

Internal Medicine Clerkship Student Information University of Missouri-Columbia School of Medicine

Welcome to Internal Medicine! This clerkship will be one of the most formative experiences in your medical education. You will be introduced to a comprehensive approach to patient care which will form the cornerstone of your clinical method regardless of your future career choice.

Internal medicine is the largest physician specialty in the United States. It is a broad field encompassing many clinical and research areas, ranging from those of the generalist to the subspecialist. General internists usually provide primary care to adult patients across a wide range of ages (adolescents to the elderly), and are often sought by patients seeking a comprehensive approach to the diagnosis and management of multisystem disease. The subspecialties of Internal Medicine include pulmonary/critical care medicine, cardiology, gastroenterology, nephrology, endocrinology, rheumatology, hematology/oncology, infectious diseases, and geriatrics. Subspecialists incorporate an in-depth understanding of pathophysiology in the consultative and primary care of patients within their respective areas of expertise.

Your eight-week experience is little more than an introduction to this field which entails a lifetime of learning. We hope the experience will be challenging and rewarding. Bear in mind that the team approach to inpatient wards is a model unique to educational institutions. It is rarely found in the actual practice of medicine, and therefore is not representative of the day-to-day work of most internists. For those who are considering a career in general internal medicine, a fourth year ambulatory experience is highly recommended. Subinternships on the general internal medicine wards or one of the ICU's (MICU or CCU) are highly recommended in order to better prepare you for your residency.

Clerkship Website

Please go to <http://immse.missouri.edu> to locate our Internal Medicine Clerkship website.

You are responsible for the information on this site.

We communicate via e-mail extensively. Be sure to check your e-mail in the morning and in the evening for clerkship updates that may occur.

I. OVERVIEW OF THE CLERKSHIP

Your experience will consist of eight weeks of inpatient internal medicine. The clerkship is divided into two, 4-week phases. The first of your four-week inpatient assignments is designated "Phase I" and the second, "Phase II". Ward assignments are made randomly, not by special request. In addition to the inpatient experience, outpatient clinic assignments will be a part of your educational experience.

II. PHASE I AND II

The inpatient experience will provide a supervised setting in which you assume primary and progressive responsibility for patients with acute and chronic medical problems. You will become acquainted with the diagnosis and management of common problems encountered on the wards, but much of the emphasis will

be placed on the detailed and comprehensive approach to problems employed in internal medicine. Through house staff and attending supervision, emphasis will be placed on honing your skills in performing history and physical exams; organizing, interpreting and reporting data; performing simple procedures; and developing a logical and judicious approach to providing patient-centered care.

A. Goals for the Internal Medicine Clerkship

1. To become highly skilled in interviewing and performing physical examinations.
2. To organize data from the history, physical exam, prior medical records and diagnostic studies, and to report it cogently both orally and in writing. Bedside presentation is encouraged.
3. To formulate a comprehensive and accurate problem list, and to provide an articulate "assessment and plan" for each of the active medical problems.
4. To become competent in simple ward procedures and to have the opportunity to perform more complex ones as opportunities arise.
5. To successfully assume primary and progressive responsibility for the daily care of medical inpatients.
6. To develop the necessary interpersonal skills to deal effectively with patients, families, staff, and peer.
7. To continue the process of lifelong learning, requiring an ability to assess oneself, demonstrate intellectual curiosity, and manage one's time effectively in order to permit ongoing study.
8. To progress through the "R.I.M.E." Model (see attachment).
9. To continue to understand and model professionalism.

B. Expectations of Students

1. To perform a comprehensive history and physical exam on each of your patients independently. You should meet with the house staff afterwards to corroborate findings and/or return to the bedside to elicit or clarify further information.
2. H & Ps should be expanded and tailored to meet the patient issues. Elders need to have the Geriatric Checklist completed, and others may need a Folstein Mini-Mental Status Exam, or the Geriatric Depression Scale administered. Think about what other tools you can utilize to enhance the information you are gathering.
3. To construct a tentative problem list and discuss its accuracy and completeness with the house staff. Following this, you will be expected to read about the patient's active problems in a comprehensive medicine text before completing their admission history and physical. Your write-up should include an assessment and plan for each of the active problems, and it should be completed in time for attending rounds the next day. Your oral presentation should be crisp and concise referring to a 3 x 5 card if necessary. You may NOT read from your completed H&P.

4. To round independently on your patients prior to work rounds each morning and then succinctly present the patient's status, including a specific assessment and plan on each of the active problems.
5. To read about, and be responsible for, the day-to-day care of your patients. This includes (but is not limited to) following-up and interpreting test results, developing management plans, educating the patient, talking with involved family and staff, apprising the team of changes in the patient's status, performing procedures, and writing notes and orders.
6. Note that you are NOT responsible for these activities on patients not assigned to you. If time permits, however, you can broaden your learning experience by reading on and reviewing interesting/unusual cases being cared for by other members of your team.
7. Generally, you should care for 3-5 patients at a time, but this may vary due to the complexity of the patients. Although it is highly preferable that these patients be new workups, rather than picking up a patient in the midst of a hospitalization, the latter will certainly need to occur at times in order to provide a balanced clinical experience.

