

**INTRODUCTION TO THE CLERKSHIP IN INTERNAL MEDICINE
OF THE
F. EDWARD HEBERT SCHOOL OF MEDICINE**

Welcome to the Third-Year Internal Medicine Clerkship. We hope it will be one of the most valuable experiences you have in medical school.

The Third Year Clerkship in Internal Medicine occurs in six military teaching hospitals and one Veterans Affairs Hospital: the District of Columbia Veterans Affairs Hospital, Washington DC; Naval Medical Center, Portsmouth, VA; Naval Medical Center San Diego, San Diego, CA; Madigan Army Medical Center, Fort Lewis, WA; San Antonio Military Health System, San Antonio, TX; Walter Reed National Military Medical Center, Bethesda, MD; and Wright-Patterson Air Force Medical Center, Dayton, OH. Each student will do consecutive six-week rotations. The clerkship will include both ward (inpatient) and ambulatory (outpatient) experiences.

This handbook includes a discussion of the goals of the clerkship, outlines key responsibilities and duties of the third year student, and discusses the basis for student evaluation. Also included are descriptions of individual hospital schedules, course requirements and guides to meeting clerkship expectations. A copy of the student evaluation form is included. **Students are responsible for the contents of the handbook and must read it thoroughly. Be sure to review the relevant sections at the start of each six-week rotation.**

The handbook should help you navigate the Internal Medicine Clerkship with more certainty and to become more comfortable in your role as a third-year clerk. If you have any questions or problems, please contact us. This handbook and associated clerkship information may be found at <http://www.usuhs.mil/med/clerkship/index.html>

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PRINCIPLES AND BACKGROUND

Regardless of what specialty you enter upon graduation from medical school, the internal medicine clerkship will provide a foundational experience for your future life as a physician. The clerkship can create a framework for consolidating and expanding your knowledge, skills, and critical thinking. The rewards of establishing a successful approach to patients and their care will remain with you throughout your career.

GOALS OF THE CLERKSHIP

The overall goal of the Third-Year Internal Medicine Clerkship is “growing independence.” An effective, confident physician successfully combines the personal qualities of compassion and commitment (duty) with an ever-evolving knowledge base to complement sharpened academic and clinical skills (expertise).

The M.D. degree confers great responsibility and implies that students who have earned it can function with some independence in the care of patients. This clinical clerkship provides students with an intense opportunity to apply current fund of knowledge and basic history taking and diagnostic skills to multiple situations and settings. Although observing staff physicians and house officers is beneficial, better learning is experiential. **You cannot be a bystander during the Internal Medicine Clerkship!** As students, most clinical situations are new to you, and we understand that you will feel uncertain and make mistakes. However, learning from mistakes and gaining confidence is an important part of your learning process. During this rotation, your willingness to challenge yourself with new experiences is part of your education, and will help turn the awkward into the familiar. You are expected to take risks and to tell us your ideas. This is a new and more participatory learning process when compared to the basic science years.

We describe performance goals in the Internal Medicine Clerkship using the RIM/E framework (Reporter, Interpreter, Manager/Educator). Each of these terms describes a synthesis of skill, knowledge and attitudes. This framework applies in both the clinics and on the wards.

Reporter: You work professionally with patients, staff, and colleagues. You accurately gather and clearly communicate the clinical facts on your patients and use the proper terminology. You demonstrate understanding of the pathophysiology of the underlying processes in your patient. To be a reporter requires basic knowledge of what is important and includes the skill, reliability, honesty, and hard work to do it consistently. Reporters are able to completely, accurately, and reliably answer the "What?" questions about patients.

Interpreter: At a basic level, you identify and prioritize new problems as they arise. You are able to communicate a differential diagnosis and offer your ideas. Success as an interpreter is offering two or three reasonable possibilities for new problems and giving your reasons, applied to your patient. You don't always have to have the right answer. To be an interpreter requires growing knowledge, skill in selecting clinical facts, and envisioning yourself as part of the intellectual process. Interpreters answer the "Why?" questions about patients.

Manager: To be a manager requires even more knowledge, more confidence, and the skill to select among options with your own patient. A manager is proactive rather than simply reactive. Generally, your diagnostic plan should include more than one appropriate test option and your therapeutic plan should consider the merits of all reasonable therapies. Always state your own preference. You don't have to always be correct. Success for a third year student as a manager is what would be expected of an experienced 4th year student. Managers answer the "How?" questions about patients.

Educator: Ultimately, your ability to help patients means being open to new knowledge. This depends on your skill in identifying questions that can't be answered from textbooks. Are you able to cite the evidence that new therapies and tests are worthwhile? Do you take an active role in educating yourself, your colleagues, and your patients?

You must know your own patients in necessary detail and follow them as if you were totally responsible for them. Step-up and understand that your role is not a passive one. You should no longer remain a by-stander, or simply report facts. During this clerkship you must make a transition beyond reporter to some evidence of being a reasonable interpreter of clinical information. During the Internal Medicine Clerkship, student opinion is not just tolerated, it is expected.

GOALS AND OBJECTIVES

The major skill goals of the clerkship are that you become proficient in these areas on which patient management can be based:

- Obtain a complete and accurate history and physical examination.
- Obtain and communicate focused H&Ps, in daily patient follow-up on the wards, or in the outpatient setting.
- Communicate effectively in oral and written form, using electronic medical records and proper nomenclature.
- Obtain and interpret basic laboratory tests.
- Recognize and prioritize issues needing attention in the form of a detailed, prioritized, and specific problem list.
- Learn to analyze patient problems, to distinguish problems of diagnosis from those of management.
- Use medical texts and literature to understand the natural history of diseases affecting your patient.
- Use medical literature to help plan therapy that addresses the relevant pathophysiology of your patient.
- Care for complex patients on the wards or in clinic, including performing or assisting with minor procedures.
- Use electronic systems for data retrieval, data analysis, and patient care documentation.
- Organize your time efficiently to complete all patient care and clerkship course work.

Your own patients are the focus of developing these skills and your contact with them is your first priority and the center of your curriculum. Your progress will be assessed by your ability to obtain, record, analyze, and communicate clinical information.

Means to achieve the skill goals outlined above:

| New Patients (Ward or Clinic) | Current Ward Patients/Follow-up Outpatient |
|--------------------------------------|---|
| a. Work-up (seeing patient) | a. Focused assessment of on-going status |
| b. Write-Up (writing a note) | b. Procedures and follow-up |
| c. Analysis/plan | c. Daily progress notes |
| d. Case Presentations (oral) | d. Follow-up presentations |

Students on inpatient rotations are expected to work up (interview, examine and obtain basic laboratory data), write up (i.e., document this basic information), and present two or three new patients each week. This may mean working up a new patient who was admitted several days previously if several patients are admitted at one time.

In the clinics, you will usually do 2-3 or more patient evaluations per clinic, and will typically see about 10-15 follow-up patients per week, focusing on a major problem.

WRITTEN WORK-UPS

History and Physical (Data Base)

The basic H&P or "data base" includes:

- The written history
- Physical examination
- Initial pertinent lab data
- A problem List
- Statement of key questions

New patient H&Ps shall take one of two forms:

(1) A comprehensive data base including all the facts needed for total care of the patient including a complete family history, review of systems and detailed exam covering all systems, even those not obviously involved in the current presentation.

(2) A focused H&P which excludes routine data but includes all positives and negatives pertinent to the active problems.

On the wards, every week students should write one history and physical of each type on different patients. In general, one H&P per week will be reviewed by your resident and one H&P by your preceptor. Generally, the focused H&P is reviewed by your resident, and a comprehensive H&P should be reviewed by your preceptor. **In the outpatient setting, all write-ups will be focused.** You will write several patient H&Ps

each week which will be tailored to both the patient's medical problems and to the particular focus of that visit.

On the ward rotation, third year medical students will generally write their H&P using the appropriate electronic format according to the directions given at your specific site. Some sites may not use an electronic medical record. For a comprehensive H&P generally limit yourself to 3-4 pages for the basic database; however, length of your H&P will be dictated by the complexity of the patient and the instructions of the physician assigned as your preceptor.

Ambulatory clinic notes should preferably be written before the end of clinic, but **must be written within 24 hours of the clinic visit** and either entered into AHLTA or returned to the clinic attending within 24 hours or at the discretion of the clinic attending. The attending physician will review your note and make any needed changes or additions.

Try to write notes in AHLTA directly to learn how to use this system. While you may use the “drop-down menus” for note writing, this is time-consuming and may result in a nonsensical note. The “add note” function may be used also, but this circumvents some of the strengths of AHLTA and may not be allowed during residency training. We strongly suggest using a template for your note. We have created the “medicalstudentclinicalnote” template, which you can find by searching for templates in AHLTA. Other useful templates are the “AIM-FM” or the “triservice PCMH” templates developed by the Department of Defense. You may have to use the “addnote” function to put your assessment and plan into AHLTA, but **you must write an assessment and plan on all outpatient notes.**

On the ward rotation, all student progress notes will be entered into the medical record. Students notes must be reviewed, corrected, and signed each day by the intern, resident, or attending physician. Further guidance about documentation and/or training may be provided at an individual clerkship site. Ward students **MUST** write an original note each day to reflect the current status of the patient. **Students are absolutely not allowed to copy progress notes forward in the electronic record but will write a new progress note each day.** A benchmark of legitimacy for progress notes is whether they are original – students are not allowed to copy resident or intern notes and claim the result as their own work. The importance of properly integrating the electronic record into patient care cannot be overstated. The system should enhance patient care and it must not erode accountability. **Students who fail to legitimately write their own original daily progress notes have not met a basic requirement of "reporter" on their patients and therefore, have not met minimum clerkship requirements.**

As noted, ward students will enter their focused and comprehensive Medical Student H&Ps in Essentris. Third year medical students do NOT write the official H&P for inpatients—this is the intern's responsibility. Ward students should ensure that an unedited version of their H&P is reviewed by the resident and/or preceptor. Ambulatory students should write their H&P during the clinic visit but may choose to rewrite this on a word processor if they are submitting this to the preceptor for review. **(See Patient Privacy note on p. 9)**

Often times, not all of the important information is available when you first encounter a patient, or they cannot recall the details you need to know. Make every effort to obtain old notes from outside facilities, the record room, electronic medical record or specialty

clinic. When older records are obtained, relevant data should be completely reviewed and may be added to your initial admission H&P as an addendum with appropriate annotation of the date/time added.

Ordinarily, the ward H&P does not include data from the current hospital course subsequent to your receiving the patient. However, patients transferred to your team (e.g., from the ICU) may be written-up, and the write-up would include their hospital course to the point when you receive the patient.

PROBLEM LISTS

A complete, prioritized, and specific Problem List belongs with all H&Ps (both comprehensive and focused, and on clinic notes). It enumerates all active diagnoses and abnormalities that need to be addressed or otherwise noted. Include a date of onset for the problem. You should define each problem as specifically as possible based on the data presented in your work-up: ask yourself - is there adequate evidence to support each diagnosis or am I making assumptions? More important problems should be placed at the top of the list. The problem list may include:

- A specific disease or syndrome if there is evidence to support it.
- A patient's symptoms
- A physical sign
- An abnormal laboratory or radiographic test
- Previously established diagnoses
- Any recent or important surgical procedure(s)
- Drug allergies

STATEMENT OF QUESTIONS

As a way of focusing your initial ideas about your patient, we want you to make a **brief, but explicit statement** about key issues in your patient. What do you need to look-up in this patient's old records? What do you want to look-up in a textbook? For example, in a patient with diabetes who presents with azotemia and pyelonephritis, you might write:

- Data Base questions: What was this patient's serum creatinine last admission? Did he have proteinuria?
- Diagnostic questions: Does my patient have renal failure? What is the reliability of tests for diagnosing pyelonephritis?
- Therapeutic questions: How does diabetes affect the choice of antibiotics? How does high BUN affect the dose of antibiotics?

There is no "right answer" here. There are many possible questions/issues you might list, both in general (to look up in texts) or specific to your own patient. The goal is to go beyond simply gathering the data, and to start analyzing what is happening with your patients. These "Clinical Questions" are the critical first step of practicing Evidence-Based Medicine. The Statement of Questions completes the initial work-up.

