

**MEDN 701
INTERNAL MEDICINE**

INFORMATION AND GUIDELINES

2016 – 2017

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

Revised: 6/21/17

Introduction

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 d. Note Writing Assignment (reviewed with C.D.)
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 d. Note Writing Assignment (reviewed with C.D.)
Interpersonal & Communication Skills Systems Based Practice Professionalism	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 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.).	a. Attending evaluations b. Resident evaluations c. Clerkship In House Quizzes d. Note Writing Assessment Mid and Final e. EBM Assignment f. End of rotation Subject Exam
Medical Knowledge	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
Patient Care Medical Knowledge	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.	a. Attending evaluations b. Resident evaluations c. Note Writing Assignment (reviewed with C.D.) d. EBM Assignment e. Mid Rotation Clinical Reasoning Quiz f. End of rotation Standardized Patient exam g. End of rotation Subject Exam
Patient Care	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. Note Writing Assignment (reviewed with C.D.) d. EBM Assignment e. Clerkship In house Quizzes f. Mid Rotation Clinical Reasoning Quiz g. End of rotation Subject Exam

Interpersonal & Communication Skills Professionalism Practice Based Learning and Improvement	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 assignment e. Mid rotation Check In with C.D. f. Formative OSCE g. Simulation Lab Experience
Practice Based Learning and Improvement	9. 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. EBM assignment b. Journal Club c. Attending and Resident Evaluations d. End of rotation Subject Exam
Patient Care	10. Students will recognize the indications and observe, assist or preform procedures with appropriate supervision and using sterile technique.	a. Procedure log
Whole Person Care Professionalism Practice Based Learning and Improvement	11. 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	12. 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.	a. Attending and Resident Evaluations b. Reflection Paper c. OSCE
Professionalism	13. Students will demonstrate professionalism by acknowledging their errors in clinical situations, 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.	a. Attending and Resident Evaluations b. Mid Clerkship Check In with C.D. c. Exit Interview with C.D. d. Simulation Lab experience e. Formative OSCE
Patient Care	14. 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.	a. Attending and Resident Evaluations b. Mid Clerkship Check in with C.D. c. Exit Interview with C.D.
Practice Based Learning and Improvement	15. Students will actively seek formative and summative assessment from supervisors while integrating the feedback	a. Attending and Resident Evaluation b. Formative OSCE feedback and response c. Final Clerkship Evaluation

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 required to bring their School of Medicine issued iPad to every Wednesday didactic session.** These will be used for weekly quizzes on Exam Soft, session material (handouts), and to complete required surveys.
- 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 5pm each working day (at end of shift for inpatient students).
- 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.**

Grading Policy

The possible grades are: HONORS, HIGH PASS, PASS, MARGINAL PASS, and FAIL. A detailed explanation of how grades are assigned is included in the appendix. 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.

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

Ward and Clinic Chart Documentation Requirements

Each student will bring with them to their mid-clerkship check-in two (2) inpatient progress notes (one from day 2 of admission and one from day 3). They will self-grade their notes using the Responsible Electronic Documentation (RED) checklist (available on Canvas) and bring this to their Mid-clerkship Check-in. Submissions must be de-identified of all patient information (i.e. name, address, DOB, etc.). The student's chart documentation will be discussed.

This process will be completed and turned in on Canvas at the end of the clerkship and written feedback will be provided.

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 session. 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 supervised by a competent nurse, resident or attending	Male or Female Bladder 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: <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. 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 Rosa Marmolejo, Clerkship Coordinator at 909-558-8425 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 one (1) week, mandatory make-up of one rotation is required regardless of the cause. Absence days exceeding three (3) weeks require repeating the rotation in its entirety. Absent days less than one (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.

Textbooks

The required text where quiz questions will be pulled from is: *IM Essentials 1st Edition* (A joint publication sponsored by the American College of Physicians [ACP] and Clerkship Directors in Internal Medicine [CDIM]). The IM Essentials also has a separate question book that is highly recommended. (If you purchase the question/answer book, it comes with a free digital copy of the textbook.) Please see assigned reading guideline to help you prepare for in-house quizzes. These two texts are available in the LLU Library to check out on a first come first serve basis.

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

Important Names and Numbers

*Rosa Marmolejo, Clerkship Coordinator. The Clerkship office is the Medical Center, Room 1501 (near Lobby Level Amphitheater), phone 909/558-8425, ext. 88425
RMarmolejo@llu.edu

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APPENDIX

Determination of the Internal Medicine Clerkship Grade

Required Patient Problems for the Medicine Clerkship

Internal Medicine Supervised Procedures

DETERMINATION OF THE CLERKSHIP GRADE 2016_17

Clinical Performance (Faculty Evals 75 pts each- total 225 possible)	OSCE- 100 points possible	Subject Exam- 100 points possible	Clerkship Quizzes- 100 points possible
30%-3	20%-2	35%-3.5	15%-1.5
≥ 180 (3)	≥ 85% (2)	>84 (3.5)	≥ 90%(1.5)
≥160 (2.5)	79-84% (1.5)	80-83(3)	≥ 80% (1)
≥ 140 (2)	71-78% (1)	72-79 (2.5)	≥ 65% (0.5)
≥135 (1.5)	66- 70% (0.5)	68-78(2)	<65% (0)
130-135 (1)	< 65% (0)	64-67 (1.5)	
<130 (0)		59-63 (1)	
		<59 (0)	

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

8.5-10	Honors
7-8	High Pass
4.0-6.5	Pass
2.5-3.5	Marginal Pass
0-2	Fail

- OSCE is 20% of the final grade.
- In the rotation evaluation forms, each box is scored 1-5 for each area or domain that is evaluated. A maximum of 75 points is possible for each rotation (x3=225 total possible).
- 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.

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

In-House Clerkship Quizzes Grade

Schedule possible to change

Topics (see schedule for dates)	Points Possible
Cardiology	10
Endocrine	10
Gastroenterology	10
Hematology/Oncology	10
Infectious Disease	10
Nephrology	10
Pulmonary	10
Rheumatology	10
EKG Quiz	10
Clinical Reasoning Quiz	5
Ultrasound Quiz	5
Total Points Possible	100→4 total points for the final clerkship grade 20% of final grade 90 – 100 = 2 pts 80 – 89 = 1.5 pts 65 – 79 = 1 pts 50 – 64 = 0.5 pt.

1. If you fail the subject exam with a score less than 59 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. Two (2) professionalism lapses may result in dropping one distinction level. 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 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)

INTERNAL MEDICINE SUPERVISED PROCEDURES:

(Procedures are not required in the clerkship).

Low Risk Procedures	
1	Venipuncture
2	Drawing Blood Cultures
3	Perifperal IV Line Placement
4	Intramuscular Injection
5	Intradermal Injection
6	Wound Dressing
Medium Risk Procedures	
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
High Risk Procedures	
16	Central Venous Catheter Insertion
17	Arterial Line Placement
18	Endotracheal Intubation