C. Call Schedules and Weekends

The on-call schedule is dependent on your team assignment. On the first afternoon of the block, students will create their own call schedule depending on when their team is on call. Usually, one student will take overnight call when their team is on call and the remaining students on the call team will be on short call. Ideally, each student on the team should pick up two new patients each call day. The students not on overnight call should each pick up their patients before the overnight call student picks up one. A student should never be asked to workup more than two patients in a 24-hour period. Students not on overnight call can leave when they have picked up two new patients or by 10:00 pm. After the overnight on-call student has worked up their two new patients, students are encouraged to assist their on-call team whenever possible. Overnight on-call students are to remain in-house and are not to be excused to go home by their ward resident or attending. The goal of overnight call is not to sleep in the call rooms, rather to be observing how different the hospital functions in the night and helping out your ward residents as much as possible. More information regarding call will be provided by your residents and attendings.

The MU female call room is N313 (#884-2744). The male call room is N312 (#884-2754). When on call, your whereabouts should be known to the team at all times. The VA student call rooms are D311 (females only), C331 and C332. If there are issues with the call rooms, please inform the clerkship coordinator.

There may be opportunities to take a weekend day off, for at times students may be able to cover one another's patients. All such arrangements must meet with the approval of the supervising house officers and attending, since there are times on a busy service when such arrangements might jeopardize patient care. Students may not take time off during the week (Monday-Friday) without prior approval from the Clerkship Director.

D. Holidays

The Department of Internal Medicine incorporates official School of Medicine holidays into the schedule.

The following holidays are treated like a Saturday or Sunday: July 4th, Labor Day, Martin Luther King Day, and Memorial Day. For the VA only: Columbus Day, Veterans Day, and President's Day (third Monday in February).

Thanksgiving Holiday starts at the end of the exam on Wednesday, November 25, 2009. You will return to start a new clerkship on Monday November 30, 2009.

Winter Holiday begins at noon, December 23, 2009. You will return to start Phase II at 8:00 am (Morning Conference) on January 4, 2010.

Campus policy on other holidays: "It is the policy of the University of Missouri-Columbia to respect the diversity of our students. Students may want to observe religious holidays and days of special commemoration. The faculty is encouraged to excuse students who have a conflict with a class period, test or activity because of these obligations. An interfaith calendar of primary sacred times for world religions is available at: www.interfaithcalendar.org."

Students needing accommodations under this policy need to notify the clerkship director as soon as possible, but as a minimum, notification must be received no later than two weeks before the start of the clerkship.

You will have the entire weekend off as you make the transition from Phase I to II (noon Friday to 8 a.m. Monday).

E. Disability Declaration

Please notify the Course Directors within the first week of the rotation if you have special needs to be addressed under the Americans with Disabilities Act (ADA). Failure to notify us by Friday of the first week of the rotation may forfeit your rights to request special accommodations (including but not limited to extended examination time allotments). Reasonable efforts will be made to accommodate special needs for which documentation is provided.

This is the official University of Missouri-Columbia and Medical School policy:

"If you need accommodations because of a disability, if you have emergency medical information to share with me, or if you need special arrangements in case the building must be evacuated, please inform me immediately. Please see me privately after class, or at my office."

Office location: Dr. Kerber - MA429C

Office hours: Prearranged time

"To request academic accommodations (for example, a note taker or extended time on exams), students must also register with the Office of Disability Services (<http://disabilityservices.missouri.edu> <<http://disabilityservices.missouri.edu/>>), S5 Memorial Union, 882-4696. This is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for accommodations planning in cooperation with students and instructors, as needed and consistent

with course requirements. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage."

Students must also notify the medical school Dean for Student Programs, Dr. Rachel Brown.

F. Needle Stick Policy

The Needle Stick Policy is located in your Student Handbook and on our website. If you get a needle stick of any kind, at any time, notify your supervising resident and faculty immediately. Needle sticks require urgent attention, so do not delay action.

G. Student Mistreatment Policy

The Student Abuse Policy is located in your Student Handbook. It is also posted on our website. If you have any questions or concerns, please contact the clerkship director or the Dean for Student Programs.

H. Student Absence Policy

It is the responsibility of each student to be familiar with this absence policy.

We expect that third year medical students will be present and actively engaged in all activities of the clerkship every day of the block, including weekends (there are some opportunities for a weekend day off). We anticipate that there may be times when there are specific reasons that an absence is requested. In all cases (except emergencies or acute illness), a written request for an excused absence is required, and must be submitted a minimum of two weeks prior to the start of the block. Preferably, the request is submitted as soon as the student anticipates an absence, even if months in advance. The request for an excused absence form is available from the clerkship office and from the OME.

Students may not miss more than four days from the clerkship (either excused or unexcused) without having to make up time that exceeds four days. Weekend days are counted as working days, so time away includes weekend days. Students will make up time missed at the discretion of the clerkship director.