Remember, on the wards, you should complete a written initial H&P (see p. 5) within 36 hours of having a patient assigned. Ensure your ward resident reviews one H&P (usually focused) per week. The resident should read your H&P for

accuracy and completeness and give you feedback. When the resident finds the information correct, he/she should co-sign the student H&P. The other (comprehensive) H&P will be submitted to your preceptor with a written analysis (explained below).

When you are in clinic, the clinic note (H&P) will be written and revised by your attending typically before the patient leaves. The Statement of Questions will not be included in the patient's record but may still be a useful way of focusing your own reading on this patient.

ANALYSIS/PLAN

Periodically, you will write a detailed Analysis/Plan to submit to your preceptor regarding a patient you have evaluated. The purpose is to practice clinical problem solving, deciding the important questions to be answered and using medical literature to resolve the problems. We want you to develop a rigorous method of critical thinking that you can apply to future patients.

An analysis and plan includes a discussion of major problems on the Problem List. The focus of the analysis should be on the primary problem - the reason for the hospital admission or clinic visit. Other problems should be discussed as they relate to or impact the diagnostic or therapeutic approach to the patient. For an "unknown" problem, or one not firmly diagnosed, the discussion includes a differential diagnosis, reasons for and against individual diagnostic considerations, your conclusions about each diagnostic possibility, and a diagnostic plan individualized to this patient. For an established or "known" diagnosis, the discussion focuses on the certainty of the diagnosis, natural history and prognosis, and a therapeutic plan. "Aspects of the Write-up" (p 10) contains helpful guidelines on expectations - discuss them with your preceptor.

Please label your plan and put it in a separate paragraph from the discussion; in general, you should put the specific items of your plan in a list.

Length:

An analysis and plan should be approximately three (3) pages of analysis and one (1) page of plan (single-spaced when done on a word processor). The analysis should not exceed four (4) pages on word processor in length; an analysis that is one page or less is unacceptable.

Every analysis **must** reference a general textbook of Medicine, such as Harrison's Textbook of Medicine® (Up To Date® is NOT a general textbook of Medicine). Textbooks, articles, and other sources must be used as you produce an original discussion about your patient. You must list your references, and provide appropriate annotations in the analysis to specific references used. While you will often find it quite easy to access electronic resources (including textbooks, journal articles, and commercial programs) to help you with your analysis and plans, **do NOT "copy and paste" materials from these resources** into your analysis and plans. Verbatim transcription from your resources, even if referenced, may not reflect sufficient progress toward independence as an Interpreter. As a result, any questions arising surrounding the independence of your academic work may be referred to the Department of Medicine Education Committee to determine your clerkship grade and/or other recommended actions. When writing the analysis and plan, do not substitute length for thought.

Purpose:

The goal of the analysis and plan is for you to read, reflect, think critically about your patients, and commit yourself to a diagnostic and treatment plan. We are interested in how you apply the knowledge you've gained from your reading to your specific patient, as well as your own reflections about what you learned from the patient and how you would apply these "lessons learned" to the care of future patients . The analysis and plan should never simply be textbook paraphrase of a problem, but should demonstrate how you integrate what you have read into what you think and how it helps you understand the care of a complex patient.

Whether on the ward or in the clinic, each student must submit a complete write-up (data base plus analysis/plan - see pages 5-13) to his or her preceptor in the second, third, fourth, and fifth weeks of each six-week rotation (a total of four write-ups for each six-week rotation). Students who do fail to do this have not met curricular requirements and will not receive a passing grade for the clerkship.

Patient Privacy: Written H&Ps that are submitted for educational purposes usually contain a patient's private health information that must be removed to protect patient confidentiality.

HIPAA IDENTIFIERS THAT MUST BE REMOVED

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census;
 - a. The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
 - b. The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone Numbers;
5. Fax Numbers;
6. Electronic Mail Addresses;
7. Social Security Numbers; Medical Record Numbers; Health Plan Beneficiary Numbers; Account Numbers; Certificate/License Numbers;
12. Vehicle Identifiers and Serial Numbers, including License Plate Numbers;
13. Device Identifiers and Serial Numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) Address Numbers;
16. Biometric Identifiers, including Finger and Voice Prints
17. Full Face Photographic Images and any Comparable Images; and
18. Any other unique identifying number, characteristic, or code.

ASPECTS OF THE WRITE-UP FOR THE MEDICINE CLERKSHIP

Virtues -- accuracy; completeness; conciseness.

HISTORY AND PHYSICAL (e.g., the DATA BASE): (what is listed applies to a "comprehensive" H&P. Ambulatory students may need to use prior notes in the electronic medical record to achieve the necessary detail for the write-ups for their Preceptor).

CHIEF COMPLAINT

- Should contain: name, age, sex; source or referral of admission; specific reason for admission or clinic visit; patient's chief complaint
- Should be concise

HISTORY OF PRESENT ILLNESS

- Flow, continuity, sequence, chronology
- Focus on issues relevant to chief complaint
- Include relevant review of systems

Description

- Symptomatology, amount and precision of detail, quantification as appropriate
- Detail for previously made diagnoses; supporting data to establish diagnosis; prior and/or current therapy; response to therapy; review of prior patient records

Differentiation

- Pertinent positives and negatives that refine differential diagnosis

Context

- Patient's Past Hx, problems that are background necessary to understand present problem
- Patient's expectations from admission or clinic visit
- For active duty patients, their responsibilities and impact of illness on military specific issues, must be recorded

PAST MEDICAL HISTORY

- Include supporting data, further detail, and current therapy (do not simply list the problems)

PAST SURGICAL HISTORY

MEDICATIONS (details—dose, route, frequency, compliance)

ALLERGIES (and manifestations)

SOCIAL HISTORY/FAMILY HISTORY/PERSONAL INFORMATION

- Patient's current activity/employment, relevant work/occupational exposure, Military history
- Family situation/responsibilities
- Family history
- Personal habits: tobacco, alcohol, etc.
- Health Maintenance (may be in Review of Systems)*

REVIEW OF SYSTEMS

- Completeness, breadth, all systems probed; Sufficient routine data* (refer to your ICM-3 notes)
- Extra detail in positive systems (a mini HPI)
- ROS questions relevant to the HPI should be included in the HPI and not repeated in this section.

PHYSICAL EXAM

- Completeness, all regions/systems probed*
- Precision of detail, description, quantification
- Focus directed by history: more detail, pertinent negatives in positive systems

INITIAL LAB

- Labs indicated by H&P must be recorded (EKG should be interpreted as well)
- Detail (including pertinent negatives)
- Routine negative data may be omitted from written data base in "focused" H&P, whether on the wards or in clinic.

PROBLEM LIST

- Completeness: all abnormalities from data base are encompassed
- Prioritization given to important problems
- Duration of problem/diagnosis given (when known)
- Degree of resolution as specific as justifiable by data base (e.g., "anemia" vs. "microcytic anemia"; "chest pain" vs. "angina")
- "Lumps" or "splints" as appropriate

STATEMENT OF QUESTIONS - Provide a simple sentence summary of the patient

- List your initial thoughts on what you need to find out to help you make decisions in this patient's care - things to go back to the

bedside to check, or in old records, or to look-up in a text or the library

- Data Base Questions
- Diagnostic Questions
- Therapeutic Questions

ANALYSIS/PLAN (for the write-ups turned in to the Preceptor)

- Statement of the problem(s): is it (are they) diagnostic or therapeutic issues?
- For "unknowns" discuss differential diagnosis: apply differential to patient at hand; discuss use of tests in this patient
- For established diagnoses ("knowns") review: why diagnosis can be accepted in this -patient; principles of management/therapy (including alternatives) in this patient
- Provide a diagnostic plan and therapeutic plan specific to the patient at hand
- Length should **not exceed** four type-written pages

LEVEL OF ANALYSIS/SYNTHESIS

Basic Level of Performance

- Deals with major items on Problem List

Higher Level of Performance

- Interrelates other items on Problem List with major issues
- Integrates biologic considerations with patient's personal situation (including military readiness, age, gender) and preferences
- Discusses the impact of this illness on readiness?
- Cites evidence from literature supporting plan recommended
- Applies principles of Practice Based Learning: What did you learn from the care of this patient that will help you with future patients?

LEVEL OF SCHOLARSHIP

Basic Level of Performance

- Shows clear understanding of basic textbook material (list sources)

Higher Levels of Performance

- Uses subspecialty texts/review articles (citing references)
- Applies primary literature to case
- Uses journals critically (aware of limits or controversies)

OVERALL CONSIDERATIONS

- Promptness/Completeness (one write-up per week in weeks 2, 3, 4, and 5)
- Legibility and accurate spelling (required)
- Clarity; use of punctuation, standard abbreviations, paragraphs to aid communication
- Conciseness, brevity/detail in proportion to importance
- Avoidance of unnecessary repetition
- Flexibility: no one outline applies to all cases

Timing is extremely important. You must learn to identify key issues in each patient's care within 24 hours; hence, the requirement for the H&P to be completed quickly. You must read on your patients' problems while they are being actively managed. In the clinic, an attending may occasionally write the note personally, allowing you 24-48 hours to read prior to submitting a note. You should not defer your reading until a "long weekend" or until "the day before" some examination (as was possible in the pre-clinical years). The requirement to hand your write-ups to the preceptor within one week will promote good pacing of your study. The preceptors are aware of the time frame and will be able to help you develop reasonable expectations. We understand that significant unforeseen circumstances (e.g., illness, family emergencies) may impact on your ability to submit a write-up on time. Nevertheless, it is your responsibility to keep us informed of such matters. **Any delays in submitting your write-ups must be approved by your Preceptor and on site clerkship director.**

We place great emphasis on the written record. Patients are seen in many different clinics, in many different hospitals over a span of years. Care of your patients in the future may well depend on your ability to express yourself **legibly, with precision and accuracy** in their charts. Furthermore, in the large university teaching hospital, many others will depend on your H&P and daily progress notes. Illegible, misspelled, or otherwise careless work may impair patient care and is not acceptable.

DAILY PATIENT ASSESSMENT - (Progressing through RIM/E)

To develop independence in clinical thinking, you should assess your own patients each day before work rounds while on the wards, and prepare before clinics while on ambulatory. You will be expected to report important findings (history, physical, lab and so forth) related to their active problems. **Accurate daily reporting is a basic level of performance expected in the clerkship.** Additionally, you should offer your own opinion about the significance of what you find. All students should be making a transition from merely reporting to interpreting during the clerkship. Offering several possible (and reasonable) explanations of new findings - as opposed to the "one right answer" - is appropriate.

Consistency in offering reasonable interpretations is one criterion for High Pass performance in the clerkship (whether on morning rounds, in clinic, or as test results become available). Proceeding from interpretation to offering reasonable management suggestions is a final step in assessment. This is not required; for third year students, consistency in this area would be one criterion for Honors performance.

PROGRESS NOTES

Under the direction of housestaff and faculty, you are responsible for writing progress notes and clinic notes on your own patients. They are similar to your daily assessment but incorporate the thinking of the team or clinic attending in addition to your own. Each active item on the problem list should be addressed. If a note will contain potentially controversial information, it should be discussed first with the intern, resident, or attending. The notes of the student **must be co-signed** by the intern, resident, or staff physician. The student should enter all minor procedures performed by the student and all critical laboratory data in the progress notes. Progress notes must reflect the interval status of a patient (even if no new developments); progress notes reflect progress. As stated above, progress notes must be written daily and must be original. **It is against clerkship policy for students to use the “Copy Note” function on CIS.**

Progress notes should follow the SOAP note format and include:

- Current findings relevant to each problem (history/symptoms, physical exam, lab data) (S & O);
- Assessment (do not simply restate the problem; interpret the situation);
- Plan (based on the assessment).

OTHER WRITTEN FORMATS

Communication skills are essential to a physician. In addition to H&Ps and progress notes, there are a variety of formats you will learn in the clinical years. Several of these are the responsibility of the third year student.

SUMMARY OF WRITTEN FORMATS IN MEDICAL RECORD

3 = Written by MS-III's and by MS-IV

4 = Written by Subinterns

1. ADMISSION NOTE (for inpatients) [3,4]

A. Other terms: H&P

a. Contains: History (HPI and contextual information), Physical and Lab available on admission

b. Purpose: To document admitting information and focus clinical thinking

B. Varieties

a. RAN - Resident Admission Note: Most of the essential findings with a thoughtful analysis and plan and rationale

b. Intern Admission Note: All the facts with a bottom line set of orders. (Usually written on official H&P form)

c. Student H&P: "Comprehensive": Listing of everything. "Focused": All that's pertinent (even if negative)

2. TRANSFER and OFF SERVICE NOTES [3,4]

A. Contains summary of admitting data plus hospital course to date and active plans

B. Purpose: to help the next intern or team caring for the patient.

3. ACCEPTANCE NOTE and ON-SERVICE NOTE [4]

A. Contains a summary of hospital course to the point of acceptance of responsibility for the patient and findings on the day of acceptance.

