

**MEDN 701  
INTERNAL MEDICINE**

**INFORMATION AND GUIDELINES**

**2023 – 2024**

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

Revised: 12/31/23

## **Introduction**

### **The Field of Internal Medicine**

Internists can provide comprehensive care to adults in the hospital and other settings such as clinics and nursing homes. The internist is the clinical problem solver able to integrate pathophysiology, psychosocial, epidemiological, and “bedside” information to address urgent problems, manage chronic illness, and promote good health. This clerkship is one of the seminal clinical experiences of medical school and students are expected to begin developing many of the basic competencies of what is termed “doctoring”.

### **Becoming a Contributing Team Member**

The primary focus of the clerkship is to increase your capacity to function as a competent and caring student clinician on multi-disciplinary teams. The care of patients requires you to work effectively in a team and with other healthcare providers from different disciplines. The challenge as a student is to “find your niche” and consistently contribute both to patient care and to team learning.

### **The 8-Week Internal Medicine Rotation**

- The clerkship consists of **two 3-week rotations of inpatient care**—sites utilized are the Loma Linda Veteran Affairs Hospital (LLVAH), Riverside University Health System (RUHS), Loma Linda University Medical Center (LLUMC), White Memorial Medical Center (WMMC) in Los Angeles, Kettering Medical Center (KMC) in Ohio, and Advent Health Orlando (AHO) in Florida.
- **Halfway between the clerkship on Week 4, students will have the opportunity to have exposure to a sub-specialty for two days while also having multiple other activities including a formative OSCE, ultrasound session, ethics session (\*depending on availability, otherwise moved to week 8), mid-clerkship check in, sim session and asynchronous sessions on social determinants of health**
- You will also be paired with an ambulatory preceptor at one clinic who will supervise your weekly continuity clinic throughout the 7 clinical weeks with the exception of week 4. You will always have your continuity clinic on the same half day, which will be assigned to you. You may not always work with the same preceptor as a lot of ambulatory preceptors also work in the hospital part of the month.
- The final week, week 8, will be a time to study, and take final exams (OSCE and NBME) in addition to the last didactic and quiz (Heme/Onc), and Journal Club.

### **Continuity Clinic Experience**

- You will go to the same clinic and work with the same (in most cases) ambulatory preceptor one half day a week during the 6 clinical weeks of your clerkship (up to 6 half days of clinic). **Please note that based on availability of faculty preceptors, not all students will have ambulatory clinics every week and you will stay with your inpatient team on those days.**
- Please see canvas for the specific goals and objectives for the ambulatory experience.
- You will need to have the faculty fill out a mid-rotation evaluation on MedHub at week 4 and a final evaluation on week 7 in MedHub if you are working with the same faculty member for the whole time.
- You will go to your continuity clinic **even when you are on call** and return to the hospital after your clinic. If your clinic falls on a holiday, you still need to be at the hospital with your inpatient team unless told otherwise.

### **Self-Directed Learner**

- The clerkship builds upon the learner-centered approach and assumes a mature learner who seeks to move toward increasing self-directedness.
- The dynamic nature of learning while caring for patients requires that you become adept at identifying your learning needs and acting upon them.

- We will **not** be covering even close to all the content that you are required to know for your shelf exam and/or to take care of patients but instead we will be focusing on how to approach patients with clinical reasoning and how to access the information you need.
- You will be required to know all material in your textbook.
- Weekly quizzes are designed to help you keep up with your reading throughout the rotation, test your medical knowledge and enable you to interact during the weekly didactic sessions.
- Required reflective writing, journal article critique and monthly journal clubs are all designed to improve your ability to be a self-directed learner.

### Learning Goals and Objectives

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. They have been arranged in order of Competencies.

COMPETENCY COVERED	MEDICINE CLERKSHIP GOALS/OBJECTIVES	PRIMARY MEANS OF EVALUATION
Patient Care	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
Patient Care Medical Knowledge	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
Interpersonal & Communication Skills Systems Based Practice Professionalism	3. Students will demonstrate capabilities in communicating and relating to patients, patient's families, colleagues (fellow students, pharmacy students and staff, residents, and attendings), and ancillary staff (nurses, clerical staff, etc.) to effectively work as a healthcare team and foster IPE (Inter-Professional Education)	a. Attending evaluations b. Resident evaluations c. Mid Rotation Evaluation with C.D or Associate Clerkship Director d. End of rotation Standardized Patient exam e. Simulation Lab Experience
Patient Care Medical Knowledge	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.) 5. Students will demonstrate proficiency in developing a clinical research question using the PICO format and be familiar with the 5 A's in appraising the literature. 6. 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. Attending evaluations b. Resident evaluations c. Clerkship In House Quizzes d. Note Writing Assessment Mid e. Journal Club f. End of rotation Subject Exam
Medical Knowledge	7. 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
Patient Care Medical Knowledge	8. Students will begin to demonstrate proficiency in diagnostic decision-making including	a. Attending evaluations b. Resident evaluations