Students are not excused from the clerkship to attend meetings unless the student is an appointed representative of the university or medical school. Leaders of local student interest groups are not included in the above. Students presenting scholarly products at scholarly meetings may have up to four days on excused leave, unless it is an international meeting with extended travel where five to six days may be allowed. Presentations must have been accepted as peer-reviewed presentations for the meeting.

Students who are absent because of illness or an emergency should let the clerkship office know by phone or email of their absence as soon as possible. The student must complete an absence form upon return.

In no circumstance is an unexcused absence acceptable, and the course director will determine specific consequences. Excessive excused absences or unexcused absences may result in required remediation or failure of the clerkship.

Final approval of all absence requests is at the discretion of the clerkship director. Students may file a written appeal of the decision of the course director regarding a requested absence to the CCSC within two weeks of the date of the decision.

Rural Track students are subject to the same absence policy. The student is responsible for contacting the clerkship office just as if they were on site.

III. CORE CURRICULUM

- **Geriatric Tool Kit**

- Geriatric Assessment: While on the clerkship, you will have an opportunity to learn about the various tools and methods that are available to evaluate elderly patients. Students should access the ACE Tool Kit located on the clerkship website and review the information. Students should be familiar with the use of the assessment instruments presented in the Tool Kit.
- Geriatric Checklist: This list highlights things that need special attention while an elder is undergoing medical care. Complete this as a part of your standard history and physical.

- **ACGME Core Competencies Module (with online cases utilizing Blackboard)**

- During the second and third week of the clerkship, students will be required to work through an online module that introduces the ACGME Core Competencies as well as provides a case to work through. During weeks 6 and 7, students will work through a second case. Students will be required to access the Blackboard platform to work through the module and the cases. They should participate in the online discussion board too. These are self-study modules and no answers have to be submitted except on the discussion board. More information is available on the secure portion of the clerkship website, and information regarding starting the module will be sent via e-mail. Satisfactory completion of both cases is a course requirement.

- **Conferences**

- Clerkship conferences are scheduled in room MA 406 (directly across from the elevators) from 8:00 - 9:00 a.m. every Monday through Friday throughout the eight weeks, unless otherwise noted. Attendance is mandatory, unless excused in writing by the clerkship director, using the excused absence form. A detailed calendar of noon conferences and topics with room locations is distributed periodically.
- Wednesday morning conference is split. Students rotating at the VA will attend VA morning report, and students rotating at University Hospital will attend Chairman's Rounds (see below).
- Students are required to submit written feedback about the conferences by utilizing the online evaluation system. Evaluations for each week are due the next Monday at 7:00 am. Completion of all course evaluations is a course requirement.
- Advanced preparation is required. Most conferences have a handout posted on our web site. Please review the handout prior to conference and bring it with you.
- **Don't be on time to conference, BE EARLY!**

1. **Chairman's Rounds**

The chairman of the Internal Medicine Department, Kevin Dellsperger, MD, PhD has graciously volunteered his time to lead Chairman's Rounds. This occurs every Wednesday from 8-9 a.m. and only includes students rotating at University Hospital. The first 30 minutes of the session will be a case presentation by two medical students (dates will be assigned at the beginning of the block), and the last 30 minutes will be EKG practice.

- The case presentation should be on a relatively new admission. One student will present the history and the other will present the physical and objective data. You may NOT use PowerPoint. The entire presentation cannot be more than 10 minutes.

You may use notes, but the presentation **MUST** be concise. Be sure to bring any lab, x-rays or other objective data so the group may view them. You may print out any lab data, but remember it all must be de-identified to protect the patient's confidentiality.

2. Management Conferences

These interactive conferences will address important issues in the management of several prevalent, chronic diseases encountered in internal medicine. Faculty will discuss the role of conservative measures, life-style changes and pharmacologic management including rationale for treatment, drug and disease monitoring, and cost effectiveness.

3. Medical Mysteries

In these sessions, a faculty member presents an illustrative, "unknown" case in his/her area of expertise. The sessions are interactive.

4. Skills Conferences

This series of conferences emphasizes visual, interpretative skills important in internal medicine. Faculty will conduct sessions on EKG interpretation, dermatologic diagnoses, CXR, PFT interpretation, and fundoscopic findings.

5. Chief Resident Rounds

Once a week, the Chief Resident or other designee, will conduct teaching rounds demonstrating key physical exam findings and/or other interesting topics. A schedule for this conference is included on the website. Attendance at chief resident rounds is required unless you are scheduled to be in clinic.

6. Departmental Conferences

You are required to attend Medicine Grand Rounds each Thursday at noon in MA217, Acuff Auditorium. You are also encouraged to attend the Morbidity and Mortality Conference. You are encouraged to attend the monthly Hem/Onc Grand Rounds the first Monday of each month. You are encouraged to attend other departmental conferences of interest. A detailed calendar of noon conferences and topics with room locations is distributed periodically.