B. Purpose: to focus facts, thinking and begin planning for discharge

4. DISCHARGE NOTES (ALSO CALLED NARRATIVE SUMMARIES) [3,4]

A. Detailed summary with hospital course, labwork, problem list and current therapy/meds, pending lab/plan and disposition designed to help subsequent physicians care for the patient. This is often a group effort of the inpatient team.

B. A copy is handed to the patient.

5. PROGRESS NOTE (Inpatient) and CLINIC NOTE (Outpatient) [3,4]

A. Written in the SOAP format, this updates the patient's care (History, PE, relevant Lab) and documents team (or ambulatory attending) interpretation of data and plans.

B. Purpose: Updating record; alerting others to change in patient status

6. PROCEDURE NOTE/OPERATIVE NOTE [3,4]

A. Name of procedure; indication for procedure; consent; time out; operators (including attending); technique used; findings; complications; OP note has estimated blood loss.

B. Operative Summary; dictated, for permanent record.

a. Purpose: to document procedure for record and provide facts for cross coverage team

7. CONSULT REQUESTS [3,4]

A. MUST define the specific question to be answered by consultant, or request a specific procedure.

8. CONSULTATION NOTES [4]

A. MUST answer the question asked by the requesting team. Document key findings in area of interest and offer a specific set of diagnostic and/or therapeutic recommendations.

ORDERS

Third year clerks do NOT have the responsibility for writing orders. Under certain circumstances students may be given the opportunity to write orders. In this case, the student transcribes the wishes of the doctor. This requires immediate co-signature. Students may not give verbal orders. Order writing is **NOT** an appropriate place for student independence. Students who enter orders must do so in the presence of a physician who can immediately review, edit, and cosign the order(s).

ORAL PRESENTATIONS

You will be asked to present patients you have seen. A goal of the clerkship is that you learn to present a concise, relevant history on a new patient. This kind of presentation should take five minutes and be done with limited notes. You should be able to present a follow-up on a previously presented inpatient in two or three minutes without notes. The oral case summary is a skill which you will need throughout your career. Your ability to present quickly means that more time is available for discussion with the attending physician. You will be evaluated on this public communication skill, one element of your reporting skills.

Practice your formal presentations. Thoughtful preparation and practicing what you want to say will help you deliver more effective presentations. Don't try to decide what to include or leave out as you present to the attending. Make that decision in advance as you look over your written H&P. As a rule of thumb include almost all of your History of Present Illness but no more than a third of the PMH/ROS/Exam/Lab in a comprehensive work-up. After you finish, you might consider asking "Do you have any questions for me about the H&P?" Presentations on preceptor rounds may have a different purpose: to stimulate a discussion of differential diagnosis and pathophysiology. Your preceptor can help you learn the different formats and offer guidance about expectations.

PROCEDURES AND "SCUT WORK"

Management of ward patients requires skill in simple procedures, scheduling tests and tracking lab results. This is an important part of your daily routine and will prepare you for being a house officer. On both the ward and ambulatory rotations, you can learn basic bedside techniques and skills: phlebotomy, placing intravenous lines and so forth. Develop confidence in these basic procedural skills so that patient discomfort is minimized.

Learn more than the manual skill; learn the reason for each procedure and the scientific rationale. When informed with understanding and performed with care and compassion, the motions of "scut work" become the actions of a physician.

PRECEPTOR MEETINGS

Students work with a preceptor during each six-week rotation, on both the inpatient or ambulatory rotation. A preceptor is a faculty member (usually an attending physician although fellows may occasionally serve as preceptors) who is designated to serve as a primary teacher (or teaching attending physician) for the entire six weeks. The preceptor meetings are typically held two days each week for approximately 2 hours each meeting.

Depending on the clerkship site, there will be 2-5 students in each preceptor group, and ward and ambulatory students may share the same preceptor. Your preceptor may have the most significant continuity with you during each six weeks.

The goal of the preceptor sessions is to help students become detailed, critical thinkers - to make the transition from Reporter to Interpreter or beyond. This will be accomplished through detailed case-based discussions of the patients you have been following, prepared talks on common and serious medical problems, bedside interaction with patients, observation of history and physical examination skills, and review of your written H&Ps and analyses as detailed previously. The preceptor is assigned only to the third year medical students and has no teaching responsibilities for the housestaff. As such, preceptor rounds should be a time for you to discuss aspects of patient care you find interesting or confusing, or to simply devote time to a detailed discussion of these problems - something that may not be possible with your ward team or ambulatory attendings.

The Preceptor meetings are MANDATORY, and take precedence over all other activities, including patient care. **Any absences from Preceptor meetings must be approved in advance by the Preceptor and the onsite clerkship director.** For ward students, some Preceptor meetings may be scheduled on post-call days. We try to minimize this, but because of complexity of scheduling and other demands on preceptors' time, post-call preceptor rounds may not be completely avoidable. Because call schedules vary across the inpatient sites, the onsite clerkship director will provide specific guidance about activities and responsibilities for overnight call on the day preceding such Preceptor meetings.

TRACKING PROBLEMS ENCOUNTERED

Students must document all patient encounters, including the age, gender and problems for every patient, your role with the patient and the setting in which they were evaluated. The clerkship will continue to use cWeblog <http://cweblog.usuhs.mil> to document these encounters, though we may begin using E*Value later in the academic year. If you have problems with cWeblog or E*Value, speak with your onsite Clerkship Director. You should record patients for whom you were directly involved in their care and patients that were teaching cases. This includes patients discussed on ward team/attending rounds, preceptor rounds, and morning report cases.

JUNIOR MEDICINE SEMINARS: INTERPRETING LAB TESTS

These are given at all sites, covering the same 12 topics. **ATTENDANCE IS MANDATORY.** Seminars are focused on the use of laboratory tests, EKG's, and imaging in the interpretation of common illnesses. The Junior Seminar is intended to help you get the basics and to make a transition from reporting to interpreting lab data. Military relevant issues will be included. Sessions are given over the three months of the clerkship. In addition, each clerkship hospital also has its own conferences for students and housestaff.

DIRECT OBSERVATION OF CLINICAL SKILLS

All students are required to be observed interviewing or examining patients. Students must return at least three completed Direct Observation of Examination Skills cards; i.e.,

DOES cards, to their site director before departing the site (usually during the final feedback session). Any faculty may complete the cards – interns, residents, ward attendings, ambulatory attendings, or preceptors may complete the cards after observing you interact with a patient. Note that your teachers may observe part of the history, physical, or counseling a patient. Observation of a **complete** H&P is time consuming and not required. The DOES cards will be distributed to you at your site orientation. Completed cards will be included in your final evaluation package, but will not be included as part of your narrative grade. As this is required, students not returning at least three DOES cards during each six-week rotation will have their performance reviewed at the Department of Medicine Education Committee meeting (see below).

READING

There is no explicit, prescribed textbook reading. You should have a copy of Harrison's Principles of Internal Medicine, which was given to you during ICM-3. Topics for your reading will be determined by the problems presented in your own assigned patients. As you encounter them, read in a major textbook on the common/serious major "unknowns": chest pain, shortness of breath, syncope, fever, weight loss, GI bleeding, etc. Try also to read on the major, common/serious syndromes: heart failure, renal failure, hepatic failure, etc. Patients presented by other students should prompt reading in basic textbooks in areas that you recognize as common and serious.

There has been an explosion of medical education resources on the internet. While Up To Date® is ubiquitous, be aware that it is not complete, not always accurate, and often not peer-reviewed. Online resources that we recommend include the current practice guidelines published by the American College of Physicians (http://www.acponline.org/clinical_information/guidelines/current/), National Comprehensive Cancer Network (http://www.nccn.org/professionals/physician_gls/f_guidelines.asp), and American College of Cardiology (<http://www.cardiosource.com/guidelines/index.asp>).

OVERNIGHT CALL

The overnight period can be a time of high activity within the hospital. Opportunities exist for students to see common inpatient complaints on the medicine wards through "cross covering" admitted patients. The overnight period is also a time of minimal staffing when patients admitted to the wards can be evaluated by students first hand in the emergency department or upon arrival to the wards. Being one of the first health care providers to see the patient during an admission can enhance a sense of patient ownership and allow students to know more about their patients and their presentation.

During the inpatient portion of the internal medicine clerkship, **you are required to participate in 3 overnight call periods.** The timing, design, and execution of the overnight call period will be left to the discretion of each onsite clerkship director within the parameters outlined below. With different residency program formats, this may involve working with your own ward team, a portion of it, or within a night float system. You should work overnight when admissions will be assigned to your ward team. Continuous period in the hospital will not exceed 24 hours. Onsite clerkship directors may allow you to report to the hospital later in the day (for instance, around noon time) before your overnight call period to maximize the benefit of the 24 hour period.

Overnight call periods should be timed so that you are not fatigued post-call for academic activities like preceptor rounds or junior medicine seminars.

Objectives of Overnight Call

1. **Cross Coverage:** You will participate in the evaluation and treatment of admitted patients with new onset of common inpatient complaints. This may include the evaluation of fever, pain, dyspnea, insomnia, delirium or other inpatient complaints occurring at night. You should go to the bedside to assist with the evaluation and development of a treatment plan with house staff.
2. **Admissions:** You will participate in the evaluation and admission of patients to the hospital in the overnight period. This will involve initial evaluation of the patient from the timing of notification of admission. An initial history and physical will be performed and an evaluation and treatment plan developed. You should become aware of limitations that abound during the overnight period (lack of ancillary testing and staffing that are present during daytime admissions).

Use the Overnight Activity sheet given to you at clerkship orientation to track the patient problems you encounter overnight. Complete one form for each overnight period, ask the house staff who supervise you counter-sign it. Submit three Overnight Activity sheets to your site director at the end of the 6 week inpatient rotation. If you do not submit three Overnight Activity sheets to your inpatient site director, your evaluation package may be reviewed by the Department of Medicine Education Committee (DOMEK – see below)

THE AMBULATORY ROTATION

The internal medicine ambulatory rotation is designed to provide students with a critical opportunity to develop academic and clinical skills in an outpatient setting. Many of the student requirements and expectations are similar to the inpatient setting, but there are differences that merit attention to ensure that this is a fulfilling clerkship for you.

ORGANIZATION

All clerkship sites have the same basic clerkship structure, but each offers features unique to its own particular patient and provider practice.

The weekly schedule is divided into morning and afternoon clinics, with ample time outside of the hospital for independent study. There are never more than 6 scheduled clinics per week, but you may choose to spend unscheduled time observing and/or participating in a procedure or specific conference or journal club. Each clinic will designate a fellow or staff attending to whom you are primarily responsible; if clinics are busy this may be a shared responsibility.

Your weekly schedule may include all general medicine clinics, a mixture of general medicine and subspecialty clinics, or a concentration of one or two specialty clinics rotating weekly with each other. Some sites may include adolescent medicine, neurology, radiation oncology or dermatology; some have clinics that may be more procedurally oriented (GI and Cardiology) as part of the clinic experiences. This is

dependent upon the site and the available faculty and requires a healthy sense of flexibility from both the student and the staff. Remember that the **process of learning** - thinking analytically and critically about patient evaluation - is not dependent upon what specialty clinics you have, but rather on the basic skills inherent to all physicians.

There are very few mandatory activities but they are critical - attendance at scheduled clinics, preceptor sessions, and Junior Medicine Seminars are the most important. Junior Medicine Seminars are not optional and clinics will be appropriately scheduled to allow you to attend these. Student attendance and participation in morning report or specialty conferences is encouraged.

GOALS AND EXPECTATIONS

You are expected to be one of the principal caregivers in clinic, with the focus ranging from a complete patient evaluation to discrete specific problem identification. There are three critical elements for success in ambulatory clinics: Prepare, Focus, and Follow-up.

