME Exam Converted Score	Percentile (14-15 Aca Yr Norms)
100	30	100		76	25.8	62
99	30	100		75	25.5	58
98	30	100		74	25.5	53
97	30	100		73	25.5	48
96	30	100		72	25.5	45
95	30	100		71	25.2	40
94	30	100		70	24.9	36
93	30	100		69	24.6	33
92	30	100		68	24.3	29
91	30	99		67	24.	25
90	30	99		66	23.7	21
89	29.7	98		65	23.4	19
88	29.4	97		64	23.1	16
87	29.1	96		63	22.8	15
86	28.8	94		62	22.5	12
85	28.5	92		61	22.2	10
84	28.2	90		60	21.9	8
83	27.9	88		59	21.6	7
82	27.6	85		58	21.3	6
81	27.3	81		57	21.	5
80	27.	78				
79	26.7	74				
78	26.4	69				
77	26.1	65				

The converted score is used to figure the final grade.

Maximum points (converted score) possible for NBME exam: **30**

Minimum passing raw score for NBME exam: 57 (converted score of 21 points).

Clerkship Expectations

Attendance Policy

Students must participate in all aspects of the clerkship on weekdays, evenings and weekends.

Attendance is mandatory for ALL clerkship activities including, but not limited to:

- Orientation
- Morning Report
- Rounds
- Weekend responsibilities
- Seminar
- Hospital assignments
- Standardized Patient assignments
- Call responsibilities

Failure to attend required activities without an approved excused absence or tardiness to such activities will be considered unprofessional behavior.

Absence Policy

It is the policy of the Internal Medicine Clerkship that students must have absences approved through the clerkship coordinator. You must email the clerkship coordinator as soon as you have decided that you are not coming to work that day. You must also make sure that your team, your attending, and the clerkship director know that you will not be there prior to the work day starting. These absences, if questionable, will then be approved through the clerkship director. Absence for personal illness or death of an immediate family member are examples of reasonable absences but must still be approved by the clerkship administrator. **You are allowed 2 days of absence for the entire clerkship (8 weeks), unless you have prior approval of the Associate Dean for Academic and Student Affairs.** Students will be required to make up lost time and/or repeat some/all of the clerkship at the discretion of the clerkship director on a case by case basis. This can be done via phone call to the team and email to the attending, unless the attending has specifically asked you to call them. In the event that you do not notify the clerkship of your absence, this will automatically be considered an unexcused absence.

The official school absence policy can be found at: <http://www.kumc.edu/school-of-medicine/osa/policies-procedures-and-manuals/attendance-policies.html>

Maternity /Paternity Leave

In the event that you or your significant other will be expecting and need of taking leave, please notify and seek an excused absence from the clerkship director, by sending an email to the clerkship coordinator. Once approved, it will be your responsibility to notify your team and arrange for any make-up days. In most cases, students are excused for 1 to 2 days; however, the precise duration will be determined on a case by case basis.

Holiday Policy

Holidays are at the discretion of your attending physician. The rationale is that you are members of the health care team and are required to act and be treated as professionals. Patient care responsibilities must be a priority. Always assume you are working, unless otherwise notified by your attending or the clerkship coordinator.

WEEKENDS

- Students have a guaranteed weekend off (Saturday and Sunday) between hospital rotations.
- Faculty have been told that students are to work Monday through Saturday and take Sundays off otherwise.

Exceptions:

- If a student is on call Sunday he/she may take Saturday off.
- If on call Saturday, see assigned patients and write notes Sunday a.m. Then go home – excused from rounds.
 - If you stay for morning rounds with residents/attending, Sunday counts as a work day; you can then work only 5 days the following week, and take the next weekend off.
- Students may negotiate with the clerkship director special days off for weddings, family visits, emergencies, or school-sanctioned functions, like Student AMA conventions, presenting papers. These functions should be relevant to Internal Medicine.
- We do NOT want students to be gone 1) more than 48 hours; 2) to miss seminars; 3) to miss weekdays.
- Residents do not give the students permission to be gone – only the attending and clerkship director do that.

Incident Weather Policy: To find out if the school is closed you may call the KUSM-W inclement weather Hotline (293-3888) after 6:30 a.m. If the medical school is closed due to inclement weather or any other reason, any professor/student seminars scheduled for that day will be also be canceled. They will be rescheduled at a later date. If at all possible, students are expected to show up for rounds at their assigned hospitals that day, or call their attendings and ask whether to show up for duty.

