

INTERNAL MEDICINE 701

INFORMATION AND GUIDELINES

2015-2016

**Department of Medicine
Loma Linda University School of Medicine**

Below are the broad goals of the junior year Medicine clerkship. These represent the specific areas of focus for evaluation of medical students by the faculty of the Department of Medicine. You are expected to know these goals and objectives.

MEDICINE CLERKSHIP GOALS/OBJECTIVES	PRIMARY MEANS OF EVALUATION
1. Students will demonstrate proficiency in performing comprehensive admission histories and physicals and daily ward and clinic-focused histories and physicals.	a. Attending evaluations b. Resident evaluations c. End of rotation Standardized Patient exam d. H&P/Progress notes (reviewed with C.D.)
2. Students will demonstrate proficiency in the written and oral presentation of patient cases (logical, clear, and organized).	a. Attending evaluations b. Resident evaluations c. End of rotation Standardized Patient exam d. H&P/Progress notes (reviewed with C.D.)
3. Students will demonstrate capabilities in communicating and relating to patients, colleagues (fellow students, residents, and attendings), and ancillary staff (nurses, clerical staff, etc).	a. Attending evaluations b. Resident evaluations c. Mid Rotation Evaluation with C.D or Associate Clerkship Director d. End of rotation Standardized Patient exam
4. Students will demonstrate proficiency in knowing the indications for diagnostic tests ordered and in test interpretation (blood /body fluid tests, radiological tests, and others i.e. EKG, PFTs, etc)	a. Attending evaluations b. Resident evaluations c. Clerkship In House Quizzes d. EBM clinical question exercises e. End of rotation Subject Exam
5. Students will begin to demonstrate proficiency in diagnostic decision-making including formulating a differential diagnosis, understanding the mechanisms of disease or pathophysiology involved and in the development of prioritized problem lists.	a. Attending evaluations b. Resident evaluations c. H&P/Progress notes (reviewed with C.D.) d. EBM clinical question exercises e. Mid Rotation Clinical Reasoning Quiz with C.D. or Associate Clerkship Director f. End of rotation Subject Exam
6. Students will begin to demonstrate proficiency in therapeutic decision-making in the areas of risks, benefits, and costs of treatment options.	a. Attending evaluations b. Resident evaluations c. H&P/Progress notes (reviewed with C.D.) d. EBM clinical question exercises e. Clerkship In house Quizzes f. Mid Rotation Clinical Reasoning Quiz g. End of rotation Subject Exam
7. Students will learn to evaluate bias in themselves and appreciate how each individual patient's beliefs and culture affect their healthcare and outcomes.	a. Reflection paper b. Attending and Resident Evaluations c. End of rotation Standardized Patient exam d. EBM clinical question exercises e. Mid rotation Check In with Associate Clerkship Director

Guidelines for Duty Hours, Call Days, and Patient Loads

Duty Hours/On Call

Inpatient

- Students will begin the day by seeing patients (pre-rounds) and preparing for morning work rounds.
- Students should be on-site until 5:00pm or until patient care responsibilities are

completed.

- Students need to check out their patients to their residents prior to leaving for the day.
- Students on call **do not** work overnight.

- There must be an 8-hour interval between leaving the hospital and returning the next day.
- At the latest students must leave the hospital **by 10:00pm**
- The attending physician and senior resident will assist students in working out the details of call responsibilities.
- Typically, students will take call on an every fourth or fifth day schedule while on the inpatient rotations.
- Wednesday didactic sessions are required attendance. Students on call return to their hospital site after the conclusion of the afternoon didactic sessions around 5:30pm.
- For student safety, it may be desirable to sleep overnight in student sleep quarters. The beeper needs to be turned off if that occurs.

Number of patients to follow

Inpatient

- If the student is following greater than five (5) patients, he/she should discuss with the senior resident or ward attending about releasing care of some of those patients.
- The rule is that a student should follow a maximum of five (5) patients.
- If he/she has an ICU patient, the limit is four (4) patients to carry.
- While on call, junior students will usually work up two (2) and rarely three (3) new patients.