Prepare: Review a patient's AHLTA record and read about the active problems before coming to clinic. This can be accomplished by checking with the staff attending, reviewing AHLTA or checking with scheduling clerks in the clinic on the day(s) prior to your patient's scheduled appointment. Clinics may be able to provide you with a detailed record about the patient or simply may have a consultation sheet; AHLTA and CHCS can provide much information about active diagnoses, medications, laboratory and radiology studies. If there is no patient information available, prepare by reading about problems unique to that particular specialty. Preparation is crucial to your success not only in Reporting but also in helping you move toward Interpreting.

Focus: Focus on the agenda for each clinic patient. The agenda can be formed by combining the patient's concerns, your attending's priorities, and information you gathered while preparing for clinic. Play an active role in the patient's care by gathering relevant data (and by not gathering irrelevant data) and developing a problem list with differential diagnosis. Organize the data into a succinct oral presentation. Write an organized, complete but focused note. In concert with your attending, you will construct a diagnostic and/or therapeutic management plan to discuss with the patient. Time with patients in the clinic setting is often limited, and focus is essential for you to learn efficiency. Good focus requires knowledge of the disease processes, skill in communicating with patients, and confidence to know what to include and what to leave out.

Follow-up includes retrieval of ordered labs and consults. Follow-up also includes patient contact to gather further information, educate your patient or review progress of a medical problem. It also involves your own educational follow-up, pursuing literature and consultative sources to answer questions raised in your patient evaluation. It may require finishing an assessment and plan for the staff attending or preceptor, preparing a small talk, or educating another student. Success as a reasonable interpreter and/or manager often depends on what you do **after** the clinic session.

In order to allow sufficient time for you to independently evaluate and then research the problems of the patients you see, clinic schedules are deliberately tailored to your

needs. Time is set aside in your schedule to allow you to prepare and follow-up from clinics. Ask your clinic attending to define your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. She/He should help you set reasonable time constraints to allow thorough (yet efficient) patient evaluation and problem identification. Each clinic will have a slightly different format and emphasis, but all are centered on student learning. If you find that you are not actively participating in patient evaluation and management, please let your on-site clerkship director know. **Shadowing your attending physician is not sufficient!**

Teaching techniques are designed to facilitate more direct patient interaction and self-directed learning. The emphasis will be on using the "teachable moment"; i.e., the key point about this patient's presentation upon which you should focus your study **on your own time**. Structured discussions or presentations will often be scheduled at a time distinct from patient clinic time; completion of a patient's work-up or assessment may involve returning to your attending the following day or the next clinic.

"OUT" VS "IN" PATIENT ROTATIONS

There are some distinct differences between the ambulatory and the ward medicine rotation. What are not different are the clerkship goals and expectations! Emphasis on knowledge, skills and professional behavior (attitudes) is consistent regardless of the site or setting. Students must begin to make the transition from "reporter" to "interpreter" during this clerkship.

There are obvious differences on the ambulatory rotation: there is minimal (if any) call and required responsibilities are rare on weekends or holidays; the hours are more predictable - a typical day is structured from 0700-1700.

The subtle differences may not be apparent initially, but often tend to cause most of the uncertainty and anxiety with the ambulatory clerkship. There is no team (i.e., resident, intern or student colleagues), so students often feel without a home, particularly early in the academic year. There may be a sense of simply moving from clinic to clinic with preceptor sessions the only opportunity to work as a group. Most sites have tried to remedy this by trying to assign the same attending in consecutive clinics or by assigning students to medical home "teams".

Working exclusively with senior and skilled staff physicians can be both intimidating and exhausting. There is very little down time in the clinic, with both patients and staff expecting you to be actively thinking all the time. Although the hours are shorter and the clinic schedule seems light at the beginning, most students are exhausted at the end of the day and never feel they can gain control of the knowledge they need - there is always another patient with a new problem. We have worked very hard to accommodate the clinic load to your level of learning, and have picked faculty eager to teach and receptive to mistakes.

Although time demands in the ambulatory setting are more predictable, there are more patients to see. On the ward, you take care of 2-3 patients at a time (sometimes less) - in the clinic, you see 15-20 patients in a week (an average of 2-4 patients/half-day clinic). Your exposure to varied and complex medical problems can lead to a sense of being overwhelmed at times. The constraints of a 20-30 minute appointment seem to make it impossible to gather the necessary data to make an assessment or formulate a

plan. This is why faculty tries to focus your learning to specific areas and why we deliberately allow more time for reading, preparation, and follow-up.

The ambulatory setting is an exciting place to learn and work. The tools you use to gather and synthesize patient information and plan management may need to be refined or adapted to concerns such as time, distance and the psychosocial concerns of the patient. We hope you will find the ambulatory setting to be a rewarding educational experience.

FIRST ROTATION ACADEMIC EXERCISE

During the first six week rotation, in addition to the four write-ups submitted to your preceptor, each student is required to complete one other academic exercise and submit a completion document to their preceptor. There are several options for this exercise, including:

- a. Online Internal Medicine Case Completion
- b. Humanities and Professionalism Project
- c. Additional Write-Up

During your first week on the clerkship, go to the clerkship website (<http://www.usuhs.mil/med/clerkship/index.html>) and follow the link in the left hand column entitled First Block Academic Exercise. Read the summary sections about the options available and choose one. Complete the exercise and submit the completion document, which varies by your chosen option, to your preceptor during week 6 of block 1. If you have questions, contact your onsite clerkship director.

THE GERIATRICS HOME VISIT

All students in the internal medicine clerkship are **required to complete one home visit** with a geriatric patient during the 12 weeks of the clerkship. This home visit will result in a structured semi-reflective paper that takes the place of one of your required clerkship papers. You will also discuss your home visit in your precepting group and with your ward or outpatient clinic attending. We strongly encourage you to complete the visit during your first six weeks on the medicine clerkship; i.e., during blocks 1, 3, 5, or 7. The paper will be submitted to your preceptor **during the second six weeks** on the medicine clerkship. **To document completion, submit a copy of your paper to your onsite clerkship director** during your second six weeks on the clerkship; i.e., at checkout from blocks 2, 4, 6, or 8.

Goals: This exercise is intended to accomplish several goals. (1) You will learn and practice geriatric assessment techniques by interacting with a geriatric patient for a longer period of time than in the clinic and in a different setting than the hospital. (2) You will continue to develop an appreciation of health care in the context of the patient's life. (3) You will gain a better perspective on chronic diseases. (4) You may be able to discuss end of life issues with a patient that you know. (5) You will gain better insight into the physician-patient relationship.

Process: First, you will identify one geriatric patient from your ward team in the hospital (or in your outpatient clinical practice) during your first two weeks. The ideal patient is

one in the geriatric age range (\geq age 65) who would benefit from a home visit, according to your attending, resident, or yourself. However, the patient could be under age 65 but have an issue that is common to a geriatric population; for example, a 50 year old patient who had a stroke and is at risk for falls at home would be an appropriate patient to visit. This must be a patient that you have evaluated at some point. Examples of patients appropriate for a home visit would be a patient with a history of falling, a patient who seems to not be taking his/her medications regularly, a patient with a terminal illness near the end of life, or a patient who requires home health care or attention from a spouse. You are not limited to choosing patients meeting these criteria - **the choice of patient is determined by you** in consultation with your ward team or clinic attending. We will not supply a patient for you – your independent selection of one of your patients for the home visit is an essential part of this project. If the patient you wish to visit is cognitively impaired, discuss the home visit with the patient's spouse or primary caregiver.

Second, you will complete the geriatrics overview module on this website: <http://www.usuhs.mil/med/geriatrics/> and at least two to three other modules applicable to your patient. Please let us know whether you have difficulty accessing the website. This student guide is available both in your handbook and on the website.

Third, you will visit your patient **with a partner** during weeks 3-4 of the clerkship block. This visit could occur in the context of a visit to a nursing home, rehabilitation facility or as a home visit. Your partner will usually be another student, but may be a visiting nurse, a physician on your team, or when the visit is in the context of a nursing home or rehabilitation facility, the staff of the facility. If visiting your patient with another student, **both of you will be excused** from other clerkship activities for up to one half day to complete the visit (although hopefully you can arrange times that won't conflict with required activities). If you have difficulty identifying a suitable patient, or if you have concerns about arranging transportation, please contact your site director for assistance. If you are uncertain of the safety of your patient's neighborhood or home situation, speak to your site director, who can assist you with this.

You are not providing care for the patient. You are there to learn from the patient, who is serving as your teacher. If the patient raises questions about his/her health care, do not give advice, but refer the patient to his/her provider. Backup assistance can be obtained from the patient's primary provider, your ward team, and/or your site director. If you encounter an emergent situation, contact local emergency services (911).

Fourth, you will complete the **Geriatrics Home Visit Write-Up**. A guide to this writeup may also be found on the Geriatrics Home Visit webpage (<http://www.usuhs.mil/med/geriatrics/>). You may choose to visit a patient about whom you have already written another paper. While students usually accompany each other to the home visits, **you must write up your own patient and not your colleague's patient**. We anticipate that the entire process of the Geriatrics Home Visit will take about the same amount of time as a preceptor write up (4-6 pages, 6-8 hours of work).

There are three required elements to the Write-up.

1. The home visit must be with a patient you have already met in clinic or on the wards; i.e., it must be a **continuity experience**.

2. You must perform at least one **Geriatric Assessment** and describe it in your paper.
3. The visit must be **in the patient's living situation**; i.e., home, nursing home, rehab facility, and so forth.

All three must be present for the write-up to be satisfactory. A student not completing the Geriatrics Home Visit, or receiving a less than passing grade on the Geriatrics Home Visit write-up must receive a grade of less than pass from the preceptor. That student's clerkship performance will be reviewed at the next Department of Medicine Educational Committee meeting (see below).

"WHAT DO YOU NEED TO KNOW?"

Use this format to quickly self-assess your knowledge of important, common issues for your patients. This can improve your understanding about what is going on with your patients and will allow you to be a better advocate on their behalf. You will also have done much of the reading for your written analyses for the Preceptor; you will also learn to separate important from less important information.

"WHAT DO YOU NEED TO KNOW?" - ABOUT A DISEASE OR SYNDROME

I. DEFINITION

- Can you explain to another what the label means? What it includes/excludes?
- Diagnosis: Complete diagnosis, classification (Is there a further classification or "staging"?) How is the diagnosis made?
- Pathophysiology (NON-NEGOTIABLE information, you must know this).

II. CLINICAL PICTURE

- Symptoms, Signs, Lab (How does each reflect pathophysiology?)
- Who is at risk for this disease? How common is it? Can it be prevented?
- How do age, gender, race, ethnicity, affect prevalence and presentation?
- Differential Diagnosis (What else can look like this?)
- Natural history (What happens, if you do nothing, in most patients?)
- Complications (What's the worst, in how many patients?)
- Effect on deployability.

III. TREATMENT (Also see "About a Specific Therapy" below)

- Options for treatment: (Does treatment alter the pathophysiology? Mechanisms)
- Treated history - Is there a standard therapy? How good is it compared to natural history? What should be followed?
- Safety (How "bad" is therapy, risk, costs and pitfalls?); alternate therapies?

"WHAT DO YOU NEED TO KNOW?" - ABOUT A SPECIFIC THERAPY

1. How does it work? (affecting the anatomy or physiology; if a drug, pharmacology; what are the indications?)
2. How good is it? (efficacy - short term, long term - are there relapses? how good is the evidence?)
3. How bad is it? (risks, side effects, costs; contra-indications); alternatives?

"WHAT DO YOU NEED TO KNOW?" - ABOUT A TEST (Again, there are three things)

- How does it work? (How does it address the physiology or anatomy? How will we use the result?)
- How good is it? (sensitivity, specificity, reproducibility; predictive value)
- How bad is it? (risk of the procedure, costs, financial and otherwise)
- What are the alternatives?

"Professionalism is a promise of duty, and a promise of expertise."

EDMUND D. PELLEGRINO, MD, Professor Emeritus of
Medicine and Medical Ethics, Georgetown University
Medical School

"Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health."

Medical Professionalism in the New Millennium: A Physician Charter
American Board of Internal Medicine

As a physician in training, your requirements for professionalism overlap those of physicians but are expanded and emphasized somewhat differently. Further, as military officers, a high standard is expected. The following section outlines some areas of professionalism that we emphasize during the internal medicine clerkship.