	formulating a differential diagnosis, understanding the mechanisms of disease or pathophysiology involved and in the development of prioritized problem lists.	c. Mid Rotation Clinical Reasoning Quiz d. End of rotation Standardized Patient exam e. End of rotation Subject Exam
Patient Care	9. 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. Clerkship In house Quizzes d. Mid Rotation Clinical Reasoning Quiz e. End of rotation Subject Exam
Interpersonal & Communication Skills Professionalism Practice Based Learning and Improvement	10. 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 e. Mid rotation Check In with director f. Formative OSCE g. Simulation Lab Experience
Practice Based Learning and Improvement	11. Students will learn how to analyze and apply current medical research to patient care and where appropriate use information technology to support patient care decisions and patient education.	a. Journal Club b. Attending and Resident Evaluations c. End of rotation Subject Exam
Patient Care	12. Students will recognize the indications and observe, assist or preform procedures with appropriate supervision and using sterile technique. 13. Students will learn to recognize how gender health inequalities can affects the care of their patients, and demonstrate ways to promote equity in their interactions with patients.	a. Procedure log b. Reflection paper
Whole Person Care Professionalism Practice Based Learning and Improvement	14. Students will demonstrate personal wholeness as they respond to patient and health care team needs that often come before their self-interest while recognizing how to attend to their personal wholeness and recognize their limitations and strengths through self-reflection.	a. Attending and Resident Evaluations b. Reflection paper c. Reflection group session
Whole Person Care	15. Students will learn to provide whole person support to patients and their families (physical, educations, social, psychological, spiritual) by demonstrating proficiency in taking a spiritual history, effective listening for understanding, using the LLU model for whole person care and knowing when to refer a patient to a chaplain. 16. Students will learn to integrate lifestyle medicine recommendations into the medical care of their patients. 17. Students will be able to recognize the different social determinants of health that affect a patients care and brainstorm solutions to address these concerns. 18. Students will be aware of the different type of implicit biases and find ways to mitigate these biases in the care of their patients.	a. Attending and Resident Evaluations b. Reflection Paper c. OSCE d. What Matters Most process and evaluation e. Exit interview with CD/ACD f. Prev Med assignment g. Clinical exposure and asynchronous learning on Week 4 on social determinants of health and implicit bias.
Professionalism	19. Students will demonstrate professionalism by acknowledging their errors in clinical situations,	a. Attending and Resident Evaluations b. Mid Clerkship Check In with CD

	knowing their limitations, being responsive and advocating for patient needs, and seeking opportunities to be helpful to the clinical team while recognizing and reporting where appropriate unprofessional behaviors in colleagues.	<ul style="list-style-type: none"> <li>c. Exit Interview with CD</li> <li>d. Simulation Lab experience</li> <li>e. Formative OSCE</li> </ul>
Patient Care	20. Management of patients with acute and chronic illness in both inpatient and outpatient settings while recognizing the appropriate level of supervision needed for patient safety.	<ul style="list-style-type: none"> <li>a. Attending and Resident Evaluations</li> <li>b. Mid Clerkship Check in with CD</li> <li>c. Exit Interview with CD</li> </ul>
Practice Based Learning and Improvement	21. Students will actively seek formative and summative assessment from supervisors while integrating the feedback	<ul style="list-style-type: none"> <li>a. Attending and Resident Evaluation</li> <li>b. Formative OSCE feedback and response</li> <li>c. Exit interview with CD</li> <li>d. Final Clerkship Evaluation</li> </ul>