- **Readings**

Access to a comprehensive textbook of internal medicine such as Harrison's, Cecil's, Kelley's, Scientific American Medicine, or Stein's is essential. A helpful paperback text directed towards the M3 Clerkship is "Guide to Internal Medicine" by (Paauw, Burkholder & Migeon, 2nd edition, 2003). No single source of information will be adequate. You must search the literature to supplement your reading with the most current, up-to-date articles. You are encouraged to purchase Grauer's Practical Guide to EKG Interpretation (Mosby Yearbook Publishing Co., 1998), or Dubin's Rapid Interpretation of EKG's. Additionally, we highly recommend MKSAP for Students (Medical Knowledge Self-Assessment Program), developed by the American College of Physicians with the Clerkship Directors in Internal Medicine as a book helpful in preparation for the NBME shelf exam.

- Other

Lists of internet instructional sites that are recommended are posted on the web site and are included later in this handout. Students are encouraged to explore these sites and utilize them in their study plans.

IV. OUTPATIENT INTERNAL MEDICINE

A. Introduction

The majority of our nation's health care has always been provided in ambulatory settings with the "rare" patient being admitted to the hospital. This emphasis on outpatient care increased throughout the 1990's, following the implementation of managed health care and utilization review procedures. Most practicing physicians spend a majority of their time in the ambulatory setting, often with small hospital and consultation practices.

B. Goals

The spectrum of disease seen by physicians in ambulatory care differs markedly from that seen on the inpatient service. The National Ambulatory Care Survey has demonstrated that the leading causes for patient visits to general internists include fatigue, abdominal pain, back pain, extremity problems, cough, dizziness, headache, URI's, and nervousness. You will gain expertise in the diagnosis and management of these, and other, "undifferentiated" complaints as well as the outpatient management of the most common diagnoses seen by general internists and subspecialists, such as hypertension, stable coronary artery disease, diabetes, and osteoarthritis.

Your ambulatory care experience is designed to provide you exposure to the process and spectrum of outpatient care in Internal Medicine. Multiple clinics will be used but all will provide you an experience in a common process. You will have the opportunity to observe and participate in the following:

1. Evaluation of patients with chronic medical problems, assessing efficacy and complications of therapy, progression of disease and its complications, the patient's adherence to the prescribed regimen, and the impact of illness and therapy on the patient's daily functioning.
2. Evaluation of patients with new complaints. Many of these diagnostic workups will take place solely in the outpatient setting and never require inpatient procedures and/or treatment. Hence, you'll be exposed to a spectrum of disease not encountered in your ward work, and you'll learn the way in which diagnostic evaluations are planned and executed in the outpatient setting. Important elements of this care include the judicious use of laboratory tests, emphasis on patient education, use of empiric therapy, and response to therapy as gauged on a follow-up visit.
3. Appreciation of the need to "tailor" an evaluation (focused history and physical) to provide a time-efficient exchange, rather than performing the comprehensive history and physical applicable on the wards.
4. Importance of cost-effective care and the practical ramifications of your management decisions. You will face questions such as "Can this patient afford this medication? This test? Will the result change my management? Is this patient sick enough to require hospitalization? Should he/she be excused from work or school? If so, for how long? Is this a work-related illness? Should anyone else be notified? Or treated?"

C. Description of Outpatient Experience

During the clerkship each student will participate in approximately 6 half-day outpatient sessions. To provide an exposure to both general internal medicine and subspecialty medicine you will be scheduled with a general internist and a sub-specialist as availability of preceptors allows.

- Student Responsibilities: **Attendance in clinic is required**

You will be responsible for attending all your clinics on time (students will begin morning clinics at 9:15 am; afternoon clinics begin around 1:00 pm) and working diligently alongside the preceptor. Tailoring this experience will require you to assess your own competencies and to work with the preceptor to develop the experience. You are expected to prepare for and attend all the scheduled clerkship conferences during this period unless excused by the clerkship director. On the days that you have morning clinic, you are excused from your ward duties during the time you are in clinic.

You are to bring the outpatient assessment form with you to clinic each time so that the attending can complete a brief evaluation and sign the form. At the end of the clerkship, this form is to be turned in to the clerkship coordinator. Satisfactory completion of the clinic experience is a requirement of the clerkship. It is the responsibility of the student to see that the form is completed and turned in prior to the last day of the clerkship.

- Preceptor Responsibilities

Each preceptor will incorporate you into the clinic as best fits the needs of the patients, other caregivers, and trainees. Although in some clinics you may be assigned your own room and have the opportunity to evaluate patients independently before presenting, this will be impossible in others because of a shortage of rooms, the complexity of patients, and/or rapid sequencing of appointments. If you are not getting some experiences in seeing patients independently first, and then presenting to your preceptor, please notify the clerkship director.

Try to use the time in clinic to practice for the USMLE Step II CS (Clinical Skills) Exam.

