Curricular Unit: Advanced Internal Medicine Clerkship

Curricular Elements and Requirements:

Curricular Elements: Bedside clinical training, weekly interactive learning sessions, formative assessment exercises with written feedback, clinical illness statement and differential diagnosis table exercise.

Requirements:

1. Attend all clinical training with a professional, teachable, and engaged attitude
2. Attend and actively participate in all interactive learning sessions and simulation sessions*
3. Complete the following 4 (four) formative feedback assessment exercises (1 each week):
   a. CEX (Clinical Evaluation Exercise) – witnessed by & feedback form completed by an attending
   b. OPS (Oral Presentation Skills) – feedback form completed by an attending
   c. H&P feedback rubric - completed by an attending
   d. Either PICO/EBM exercise or “Personhood” exercise (pick one of these two) - feedback from either resident or attending
4. Completion of Clinical Illness Statement and Differential Diagnosis Table exercise
5. Completion of PxDx log** for IM and Duty Hours by the end of the advanced clerkship is required to be eligible for Honors/HP

*Students completing their Advanced Internal Medicine Clerkship in a Rural location will have an alternative experience to the simulation session, since in-person participation is not possible.

**The PxDx log must be completed by the end of the 20/21 academic year. Therefore, students should log as they encounter these experiences. PxDx elements not encountered in face to face patient care will require an alternative experience as determined by the Clerkship Director. For Internal Medicine, PxDx elements can be completed via in-person patient care or via an online case (Aquifer) such as during the VIC, and as such can be completed by the end of the Advanced Clerkship without difficulty.

Learning Objectives:

1. Obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. Perform both a complete and an organ system examination. Demonstrate comprehensive and focused presentations (oral and written).
2. Interpret results and (perform/observe) commonly used diagnostic procedures. Define, describe, and discuss key indications, contraindications, risks to patients and health care providers, benefits, and techniques for basic procedures.
3. Reason deductively in solving clinical problems to formulate a differential diagnosis based on the findings from the history and physical examination.
4. Provide appropriate care to diverse patients in multiple practice settings. (diversity)
5. Effectively analyze, evaluate, and synthesize information to provide effective, evidence-based patient care. (EBM)
6. Using probability-based thinking and pattern recognition to identify the most likely diagnosis and select the diagnostic studies with the greatest likelihood of providing useful results at a reasonable cost. (EBM)
7. Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions; consider factors (diversity) in choosing among treatment options and selecting medications.

8. Discuss information resources for determining treatment options for patients with common medical problems. (EBM)

9. Recognize patients with immediate life-threatening conditions regardless of etiology and institute appropriate initial therapy.

10. Consider methods of monitoring patients’ response to treatment and therapy.

11. Effectively work/collaborate with health care professionals, including those from other disciplines to provide patient focused care. (IPE)

12. Demonstrate knowledge of the normal and abnormal structure and function of the body as a whole, and of each organ system, in disease and over the lifespan.

13. Apply problem solving and critical thinking skills to the basic sciences with application to clinical medicine.

14. Demonstrate knowledge for therapeutic interventions, treatments, outcomes, and prevention to specific disease processes.

15. Define, describe, and discuss how patients’ and physicians’ perceptions, preferences, and actions are affected by cultural and psychosocial factors and how these factors affect the doctor-patient relationship. (Behavioral)

16. Demonstrate medical knowledge with sensitivity to biological differences and needs in patients. (Diversity)

17. Define, describe, and discuss basic ethical principles of the medical profession. Page: 5 CC Approved: 02/11/2020

18. Recognize own limitations, admit error, and improve behavior by seeking improvements in their knowledge and skills when provided with constructive feedback.

19. Incorporate the patient’s perspective into diagnostic decision making.

20. Demonstrate effective verbal and non-verbal skills to effectively communicate with and educate the patient.


22. Address preventive health care issues with patients and encourage them to share responsibility for their own health promotion and disease prevention.

23. Demonstrate the ability to encourage patient's health and wellness through appropriate patient education.

24. Demonstrate commitment to carrying out professional responsibilities, adhering to ethical principles and demonstrating sensitivity and compassion to diverse patient populations. (Ethics)

25. Demonstrate altruism, honesty, and respect for patients’ privacy and for the dignity of patients as persons.

26. Show integrity and accountability in all interactions with patients, their families and professional colleagues.

27. Demonstrate responsiveness to the needs of patients that supersedes self-interest while balancing the need for self-care.

28. Work collaboratively with the health care team and acknowledge and respect the roles of other health professionals. (IPE)
28. Maintain a teachable attitude, including giving and receiving constructive feedback, being present and accountable, prepared and engaged.

29. Advocate for improving access to care for everyone. (Coordinate care for a patient who has lack of access to routine medical care.)

30. Demonstrate understanding of the physician role for prescribed substances of abuse (prescription monitoring program).

Summary of Assessment:

Four Tier: H/HP/P/F

<table>
<thead>
<tr>
<th>Honor</th>
<th>Grade Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>≥89.5%</td>
</tr>
<tr>
<td>High Pass</td>
<td>81 – 89.4%</td>
</tr>
<tr>
<td>Pass</td>
<td>70 – 80.9%</td>
</tr>
<tr>
<td>Fail</td>
<td>≤ 69.9%</td>
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</tbody>
</table>

Clinical score = 70% of final grade

Clinical score will be based on a 5-point Likert scale: 1, 1.5, 2, 2.5, 3 utilizing an End of Rotation (EOR) Form completed by Grading Committee based on feedback/forms from clinical preceptor/site. See IM Clerkship syllabus and/or One45 for EOR form.

Other Score = 30% of final grade

Other Score Break down: 40 points total

- Clinical Illness Statement and Differential Diagnosis Table exercise = 22 points total possible
- See grading rubric on the exercise form
- Completion & submission of formative assessment/feedback exercises = 8 points total
- CEX; OPS; H&P; and either PICO/EBM or Personhood (2 points for each exercise submitted on time by stated due date)
- Attendance, preparation for, and active participation in interactive learning sessions and simulation sessions = 8 points total
- Completion of all IM PxDx and Duty Hours midnight Sunday of the last day of the Clerkship = 2 points total

Dates Offered:

01/04/2021-01/31/2021
02/01/2021-02/28/2021
03/15/2021-04/11/2021

Advanced Clerkship make up Policy/Procedure:

In the event of a failure: The student will be required to retake the Advanced Clerkship.

In the event of an illness or other excused absence: The student will work with the Clerkship Director to determine how to make up missed clerkship experiences. See absence policy