## **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 all 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 required to bring their School of Medicine issued iPad to every Wednesday didactic session as well as their personal laptop.** These will be used for weekly quizzes on Exam Soft, session material (handouts) and to complete required surveys. As there will be essay questions on the quizzes, it will be easier typing on the laptop.
- **Students are expected to check their university email accounts daily during their rotation. Students are expected to read all correspondence from the clerkship office and respond within an appropriate time frame (within 24 hours on weekdays and 48 hours on weekends)**
- All assignments need to be completed and turned in by the due date. **Late assignments will affect the likelihood of receiving distinction of honors or high pass and your grade may be reduced to a Pass even if you qualify by points. If there are extenuating circumstances that prevent you from turning in an assignment, you will need to email us within 24 hours of when the assignment is due and explain the circumstances (only applies to one late assignment), and this will not affect your ability to get High Pass or Honors. If you turn in an assignment incorrectly (eg: wrong page, blank), you need to turn in the correct assignment within 24 hours of being notified by the clerkship or this can affect your ability to get High Pass or Honors.**
- In case of absence or tardiness, (even if you are at a required Dean's office function/meeting) please contact 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 or inpatient rotation are serious professionalism concerns that will result in meeting with the clerkship director, possible non-cognitive form completion and notification to the school of medicine, and automatic disqualification of High Pass or Honors status despite total number of points.**
- **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.**

## Grading Policy

The possible grades are: HONORS, HIGH PASS, PASS, MARGINAL PASS, and FAIL. All clerkships will follow the same grading scale for the 2023-2024 AY, this information will have been distributed by the Dean's office. All students on the clerkship could potentially earn an honors as grading is performance based and not based on NBME cutoffs as long as there are no professionalism concerns.

There will be a **mid-clerkship check-in** with the clerkship director or associate clerkship director during the middle of the rotation to discuss your individual progress.

## Clinical Evaluations

Clinical evaluations are used to help determine your competency in **patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based improvement and whole person care**. Students must receive satisfactory marks on their inpatient and outpatient rotations to pass the rotation. Students failing one rotation (see appendix) will repeat that rotation at the end of the junior year and receive an IP until the time is remediated. Failing evaluations on two rotations will result in a course failure and repeating of the entire clerkship.

After the clerkship, each student is assigned a clinical score based upon the preceptor assessment of performance and accompanying comments from each rotation. This clinical performance score reflects the assessment of how well the student performed over the entire clerkship experience.

Faculty members can now recommend a student for consideration of distinguished clinical performance. This will be included in the student's MSPE comments. It does NOT mean the student is entitled to an automatic Honors (if they did not meet the point criteria) nor does it mean the student will receive the highest clinical evaluation score. However, we will use this information to consider increasing the student's evaluation grade if on the border of a higher grade.

**Resident comments** are included in your Dean's Letter but **do not** factor into the clinical score.

## Ward and Clinic Chart Documentation Requirements

- Students will complete either student progress notes or the note of record when circumstances allow.
- Students are encouraged to review notes and seek feedback from their residents and attendings in the inpatient and outpatient setting during the rotation.
- Students will upload a de-identified History and Physical note from a new inpatient patient encounter into canvas before week 4 of the clerkship to review this with clerkship director or associate director. **While this is Pass/Fail, you will be required to redo it if it is not done correctly.**

## Clinical Reasoning Requirements

The Internal Medicine clerkship will provide a foundation for your development of clinical reasoning as a physician. This will be accomplished with dedicated teaching sessions (1 workshop during your orientation, 3 additional small group case-based sessions to follow Wednesday afternoon didactics during the rotation led by Internal Medicine Faculty) and independent scholarship. The fundamental components of clinical reasoning are diagnostic frameworks for approaching problems and illness scripts for various disease processes that facilitate prioritization of a differential diagnosis.

- During the clerkship, students will complete 1 illness script per inpatient week using the provided template based on a condition seen during your inpatient week. You will have this script reviewed and signed by either a resident or your attending and upload onto canvas. You will also be expected to bring these with you for the mid clerkship feedback session to review with the clerkship director. **You will create a total of 6 illness scripts during the rotation that will need to be uploaded onto canvas page and should be signed by the resident/attending reviewing it. Do not copy illness scripts verbatim from reference websites.**

## **Evidence Based Medicine Journal Article Critique THIS ASSIGNMENT DOUBLE COUNTS FOR YOUR INTEGRATED PREV MED COURSE AND INTERNAL MEDICINE**

This requirement focuses on the ability to identify information pertinent to answering clinical questions arising from the care of patients. See the Prev. Med. Canvas site for more information.