D. Suggested Readings

1. Howell JD, Lurie N, Wooliscroft JO. Worlds apart: some thoughts to be delivered to house officers on the first day of clinic. *JAMA* 1987; 258:502-503.
2. Barker LR, Burton JR, Zieve PD, (eds). *Principles of Ambulatory Medicine*, 3rd Edition, 1992. Williams and Wilkins, Baltimore.
3. Goroll AH, May LA, Mulley Ag. Primary Care Medicine. Office Evaluation and Management of the Adult Patient. Second Edition. 1987. JB Lippincott Co, Philadelphia.
4. Kirsner, JB. The most powerful therapeutic force. *JAMA*. 287 (15):1909-10, 2002 Apr 17.
5. Willett WC, Stampfer MJ. Clinical practice. What vitamins should I be taking, doctor? *NEJM* 345(25):1819-24, 2001 Dec 20.
6. Ransohoff DF, Sandler RS. Clinical practice. Screening for colorectal cancer. *NEJM* 246(1):40-4, 2002 Jan 3.

7. Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in. Executive Summary of the Third Report of the National Cholesterol Education Program. JAMA 285(19):P2486-97, 2001 May 16.
8. Cooper ME, Johnston CI. Optimizing treatment of hypertension in patients with diabetes. JAMA. 283(24):3177-9, 2000 June 28.
9. Steiner NJ, Earnest MA. The language of medication-taking. Annals of Internal Medicine. 133(11):926-30, 2000 June 6.

Internal Medicine Clerkship			Outpatient Assessment 2009-2010		
Clinic Sheet			Block _____		
			Student : _____		Phase I
Week	Clinic Location	Time AM or PM	Attending	Attending to complete and sign At conclusion of each clinic session	
				1 = Outstanding	5 = Unsatisfactory
				Student Arrived on time 1 2 3 4 5 Showed enthusiasm for learning 1 2 3 4 5 Established rapport with others 1 2 3 4 5 Displayed professionalism 1 2 3 4 5 Attending Signature: _____	
				Student Arrived on time 1 2 3 4 5 Showed enthusiasm for learning 1 2 3 4 5 Established rapport with others 1 2 3 4 5 Displayed professionalism 1 2 3 4 5 Attending Signature: _____	
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				Student Arrived on time 1 2 3 4 5 Showed enthusiasm for learning 1 2 3 4 5 Established rapport with others 1 2 3 4 5 Displayed professionalism 1 2 3 4 5 Attending Signature: _____	
				Phase 2	
				Student Arrived on time 1 2 3 4 5 Showed enthusiasm for learning 1 2 3 4 5 Established rapport with others 1 2 3 4 5 Displayed professionalism 1 2 3 4 5 Attending Signature: _____	
				Student Arrived on time 1 2 3 4 5 Showed enthusiasm for learning 1 2 3 4 5 Established rapport with others 1 2 3 4 5 Displayed professionalism 1 2 3 4 5 Attending Signature: _____	
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Internal Medicine Clerkship Evaluations and Grading

Evaluation of Students by Faculty

Internal Medicine faculty that attend on the wards are required to use the online evaluation system in order to fully evaluate students. Faculty will query residents with whom the student has worked to solicit feedback from the resident's perspective, but residents do not fill out separate evaluations on students.

Evaluation Scale

The online system uses a 1-9 scale. The following scale is the same for each subsection and for the final numerical summary.

1-3: Implies failure or unsatisfactory work (Unsatisfactory performance)

4-5: Used for solid performances and for students that meet expectations (Pass level performance)

6-7: Should be reserved for students that are performing above average, and for students who exceed expectations (Letter of Commendation level of performance)

8-9: Describes students who far exceed expectations, and who consistently perform at the level of an intern/resident (Honors level work). This does **NOT** mean the student will earn honors for the course.

Since the scale is a 9 point scale, a student will have to earn at least one 9 on the final overall summary question (from at least one attending) to get above 90% (to potentially be eligible for honors on the Clinical Performance portion of the final grade). Two "8"s is not enough to earn honors. Two "8s" is 88.9% which is not high enough to earn honors in the clinical performance section of the final grade.

Faculty are NOT being asked to give a "final" grade for the clerkship, rather a summative evaluation of the student's performance during the time they supervised the student.

Faculty should not imply to a student that because of the work they did during that phase that they can earn "Honors" for the entire clerkship. The final grade has several components.

The final grades for the clerkship involve three areas: clinical performance, CEX (pass/fail), and NBME shelf exam performance. All three areas must be met to earn the highest grade.

	Honors	Letters	Pass	Unsatisfactory
Clinical Performance Average	≥90 percent	≥ 72%	≥44%	Less than 44%
NBME Shelf Exam	≥ 90 th percentile	≥ 65 th percentile	≥ 4 th percentile	Less than 4 th percentile
CEX	Pass	Pass	Pass	Pass or fail

For example, to earn honors, a student must have a 90% or higher clinical evaluation average (phase one and phase two attending evaluations averaged), 90th percentile or higher on the shelf exam and a pass on the CEX.

A. Feedback

The absolute best way to ensure you are making adequate progress as a junior clerk is for YOU to ask your supervisors for feedback. This requires you to be **PROACTIVE**. It would be ideal if faculty could remember to give frequent feedback, but pressing patient issues and busy schedules inhibit feedback. There is no reason you shouldn't be asking your faculty on a weekly basis what you need to be doing to improve. Ask what you are doing well, and what needs more attention. Lifelong learning is all about self-reflection, but it helps to get lots of external feedback. If you need help in soliciting feedback, contact the clerkship director.

