

Objectives for the Internal Medicine 3rd Year Clerkship (Basic Core 1)

Overall Objectives:

- 1)** To learn how to function as a physician in an Internal Medicine context including:
 - a. Obtaining the necessary level of responsibility and commitment to patient care.
 - b. Developing a compassionate approach to patient care.
 - c. Working effectively in a health care team.
 - d. Developing/improving clinical skills - history taking, physical exam, oral and written presentation, diagnostic reasoning, procedures.

- 2)** To develop a successful approach to solving patient based problems in Internal Medicine.

- 3)** To acquire Knowledge, Skills, and Attitudes in the evaluation and management of the following (but not limited to) Core Problems in Internal Medicine:

Abdominal pain, chest pain, dyspnea, cough, dysuria, joint pain, back pain, weight loss, altered mental status, anemia, fluids/electrolytes/acid-base disorders, congestive heart failure, COPD, depression, diabetes/obesity, dyslipidemia, hypertension, renal failure, thyroid/parathyroid disease, claudication/PVD, venous thromboembolism, common cancers, preventive care, smoking cessation.

- 4)** To learn of opportunities associated with a career in Internal Medicine.

Overall Expectations:

When third-year medical students begin to work on the hospital wards and in outpatient clinics, they begin to assume not only the rights but also the responsibilities of physicians. Among these important new responsibilities are professionalism, altruism, and high ethical standards.

Third Year Clerks are Expected to Be:

- **Attendant** – You are expected to attend all assigned clinics, lectures, seminars, and rounds. **If absence is due to illness, family emergency, or other legitimate cause, you should make every effort to contact the clinic/ward preceptor and clerkship coordinator**, if possible in advance. Attendance is taken at all Friday conferences and CXR and EKG sessions, which are mandatory.
- **Accountable** – Please follow through on all patient responsibilities as assigned to you.
- **Accessible** – Please answer all pages and emails promptly. This is especially important for conference logistics and schedule changes.
- **Active** – Self-learning and reflection are important skills for every physician to develop. Your patients should guide your educational efforts. We do recommend that you read thoroughly about all of your patient's problems.

There will be an administrative orientation on the first day of the block with Gwendolyn Dove (216-445-7435) at the Cleveland Clinic Lerner College of Medicine office. She will review Cleveland Clinic procedures and your schedules with you. For CWRU students, Ms. Dove will also assist you in getting pagers, ID badges, parking assignments, and instructions for EpicCare (our electronic medical record) orientation.

Friday Conferences: Each Friday during the block, Morning Report/Point-Counterpoint (7:00 a.m. – 9:00 a.m.), and Clinical Rounds (9:15 a.m. - 11:30 a.m.). Details regarding these conferences will be reviewed the first day of the block. Friday conferences will begin starting on Week 1 of the block.

Inpatient Internal Medicine - (1) 3 week-block and (1) 2-week block

Student Role/Responsibilities:

- 1) Each student will spend one three-week block on a general medicine service (Kimball or Tucker). The other two-week block can either be general medicine or cardiology. These will be assigned to each student. See a sample of a medicine team schedule under the "Ward On Call Clinic Responsibilities" tab. Please note; the weekend of the IM teaching/Cardiology teaching switch is a weekend off.

- 2) You are expected to do a thorough work-up on 1 patient admitted on each of your team's "call days" and "short admission" days. On "short call" days, try to take the first patient of the day, regardless of the presenting complaint. You should complete **at least 8** patient work-ups per 3-week block. **You are expected to be carrying 2-3 patients at a time; if you have less than this and are not on call, please "pick up" a patient currently on the service.**
3. You are expected to present all new patients to your attending and to submit a copy of your write-up as well (you will receive a laminated card with a template for student write-ups). Generally, you will receive feedback from the attending on your oral presentation the same day that you present. If you don't receive specific feedback about your write-ups from your attending, be sure to ask for this.
- 4) Call is overnight on every 4th night, with a maximum of 8 calls in the entire 5 weeks. This applies to all General Internal Medicine and Teaching Cardiology. Exceptions: "Short" call on Thursday nights, until 10 p.m. This is to accommodate Friday conferences.
- 5) Orders – please be sure to have all written orders counter-signed by your intern resident, or attending. The nurses and unit clerks cannot honor your orders without these counter-signatures.
- 6) You will be expected to fill out an electronic patient log on each patient that you admit or are managing, to be used as evidence that you are meeting the goals and objectives of Block I. You should send one log per inpatient encounter to your faculty (or resident if staff did not observe or listen to your presentation). Occasionally you may need to send additional log(s) per inpatient, if a new, meaningful skill is reviewed subsequently on the same patient - e.g. new data/diagnosis, clinical reasoning being assessed.
- 7) Clinical medicine is best learned by active involvement in patient care with as much responsibility to patient care as your level of training allows. We urge you to participate in the decision making process that relates to your patients.