### **Mid Clerkship Check in**

On Week 4 you will have a 45 minute-1-hour meeting with the clerkship director or associate clerkship director. The purpose of this check in is to go over your formative OSCE, and give you feedback on your clinical skills, and check in about the clerkship so far (including discussion about duty hours, learning environment, study habits, assignment completion etc.). **The clinical reasoning quiz score will be based on a scoring of your formative OSCE note.**

Please come prepared with the following already uploaded into canvas page:

1. Your signed illness scripts (1 per week, 3 total at time of check-in)
2. A copy of your diagnosis, procedure, admission and ultrasound log to date.
3. One completed mini-CEX form by an attending physician.
4. One deidentified patient History and Physical note that you completed on the clerkship
5. Two SMART goals (reviewed at orientation).

### **Formative OSCE- counts as the Clinical Reasoning Quiz Grade**

You will have an opportunity to work on your clinical skills and receive formative feedback at the mid-point of your medicine rotation (week 4). The video of your formative OSCE will be reviewed with the clerkship director or associate clerkship director at the mid clerkship check in. This OSCE can be used to help focus the areas you need to work on for the remainder of the rotation and help you be ready for the final OSCE. The SOAP note will be graded to count for your 10 pt clinical reasoning quiz (1 of 10 quizzes in the clerkship)

### **Ultrasound**

As part of your integrated ultrasound curriculum, you will be learning how to perform fluid status ultrasound on Internal Medicine. This will be taught during a session on orientation day and sessions during the clerkship with Dr. Reed Krause if you rotate at LLUMC. You will be logging any bedside ultrasound you do while on the medicine clerkship on the required diagnoses/procedure log. For those who are at other sites (eg: Kettering, White Memorial, Adventist Health) the first block, you will have an opportunity to attend a second ultrasound session during week 4.

### **Reflection Paper and Session**

A key to becoming a good physician is the ability to reflect on past experiences. Each student will turn in **one paper** during the clerkship regarding interactions with patients. This is intended to provide an opportunity for reflection on the journey to becoming a physician. You will be given a prompt on Canvas to write the specific reflection paper. Please review the prompt prior to writing the paper. You may review Dr. Hayton's PowerPoint on reflection and the LEAP guidelines provided to help you write your paper. You will be asked to read or share your paper to a small group of students and a faculty facilitator during the reflection workshop on the fifth Wednesday of the rotation. Excellence in the quality of your reflection paper will be considered for graduation awards and may be mentioned in your Deans Letter comments.

### **What Matters Most initiative – Practicing Whole Person Care**

To help you learn how to practice whole person care and more importantly utilize the things you learn about a patient to offer better clinical care you will be required to report "What Matters Most" to your patient on daily rounds. Teams will look to you to report what is important to the patient. You will be trained how to do this during a workshop in the first week of the clerkship and are encouraged to utilize what you have learned about



the CLEAR® model of Whole Person Care from your pre-clinical religion courses. Faculty are evaluating your ability to deliver whole person care and this will help them understand how to evaluate this competency. Dr. Joshua Jordan leads a session on this on the first day of the clerkship.

### **In-House Clerkship Quizzes**

The weekly in-house quizzes are intended to give students incentive to study weekly and provide some assessment as to how well they have assimilated the material reviewed. **The quiz is given at the beginning of each Wednesday didactic session and will cover the material that will be reviewed that day.** It is essentially a quiz on the assigned reading. **Approximately 25-50% of the questions will come from U-World questions from the topic and specialists in the field have created the other 50%.** This is to ensure that you have read the assigned material and are ready to participate in a more active learning session on the subject being presented. The quiz questions are directly mapped to learning objectives provided on our canvas page. There will be 10 multiple choice quiz questions derived from the reading material.

**There will also be 1-2 additional multiple choice questions on each quiz derived from interpretation of an EKG and in some cases management of an arrhythmia. The EKG questions are derived directly from the assigned material reviewed at orientation from our clerkship's EKG curriculum, which is an asynchronous video and web-based learning model.**

**There will also be two short answer questions for each quiz questions from weeks 2-8 of the clerkship. These questions will be based on the previous week's lecture topic to encourage spaced repetition. You will receive the questions ahead of time at the end of each didactic session so that you can review with your residents and attendings. At least one question may involve determining admission orders based on a clinical vignette.**

### **Mini-CEX**

The mini-CEX is a direct observation tool used to help facilitate formative feedback from your attending physicians. Attending physicians are familiar with the form used on the clerkship as this is used to evaluate internal medicine residents as well. We require you to have one form completed **per block** and uploaded into canvas prior to your mid clerkship clerkship director meeting on week 4 and exit interview on week 8 of the clerkship. Not all skills listed on the mini-CEX form need to be addressed, rather our goal is for an attending to focus on one or a few areas of a patient encounter that you engage in. This is a pass/fail assignment, turning in the assignment is necessary to receive credit.

