



Cleveland Clinic Lerner College of Medicine
of
Case Western Reserve University



CC - Basic Core I Curriculum

Directors:

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Goals:

- Build on skills developed during Years I and II
- Provide clinical and didactic experiences in ambulatory and inpatient settings for students to gain knowledge and skills in Medicine and Surgery
- Prepare students for related, subsequent Advanced Clinical experiences

Overview:

Basic Core I at The Cleveland Clinic is a 16 week clerkship designed to integrate the disciplines of Family Medicine, Internal Medicine, and Surgery. The 16-week Block is comprised of:

- 1 week outpatient Surgery (rotating through selected Surgical Subspecialties during which students will identify patients for whom they will "scrub in" during their surgery in subsequent weeks)
- 4 weeks inpatient Surgery (working with a general surgeon/colorectal surgeon in clinic, in the OR, and on the wards)
- 3 weeks outpatient Internal Medicine (rotating through General Medicine and selected Medicine Subspecialties)
- 5 weeks inpatient Internal Medicine 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.
- 3 weeks outpatient Family Medicine.
- Basic and Clinical Science Rounds every Friday Morning.

**Basic Core I Master Schedule
(Students are assigned to 1 of the 6 templates)**

Weeks

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Family Med			Int Med Outpt			Surgery					Int Med Inpt				
Int Med Outpt			Family Med			Int Med Inpt					Surgery				
Surgery					Int Med Outpt			Family Med			Int Med Inpt				
Surgery					Int Med Inpt					Family Med			Int Med Outpt		
Int Med Inpt					Surgery					Int Med Outpt			Family Med		
Int Med Inpt					Family Med			Int Med Outpt			Surgery				

Patient-based Experiences:

Students should be able to demonstrate knowledge and skill in evaluating and managing patients who present with the following diagnoses and symptoms:

- Abdominal Pain
- Allergy/Sinus problem
- Altered mental status
- Anemia
- Back Pain (Lower)

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Breast Pain/Mass/Nipple Discharge
Cancer
Chest Pain
Claudication/Peripheral Vascular Disease/Cerebrovascular Accident
Chronic Obstructive Pulmonary Disease/Asthma
Congestive Heart Failure
Cough/Upper Respiratory Infection/ viral syndrome
Depression/Anxiety/other mental health issues
Diabetes/Obesity/Counseling regarding weight loss
Dyslipidemia
Dysphagia/Hematemesis/Gastroesophageal Reflux Disease
Dyspnea
Dysuria/Hematuria/Stones/Urinary Tract Infection
Fluids, electrolytes, acid-base disorders
Hypertension
Jaundice
Joint Pain (shoulder, knee, hip)
Nausea, Vomiting, Gastroenteritis, Diarrhea
Neck Pain
Preventive Care/Health Promotion
Rectal Pain/Bleeding
Renal Failure
Skin Problems (cellulitis, rash)
Smoking Cessation, Alcohol and other substance abuse
Thyroid/parathyroid disease
Unintended Weight Loss
Venous Thromboembolism
Women's Health (osteoporosis and menopause)

Students should also demonstrate knowledge of how to do the following procedures:

Abdominal Wall Hernia/Groin hernia
Acute/Emergent Abdominal Procedure
Arterial line or stick
Anorectal/Bowel/gastrointestinal Procedure
Breast Exam
Breast Procedure
Cholecystectomy
Endoscopy (Upper/Lower)
ENT Procedure
Foley (male/female)
Orthopedic Procedure
Pap smear
Rectal Exam

01/11/08

Speculum exam
Urology procedure
Vascular procedure
Venipuncture

Family Medicine

Family Medicine will be a 3 week experience at one of the Cleveland Clinic Family Health Centers (Beachwood, Brunswick, Chagrin Falls, Fairview, Solon, Strongsville, or Westlake).

Internal Medicine

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. Inpatient Internal Medicine will occur at Main Campus.

Outpatient Internal Medicine will be a combination of general medicine and subspecialty clinics and will occur at both Main Campus and Cleveland Clinic Family Health Centers.

Surgery

Surgery will have 1 week of outpatient clinics in various specialties (ex: general surgery, colorectal, orthopedics, urology) and the students will then follow patients longitudinally into the OR for the subsequent 4 weeks. After the first week of outpatient surgery clinics, students will be assigned to an inpatient team and will learn to manage patients on service while also participating in the care of their longitudinal patients.

On-Call Experiences:

Internal Medicine

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.

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. You should complete at least 8 patient work-ups per 3-week block. 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).

01/11/08

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.

Surgery

Students will take in-house call during the week and on weekends. A rotation schedule of weeknight and weekend call (maximum of six calls) will be arranged. Twelve hour shifts will be part of the schedule on weekends. Students are expected to contact the resident team on call, which is a night float team during the week.