Pay Attention to Time and Attendance

Students are expected to be on time or early for all clerkship activities, including ambulatory clinics, rounds, seminars, preceptor meetings, and junior medicine seminars. Complete your inpatient histories and physical examinations in the electronic medical record within thirty-six hours of admission of the patient. Submit your complete write-up, including formulation (analysis/plan), on time as prescribed by your preceptor. Submitting write-ups late, or several at one time, is unacceptable and will lead to a less than passing grade assignment. Prompt completion of written work is a passing criterion in the clerkship. Likewise, persistent tardiness or absence from seminars, clinics and work rounds is unacceptable behavior.

Ward students are expected to be in the hospital daily, including weekends, on a schedule similar to the house staff. When you are on call you may be expected to remain in the hospital overnight accepting new admissions and participating in assessment and management of patients (see overnight call policy, page XX). Days off will vary from team to team and should be established with your resident and interns during the first few days of the rotation. You should plan to remain in the hospital on weekdays and weekends until your team's work has been completed and responsibility for your patients has been transferred to the team on call.

Do not assume that requests for time off will be granted. The attendance policy is outlined on page 28 of this handbook. We know personal and family crises arise from time to time, and we are very flexible in meeting your needs for personal time if you keep all of your supervisors informed.

Do your own work

The honesty of the medical record is an absolute expectation for medical professionals. You must never knowingly offer false information on a patient, be it in verbal or written format. Any dishonesty in recording or reporting patient information, such as writing or copying patient notes without actually having seen or examined the patient, or copying

another's work and claiming it as your own, represents a failure in a core competency. Plagiarism is not permissible in either the medical record or in your write-ups.

Accept external scrutiny

It is the duty of your teachers to watch all aspects of your academic and professional behavior and to provide feedback to you so that you can improve. While the vast majority of the feedback will be positive, corrective feedback is essential to your growth as a student. Reflect on feedback and use the information to grow into your role as a physician. An argumentative, angry reaction to feedback from any of your teachers reflects immaturity, is inappropriate and does not facilitate your growth. If there are true interpersonal conflicts, bring these to your onsite clerkship director for resolution.

Work hard and be respectful

As a physician-in-training, take your work seriously! Your education is largely in your own hands, guided by your faculty and housestaff. We expect you to be attentive during presentations and while rounding on patients other than your own. We realize that most students will not pursue a career in internal medicine; however, your education and your patients require your full engagement in the clerkship and your best effort at all times. Disdainful commentary regarding patients, internal medicine, facilities, teachers or colleagues is not only petty, but also reflects poorly on your character.

Exhibit Poise, Compassion and Grace

The importance of a positive outlook, poise, and compassion in dealing with patients, colleagues and staff cannot be overstated. Care of the inpatient on the wards (and to a lesser extent the outpatient in clinic) is a team sport – be a contributing, collegial and cooperative member of that team. When communication with the patient becomes difficult, remember that the patient is sick, not you. Cooperation, diplomacy, and the ability to look to the good in others will achieve more than hostile and cynical comments. With a positive attitude and a high level of enthusiasm, complemented by integrity, honesty, and compassion, you will be rewarded with greater respect from both your colleagues and your patients.

ATTENDANCE

The Department of Medicine policy regarding student absences during third year clerkships and fourth year electives and subinternships is based on the concept that a physician cannot fulfill responsibilities toward patients and members of the team and for his/her own education without spending full days in the hospital and/or clinic.

1. When ill, students should call-in sick on a daily basis; students must contact the onsite clerkship director (usually through contacting the clerkship administrator AND appropriate housestaff or the day's clinic attending). If students are away for more than 48 hours because of sickness, they must be seen either at the Student Health Service or by an appropriate physician at the hospital in which they are rotating.

2. Informing the housestaff of absence because of any reason (including illness) is necessary but not sufficient. Students missing a duty day **MUST** contact their clerkship site director's office. Contact phone numbers and email addresses may be found on the following pages.

3. The Department of Medicine will consider allowing a student to be away from a clerkship, elective, or subinternship for **important personal reasons** on a case-by-case basis. Questions about any absences should be referred to the On-site Clerkship Director, who will then discuss this with the Clerkship Director. The Clerkship Director, on behalf of the Department Chairman, is the final authority for granting excused absences from the clerkship. **Students should not presume they may be excused from clerkship duties** without first asking permission.

4. For a prolonged absence (defined as one week or longer) for any reason, the Department of Medicine Education Committee (DOMECE) will review a student's record to determine the student's grade (such as whether a grade of Incomplete is warranted) and how any non-Passing grade should be resolved.

5. Failure to be in the hospital and/or clinic at the expected times, including nights and weekends, without sufficient explanation will result in a grade of Fail.

6. You may leave town for weekends provided you have no clinical responsibilities. It is **your responsibility** to clear this with your ward resident and attending physicians, or ambulatory attendings (as appropriate), AND with your On-Site Clerkship Director. While you may not need to take official leave, you should know and follow applicable USU policy. You must be certain that you can be reached by USU; therefore, you must provide a phone number or other contact information to the onsite clerkship director and the Commandant's Office at USU.

EVALUATION, FEEDBACK, EXAMINATIONS, GRADES

Evaluation and Feedback Sessions

During each six-week rotation, the on-site clerkship director will meet with your housestaff and/or faculty to discuss your progress at approximately the midpoint and end of each 6-week block of the clerkship. Each student is discussed individually. Within a few days after the evaluation session, you will discuss your progress with the on-site

clerkship director. Areas of strength and areas that could use improvement will be discussed. A copy of the evaluation form used by your teachers is included in this Handbook (in the appendices).

Final Examinations

Examinations will be administered on Monday of the 12th week of the clerkship and will comprehensively test key aspects of the curriculum. Most of the day will be devoted to examinations. Students will not report to patient care activities before the examinations that morning, and no students will have overnight call responsibilities during the two days prior to the examinations. Ward students are expected to return to their clerkship site after examinations if their team is on call on the day of the exams.

The Department of Medicine uses the Internal Medicine Subject Exam of the National Board of Medical Examiners as a final examination. **Students must pass this final examination in order to successfully complete the clerkship.** The Department of Medicine Education Committee will review the clerkship record of those students who do not pass the NBME subject examination (see below). The passing score on the NBME subject examination is subject to annual departmental review and will be made known to the students during the clerkship. The NBME examination score will be reported on the departmental final grade. The NBME examination score comprises 20 percent of your grade.

We also use a locally developed final examination. The innovative **Multi-Step Examination (MSX)** assesses your ability to ask directed questions on H&P, to make a problem list, and to write a brief analysis and plan. The MSX presents a case on videotape and requires a three-step written response that is similar to the write-ups you complete for the Preceptor; i.e., H&P, Problem List, and Assessment & Plan. The MSX consists of a series of three cases. It will be described further before the exam. You may use a textbook during the MSX, so **students should bring their Harrison's Principles of Internal Medicine textbook, OR one other textbook, to use during the Multi-Step Examination. Electronic references are not allowed.**

The MSX does not have a minimal passing score. It is graded on a curve; i.e., student scores are based on a normative distribution of the exam scores for the current group of clerkship students. The MSX comprises 10 percent of your grade. Thus 30 percent of your grade is determined by your performance on the examinations (NBME and MSX).

Clinical Evaluations

We guide the faculty and housestaff in assessing how well you have met clerkship goals. Their role is evaluation; **final responsibility for grading rests with the Department.** Separate grades are not given for the individual six-week rotations. Your final departmental evaluation will include a letter grade and a narrative. It will be based on your success in meeting the goals of the clerkship in the three major areas outlined above - skills, knowledge, and professional growth, using the RIM/E evaluation scheme: reporter, interpreter, manager/educator.

Interpretation of a Grade

The Department of Medicine follows a policy of non-compensatory evaluation and grading. All students must possess **minimum competence in all areas** to pass the clerkship (for example, a passing grade requires more than merely a satisfactory exam score). Grades higher than pass reflect more rapid development, not ultimate potential. We use criterion-based evaluation and grading (see evaluation form at the end of the Handbook); there is no quota for the number of "Honors", "High Pass", or "Pass" grades that can be given during the year.

Grading Policy/Procedure

For the majority of students, final grades are determined by a calculation, using a point system that gives more weight to the resident than the intern or ward attending. The evaluation of your preceptor carries more weight than that of any other single evaluator, though less than the sum of your clinical teachers. For a student on the ambulatory rotation, total points available for clinic attendings are equal to that of a ward team or teams. Clinic attending input to your grade will be weighted according to your number of clinics with that attending. The second six weeks is weighted more heavily than the first six weeks, because we expect you to improve during the clerkship.

For the majority of students, the final grade is determined by combining clinical and exam points, where the clinical points provide the majority of the points available (70% clinical and 30% examinations, subject to annual Departmental review). Thus, a **student's final grade depends on teacher recommendations and examination performance**. As required by the registrar, the final grade is expressed as a letter (A, B, C, etc), although the Department may append "+" or "-" to reflect the continuum of performance.

Department of Medicine Education Committee (DOMEK)

The final clerkship grade for the few students who do not clearly meet clerkship goals will be determined by the Department of Medicine Education Committee. The DOMEK will review the entirety of the student's record, and then will recommend the final grade to the Clerkship Director and the Chairman, Department of Medicine.

An unacceptable rating in any area of performance (which includes comments from any teacher that describe unacceptable performance, regardless of the overall recommendation from the teacher), a recommendation of "Fail" from an evaluator, or multiple recommendations of "Low Pass" or "Needs Improvement" can result in Failing the clerkship.

A student who completes the clerkship with marginal performance in any key area (which includes comments from any teacher that describe marginal performance, regardless of the overall grade recommendation from the teacher, failure to successfully complete the geriatrics home visit, or failure to return at least three Direct Observation of Clinical Skills cards in each six week rotation), who receives a less than Pass grade recommendation from any evaluator, or who fails the NBME examination in addition to cited concerns about clerkship performance, will generally receive a grade of "D" (or "F") and be expected to have additional medicine in senior year at either the third and/or fourth year level.

Students who fail the NBME Subject Examination must eventually retake and pass it to complete the clerkship. The clinical and examination performance of all students who fail the NBME Subject Examination will be discussed by the DOME. For those students whose clerkship performance met basic goals and expectations, the DOME will review the record and may recommend a clerkship grade of Incomplete, and the student would retake the examination at one of the next two subsequent administrations (unless otherwise explicitly approved and directed by the Clerkship Director and the Department of Medicine). If the student passes the retest examination, he/she will receive the grade as determined by the DOME review and recommendation; the retest score on the NBME subject examination will not contribute to the final grade calculation. A student who fails the NBME examination a second time will receive a grade of D for the clerkship and will still be required to pass the NBME Subject Examination following additional clinical work in Internal Medicine during the fourth year.

The records of students who not only receive a failing grade on the NBME Subject Examination but also exhibit marginal or substandard performance during the clerkship will also be reviewed by the Department of Medicine Education Committee. In general, this review will result in the student receiving a grade of D (or F) for the clerkship. The student must retake and pass the NBME examination following additional experience in Medicine (at the third and/or fourth year level) during the fourth year. The exam retake will be taken at one of the regular quarterly times scheduled for third year students.

Students who receive an internal medicine clerkship grade of D or F who subsequently meet expectations on the prescribed remedial experience(s) will have their original internal medicine clerkship grade changed to C (Pass). Students who receive an internal medicine clerkship grade of D or F may not perform rotations in internal medicine at the fourth year level without specific permission from the Clerkship Director or Director of Fourth Year Programs until all remedial experiences at the third year level in internal medicine are successfully completed.

After receiving your grade and narrative, questions may arise. If so, contact the Clerkship Director. **Any request for a specific teacher to reconsider a recommended grade must go through the on-site clerkship director. Students may not directly contact specific teachers to ask them to reconsider grade recommendations.**

Grade Appeals

All grade appeals from students will ultimately be decided by the Chairman of the Department of Medicine. Students wishing to appeal a grade should contact the clerkship director to review the student's clerkship record. If, after reviewing the record, further appeal is desired, the clerkship director and student will make an appointment to review the appeal with the Chairman of the Department of Medicine.

Feedback to Help Us

At the end of each six weeks the students are expected to complete forms evaluating the rotation and their faculty to assist in improving the clerkship. This feedback has led to many changes in how we implement the clerkship goals. These critiques of faculty and the program are never shared with faculty until their evaluations of you have been submitted.