### **Graded H&P Assignment**

You will be required to upload one History and Physical note that you have written on a new inpatient encounter before your mid clerkship director meeting on week 4. There are examples of good notes and a grading rubric on canvas. The document must be uploaded into canvas and must have all patient information removed. This will be reviewed at the mid clerkship director meeting and scored using the grading rubric available on canvas. Please see last page for template for a model H&P. This is a pass/fail assignment but turning in the assignment is necessary to receive credit, and if it not done correctly, it will need to be repeated.

### **Clinical OSCE**

This exam includes interviewing and examining 2 Standardized Patients. This is practice for the senior year California medical schools exam. Students are informed of the case chief complaints in advance and are required to complete a mandatory review of their performance immediately after the conclusion of the OSCE. The Dean's office is notified of students who perform poorly. You will receive feedback on your clinical performance and note writing during your course exit interview with clerkship director or associate director. **If a**

student fails the OSCE, they will receive an IP until they repeat it, and the highest score they can obtain on the clerkship is a PASS.

### **Simulation Lab**

You will be participating in simulation during your rotation:

Week 4. Rapid response simulation session on Thursday afternoon of week 4.

The purpose of the Simulation is to allow you to explore clinical problems in a safe, simulated environment.

### **Subject Exam**

Students must score 60% correct or higher on the Subject Exam to pass the course. The Subject Exam has a heavy emphasis on diagnosis and treatment. **There is no specific cutoff score for achieving honors in the clerkship.** Students scoring below 60 will receive an IP for the rotation and repeat the Subject Exam prior to the senior year. A second score below 60 will result in a course failure and repeating the clerkship in its entirety. **If a student passes the subject exam on the second try they will receive no higher than a Pass for the clerkship final grade.** Students must take the Subject Exam with their group on its scheduled date. **Students are not permitted to postpone taking the exam due to feelings of under preparation.** Only extraordinary extenuating circumstances may justify the postponement of this exam. Such circumstances require supporting documentation and the approval of both the Clerkship Director and the Dean's Office.

### **Miscellaneous**

Other non-graded requirements include:

- Logging the mandatory diagnoses seen, procedures, admissions, and ultrasounds completed.
- Online Surveys/Evaluations (i.e. block surveys, clerkship exit survey, Evaluation of Faculty, and Evaluation of Residents as Teachers/Evaluators)

**All assignments, including surveys and evaluations must be submitted prior to the conclusion of the clerkship. Failure to do so will result in receiving a grade of IP. Failure to complete all assignments on time may be considered as a lapse in professionalism per decision of 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 every fourth day schedule while on the inpatient rotations at most sites (LLUMC inpatient teams do not follow a call schedule). It is emphasized that Wednesday didactic sessions are required attendance. Continuity Clinic is also required even if the student is on call. Students on call return to their hospital site after the conclusion of the afternoon didactic sessions and/or continuity clinic.

You are required to be at the hospital at least until 3 PM on all rotations or until the last team member has left for the day. The exception is pre-call days at other locations that are on a q4h call system (eg: Kettering, RUHS, White Memorial)

### 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. While on call, junior students will usually work up two (2) and rarely three (3) new patients.

For “Continuity Clinic” 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 exception 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

- **Qualified faculty and/or resident physicians must supervise medical students on duty for patient care activities 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)**

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

## **Student Mistreatment Policy**

If a student feels like any member of the healthcare team is mistreating them during their clerkship 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. <http://medicine.llu.edu/sites/medicine.llu.edu/files/docs/student-mistreatment.pdf>

## **Days Off**

On ward rotations, students schedule three (3) days off during that 3-week block that averages out to 1 day off per week. **You are guaranteed the weekend off at the end of Week 4 and the last weekend before exam week. Students traveling back to California from Kettering or AH Orlando at the end of week 3 will receive an extra day off for travel to be used that weekend.** Additional days off require authorization approval by the Dean's office and the clerkship director. Faculty and house staff 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 unless otherwise mentioned.

## **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 clerkship director and Rosa Marmolejo, Clerkship Coordinator **via email [rmarmolejo@llu.edu](mailto:rmarmolejo@llu.edu) or leave a message on her voice mail at 909/558-8425**. 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 8-week course exceed 1 week, mandatory make-up of one inpatient 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 more than 2 days requires a note from Student Health or primary physician. Any absence not related to illness must be cleared through the Dean's office.