B. Grade Appeal

Any student may appeal his grade. The appeal must be in writing and should be received by the Internal Medicine Education Office no later than two calendar weeks from the date the grades are released from the IM Education Office.

The appeal will be reviewed by a committee of three: Caroline A. Kerber, MD and Will Roland, MD, and the Internal Medicine Department Education Manager. The committee will consult with faculty as is necessary. The committee will provide the student with a written decision regarding the appeal within two weeks of receipt of the student's written appeal. There is no further right of appeal within the department. Students disagreeing with the committee's decision should consult the University of Missouri Medical School's procedures for student appeals.

C. Clinical Evaluation Exercise (CEX)

Students in Phase One will have their ward attending observe them performing a history and physical exam for practice. Feedback will be given immediately by the attending. In Phase Two, the CEX will be repeated with your Phase II attending and formally graded as pass or fail (see attached evaluation form). This is a required activity.

D. Student Evaluation of the Clerkship

We need and value your appraisal of the house staff and attendings with whom you work in internal medicine. You will also be asked to evaluate each of your four-week experiences and the clerkship as a whole. Your feedback will be anonymous, should be as specific as possible (use names), and will be shared with your faculty in aggregate, but only after your final grade has been issued and is at Jesse Hall. Your evaluation of the conferences using the online system is required. Evaluations for each conference are due the next Monday at 7 a.m. All requested evaluations are required to be completed before you are eligible to sit for the NBME Shelf exam.

E. Miscellaneous

Students should dress in a professional manner while on the clerkship. Short skirts, revealing necklines, casual T-shirts and jeans are prohibited. Clean, non-wrinkled scrubs and clean, non-stained athletic shoes are acceptable while on call. Men should wear ties. White coats and name tags are always to be worn when seeing patients and while on the wards. No scrubs are to be worn in clinic. Shoes should be close-toed. Sandals and other open shoes are prohibited.

If, while on the clerkship, you have a pressing concern related to your educational experience, please discuss it with the clerkship director. Dr. Caroline Kerber may be reached by pager 876-3574 or by e-mail.

PREPARING FOR THE NBME SUBJECT EXAM IN MEDICINE

Adequate preparation for the NBME exam requires broad-based reading starting at the beginning of the clerkship. You will retain more when you have the opportunity to utilize the information in caring for patients, hence you should use each patient as an opportunity to expand your database by reading about each of their problems, including the inactive ones. Because patient assignments are random and eight weeks affords you only a glimpse of the problems encountered in Internal Medicine, the following guide from the NBME may be useful.

This subject test outline is constructed along three major dimensions: physician tasks, systems, and populations.

Physician Tasks

1. Promoting health and health maintenance
2. Understanding mechanisms of disease
3. Establishing a diagnosis
4. Applying principles of management

Normal Conditions and Systemic Categories

1. Normal growth and development (including aging), basic concepts, and general principles
2. Infectious and parasitic diseases
3. Neoplasms
4. Endocrine, nutritional, metabolic, and immunologic disorders
5. Diseases of the blood and blood-forming organs
6. Diseases of the nervous system and sensory organs (classic neurology)
7. Diseases of the circulatory system
8. Diseases of the respiratory system
9. Diseases of the gastrointestinal system
10. Diseases of the genitourinary system
11. Diseases of the skin and subcutaneous tissue
12. Diseases of the musculoskeletal system and connective tissue
13. Injury and poisoning

Populations

1. Adults, Geriatric, and Adolescents
2. Family and Community

The RIME Method

Improving Descriptive Evaluations

REPORTER: **Accurately gathers and communicates clinical facts

 **Able to perform good history and physical, reliably
 distinguishing normal from abnormal

 **Confident in abilities to label new problems

 **Demonstrates consistency in bedside skills

INTERPRETER: **Able to prioritize patient problems

 **Offers an appropriate differential diagnosis

 **Follows up on tests, applies results aptly to specific patients.

 **Develops skills in selecting clinical findings which support
 possible diagnosis

MANAGER: **Appropriately proposes and selects options from among multiple
 diagnostic and therapeutic choices

 **Tailors treatment plan to fit patient circumstances, taking into
 account concurrent diagnoses and treatments, psychosocial factors,
 and patient preferences.

EDUCATOR: **Reads deeply and shares new learning with others

 **Defines important questions to be answered and has the drive to
 look for and evaluate evidence needed to guide therapy

 **Serves as an effective and accurate source of information for
 patients and families

**Pangaro, L. A New Vocabulary and Other Innovations for Improving Descriptive In-Training Evaluation

Acad. Med. 1999;74:1203-1207.

INTERNAL MEDICINE CLERKSHIP GUIDELINES FOR CLINICAL EVALUATION EXERCISE

- This exercise is conducted during the student's Inpatient Phase II by the attending physician and is a pass/fail portion of the final grade. The inpatient or outpatient selected for the exercise must be unknown to the student. No more than one hour should be designated for the evaluator to observe the student interviewing the patient and performing a physical examination. During this time, the evaluator should remain inconspicuous and not interrupt so that the patient relates primarily to the student. However, before concluding the session the faculty member should instruct the student by going to the patient to elicit or clarify the history and demonstrate proper physical exam technique.
- After leaving the patient, a few minutes should be designated for a brief discussion of the student's history and physical examination, and initial diagnostic impression.
- Circle the rating which best describes the student's skills and abilities for each component of clinical competence and immediately return the form to MA406F, the Student Education Office.