Student On-Call Assignment Guidelines

1. Senior residents of each service will make up the call schedule for their students on service to match them with their own house officers when possible. Otherwise the student is responsible for introducing him/herself to the non-Med I resident on call. Additionally, the student must inform the resident of his or her location and that he/she must be notified for **ALL** call activities.
The on-call experience allows students to observe and participate in the initial evaluation and management of patients being assessed for emergent hospital admission, “code blue” and other inpatient emergencies, death pronouncements and consultations. Students will log the events of their on-call experiences.
2. The resident on call is responsible for including the student in **ALL** call activities.
Students need to notify the resident when they are on call so resident who is on call will be aware of this.
3. No on-call duties will be assigned at the following times:
 - a. The first and last day of the clerkship
 - b. The weekend between the hospital rotation change (4 weeks from start of clerkship)
 - c. The evening before a written examination, i.e., NBME
4. Call requirements: 3 per month (1 weekend day and 2 week days)
5. VA only: students are to stay until 9 pm when they are on call; then they may go home.
6. Fridays are never weekend days – they are usual workdays.
7. At the discretion of the attending, students may be given either a Saturday or a Sunday off each weekend to study.
8. There is **NO** mandatory day off for students except the weekend between rotations, including being post-call.
9. The Thursday before the Friday NBME shelf exam is a regular workday although, as stated in #3 above, students are not to be on call that evening.
10. The last Friday of the clerkship students will have the morning off; students are not required to attend noon Grand Rounds before the **MANDATORY** NBME shelf exam. At the completion of the shelf exam students are released from duties.
11. On occasion, students may be on call the night before professors’ rounds with various faculty members; these are conducted at VAMC and the private community hospitals. If a student has received no rest the night before and does not feel s/he is alert enough to benefit from those rounds, we accept this decision, at the student’s discretion, to leave duty and rest.

Clinical Skills Summary

- H&P with Problem List (6 full/mo); may be assigned no H&P; just daily progress note on other teaching cases. Can carry 2-5 patients at a time.
- Differential Diagnosis (assessment)
- SOAP notes
- Bedside presentation “in order” SOAP (VS & PxEx) (know patient data “cold”)
- DRE
- Arterial blood gas
- Venipuncture
- Foley catheter insertion
- Injection of insulin
- Fingertick blood glucose level
- Basic Skills – lab/EKG/CXR

Subinternship + these skills = ready to walk on ward as R1

Differential Diagnosis

How to write a differential diagnosis – the principle (a compare/contrast exercise):

<u>DDX 1</u> Thyrotoxicosis secondary to Graves disease	<u>SUPPORTS</u> History: Weight loss, heat intolerance Laboratory: Suppressed TSH, elevated T4
	<u>REFUTES</u> History: No <i>documented</i> weight loss Physical exam: No goiter, no tremor, normal pulse pressure, no tachycardia, no pretibial myxedema, no bruit over the anterior neck Laboratory: Suppressed thyroglobulin, negative thyroid stimulating immunoglobulin Imaging: Suppressed radioiodine uptake
<u>DDX 2</u> Thyrotoxicosis factitia	<u>SUPPORTS</u> History: Weight loss, heat intolerance, access to sample closet in work as a clinic administrator Physical exam: No goiter, no pretibial myxedema, no bruit over neck Laboratory: Suppressed TSH, elevated T4, suppressed thyroglobulin, negative thyroid stimulating immunoglobulin
	<u>REFUTES</u> History: Pt denies exogenous thyroid hormone consumption

Progress Notes and Bedside Presentations

R

S: The patient **SAYS**...

- I feel better today

O: I OBSERVED (**I SAW**)

- these V.S.
- these physical findings – MS, heart, lungs, wounds, lines! Etc.
- these labs
- these x-rays, these procedures

R

Meds

Post-op day #

ASSESS the **STATUS** of the following problems:

R,I

- A:**
1. RLL pneumonia improved
 2. Large pleural effusion has developed
 3. Diabetes – poor control
 4. Hx of paroxysmal atrial fib. Telemetry shows NSR.