**Note that we no longer have a virtual curriculum so any days missed greater than one day must be made up in person, including days missed due to COVID-19 related illness.**

## **Emergency Mental Health day (1 per clerkship)**

On the day this is requested, you should contact Dr.Chandrasekar, Rosa, AND the Associate Dean for Clinical Education (Dr.Bazan). You will then be required to Make an appointment and meet with either Physician wellness, therapist, PCP, Life Community Mentor, CD/ACD, or one of the deans.

You do not need to share details with the clerkship team other than above. This day will NOT count towards your day off for the week.

## **Textbooks**

The required text is: **Step Up to Medicine**. About 50% of your quiz questions will be **UWorld** questions from that topic.

Many other useful resources are available for learning. They include Kochar's Internal Medicine, Cecil's Essentials, and Dubin's EKG book.

### **Recommended Sites for Study:**

All of you should have free access to DYNAMED if you don't have access to UpToDate.

For those of you who enjoy short videos to reinforce concepts feel free to check out Roger Seheult, the attending who will lecture on pulmonary, videos on MedCram

YouTube: <https://www.youtube.com/user/MEDCRAMvideos/videos>

Online Med Ed is a good resource with concise videos on high yield internal medicine core topics.

<https://onlinemeded.org/>

### **Important Names and Numbers**

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# APPENDIX

## Determination of the Internal Medicine Clerkship Grade

### Required Patient Problems for the Medicine Clerkship

### Internal Medicine Supervised Procedures

Clinical Evaluations based on points from faculty evaluation (clerkship dependent)	OSCE 100 points possible	Supplemental Clinical: Prev Med Radiology/clerkship choice Professionalism	Clerkship Quizzes- 100 points possible	Subject Exam 100 points possible Per-centile compared to national average will be used for the grade, Not percent correct.
<b>25%-2.5</b>	<b>20%-2.0</b>	<b>15%-1.5</b>	<b>15%-1.5</b>	<b>25%-2.5</b>
≥ 80% = pts (2.5)	≥ 85% (2.0)	≥95% (1.5)	≥ 90% (1.5)	>80% (2.5)
≥ 71%= pts (2.0)	75-84% (1.5)	>90% (1.0)	≥ 80% (1.0)	<b>70-79% (1.75)</b>
≥62%= pts (1.5)	65-74% (1)	≥ 65% (0.5)	≥ 65% (0.5)	<b>50-69% (1.25)</b>
≥ 60 %= pts (1)	61-64% (0.5)	<65% (0)	<65% (0)	23-49% (0.75)
≥57%=pts (0.5)	< 61% (0)			15-22% (0.5)
≤56%= pts (0)				7-14% (0.25)
				<6% (0)

### DETERMINATION OF CLERKSHIP GRADE

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

**Medical Knowledge (40%)**

- NBME: 25%
- Quizzes 15%

## Grading Scale 2023-2024

**Clinical Performance (60%)**

- **Clinical Ev als** 25% (director to assign point values based on faculty evaluations which take into account narrative assessment in addition to numerical scoring)
- **OSCE** 20%
- **Supplemental Clinical: Integrated courses/clerkship choice** 13% (must have completed all radiology and requirements on time to receive honors)
  - Radiology 4%, PrevMed 4%, Clerkship project/choice 5%
  - Professionalism: 2% (late assignment(s) will affect the likelihood to receive distinction of honors/high pass)
  - Minimum One H&P reviewed by attending (P/F)
  - Minimum SMART Goal to be reviewed at mid-clerkship eval
  - Minimum one practice NBME per clerkship (NEPS requires two)

(paid for by school)

**\*\* For NBME Must achieve 60% rawscore correct to pass (clerkship dependent)**

8.5-10	<b>Honors</b>
7.25-8.4	High Pass
3-7.24	Pass
1.6-2.9	Marginal Pass
0-1.5	Fail

**-Professionalism: 2% (late assignment(s) will affect the likelihood to receive distinction of honors/high pass )**

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8.5-10	Honors
7.25-8.4	High Pass
3-7.24	Pass
1.6-2.9	Marginal Pass
0-1.5	Fail

**\*\*Professionalism concern disqualifies consideration of honors/high pass**

**\*\*Minimum passing score for NBME exam is 60% or higher**

Clinical Evaluation = 75 pts:

Patient Care: 25 pts  
Medical Knowledge: 10 pts  
Interpersonal and Communication Skills: 15 pts  
Professionalism: 10 pts  
Practice Based Learning and Improvement: 10 pts  
Whole Person Care: 5pts