We recognize that students are not always comfortable sharing difficult experiences with faculty who are seen as part of the evaluation process. If circumstances arise that you are uncomfortable with or you feel you can only report in confidence, you can speak with the Office of Student Affairs or your class student representative or make an appointment with the Clerkship Director.

SUMMARY

We always look forward with great anticipation to the arrival of new students on the Medicine Clerkship, and the same is true with your class. We work hard to ensure that it is a meaningful growth experience for you that will be applicable to your future career regardless of your final specialty choice. Our faculty at all of our sites are interested in your development as a physician and will strive to help you, if you put forth the effort to improve.

At any time during the Internal Medicine Clerkship please feel free to speak with any of us. We encourage you to show the same initiative in your education as you would in seeking out answers to questions of patient care.

G. Dodd Denton, MD, MPH
CAPT, MC, USN
Clerkship Director
Ambulatory Director, NNMC

Rechell Rodriguez, MD
LtCol, USAF, MC
Deputy Clerkship Director
Ambulatory Director, SAMHS

Paul A Hemmer, MD, MPH
Col, USAF, MC
Vice-Chairman for Educational Programs

Louis N. Pangaro, MD
COL (Ret), MC, USA
Professor and Chairman
Department of Medicine

DEPARTMENT OF MEDICINE FACULTY AND SITE TELEPHONE NUMBERS

| | |
|---|---|
| Clerkship Director | |
| Ambulatory Director – WRNMMC | Ward Director - WRNMMC |
| G Dodd Denton, MD, MPH | William Kelly, MD |
| CAPT MC USN | LTC, MC, USA |
| gdenton@usuhs.mil | wkelly@usuhs.mil |
| Overall Clerkship Administrator Yolanda Smith ysmith@usuhs.mil phone pending | |
| Deputy Clerkship Director | |
| Ambulatory Director - SAMHS | Ward Director - SAMHS |
| Rechell Rodriguez, MD | Temple Ratcliffe, MD |
| LtCol , USAF, MC | Maj, USAF, MC |
| Rechell.Rodriguez@us.af.mil | Temple.Ratcliffe@us.af.mil |
| SAMHS Clerkship Coordinator – Linda Licona Hermelinda.Licona@us.af.mil WHMC - (210)292-5341 / DSN 554-5341 | |
| Site Director, Ambulatory and Ward - WPMC | Site Director, Ambulatory - NMCP |
| Alyssa Perroy, M.D. | LCDR Thomas Hicks, MD |
| LtCol USAF, MC | LCDR MC USN |
| Alyssa.Perroy@wpafb.af.mil | Thomas.hicks@med.navy.mil |
| (937) 257-1559/cell (937) 630-2176 | (757) 953-2223 (office) |
| Coordinator: Mrs Barbara Carroll (937) 257-9655 / DSN 787-9655 | (757) 953-0859 (fax) |
| | |
| Site Director, Ambulatory and Ward - MAMC | Site Director, Ambulatory – DC VA Hospital |
| Patricia Short, MD | Todd Gleeson, MD |
| MAJ, MC, USA | LCDR MC USN |
| Patricia.Short@amedd.army.mil | Todd.Gleeson@gmail.com 410-404-9206 cell |
| MAMC – (253) 968-0689 | Coordinator: Sandy Hofmann |
| Coordinator: Jolene Meng (253) 968-0208 | sandyleehof@gmail.com (301) 275-6920 cell (301) 238-5907 fax |
| Site Director, Ward - NMCSD | Site Director, Ambulatory - NMCSD |
| Brett Partridge, MD | Anthony Keller, MD |
| CDR MC USN | LCDR MC USN |
| Brett.partridge@med.navy.mil | Anthony.keller@med.navy.mil |
| (619) 218-7190 (cell) | (619) 804-2962 (cell) |
| (619) 532-9275 (office) | (619) 532-7400 (office) |

GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP

AT

WALTER REED NATIONAL MILITARY MEDICAL CENTER (WRNMMC)

The Walter Reed National Military Medical Center is the new military hospital resulting from BRAC-mandated consolidation of the Walter Reed Army Medical Center in Washington DC and the National Naval Medical Center in Bethesda, Maryland. Virtually all of the clinical spaces are either new constructed or newly renovated, and the new facility will be fully functional in late August 2011. The Department of Medicine at WRNMMC is projected to consist of eight inpatient ward teams (six General Internal Medicine, one Oncology and one Cardiology team) and multiple large and busy general internal medicine and subspecialty internal medicine clinics. As the hospital was not fully staffed at the time this handbook was written, the specifics discussed below are subject to change.

ORGANIZATION

WARD STUDENTS

Students on the ward rotation will work on a general internal medicine ward team. Students will admit patients during their call days and follow the patients through the duration of stay. An inpatient ward team includes a resident, two interns, a sub-intern, and one or two third year clerks. The ward resident is your immediate supervisor. A staff attending physician is responsible for overseeing patient care and education of the housestaff and students. There are two Chiefs of Residents who work closely with both the housestaff and the faculty.

With six ward teams, there will be "short call" and "long call" admission days. When on short call, we anticipate that ward teams will accept patients admitted by the night float team. When on long call, ward teams will admit patients during the day until the night float team assumes responsibility at 1800. The night float team will take admissions between 1800 and 0615, turning over admissions to the short call team at that time. If teams reach the maximum number of admissions allowed, there may be admissions to teams not on short or long call.

USU students are expected to take call with their team. Student work hours should closely mirror work hours of the house staff. **Students will stay overnight before a short call day at least three times during the clerkship.** On the day before you plan to stay overnight, report to the hospital for noon conference and work with your team that afternoon and the night float overnight. Round with your team the next morning, presenting the patient(s) you admit, and leave by noon. Overnight call is not allowed if preceptor rounds or Junior Medicine Seminar is scheduled for post call day.

Student lockers are located on the wards in the team rooms. Bring your own lock.

Inpatient students should evaluate and present at least two new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. Ensure you give yourself adequate time to prepare, We suggest a minimum of

30 minutes preparatory time per patient, during which you spend about 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and preparing to present.

Write and H&P on every patient you admit. Third year medical students do not write the official H&P for the chart; this is the responsibility of the intern. More guidance on notes is provided above, but make sure the team resident reviews your H&P and gives you feedback.

Observe and perform procedures such as venipunctures, IV line placement, obtaining arterial blood for interpretation, thoracentesis, paracentesis, arthrocentesis, nasogastric tube, and urinary catheter placement. Order writing is not a requirement of the clerkship, but may be authorized by your resident in preparation for his/her co-signature. Always discuss orders to be written with your resident prior to entering them into the computer. Any orders written by a student must be promptly co-signed by the intern or resident.

ANTICIPATED WRNMMC CLERKSHIP SCHEDULE - WARDS

| <u>Day(s)</u> | <u>Hour</u> | <u>Title</u> | <u>Comments</u> |
|----------------------|-------------|---|------------------------|
| Daily | Before 0800 | Pre-rounding; students assess patients and prepare for rounds | Mandatory; time varies |
| M-F | 0800-0845 | Inpatient or Ambulatory Morning Report (location TBD) | Expected |
| Daily | 0900-1100 | Housestaff/Attending Rounds | Mandatory |
| M-W-Th-F | 1200-1300 | House staff Core Lecture Series (MultiD Conference Room) | Expected |
| Tues | 1200-1330 | Junior Medicine Seminars (America Building, Rm 2301) | Mandatory |
| Fr (monthly) | 1200-1300 | Grand Rounds (MultiD Conference Room) | Mandatory |
| T/Th/Fr, as assigned | 1330-1530 | Preceptor Sessions (at mutually arranged site) | Mandatory |

Sunday and holiday rounds are variable depending on the call schedule, size of service, etc.

AMBULATORY STUDENTS

Students on the ambulatory rotation will have six scheduled half-days of clinic per week, caring for patients and learning in both general IM and subspecialty IM clinics. Additional outpatient sites in the community, such as uninsured clinics in Gaithersburg and Silver Spring associated with Holy Cross Hospital, Fairfax Family Health Clinic, the Pentagon Clinic, Kimbrough outpatient clinics, and other civilian private practices may be used for the ambulatory rotation, all of which will require transportation. Special requests for clinic assignments may be made in advance of the rotation; however,

availability of clinics and teachers will be the most important factor in assigning your clinical experiences.

Students are expected to prepare before clinics, perform a focused evaluation (under supervision), and follow-up the patients they see in clinic. Your ambulatory attending physicians will be available to discuss every patient seen. **Students must write an appropriate note following the SOAP format on every patient they evaluate.** It is essential that students immediately report any barriers to AHLTA access to the site administrator because writing a note on every patient is essential to your education. At the site orientation, the on-site clerkship director will suggest effective strategies to document in the electronic medical record.

With the implementation of the Medical Home Team structure in the general internal medicine clinics, students may have a “team” concept during WRNMMC outpatient rotations. However, this is very different from the ward team, so the on-site coordinator and your preceptor will be your primary contacts. If there are any questions or concerns, please speak with one of them as soon as possible. **Your clinic attending faculty may occasionally be unavailable on a day when you are assigned to him/her. It remains mandatory for you to see patients in clinic on that half day.** If you are unable to find a clinical preceptor, please contact Dr. Denton or the clerkship administrator, who will make arrangements for you to work with an available faculty member.

ANTICIPATED WRNMMC CLERKSHIP AMBULATORY SCHEDULE

| <u>Day(s)</u> | <u>Hour</u> | <u>Title</u> | <u>Comments</u> |
|----------------------|-------------|--|-----------------|
| Daily | 0730-0815 | Ward or Ambulatory Morning Report (Location TBD) | Expected |
| M-F | 0830-1130 | Clinics as assigned | Mandatory |
| M-F | 1300-1600 | Clinics as assigned | Mandatory |
| M-W-Th-F | 1200-1300 | House staff Core Lecture Series (MultiD Conference Room) | Expected |
| Tues | 1200-1330 | Junior Medicine Seminars (America Building, Rm 2301) | Mandatory |
| Fr (monthly) | 1200-1300 | Grand Rounds (MultiD Conference Room) | Mandatory |
| T/Th/Fr, as assigned | 1330-1530 | Preceptor Sessions (at mutually arranged site) | Mandatory |

TEACHING PROGRAM

In a busy hospital like WRNMMC, there are numerous conferences, rounds, and administrative tasks integrated into a student's schedule each day. Sometimes the many requirements of patient care and the student's education seem to conflict and a choice must be made between two important events. **Presence at preceptor sessions, assigned ambulatory clinics and the Junior Medicine Seminars is mandatory and**

takes priority over any other activity. Except for compelling reasons of patient care, attendance at attending rounds, work rounds, and Grand Rounds is required. Student attendance and participation in morning report and the daily noon house staff core lecture is expected, but not mandatory if inpatient care or ambulatory clinics interfere. If ambulatory clinics are scheduled for a student on a particular day, morning report and house staff core lectures are excused.

CHCS, ESSENTRIS, AHLTA AND EMAIL

The ability to use the hospital computer systems, including CHCS, AHLTA, and Essentris are critical to actively participate in patient care. All students should have been trained in their use and should have passwords prior to reporting. User codes and familiarity with these systems will be verified on the day of orientation, but it remains the student's responsibility to ensure they have access to these electronic systems. The clerkship site administrator is your point of contact for problems with electronic systems.

It is necessary for you to read your USU Groupwise email daily, as this is frequently used to notify students of changes in lecture schedules, preceptor meetings, clinics, etc. In addition, each student will have a mailbox in the USU Department of Medicine offices at WRNMMC, and students must check that mailbox at least twice per week.

REPORTING TO WRNMMC

Odd Rotations: General clerkship orientation and pretest at USU (Building A) at 0730 hours. Orientation to NNMC will begin at 1300 hours in Building 1, Internal Medicine Department, Room 1626 – Contact Yolanda Smith (ysmith@usuhs.mil) for directions if necessary.

Even Rotations: Orientation will begin at 0830 hours in Building 1, Internal Medicine Department, Room 1626 – Contact Yolanda Smith (ysmith@usuhs.mil) for directions if necessary.