Outpatient Internal Medicine – (1) 3 week block

This 3-week block will either be at CCF main campus, or at one of the Regional Medical Practices (RMP). Your schedules will be set up by the Basic Core I Internal Medicine Coordinator, Linda Krencik, based on a master schedule established by Basic Core I Education Coordinator, Gwendolyn Dove. For students assigned for their entire outpatient IM rotation on main campus, there will be a mixture of General Internal Medicine (GIM) Clinics + Subspecialty Clinics. For students assigned to their GIM at RMP, they will rotate 2 weeks at their RMP site, 1 week on main campus in IM subspecialty clinics.

Student Role/Responsibilities:

- a) You are expected to attend clinic sessions with your preceptor(s) from 8 a.m. until 5 p.m. Monday - Thursday (occasionally the preceptor will start later, or may have extended hours, and may want you to come in for a staggered shift). You should see between 2-4 patients per half day during IMO.
- b) Goals for each encounter in order to maximize your learning: develop a differential diagnosis; come up with a learning agenda, and read (usually after clinic) about your patient problems. Discuss these problems with your preceptor the next day, or later in the week. This case-directed learning is often some of the most lasting.
- c) You will be trained to use EpicCare (electronic medical record) and are expected to write SOAP notes in the chart, which are to be reviewed and co-signed by your preceptor. You may use the phrase .MSIMFM template for your notes.
- d) You will be expected to fill out an electronic patient log on each patient that you see, to be used as evidence that you are meeting the goals and objectives of Block I. You should send one of these logs per half-day to your preceptor for feedback.

Assessment:

- a) Block advisors and the Block Assessment Team (BAT) will oversee the student's learning portfolio and ensure that the student is getting adequate exposure to the symptoms and diagnoses that are core to the Internal Medicine portion of the Basic Core I Module.
- b) Assessment will be based on patient logs, basic science/clinical science presentations, oral presentation reviews, simulation center exercises, etc, as entered into the portfolio.

- c) The BAT will also have the responsibility of determining your progress in meeting the goals and objectives of the block in relation to the six ACGME competencies (patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, systems-based practice).

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Internal Medicine Recommended Reading Materials (3rd Year Medical Students)

Recommended Reading Materials

****Cecil Essentials of Medicine, 6th edition. Andreoli, Carpenter, Grigg, et al. W.B. Saunders Company, Philadelphia, 2004.**

This is a slimmer, soft cover volume that is aimed at third year students. It is not as comprehensive as the larger textbook version of Cecil's, but is much easier to read and is excellent to give you an overview of common topics in medicine. Costs \$62.95.

****MKSAP for Students 3. American College of Physicians, 2006.**

This book offers self-assessment questions with answers, each beginning with a clinical vignette organized into 28 categories. It comes with a CD-ROM of questions, and can help you prepare for the internal medicine questions on the comprehensive NBME exam that you will take at the end of the block. Costs \$44.50.

Comprehensive Reference Texts (available in the library):

Cecil Textbook of Medicine, 22nd edition. Goldman, Ausiello, et al. W.B. Saunders Company, Philadelphia, 2004.

Costs \$135.00

Harrison's Principles of Internal Medicine, 16th edition. Kasper, Braunwald, Fauci, et al. McGraw-Hill, New York 2005.

Costs \$140.00

**** Denotes a limited number of resources available to borrow from Linda Krencik, IM Education Coordinator, in the Internal Medicine Residency Office NA1 – 05. Texts will need to be signed out and returned in 3 weeks' time.**