Outpatient

- Students are expected to see 2-4 patients per ½ day session.
- Student needs to interview and evaluate the patient independently and presents the case to the attending for conclusion of the visit and completes an accurate progress note.
- The exception would be specialty experiences where the student is scheduled primarily to understand what happens on that specific field.

Days Off

- On ward rotations students schedule three (3) days off during that 3-week block.
- If traveling to and from Kettering Medical Center, travel days are counted against your three days off.
- There are no scheduled off days during the ambulatory rotation other than weekends and holidays observed by the hospital you are rotating at.
- Additional days off require authorization approval by the Dean's office and the clerkship director.
- Faculty and housestaff should accommodate students wishing to attend religious services on Saturday or Sunday morning.
- Holidays on an inpatient rotation are treated as weekend days and do not mean an additional day off for the student.

Switch Day

- If the switch day occurs on a holiday, check with the hospital you are going to and see if they are off. If you are on inpatient on a switch day that is a holiday, you are

expected to still be at work unless otherwise told by the clerkship office (not the resident on your team).

- Except for the first day of the entire clerkship students are expected to see patients on the first day of wards. They should get sign out from the students previously on the team and see their patients prior to rounds the first day.

Illness and Absence

- It is **the student's responsibility** to notify the senior resident or attending physician of illness or other emergencies, which prevent them from coming into the hospital or clinic.
- Failure to give appropriate notifications of absences can result in repeating time on the rotation or even failing the clerkship.
- If accrued days off during the 10-week course exceed 1 week, mandatory make-up of one rotation is required regardless of the cause.
- Absence days exceeding 3 weeks require repeating the rotation in its entirety.
- Any absence not related to illness must be cleared through the Dean's office.

Evaluation of Student

- See attached Mid Rotation and Final Clerkship Evaluation forms to be filled out by the attending physician that determines the student's clinical grade.
- Mid rotation feedback should be given at the mid point of each 3-week rotation by the attending physician. This should be done in person with the student and documented on their Mid rotation evaluation.
- The student has a Mid-Clerkship Check in with the Clerkship Director or Associate Clerkship Director at the site they are rotating at week 5 of their 10 week block which reviews their note writing, clinical evaluations, quiz scores and clinical reasoning.

DETERMINATION OF THE CLERKSHIP GRADE

CLINICAL PERFORMANCE	SUBJECT EXAM	CLERKSHIP QUIZZES	DESCRIPTION OF PERFORMANCE
≥90 (4 pts)	≥ 87 (4 pts)	≥90% (4 pts)	EXCEPTIONAL
≥84 (3 pts)	82-86 (3 pts)	≥80% (3 pts)	EXCEEDS EXPECTATIONS
≥72 (2 pts)	71-81 (2 pts)	≥65% (2 pts)	MEETS EXPECTATIONS
≥67 (1 pts)	67-70 (1 pts)	≥50% (1 pts)	BELOW EXPECTATIONS
<67 (0 pts)	≤ 66 (0 pts)	<50% (0 pts)	UNSATISFACTORY

REQUIRED PATIENT DIAGNOSES FOR THE MEDICINE CLERKSHIP

1	Abdominal Pain
2	Acute Kidney Injury or Chronic Kidney Disease
3	Altered Mental Status
4	Anemia
5	Back/Knee Pain
6	Chest Pain or Acute Myocardial Infarction
7	Common Cancer (e.g. colorectal, Lung, breast, prostate)
8	COPD (emphysema, chronic bronchitis) or Asthma
9	Cough or Upper Respiratory Complaint or Pneumonia
10	Diabetes Mellitus
11	Dyslipidemia
12	Dyspnea or Heart Failure
13	Fever or Nosocomial Infection
14	Fluid Disorder or Electrolyte Imbalance or Acid-Base Disorder
15	Gastrointestinal Bleeding
16	Health Maintenance Screening
17	Hypertension
18	Liver Disease
19	Obesity
20	Rheumatologic Problem (e.g. rheumatoid arthritis, SLE)