R,I

- P:**
1. Continue antibiotics
 2. Thoracentesis
 3. Increase noc Lantus
 4. Continue telemetry

Dimensions of HPI

1. **Open Ended** 3 minutes

2. **Closed Ended**

- a. Duration: How long? First episode? Since when?
- b. Setting: What were you doing? Where did this happen?
- c. Frequency: How often does it occur?
- d. Location: Where on the body?
- e. Radiation: Does it spread to other areas? Is it confined to one area?
- f. Quality: Sharp? Dull? Knife-like? Crampy?
- g. Quantity: Scale from 1-10

Aggravating/relieving factors: Do you take any medicine? Did you do anything to make it better or worse?
Pain pill?

Associated symptoms: ask questions from “target organ” ROS

Typical Presentation

Mr. Kansas is a 72 yr. old male from Coffeyville, KS who presented with progressive left-sided weakness and slurred speech which began 2 days prior to admission. Initially he noticed some weakness in his left leg that made it awkward to walk and made him feel unsteady on his feet. He went to bed early around 9 p.m. but awoke at 4 a.m. and noted he could not move his left arm or his left leg and that his speech was slurred. He has also noticed numbness and tingling mostly in his leg but some in his left hand and left side of his face. He has had some difficulty with speech, and his wife noticed his speech was thick and garbled. He denies headache, double vision, any right-sided symptoms, or tremors. He has never experienced anything like this before. He did notice a mild headache over his brow and the sides of his head this morning.

His past medical history is remarkable for hypertension and arthritis of his knees for many years. He had an appendectomy as a child and has had no other surgeries.

His medications include hydrochlorothiazide, and daily ibuprofen.

His review of symptoms is remarkable for occasional epigastric discomfort after taking Motrin.

His social history is noteworthy for no alcohol use and quitting smoking 15 years ago; he has 35 pack year history of smoking. He is married and has one son who is deceased.

On physical examination he appeared a little drowsy but was arousable and could follow commands. His blood pressure was 160/90, pulse 82 and regular, respirations 16, temperature 98.6. His heart rhythm was regular without murmur, gallop, or JVD. Chest was clear to auscultation; abdomen was non-tender and non-distended and no masses were palpated. His extremities were warm and peripheral pulses were intact. There were no joint effusions or deformities, and there was no peripheral cyanosis or edema. Rectal exam revealed an enlarged prostate with stool hemoccult negative. Neurologically, his pupils were equal and reactive to light and his extraocular movements were full (you can say cranial nerves 2-12 were intact). He had a slight facial droop on the left, and his speech was slightly slurred but he did not appear to have either a receptive or expressive aphasia. Sensation was diminished on the left side and his motor strength was 2/5 in the left upper and lower extremities, but 5/5 on the right. Babinski was negative. He could not stand. The oral exam was remarkable for periodontal disease; there was no adenopathy or thyromegaly palpated.

Laboratory and imaging: CBC and electrolytes were normal, chest x-ray was clear. The patient had a non-contrast CT scan of the brain, which was negative.

The assessment was that patient had experienced an acute right cerebral vascular accident, probably thrombotic. The plan is to evaluate for sources of embolic stroke.

Teaching Rounds with Dr. Garold Minns

The format of Dr. Minns' afternoon teaching rounds sessions is for the students to agree upon a case for one of the students to present that afternoon to the group. The presentation is to be in the manner listed on the Verbal Patient Presentation sheet. The presentation must be brief and appropriate for a case presentation. It must be concise but cover all important aspects of the case. The presentation should not take over 2-3 minutes. It should be linear in the sequence mentioned on the handout. The initial presentation will only be the history and physical; no laboratory or x-ray findings should be included unless they were an integral part of the history of present illness done by a previous referring physician. Any lab tests or x-ray ordered by the healthcare team after the history and physical is obtained should not be considered part of the initial database. The purpose of the exercise is to give students additional experience in presenting complete but concise patient summaries to their peers, and to develop listening skills so that they can formulate diagnostic and therapeutic plans while they listen to a presentation (as they will as consultants or referring physicians when they are in practice). Students will receive feedback about their presentation and the students who have heard the presentation will be expected to contribute to the discussion about the possible etiologies of the patient's symptoms as well as any potential workup plan. Students will be assessed by their attentiveness, participation, and problem solving skills. It is the presenting student's obligation to ensure the patient is willing to allow us to come see him or her, and this should be verified before rounds begin. Also, the student should verify whether the patient will be available in the room at the appointed time.