The goal is to assess new patients for emergency consultations and assist the residents in evaluating ward patients. The students are expected to be physically close at hand with the surgical residents on call to get the most experience. Patient encounters should be assessed by **email to the resident involved**.

Friday Morning Sessions:

Morning Report: Fridays, 7:00 a.m. - 9:00 a.m. (weeks 1, 2, 3, 4, 7, 9, 10, 13, 14)

This will be a Friday morning conference focusing on student presentations and clinical reasoning. There will be 3 groups of 8-10 students. The faculty for each small group will include a Family Physician, Internist and Surgeon (the three of whom will also form the Block Assessment Team for their small group of students). Each conference will be facilitated by one of the three faculty members. Two students will present at each morning report (surgery case from 7-8, FM/IM case from 8-9). The faculty member(s) will facilitate discussion of differential diagnosis. At the end of each conference, the student group will discuss potential questions for review, and the student presenter of the week will research this question, using Evidence-Based Medicine Techniques. This student will report his/her findings to the group during the first few minutes of the following week's conference.

Point/Counterpoint: Fridays, 8:00 a.m. - 9:30 a.m. (weeks 5, 6, 8, 12)

All students will participate in this Friday morning session.

8:00-8:40 a.m. Student Presentations

Four students will lead the discussion each week. Two of the four students will focus on the basic science aspect of the clinical problem; these two should choose a review article for their colleagues to review. The other two will present an overall argument, supported by the literature; these two should choose an article to support their side of the argument. Each of the four students must select an article to support their side of the argument and have it approved by the staff in charge. **The articles are to be submitted to the staff, at least two weeks prior to the session, so the articles can be approved and uploaded to the portal.** Each of the four students will have ten minutes each to present their part of the argument. The topics for debate will be predetermined, and the students will have to gather data to support their position and make reasonable arguments in support of that position.

8:40-9:30 am Group Discussion

All students on the core are to have read the articles in order to fully participate in the debate. Fellow students and faculty mentors will critique the arguments and data selected and vote as to the most persuasive argument. The majority of the session, all students on the Core will discuss how they would counsel a patient who presents with a similar problem and strengths and limitations of the evidence provided by the literature and presented by their colleagues.

Clinical Rounds: Fridays, 9:15 a.m. – 11:30 a.m. (Weeks 1, 2, 3, 4, 7, 9, 10, 11, 13, 14), 9:30 a.m. – 11:45 a.m. (Weeks 5, 6, 8, 12)

These weekly sessions, beginning in week 1, will consist of a multi-specialty approach to the clinical topics for that week. There will be one hour devoted to surgical case(s) and one hour devoted to IM/FM case(s). All students, in a large group format, will work through 2-4 cases that will require specific reading prior to the session. (A reading syllabus for both surgery and medicine will be provided). In addition to the reading, students are expected to draw on their clinical experiences from both the surgery and medicine rotations. The students will be given brief clinical scenarios and have to work through the history, physical exam, diagnostic work-up, assessment, and treatment plan for each case. The goal is to allow for student participation similar to a session in problem based learning and provide the Block Assessment Team another way to assess clinical reasoning.

Student Assessment:

Student reports of clinical encounters and assessments from faculty and resident observations, written and oral presentations, an oral examination in surgery, a family medicine write-up project, and a progressive NBME examination will be used to assess student performance. The Discipline Leaders will review student assessments frequently to:

- Oversee students' accumulation of assessment data.
- Ensure that students are getting adequate patient interactions in each specialty.
- Assure that students have assessment data from faculty that will provide the necessary information to make accurate assessment decisions.

You are required to get a certain number of assessments for each part of the rotation.

- Family Medicine—9 assessments over three weeks
- Internal Medicine—6 assessments during outpatient medicine and 10 assessments during inpatient medicine
- Surgery—1 assessment for each patient that you work up in clinic and for each operative case in which you participate.

Other items for which you will receive written assessment are:

- End of rotation assessments
- Mid-block and end of block discipline assessment
- Overall block assessment

BLOCK ASSESSMENT TEAM

The block assessment team (BAT), made up of a surgeon, an internist, and a family physician, will get to know a group of students over the 16 week core. This group of three will share the responsibilities of facilitating the Friday morning reports and will oversee the students' assessments and progress toward meeting the objectives of the core.

The BAT will meet with students individually on the Friday afternoons of weeks 4, 8, 12, and 16 to go over the students' strengths and targeted areas of improvement.

The BAT will summarize the assessments to date in a mid-block discipline assessment.

PERSONAL LEARNING PLAN

In anticipation of the meeting with the BAT, students are to complete a reflective process after reviewing their assessments to date. The student will document the results of this reflection in a personal learning plan, which they will discuss at the time of their assessment with the BAT. The students should submit a copy of their personal learning plan electronically to the three members of their BAT and their society dean or physician advisor. Students should review their personal learning plan with their society dean or their physician advisor.