UNIFORM

All students must wear white coats and clearly visible nametags while in the hospital. Working uniforms for navy personnel are generally khaki's (navy). For army or air force, BDUs or ACUs are acceptable alternatives. Military personnel are authorized to wear appropriate civilian attire on the weekends and when working in civilian clinics or the DC VA hospital during the ambulatory rotation. If there isn't enough time to change into uniform when traveling from an outside rotation to WRNMMC, appropriate civilian attire may be worn to clinic or academic activities for the rest of the day.

The policy on scrubs should be reviewed with the team resident. Scrubs are not to be worn to morning report. Unless participating in a procedure or working after hours, there is no reason to wear scrubs on the ambulatory rotation.

INCLEMENT WEATHER POLICY

While on clinical clerkships, students are expected to follow the clerkship site decision about operating status (open, closed, delayed, etc) and **not the USU policy**. If clinics are open, ambulatory students are expected to report. Ward students are expected to

report on time for rounds, even with inclement weather. However, students must use judgment about the safety of driving and if conditions are hazardous, students are expected to call and notify their teachers and administrators of their whereabouts.

If you have any questions about any aspect of your clerkship at WRNMMC, please contact either of us by email, as our final office phone numbers have yet to be assigned. Ms Yolanda Smith may also be contacted at ysmith@usuhs.mil.

Gerald Dodd Denton, MD, MPH, FACP
CAPT, MC, USN
Clerkship Director
Ambulatory Director – NNMC
gdenon@usuhs.mil

William Kelly, MD
LCOL MC USAR
Ward Director – NNMC
wkelly@usuhs.mil

GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP

AT

**SAN ANTONIO MILITARY HEALTH SYSTEM (SAMHS)
WILFORD HALL MEDICAL CENTER (WHMC/WHASC)
BROOKE ARMY MEDICAL CENTER (BAMC/SAMHS)**

ORGANIZATION

As part of Base Realignment and Closure (BRAC), WHMC's and BAMC's roles have changed over the past year. WHMC and BAMC have joined to form SAMHS. WHMC is also beginning to be referred to as Wilford Hall Ambulatory Surgical Center (WHASC) and BAMC is also being referred to as San Antonio Military Medical Center (SAMMC). Starting in May 2011, all of the inpatient teaching services moved to BAMC, while outpatient internal medicine is located at both facilities. For the purposes of this guide, WHMC and BAMC will be used to refer to the two hospitals of SAMHS.

During the SAMHS portion of your rotation, the ward students will rotate at BAMC, while ambulatory students may attend clinics at both facilities. The medical service beds (approximately 200) are divided between general medicine and cardiology services. The types of problems found on the General Medicine Service are diverse, reflecting the large referral area for BAMC. We see both common and unusual medical disorders because of our role as a primary and tertiary care center. Each third year USU medicine clerk on the ward rotation is assigned to one of six General Medicine Service ward teams which each consist of an attending, a resident, two interns, and one to two third year medical students (each team may have a fourth year student as well). Each team admits and follows an every six day (Q6) long call schedule. Students are expected to be on call with the team and stay in the hospital until approximately 2200 on evening call nights. Students will also be required to complete three overnight call experiences during their six week inpatient rotation.

TEACHING PROGRAM

SAMHS hospitals are very busy teaching institutions, and provide approximately 10 conferences and rounds weekly through the Department of Medicine. Medical students are invited to attend these when possible, although commitments to patient care remain the highest priority. Please remember that although morning report and didactic conferences are highly encouraged they are not mandatory. **Preceptor rounds** and **Junior Medicine Seminars** are **absolutely mandatory** for all third year students.

To aid the students, Ms. Linda Licon will post a weekly schedule for students in the USU office each Monday afternoon. The overall schedule framework is as follows:

SAMHS CLERKSHIP SCHEDULE

| <u>Days</u> | <u>Hours</u> | <u>Title</u> | <u>Comments</u> |
|----------------------------|--------------|----------------------------|------------------------|
| <u>Ward Students</u> | | | |
| Daily | 0700 | House staff Work Rounds | Mandatory |
| Post Call Days | Variable | Attending Rounds | Mandatory |
| <u>Ambulatory Students</u> | | | |
| Mon-Fri | 0800-1130 | Clinics as assigned | Mandatory |
| | 1300-1630 | Clinics as assigned | Mandatory |
| <u>All Students</u> | | | |
| Mon-Fri | 0730-0815 | Morning Report* | Optional, very popular |
| Mon-Thur | 0815-0900 | Didactic Conference* | Optional, very good |
| Tues/Wed | 1330-1500 | Junior Medicine Seminars** | Mandatory |
| Friday | 1200-1300 | Grand Rounds | Optional |
| | | Preceptor Sessions*** | Mandatory |

* Morning Report and Didactic Conferences take place at BAMC

**Please see the USU weekly schedule for location of Junior Medicine Seminars, and refer to your resident or intern for the location of departmental conferences.

***About 4.5 to 5 hours per week over 2 or 3 sessions, arranged by preceptor

RESIDENT

For inpatient students, your immediate supervisor is your resident, who is responsible for you and will work with the on-site USU Clerkship Office to solve any problems that might develop.

WARD SCHEDULE

Long or evening call takes place every sixth night. If your team is on call the first day of the rotation, you will be expected to take call with your team. Weekend schedule, other than for call days, is determined by the resident. Days off follow the same guidelines as those for the residents: an average of one day off per week over the course of a rotation. Every effort should be made on the student's part to ensure that scheduled days off do not conflict with any mandatory meetings, such as preceptor meetings or junior medicine seminars.

TEAM WORK

"Scut" work includes work both in and outside the clinical realm. Due to superb support from nursing and ancillary services, ward "scut" is reduced to a minimum. In order to be valuable members of the team, students must be more informed about their patients than any other team member. This includes reading about problems and being able to contribute to diagnostic and therapeutic planning. Ideally, you should not have to be asked to do something for your own patient because you should be deciding and

discussing what should be done, then doing it. Being a member of the team by helping others however is not considered “scut.” For any questions or concerns about “scut” or your place on your team please speak with your SAMHS On-site Clerkship Director.

REPORTING AND DEPARTURE

The first day of each rotation begins with a general clerkship orientation. Students will report to the Clerkship Coordinator (Ms. Linda Licona) promptly at 0730 at the 1st floor of the main BAMC tower by the information desk (opposite side from the medical mall) with one copy of their orders. The SAMHS On-site Clerkship Directors will then provide an orientation to the Medicine Clerkship. For rotations during the first six weeks of the Internal Medicine Clerkship, a pretest will also be administered on the first day. Please pick up your orientation package (available at your lodging at the check-in desk) when you arrive.

All students rotating at SAMHS during the second six weeks of the clerkship will take the final examination on Monday morning of the last week. Students on call Saturday or Sunday will take an abbreviated call day, picking up a minimum of one new patient, but leaving the hospital by 1800. **Students should bring their Harrison’s Principles of Internal Medicine textbook, OR one other textbook, to use during the Multi-Step Examination. Electronic references are not allowed.**

The rotation for all students concludes on Friday morning the sixth week of the rotation, after work and attending rounds and a final meeting with the SAMHS On-site Clerkship Directors. Students whose ordinary call night falls on the last day of the rotation (Friday) will not be expected to take call with their team. Those students who have long call on the last Thursday of the rotation will also participate in an abbreviated call that will end by 1800 so that they may have the appropriate rest for their trip back to USU. No student will be permitted to begin the rotation late or terminate it early without written permission from the Clerkship Director (CAPT Denton) and the SAMHS On-site Clerkship Directors, and then only for cases of exceptional personal need. **No other faculty member or house officer at SAMHS may give a student permission to leave prior to Friday morning.**

HOUSING

Every effort has been made to provide you with lodging at Brooke Army Medical Center or Lackland AFB VOQ. We will let you know at which VOQ you will be housed. Please contact the VOQ 3 weeks before you arrive with your credit card information. If you do not contact them your room will not be held for you. Remember to cancel your room if you will not be coming. If you do not arrive on the arrival date and do not call to inform the VOQ you will be charged for a “no show” one night room and tax and there is no guarantee that the room will be available the following day. Please contact Debbie Smith at USU if you have problems. If she is unable to assist you then our office will assist as necessary to resolve any difficulties. Residence off base is only permitted in special circumstances and will require consent from USU. We are unable to provide lodging facilities for students traveling with family members or pets.

MEALS

The hospital cafeteria is available to you for three meals a day. In addition, you will be able to eat at other facilities located on or near base or post.

TRANSPORTATION

The city is well served by an efficient and convenient bus system for those wishing to visit downtown San Antonio. Students traveling at night are encouraged to go in groups. There is a shuttle bus to BAMC which leaves WHMC every half hour and returns from BAMC on the hour. The shuttle operates from Monday through Friday, beginning with a 0500 departure from WHMC. The last shuttle leaves BAMC at 2000.

ILLNESS

If a student becomes ill, he or she must contact the On-site Director and should contact the ward team (or clinic attending). The student will see a physician arranged by the SAMHS On-site Clerkship Director for appropriate management if deemed necessary.

UNIFORM

Each student should bring one to two sets of BDUs/ABUs/ACUs for wear Monday through Friday. Air Force students should bring one set of blues to wear on Mondays only. Scrubs are only allowed while on long call and post call. Regardless of whether or not you choose to wear scrubs you must come to work in an appropriate uniform. Hospital policy for military personnel on weekends or holidays allows civilian attire. When not in uniform and present in the medical center to perform any patient contact, a neat, professional appearance will always be maintained.

LOCAL TRAVEL, EMERGENCY LEAVE

While you are at SAMHS you are expected to remain in the San Antonio area, although short trips on weekends are acceptable if you are not on call. In order to ensure your team AND Clerkship Directors know your destination you are required to fill out a local travel form prior to leaving the greater San Antonio area. You may use this form in lieu of taking leave for daytrips/weekend trips within a 300 mile radius from base. **It is important that we know where you are and how to reach you at all times.** If a personal emergency requires that you leave San Antonio, you must contact a SAMHS On-site Clerkship Director or the overall clerkship director office (Dr. Denton) via Yolanda Smith at ysmith@usuhs.mil. While at SAMHS, federal holidays and Sundays are to be treated by you as the house staff treats them. For any questions consult the SAMHS On-site Directors or your resident about this.

Mail can be forwarded to you at this address (Mail is extremely slow):

59th MDOS/SGOMU (USU)
MEDICINE CLERKSHIP OFFICE
STUDENT'S NAME AND RANK
2200 BERGQUIST DR., SUITE 1
LACKLAND AFB, TX 78236-9908

TELEPHONE NUMBERS

USU SAMHS Clerkship Office
WHMC (210) 292-5341 - DSN 554-5341
BAMC (210) 916-5557

Temple Ratcliffe, Maj, USAF, MC
Assistant Professor of Medicine, USU
Associate Clerkship Director,
Ward Director SAMHS
Temple.Ratcliffe@us.af.mil
WHMC (210) 292-3490
Pager (210) 594-2617
BAMC (210) 916-7957

Rechell G. Rodriguez, LtCol, USAF, MC
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GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

WRIGHT-PATTERSON USAF MEDICAL CENTER (WPMC)

ORGANIZATION

Wright-Patterson is the military referral medical center in the North Central United States, serving seven states. Located near Dayton, Ohio, Wright-Patterson AFB is approximately one-hour driving distance from Cincinnati and Columbus.

Ward clinical clerks will be assigned to one of the four ward teams that cover the Inpatient Medicine Service at WPMC. These four ward teams (A-D) make up two Superteams, each headed by one staff attending and consisting of the attending physician, two senior residents, two interns, one to two fourth-year students (occasionally), and one to two third-year students (if there are two students one will be from nearby Wright State University and one from USU). Each Superteam has call every other 24 hour period during the hours of 0730-1930 with additional coverage by an "Admit Senior" from 1630-1930 on weekdays. A separate Night Float resident and intern team covers for the Superteam from 1930 to 0730 on call days. Students are expected to take overnight call (starting at noon on the call day and leaving at noon the next day) with the Night Float team, for at least 3 call days. Students are NOT to plan overnight call when didactic activities such as a preceptor group meeting or Junior Medicine Seminars are scheduled for the next day. Ward students are to average one day off per week, which generally means that they are free of clinical responsibility on any weekend or holiday when their ward team is neither on-call nor post-call.