All students at the private hospitals will meet together at the assigned site in the rooms designated at the bottom of the 2-month calendar. We are trying to develop skills that the students will need as practicing physicians.

Suggestions: Verbal Patient Presentation (Initial) – Dr. Garold Minns

Succinctness is critical, but include what is important for the audience to understand the case. Organization helps one be concise and helps hold the audience's attention. Try to present in a crisp, linear manner.

- Patient Description:** This is a _____ y/o woman (or man) from _____ .
- CC:** State patients problem in their words or if they cannot communicate. State who is providing the story and what they perceive the problem as.
- HPI:** Tell the patient's story in a chronologic sequence starting with the time the patient last felt they were in their usual state of health or when they remember the symptoms first starting. Mention interventions, relieving or exacerbating factors.
- PH:** Chronic medical condition, surgeries, previous acute diseases of note.
Meds
Allergies
- FH:** Mention pertinent diseases only.
- SH:** Occupation
Smoking
EtOH
Drugs
Sexual orientation
Sexual activity
- } If significant
- ROS:** Mention only pertinent positives or negatives
- PE:** Patient's appearance: Apparent age; distressed; weight for height, anxious, in pain
Vital signs: Pulse, BP, Temp, R (BMI?)
Head and Neck
Chest and Back
Abd:
Extremities:
Skin:
Genitalia:
Neuro:

Problems:
Assessment:
Plan:

Logging Patient Data

First of all, for the Internal Medicine Clerkship, please make sure you log your data under **Wichita – Internal Medicine**.

Using your knowledge of the patient and the H&P database information, **log your patient data each time you see the patient**. When you log your patients **PLEASE REMEMBER to enter the date you SAW the patient, NOT the date you are logging**. **Dates must be within current clerkship dates** or data cannot be retrieved.

You are required to enter patients **ONLY** under 1 of the 2 following categories under **Interaction Setting**:

1. **Inpatient Admission** (full or complete H&P database) – these are for patients you did a complete workup on (reference the department H&P form) at the rate of 1-2 per week (minimum required total of 6 per month). Log the main diagnoses (**limit 4**) you list in the **assessment** portion of your progress note.
2. **Inpatient Subsequent Follow-up** – these are patients you followed and wrote daily SOAP notes on but did NOT do a complete H&P on. Don't log patients you're not directly caring for.

Sample for #2

S – Patient less short of breath. No chest pain.

O – BP 160/100 R-18 T max 97.8 P 84 Wt 216

RR, no murmurs or gallops; chest clear; no JVD, trace edema lower extremities, alert oriented

Labs: electrolytes WNL, BG 320-415

A/P –

- i. CHF – improved compensation after diuresis
- ii. HTN – poor control, add ACE-I
- iii. DM-2: Poor control, add basal glargine to insulin regimen

Log diagnoses (here, CHF, HTN, DM2).

Logging data targets are set and reviewed by faculty. If student targets are not met, additional patients or cases may be assigned.

Also, PLEASE NOTE: You MUST log your patients before the clerkship ends; you cannot go back in and edit the records after the end date. Finish your logging BEFORE you take your NBME exam on Friday to ensure you will get credit. Do not wait until Saturday.

Log Targets for Setting and Role for Aca Yr 15-16

Setting	Target
Inpatient admission	12
Inpatient initial follow-up	0
Inpatient subsequent follow-up	24
Outpatient initial encounter	0
Outpatient subsequent encounter	0
Other encounter	0

Role	Target
Observed	0
Active	36
Completed under supervision	0

Logging Patient Data Role definitions

Observed - You shadowed or watched as the preceptor or resident performed the encounter. This may occur in the first few days but should be a rarity in the remainder of the clerkship.

Active – You were an active participant in the encounter. Examples: you completed a history and physical exam before your preceptor then watched as your preceptor finished the encounter or, after seeing the patient together, your preceptor left you to do some education with the patient.

Completed Under Supervision - You completed the entire encounter yourself with your preceptor participating as an observer or guide. Example: you completed a history and physical, discussed your assessment and plan with your preceptor, then your preceptor observed while you reviewed the assessment and plan with the patient.