**DEPARTMENT OF INTERNAL MEDICINE CLERKSHIP
CLINICAL EVALUATION EXERCISE**

Student's Name _____

Evaluator's Name _____

Date of Evaluation _____

4 - Superior 3 - Satisfactory 2 - Marginal 1 - Unsatisfactory

CLINICAL SKILLS - HISTORY

1. Demonstrates consideration for the patient during the interview.	4	3	2	1
2. Recognizes and interprets nonverbal clues.	4	3	2	1
3. Allows the patient adequate time to tell about the illness in his/her own words, yet directs questions effectively to obtain the necessary information.	4	3	2	1
4. Develops in chronological sequence and accurate description of the pertinent symptoms and events in the present illness.	4	3	2	1
5. Obtains appropriately complete information about the past history.	4	3	2	1

CLINICAL SKILLS - PHYSICAL EXAMINATION

6. Demonstrates concern for the patient's comfort and modesty.	4	3	2	1
7. Positions the patient properly, skillfully applies the fundamental techniques of examination to each region.	4	3	2	1
8. Follows a logical sequence of examination from one region to another, emphasizing those areas of importance suggested by the interview.	4	3	2	1
9. Modifies the examination to adapt to patient limitations imposed by illness.	4	3	2	1

Continued on the Back

CLINICAL JUDGMENT AND SYNTHESIS (AS ELICITED BY ORAL CASE PRESENTATION AND WRITE-UP)

10. Spends appropriate time for the complexity of the problem.	4	3	2	1
11. Uses terminology that is meaningful and unambiguous.	4	3	2	1
12. Presents information concisely in logical sequence.	4	3	2	1
13. Accurately reports the information related by the patient and the observations made during the physical examination.	4	3	2	1
14. Relates information about major problems in adequate detail without significant omissions or digressions, selectively highlighting less important problems.	4	3	2	1
15. Develops a differential diagnosis with an appreciation for priorities in each of the diagnoses considered.	4	3	2	1

MEDICAL CARE (AS ELICITED BY ORAL CASE PRESENTATION AND WRITE-UP)

16. Uses a logical sequence in planning diagnostic tests and procedures.	4	3	2	1
17. Integrates diagnostic studies with the diagnostic impression, proceeding from simpler tests to more complex ones.	4	3	2	1
18. Demonstrates clinical judgment in selecting the most effective care with the least risk to the patient.	4	3	2	1
19. Plans treatment to deal with all of the patient's major problems.	4	3	2	1

HUMANISTIC ATTRIBUTES

20. Demonstrates the necessary interpersonal skills to allow the development of appropriate patient-physician relationships.	4	3	2	1
21. Demonstrates integrity, empathy, compassion and respect for the patients; exemplifies that the primary concern is for the patient's welfare.	4	3	2	1
22. Appreciates the patient's perception of illness.	4	3	2	1
23. Is careful to place the patient's problems in the context of the patient's life and history.	4	3	2	1

COMMENTS _____

DATE _____

SIGNATURE OF EVALUATOR _____

RETURN THIS FORM TO: Internal Medicine Student Education Office **MA406**

Internal Medicine Web Addresses

This is a list of a few selected web sites of interest

www.acponline.org American College of Physicians webpage...has some good links

<http://info.med.yale.edu/intmed/cardio/imaging/contents.html> Yale Radiology site. Be sure to place the cursor over the radiographs for a neat surprise.

<http://www.eyetext.net/> Great retina pictures

<http://sprojects.mmi.mcgill.ca/mvs/mvsteth.htm> McGill University virtual stethoscope

<http://tray.dermatology.uiowa.edu/home.html> and then click on Clinical Skin Diseases Images (there are 449 entries) dermatology site

www.chestnet.org

www.abim.org Board Pass Rates in Internal Medicine residency programs

www.nrmp.org Match information

Introduction to Patient Log (PLOG)

“How to PLOG”

Internal Medicine Clerkship

June 2009

<http://som.missouri.edu/PLOG>

1. This is the URL for the PLOG: **<http://som.missouri.edu/PLOG>**
2. This is a required activity. Failure to complete the PLOG will result in a failing grade for the clerkship.
3. Entries are to be made as you see the patient. I would suggest you complete the entries daily to keep up-to-date.
4. All PLOG entries for each week are due by 7 a.m. the following Monday morning.
5. Failure to meet the above deadline will result in communication from Helen Cook with a reminder. Failure to follow through on the reminder will result in a personal meeting with the clerkship director for a discussion on professionalism.
6. Consistently tardy entries or “always entering all data at 6 a.m. Monday morning” may reflect poorly on your professionalism. Certainly, there are times you may get behind in your PLOG, but consistent “lagging-behind” will not be tolerated. Continued unprofessional behavior will also be documented in the PLOG system.
7. This is all confidential patient information, so if you make some paper notes or reminders to enter later, remember to have those paper notes shredded. If you are entering your PLOG most every day, you shouldn't need any paper notes/reminders as the information needed to make an entry should already be in your head.
8. In Internal Medicine, we are only tracking patient encounters where you have full participation. Definition of “full participation” means you could sit down and write a SOAP note. This does NOT include patients you hear about on rounds unless you are covering that patient that day for a colleague.