Likert scale for each domain above:

Critical Deficiency: 1 pts  
Below Expectations: 2 pts  
Meeting Expectations: 3 pts  
Above Expectations: 4 pts  
Outstanding: 5 pts

1. If you fail the subject exam with a score less than 60 and retake the subject exam with a passing score the second time, the highest final grade for the clerkship that you can receive is a pass. The final score will be determined by the Clerkship Evaluation Committee based on a holistic approach to review the student's entire performance.
2. **Professionalism lapses** may result in disqualification of High Pass or Honors. Three (3) lapses may result in a failure of the clerkship and will require repeating the entire course. Any change in grade or distinction level based on professionalism lapses will be determined by the Clerkship Evaluation Committee.
3. The clerkship evaluation committee (CEC) reserves the right to review concerns that arise during the clerkship. Students may be asked to appear before the committee and speak to concerns. Each case will be reviewed on an individual basis.

**REQUIRED PATIENT DIAGNOSES OR ACTIVITY FOR THE  
MEDICINE CLERKSHIP**



<b>Patient Diagnosis or Activity</b>	<b>Level of Responsibility</b>
Abdominal Pain Internal Medicine-3rd year	Perform
AKI or CKD Internal Medicine-3rd year	Perform
Altered Mental Status Internal Medicine-3rd year	Participate
Anemia Internal Medicine-3rd year	Perform
Chest pain or acute MI Internal Medicine-3rd year	Participate
Common adult cancer (colorectal, lung, breast, or prostate) Internal Medicine-3rd year	Participate
Obstructive Airway Disease (COPD or asthma) Internal Medicine-3rd year	Participate
Cough/Dyspnea Internal Medicine-3rd year	Perform
Diabetes Internal Medicine-3rd year	Perform
Dyspnea or Heart Failure Internal Medicine-3rd year	Participate
Fever or Nosocomial Infection Internal Medicine-3rd year	Perform
Fluid Disorder/Electrolyte disturbance/Acid Base Disorder Internal Medicine-3rd year	Participate
GI bleeding Internal Medicine-3rd year	Participate
Health Care Maintenance Internal Medicine-3rd year	Participate
Hypertension Internal Medicine-3rd year	Participate
Liver Disease Internal Medicine-3rd year	Participate
Rheumatological Problem (RA, SLE, etc) Internal Medicine-3rd year	Participate
H&P Internal Medicine-3rd year*	Perform
<b>Ethics workshop Internal Medicine-3rd year**</b>	Participate
<b>Journal Club Internal Medicine-3rd year**</b>	Participate
Patient Order Entry/Admit orders Internal Medicine-3rd year	Perform
Observed Feedback (Mini-CEX) Internal Medicine-3rd year	Perform

\*Will be signed off by clerkship director or associate clerkship director at mid-clerkship check in.

\*\*Group activity on the medicine clerkship and will be signed off by clerkship director at end of clerkship

### **INTERNAL MEDICINE SUPERVISED PROCEDURES:**

(Procedures are not required in the clerkship).

<b>Low Risk Procedures</b>	
1	Venipuncture
2	Drawing Blood Cultures
3	Peripheral IV Line Placement
4	Intramuscular Injection
5	Intradermal Injection
6	Wound Dressing
<b>Medium Risk Procedures</b>	
7	NG Tube Placement

8	Arterial Blood Sampling
9	Lumbar Puncture
10	Paracentesis
11	Thoracentesis
12	Male or Female Bladder Catheterization
13	Joint Injection
14	Trigger Point Injection
15	Skin Biopsy
<b>High Risk Procedures</b>	
16	Central Venous Catheter Insertion
17	Arterial Line Placement
18	Endotracheal Intubation

## Mini-Clinical Evaluation Exercise (CEX)

**Evaluator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident:** \_\_\_\_\_  R-1  R-2  R-3

**Patient Problem/Dx:** \_\_\_\_\_

**Setting:**  Ambulatory  In-patient  ED  Other \_\_\_\_\_

**Patient:** Age: \_\_\_\_\_ Sex: \_\_\_\_\_  New  Follow-up

**Complexity:**  Low  Moderate  High

**Focus:**  Data Gathering  Diagnosis  Therapy  Counseling

**1. Medical Interviewing Skills** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**2. Physical Examination Skills** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**3. Humanistic Qualities/Professionalism**