Internal Medicine Topics

Acute Coronary Syndromes/ECG's	Oral exam prep, Seminar with Dr. Garold Minns
Anemia	Oral exam prep, SIMPLE Case 19: 42 year old woman w/ anemia
Congestive Heart Failure ...	Oral exam prep, SIMPLE Case 4: 67 year old women w/ shortness of breath and leg swelling
Acid-Base/Electrolyte Problems	Oral exam prep, seminar with Dr. Georges Elhomsy
Diabetes	SIMPLE Case 8: 55 year old male w/ type 2 diabetes mellitus
Drugs for Bugs	SIMPLE Case 21: 78 year old man w/ fever, lethargy and anorexia AND SIMPLE Case 35: 35 year old female w/ three weeks of fever
Dyslipidemias	Oral exam prep
Dyspnea	Oral exam prep, SIMPLE Case 28: 70 year old man w/ shortness of breath and leg swelling
EKG Skills/Arrhythmias	Oral exam prep, seminar with Dr. Paul Ndunda
Evaluation of Chest Pain	Oral exam prep
Electrolyte Disorders	Oral exam prep, seminar with Dr. Jany Moussa
Evidence-Based Medicine	Seminar with Dr. Robert Badgett
Harvey Heart Sounds	Dr. Paul Ndunda
HIV Infection	SIMPLE Case 20: 48 year old female w/ HIV
Hypertensive Emergencies	Oral exam prep, SIMPLE Case 6: 45 year old man w/ hypertension
Liver Disease ...Hyperbilirubinemia	oral exam prep, SIMPLE Case 11: 45 year old man w/ abnormal LFTs AND SIMPLE Case 36: 45 year old man w/ ascites
Delirium/Mental Status Changes ..	Oral exam prep, SIMPLE Case 33: 49 year old woman w/ confusion
Pneumonia	SIMPLE Case 22: 71 year old man w. cough and fatigue
Renal Failure	Oral exam prep workshop, seminar with Dr. Jany Moussa
Rheumatology	SIMPLE Case 32: 39 year old woman w/joint pain AND Case 35: 35 year old female with three weeks of fever (<i>note duplication of this case with Drugs for Bugs</i>)
Renal Failure	Oral exam prep workshop, seminar with Dr. Jany Moussa
Thromboembolic Disease	SIMPLE Case 30: 55 year old woman w/lief leg swelling
X-Ray Skills	Seminar with Dr. Garold Minns

SIMPLE Cases

Simulated Internal Medicine Patient Learning Experience (SIMPLE) is a virtual patient program for the Internal Medicine Clerkship encompassing the learning objectives of the Clerkship Directors in Internal Medicine/Society for General Internal Medicine Core Medicine Clerkship Curriculum. You can access the patient cases at: www.med-u.org. We have incorporated a series of SIMPLE cases into our curriculum in place of traditional didactics sessions. These may be completed during free study time of the student's choosing.

Click on "Register," then "Institutional Subscribers." You will be asked to enter your email address to create a user ID and password. Once you have done this, you will click on "SIMPLE" to enter the case area. Cases (available, not mandatory) are listed below.

Case List

- Case 4: 67 year old women w/ shortness of breath and leg swelling – Mrs. Rivers
- Case 6: 45 year old man w/ hypertension – Mr. Hicks
- Case 8: 55 year old male w/ type 2 diabetes mellitus – Mr. Morales
- Case 11: 45 year old man w/ abnormal LFTs – Mr. Chapman
- Case 19: 42 year old woman w/ anemia – Ms. Winters
- Case 20: 48 year old female w/ HIV – Ms. Hunt
- Case 21: 78 year old man w/ fever, lethargy and anorexia- Mr. Ramirez
- Case 22: 71 year old man w/ cough and fatigue- Mr. Groszek
- Case 28: 70 year old man w/ shortness of breath and leg swelling – Mr. Honig
- Case 30: 55 year old woman w/ left leg swelling – Ms. Bond
- Case 32: 39 year old woman w/ joint pain- Ms. Dickerson
- Case 33: 49 year old woman w/ confusion – Mrs. Baxter
- Case 35: 35 year old female w/ three weeks of fever – Ms. Jankowski
- Case 36: 45 year old man w/ ascites – Mr. Berlusconi