9. Please enter all patients you see for whom you could write a SOAP note. Other patients you hear about on rounds do **not** count toward your PLOG.
 - a. Perhaps you see a patient in clinic with an attending who does most of the history, but you participate in some or all of the exam and assessment/plan. You would enter this patient, even though you didn't collect the history. You still witnessed it and could write a SOAP note about that patient encounter.
10. Patient encounters include patients seen on the wards, in the ER, in the clinics and/or in some cases, by simulation (online cases).
11. Each patient encounter needs to include at least one entry, but can include up to six entries. The entries can be either: diagnoses, skills or special domain, or any combination of the three.
12. Once you enter an encounter, it can not be edited.
13. A patient can only be entered once, unless the patient is seen in a different setting.
14. If you have questions or technical issues, please contact Helen Cook.
15. The minimum course requirements have been provided to you, and they are on the clerkship web page and PLOG.
16. It is the *student's responsibility* to assure they are meeting the minimum course requirements throughout the course, such that all requirements are met by the end of the clerkship.
17. Failure to meet the minimum requirements will result in an "incomplete", and will mean more clinical time during the following interblock to make up any deficiencies.
18. The clerkship administrator and clerkship director will closely follow each student's progress, and will help assess progress each week and at mid-course. We will also help and assist as is possible in making course

corrections such that each student will meet all the minimum course requirements.

19. The course minimums have been set based on a nationally developed Internal Medicine clerkship curriculum, and the course minimums have been reviewed and approved by our faculty.
20. Random audits of entries will be performed. Falsification of entries will be considered an Honor Code violation, and will result in course failure and/or other consequences.
21. Become familiar with the course requirements. Pay attention to the requirements that may be a bit more difficult to meet, such that, if you encounter those, be sure to enter those that may be more rare. Remember, once a patient is entered, that encounter can't be duplicated or edited. Thus, be selective about what you enter for each patient encounter. I recognize that in internal medicine, some patients could have many more than six entries.
22. If the course is nearing the end, and you need to see a patient with XXX diagnosis or issue, you may need to let your resident and student partner know of what last few patients you need to see. Then, the resident may be able to assign patients a bit differently to help you meet the minimum course requirements.
23. Please keep track of your progress by using the "My Progress" tab inside PLOG.
24. Technical difficulties do NOT release you from meeting the minimum course requirements. The data base is backed up frequently, but if perhaps there is some "down-time" or other unforeseen technical issue, you should keep your PLOG on paper so that those entries can be made when the system is operational again (and then those paper notes MUST be shredded).
25. The PLOG online system also has more information about plogging...be sure you read it ALL.
26. Don't *assume* anything. If you aren't sure about an entry or about what this all means, be sure to talk with Helen Cook or Dr. Kerber.

Internal Medicine PLOG Core Course Requirements

Required diagnoses/problems

(Student is actively caring for the patient. Simulated cases may be alternative substitutes.)

Diagnoses/symptoms	Total number of required patients	Number of simulations allowed
1. Abdominal / pelvic pain	2	1
2. Affective disorders	4	1
3. Altered mental status (acute or chronic)	2	1
4. Chest pain / dysrhythmias	4	1
5. CHF	2	1
6. Common malignancies	2	1
7. Cough	2	1
8. Diabetes mellitus	4	1
9. Dyslipidemia	3	1
10. Fluid, electrolyte, and/or acid-base derangement	3	1
11. Hypertension	4	1
12. Musculoskeletal afflictions	3	1
13. Obesity or abnormal weight loss	4	1
14. Polypharmacy	2	1
15. Shortness of breath	3	1
16. Substance abuse issues	2	1
17. Upper respiratory tract affliction	2	1
18. Other	0	0

Types of Patients

(Student is actively caring for the patient. Simulated cases may be alternative substitutes.)

Types of Patients	Total number of required patients	Number of simulations allowed
A. Frail elder who resides at home	2	0
B. Frail elder who resides in alternative living arrangement (long-term care, assisted living etc.) Thus, discharge planning different for this group of patients.	2	0
C. Caring for a patient with limited access to care	2	0
D. Caring for a patient from a culture not your own	2	1
E. Management of a new acute condition, with an emphasis on diagnosis	2	0
F. Management of a new acute condition, with an emphasis on formulation and delivery of treatment plan	2	0
G. Management of a chronic condition	4	0
H. Management of an exacerbation of a chronic condition	2	0
I. Prevention discussion as the major focus of patient interaction	2	0
J. Counseling as the major focus of the patient interaction	2	0
K. Other	0	0