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**4. Clinical Judgment** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**5. Counseling Skills** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**6. Organization/Efficiency** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**7. Overall Clinical Competence** ( Not observed)

1 2 3	4 5 6	7 8 9
UNSATISFACTORY	SATISFACTORY	SUPERIOR

**Mini-CEX Time:** Observing \_\_\_\_\_ Mins Providing Feedback: \_\_\_\_\_ Mins

Evaluator Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

Resident Satisfaction with Mini-CEX

LOW 1 2 3 4 5 6 7 8 9 HIGH

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident Signature

Evaluator Signature

Student Name: \_\_\_\_\_

Weeks: 1 / 2 / 3 - 4 - 5 / 6 / 7  
Bk-1 Mid Bk-2

**Illness Script:** \_\_\_\_\_ **Reviewed/signed by:** \_\_\_\_\_

<b>Disease:</b>	
<b>Pathophysiology</b>	
<b>Epidemiology/Risk Factors</b>	
<b>Time-Frame</b>	
<b>Symptoms</b>	
<b>Signs</b>	
<b>Diagnostics (Labs/Imaging)</b>	
<b>Management</b>	

## History and Physical Grading Rubric (adapted from CDIM)

### Appendix 2: Grading Rubric for a Comprehensive Note Write-up

#### Chief Complaint: 0, 1, 2 points

- 0: none
- 1: present **R**
- 2: includes patient's main complaint, in patient's words, and no additional information/patient information/other non-pertinent wording **I**

#### Opening sentence: 0, 3, 5 points

- 0: none
- 3: present but lacks appropriate important information, or includes information that is not important to the differential **R**
- 5: includes appropriate history and not distractors **I**

#### HPI: 0-15 points **I**

- 2: Organized
- 2: Thorough
- 4: Includes pertinent positive ROS
- 4: Includes pertinent negative ROS
- 3: Includes pertinent past history/family history/social history

#### Past Medical History: 0, 1, 2 points **R**

- 0: none
- 1: disorganized, incomplete, paragraph format
- 2: organized, thorough, bulleted format (includes surgical history, ob/gyn history if appropriate, vaccinations/developmental history if a child)

#### Medications: 0, 1, 2 **R**

- 0: nothing written (if no medications, must state so)
- 1: medications listed but uses abbreviations, trade names
- 2: medications listed, no abbreviations, generic names

#### Allergies: 0, 1, 2 points **R**

- 0: nothing listed (if no allergies, must indicate such)
- 1: allergies listed but not reactions
- 2: allergies and reactions listed, or no allergies listed as "no known drug allergies)

**Social History: 0,1 point** (point system does NOT reflect a lack of importance to this!!! Please include alcohol, tobacco, drug use, living situation, social support) **R**

**Family History: 0, 1 point** (point system does NOT reflect lack of importance) **R**

#### ROS: 0, 1 point **R**

- 0: none or lists only a few, not organized, includes PE or other findings, repeats information already described in HPI
- 1: thorough, excludes information written in HPI with "as in HPI" references, does not include any PE findings in ROS

#### Physical Exam: 0, 5, 10 points

- 0: none

5: incomplete, unorganized **R**

10: includes vitals, organized in appropriate order, thorough, mentions pertinent findings and pertinent negatives findings **I**

**Summary Statement: 0, 5, 10 points**

0: none

5: present but unorganized, does not include pertinent information or includes information that is not pertinent or incorrect **I**

10: organized, includes pertinent HPI, PE and data leading to differential diagnosis **M**

**Problem list, Assessment/Plan with differential: total of 50 points**

**Problem list: 0, 2, 5 points**

0: none listed

2: present but incomplete **I**

5: organized, thorough, complete; includes cc; in order of acuity **M**

**Differential diagnosis: 0, 10, 20 points**

0: none **R**

10: less than 3 items on differential **I**

20: at least 3 items on the differential, includes the cc as a problem for clinical reasoning **M**

**Clinical reasoning: 0, 5, 10, 15, 20 points**

0: none

5: minimal reasoning, does not list most likely diagnosis or must not miss diagnosis **R**

10: more thorough, but not organized into “differential, work up, treatment”

15: thorough and organized, works through differential, describes why and why not diagnoses should be considered, includes most likely diagnosis (and describes this), includes must not miss diagnoses when appropriate; organized into “differential, work up, treatment plan” format **I**

20: differential and clinical reasoning “wows”; reasoning is advanced; **M**

**Overall organization and prioritization: 0-4 points**

Organized, extraneous information removed, edited information from auto-population