

MEDN 701
INTERNAL MEDICINE

INFORMATION AND GUIDELINES

2015 – 2016

Department of Medicine
Loma Linda University School of Medicine

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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, patient's families, colleagues (fellow students, residents, and attendings), and ancillary staff (nurses, clerical staff, etc) to effectively work as a healthcare team.	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 recall knowledge acquired from basic science and add to their understanding of each disease process with new focus on diagnosis and treatment. This acquisition of knowledge will assist student in passing USMLE Step II while providing supervised competent patient care.	a. End of rotation Subject Exam b. In House Quizzes c. Attending Evaluations d. Resident Evaluations e. Mid Clerkship Clinical Reasoning Quiz f. End of Rotation Standardized Patient Exam
6. 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.	g. Attending evaluations h. Resident evaluations i. H&P/Progress notes (reviewed with C.D.) j. EBM clinical question exercises k. Mid Rotation Clinical Reasoning Quiz with C.D. or Associate Clerkship Director l. End of rotation Subject Exam
7. 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
8. Students will learn to evaluate bias in themselves and appreciate how diversity in patient's beliefs and culture affect their health care 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
9. Students will learn how to analyze and apply current medical research to patient care.	a. EBM clinical question exercise b. Journal Club c. Attending and Resident Evaluations d. End of rotation Subject Exam

Basic Professional Expectations

Special emphasis is placed on the development of **professional attributes** and behaviors essential to the effective practice of medicine. The student is expected to:

- Demonstrate commitment to values through behaviors, such as, honesty, integrity, compassion and teamwork
- Demonstrate excellence and scholarship through preparedness for educational activities and contributions in small groups;
- Assume responsibility to determine what needs to be done to provide high quality patient care on a daily basis. (This includes but is not limited to being prepared for rounds having pre-rounded adequately, complete progress notes in a timely manner etc.)
- Demonstrate accountability and responsibility by working within limitations and appropriately seeking assistance when needed. (this includes but is not limited to being supervised for every procedure or sensitive exam (rectal/scrotal/pelvic/breast) by a qualified resident or attending)
- Respond well to feedback and demonstrate efforts toward self-improvement.
- Interact with patients in a manner that is compassionate, respectful, and engenders trust. Demonstrate by demeanor and behaviors that patient interests come first.
- Protection of patient information is a vital facet of being a medical professional. Failure in this regard will be considered a lapse in professionalism. (this includes but is not limited to leaving team lists or progress notes with patient identity in workrooms, on printers, in parking lot, identifying patients in any way on social media etc.).
- Attendance at the Wednesday didactic sessions and arranged student conferences are mandatory. This includes but is not limited to all: morning reports, noon conferences, teaching sessions and journal clubs. **Students are encouraged to bring their iPad or laptop to every Wednesday didactic session.** These will be used to complete required surveys, if this is a problem, please talk to the Clerkship Director or Coordinator.
- Students are expected to check their university email accounts on a daily basis during their rotation. Students are expected to read all correspondence from the clerkship office and respond within an appropriate time frame (less than 24 hours).
- Students are expected to carry pagers while on service and be available by them until 5 pm each working day.
- All assignments need to be completed and turned in by the due date.
- In case of absence or tardiness (even if you are at a required Dean's office function/meeting) please report to the clerkship office and your clinical team members.
- Signing in to a conference when you did not attend or not showing up to an assigned clinic are serious professionalism concerns that may warrant more serious discipline.
- **Two (2) professionalism lapses may result in dropping one distinction level per the discretion of the Clerkship Evaluation Committee. Three (3) lapses may result in a failure of the clerkship and may require repeating the entire course. Any professionalism lapse may be discussed in the Clerkship Evaluation Committee.**

Guidelines for Duty Hours, Call Days, and Patient Loads

Duty Hours/On Call

On “Inpatient rotations” students will begin the day by seeing patients (pre-rounds) and preparing for morning work rounds. Scheduled conferences occur during the day as per the individual sites. The specific duties and responsibilities may differ slightly at each location. Students should be on-site 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. It is emphasized that Wednesday didactic sessions are required attendance. Students on call return to their hospital site after the conclusion of the afternoon didactic sessions. 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

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.

On “Outpatient rotations” students are expected to see 2-4 patients per ½ day sessions. This means the student interviews and evaluates the patient independently and presents the case to the attending for conclusion of the visit and completes an accurate progress note.

The expectation would be specialty experiences where the student is scheduled primarily to understand what happens on that specific field. This will depend on the site where the student is scheduled.

Supervision Policy- Procedures

- Medical students on duty for patient care activities must be supervised by qualified faculty and/or resident physicians at all times. **All procedures must be either directly supervised (i.e. the supervisor is physically present with the student and patient) or indirectly supervised (i.e. with the supervisor physically within the hospital or site of patient care and is immediately available to provide direct supervision)**
- Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.
- The degree of supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student’s level of training, education and clinical experience.

- Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.
- A supervising physician may delegate some medical student teaching and supervising responsibilities to non-physician care providers after ensuring the non-physician providers are appropriately credentialed and working within the scope of their practice. (example: venipuncture, NG tube placement supervised by RN)
- Physician supervisors should provide students with proximate and constructive feedback related to problem areas that are encountered during direct patient care experiences.
- For the procedures listed below all Medium and High Risk procedures done by a medical student at any level require direct supervision (supervisor with the student the entire time procedure is done). Some low risk procedures require indirect supervision with the supervising physician physically within the hospital or site of patient care and is immediately available to provide direct supervision.
- Students will be required to list all procedures on their required diagnoses log indicating the date, hospital site and clinician who supervised with their level of training (nurse, resident, attending).

**Procedures Supervised while rotating on Internal Medicine
(Junior Clerkship, Sub-Internship and ICU/CCU)**

Low Risk	Medium Risk	High Risk
Venipuncture supervised by a competent nurse, resident or attending.	NG tube placement supervised by a competent nurse, resident or attending	Central venous catheter insertion supervised by competent senior resident or attending
Peripheral IV line Placement supervised by a competent nurse, resident or attending.	Arterial blood sampling supervised by competent respiratory therapist, resident or attending	Arterial line placement supervised by competent senior resident or attending
Drawing Blood Cultures supervised by a competent nurse, resident or attending.	Lumbar puncture supervised by competent senior resident or attending	Endotracheal Intubation supervised by attending physician
Intramuscular Injection supervised by a competent nurse, resident or attending.	Paracentesis supervised by competent senior resident or attending	
Intradermal Injection supervised by a competent nurse, resident or attending.	Thoracentesis supervised by competent senior resident or attending	
Wound Dressing	Male or Female Bladder	

supervised by a competent nurse, resident or attending	Catheterization supervised by a competent nurse, resident or attending	
	Joint Injection supervised by a resident or attending	
	Trigger Point Injection supervised by a resident or attending	
	Skin Biopsy supervised by a resident or attending	

Student Mistreatment Policy

If a student feels like they are being mistreated during their clerkship by any member of the healthcare team or educational instructor they are encouraged to discuss with the clerkship director, clerkship coordinator and/or the Deans office as they feel comfortable. They should refer to the School of Medicine policy on mistreatment.

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 please be prepared to see patients on your first day of wards. You should get sign out from the students previously on the team and see their patients prior to rounds the first day. If you cannot reach the previous student, please page the intern to ask them which patients you should see for the FIRST day of the rotation.

Illness and Absence

It is **your responsibility** to notify the senior resident or attending physician of illness or other emergencies, which prevent you from coming into the hospital or clinic. In addition you must notify the Rosa Marmolejo, Clerkship Coordinator at 558-8425 or leave a message on her voice mail. 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. Absent days less than 1 week will be made up day for day. Absences due to illness requires a note from Student Health or primary physician. 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 (Evals and OSCE) 160 total possible pts (40 pts each)	SUBJECT EXAM	CLERKSHIP QUIZZES	DESCRIPTION OF PERFORMANCE
≥150 (4 pts)	≥ 85 (4 pts)	≥90% (4 pts)	EXCEPTIONAL
≥140 (3 pts)	77 – 84 (3 pts)	≥80% (3 pts)	EXCEEDS EXPECTATIONS
≥120 (2 pts)	68 – 76 (2 pts)	≥65% (2 pts)	MEETS EXPECTATIONS
≥112 (1 pts)	59 - 67 (1 pt)	≥50% (1 pt)	BELOW EXPECTATIONS
<112 (0pts)	≤ 58 (0 pts)	<50% (0 pts)	UNSATISFACTORY

The final clerkship grade is determined by the sum of achieved scores

11-12	Honors
8-10	High Pass
5-7	Pass
3-4	Marginal Pass
0-2	Fail

- OSCE will be converted from 100pts to a 40 pt scale (ex: 100% = 40)
- OSCE is 25% of the clinical score and equal to one clinical evaluation. Total clinical performance score will be the addition of the three clinical evals plus the OSCE score.
- In the rotation evaluation forms, each box is scored 1-4 for each area or domain that is evaluated. The final descriptor is worth twice that amount for total of 8 points. A maximum of 40 points is possible for each rotation (x3=120 total possible). A score of 10 or less on an evaluation constitutes a fail for the rotation.
- The total points received from each rotation evaluation is the clinical performance score. In the event only 2 evaluations are ultimately turned into the clerkship office, the score will be prorated based upon the evaluations that are in the file.

REQUIRED PATIENT PROBLEMS 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)