Ambulatory clinical clerks will be assigned to the ambulatory portion of the Internal Medicine Clerkship at WPMC. Each student will rotate through general medicine and subspecialty clinics. The faculty and preceptor with whom you will work will serve as your evaluators. Students on the Ambulatory portion of the Clerkship will not be required to take call at any time or work on weekends or national/clinic holidays.

Outpatient care is a challenging and rewarding experience with unique demands on time management and decision making skills. The goal is to develop and refine each student's ability to gather and synthesize patient data in the environment in which most of clinical medicine is practiced. To take full advantage of this setting, students must **prepare** in advance for each clinic, be on time, **focus** the encounter as appropriate, and **follow-up** on all laboratory and radiographic tests. Students will independently evaluate and complete notes for at least two patients in each half day of clinic.

TEACHING PROGRAM

The goals of the clerkship are to strengthen your clinical skills, medical knowledge, professionalism and compassion. To this end, conferences, rounds, and patient encounters are integrated into the student's schedule each day. Presence at preceptor sessions and the Junior Seminar series is mandatory and takes precedence over other activities. Except in emergencies, attendance in clinics, on work rounds, attending rounds, and the weekly Junior Medicine Seminars is required. Please see Clerkship Activities tables for further information.

WPMC Ward Clerkship Activities

| Day(s) | Hour | Title | Comments |
|----------------|------------|---|-----------------|
| Daily | 0645*-0730 | Pre-round on your patients *start time may vary depending on the number and complexity of the patients you are following | Required |
| M-F (exc Tues) | 0730-0800 | Morning Report (Readiness A - basement) | Encouraged |
| Daily | 0830-1200 | House-staff Work Rounds/Attending Rounds | Required |
| M-W-Th-F | 1200-1300 | Noon Conference (Readiness A -basement) | Encouraged |
| M, W | 1315-1500 | Preceptor Sessions | Required |
| Thurs | 1315-1445 | Junior Medicine Seminar (IMC-A Conf Room) | Required |

WPMC Ambulatory Clerkship Activities

| Day(s) | Hour | Title | Comments |
|----------------|-----------------|---|-----------------|
| M-F | pre/post clinic | Clinic Preparation and Follow-up | Essential |
| M-F (exc Tues) | 0730-0800 | Morning Report (Readiness A - basement) | Encouraged |
| M-F | 0810-1200 | Clinics as assigned | Required |
| M-W-Th F | 1200-1300 | Noon Conference (Readiness A -basement) | Encouraged |
| M, W | 1315-1530 | Preceptor Sessions | Required |
| Thurs | 1315-1445 | Junior Medicine Seminar (IMC-A Conf Room) | Required |
| M-T-F | 1300-1630 | Clinics as assigned | Required |

PATIENT LOGS

All inpatient and outpatient clerks will enter their patients into the Clinical WebLog via the USU Web Page on a regular basis. Computers are accessible 24 hours/day in the PIT (3rd Floor), in the resident lounge and conference room (5th Floor), and after business hours in Medicine Clinic A.

REPORTING AND DEPARTURE

On the first day of each rotation report to the Education Coordinator NLT 0730, located in Internal Medicine Clinic A. Please call the Education Coordinator at (937) 257-9655 if you need any additional information prior to the start of the rotation (e.g., on-call assignments). The Education Coordinator will help you get your ID Badge and CHCS/Essentris Training which begins at 0800. After training, you'll meet with the Associate Clerkship Director who will provide an orientation to the Medicine Clerkship, administer a PreTest (on the first day of the Clerkship), take you on a tour of the facility, and introduce you to the ward teams or orient you to the clinic as appropriate.

The rotation concludes by noon on the sixth Friday of the rotation, after a Final Feedback session with the Associate Clerkship Director. All students will take their final examinations at WPMC on Monday of the last week of their second six-week block. No student will be permitted to begin his or her rotation late, terminate it early, or be absent for clinical responsibilities, without prior written permission from the Assistant Clerkship Director after discussion with the Clerkship Director, Dr. Denton at USU; such permission is considered based on the nature of the circumstance. No other faculty member or house officer at WPMC may give a student permission to leave WPMC. In the event of an acute illness, students are to contact the Associate Clerkship Director promptly.

HOUSING

Every effort has been made to provide you with lodging in the VQ, located just a short walk from the medical center. Lockers are available in the call rooms; bring your own lock. High speed Internet access is now available in many rooms at the VQ, on a first come, first served basis; it is possible that you will not have internet access in the VQ. Internet access is available at the hospital, but generally does not allow for the use of non-governmental e-mail accounts such as Yahoo or Hotmail. Two computers in the 5th floor Residents Lounge have been configured to permit such access. Consider bringing software to support a dial-up Internet account if you need unrestricted internet access to conduct your personal affairs.

UNIFORM

The Uniform of the Day for all of Wright-Patterson AFB is ABUs every day, except for "class B" uniforms on Mondays. For formal occasions such as residency interviews, Service Dress is indicated. Wearing of scrubs is authorized only in the evening on overnight call. Students should be back in uniform by 0730 the morning after call. Professional civilian attire is authorized at the hospital on weekends and holidays.

MEALS

The hospital cafeteria dining room hours are **limited**. Dining room hours are: 0630-0830, 1100-1300 hours and 1700-1800, M-F. A snack bar, mini-BX, and vending machines are available to you. You may bring your own meals as well; refrigerators and a microwave are available. Lunch is often available at noon conferences. An on-call dinner, similar to a patient tray, can be provided at dinnertime if you contact the nutrition office during business hours on your call day and pay for it in advance.

LOCAL TRAVEL / EMERGENCY LEAVE

While you are at Wright-Patterson you are expected to remain in the local area (within 50 miles), although trips outside of the local area weekends/holidays (within 300miles) are perfectly acceptable if you are not on call or post-call. It is your responsibility to clear this with your residents and with the Associate Clerkship Director - WPMC. You do not need to take official leave in every case, but do need to be certain you can be reached by USU and the Site Clerkship Director at all times. You must provide a phone number to the Commandant's Office at USU. The official leave policy is per direction of USU.

MAIL

Until you have a local VOQ address, mail can be forwarded to you at:

Student's name (USU)

Attn: Mrs. Barbara Carroll, 88th MDOS/SGOMI-A

4881 Sugar Maple Drive

Wright Patterson AFB, OH 45433-5529

TELEPHONE NUMBERS

Mrs. Barbara Carroll

Education Coordinator

Phone: (937) 257-9655

DSN: 787-9655

Fax: (937) 522-3285

EMAIL: barbara.carroll@wpafb.af.mil

Alyssa Perroy, Lt Col, USAF, MC

Assistant Professor of Medicine, USU

Associate Clerkship Director - WPMC

Phone: (937) 257-1559/cell (937) 630-2176

FAX: (937) 257-1761

EMAIL: alyssa.perroy@wpafb.af.mil

GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

NAVAL MEDICAL CENTER PORTSMOUTH (NMCP)

ORGANIZATION

Naval Medical Center Portsmouth services the coastal Virginia and northeastern North Carolina area. This encompasses a tri-service region, and includes Naval Station Norfolk, the largest naval base in the world. Our patients include active duty service members from all branches and their dependents; as well as a large retired military population. We function not only as a tertiary care center for outlying medical treatment facilities, but also provide the critical day to day "bread and butter" medicine that is the framework of both ambulatory and inpatient care.

The inpatient service at NMCP includes 3 general Internal Medicine teams, one Cardiology team, one ICU team, and one Heme/Onc team. Third year inpatient students will be assigned to one of the general Internal Medicine teams. Ambulatory students will be assigned a schedule which includes multiple clinics within the Department of Internal Medicine. Additionally, some ambulatory students may have the opportunity to work in the Internal Medicine Clinic at Langley Air Force Base.

TEACHING PROGRAM

The weekly schedule has been deliberately tailored to allow each clerk sufficient time to independently evaluate and research the problems of the patients she/he sees in each clinic or on the wards. There are very few mandatory activities but they are critical - attendance at preceptor sessions and in your clinics are the most important. **Be on time to clinic! Patients are scheduled specifically for you, and your faculty often want to discuss a patient with you prior to your interaction with the patient.**

AMBULATORY CLERKSHIP

The week's schedule is divided into morning and afternoon clinics, with ample time for independent study. There are 6 scheduled clinics per week but you may choose to spend some time observing procedures or participating in sub-specialty rounds/conferences outside of that schedule. Each student will have a major "focus" in General Internal Medicine with 4 additional sub-specialty clinics. Students may also get the chance to perform some procedures and interpret diagnostic studies.

Feedback should be provided informally during each clinic by the clinic attending. The Associate Clerkship Director will meet with each student individually to provide formal mid-point feedback and evaluation. Each third year clinical clerk will be integrated into the ambulatory clinic schedules of various Medicine specialties. Since there is no "team" concept in the outpatient setting, the Clerkship Director and your preceptor will be your primary contacts. The goal of the ambulatory rotation is to strengthen your academic and clinical skills in a setting where most of today's health care is provided, and where the

tools you implement to gather and synthesize patient data may need to be refined or adapted to concerns such as time, distance and social concerns.

The focus of the clinical encounters will range from a complete patient evaluation to more focused attention on selected medical problems. Your attending will direct your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. If you find you are not actively participating in patient evaluation and management, please let the Associate Clerkship Director know. This is meant to be an active learning process. You are strongly encouraged to take "ownership" of the patients you see by following-up on diagnostic studies and where appropriate calling patients with results. Remember, the best learning is self-directed learning, so take advantage of this rotation to read and research as much as you can about your patients! Preparation prior to clinic is the key to getting the most out of the outpatient experience. Many clinic attendings and clinic secretaries can tell you who is coming into clinic the next day. It is expected that the student will read and prepare PRIOR to clinic.

INPATIENT CLERKSHIP

Each third year student will be assigned to a ward team. Teams consist of one staff attending, one upper level (PGY2 or PGY3) resident and 2-3 interns. The teams may also have a 4th year sub-intern and possibly a third year student from another medical school as well. The ward resident is your immediate supervisor, though you will also work closely with your team interns as well. Your team will be responsible for admitting patients during the day and accepting patients who were admitted overnight. A separate Night Float teams handles overnight admissions. **Students will spend at least three nights on call, working with the night float team admitting patients to their team and providing cross-coverage. Students should not schedule overnight call if Junior Medicine Seminar or preceptor rounds are scheduled for the next day.**

Inpatient students should evaluate and present at least two new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. A written history and physical should be completed and reviewed by the resident within 24 hours. You are expected to be fully prepared to discuss each patient you are following during work rounds. Therefore, you must give yourself adequate time to prepare. We suggest a MINIMUM of 30 minutes per patient, during which you should spend approximately 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and notes in preparation for work rounds. The amount of time may vary depending on the complexity of the patients and your abilities as a student but it remains your responsibility to be prepared for rounds each day. Your team resident and interns will work with you to determine when you should arrive at work each day. In general, teams typically conduct work rounds prior to Morning Report (which is at 0730). Depending on your team's patient load, you may need to arrive at 0600 or earlier to complete your patient evaluations prior to work rounds. Teams typically go to Morning Report from 0730-0830 and then meet for Attending Rounds later in the morning (the time will vary by team and attending preference).

Daily notes are to be entered using the MD Progress note in Essentris and should conform to standard expectations as well as any specific requirements set forth by your team members (see prior sections of this handbook). Student progress notes MUST be reviewed, corrected, and co-signed (by an intern, resident, or attending physician) EACH

day. If your progress notes are not being reviewed and/or signed each day, you must notify the site director immediately.

PRECEPTOR SESSIONS/JMS LECTURES

Preceptor sessions will usually be held on Monday, Wednesday and/or Friday afternoons. **The week's educational activities do not conclude until after any scheduled Friday afternoon preceptor sessions. As a reminder, these are mandatory. You should excuse yourself from other inpatient/ambulatory duties in order to attend these sessions.**

Junior Medicine Seminars will typically occur at 1200 each Friday. **Junior Medicine Seminars are also mandatory** - if you have a Friday clinic, make sure your schedule will allow your attendance at the Seminars. Morning Report and Academic Day lectures are **MANDATORY** parts of your schedule. Many interesting topics and patients are discussed at these sessions. If you have any questions, please contact the Associate Clerkship Director (Dr. Hicks).

REPORTING

Odd Rotations: NMCP students will have a general clerkship orientation and take a pretest at the Uniformed Services University in **Bethesda** at USU on the first day of the rotation. **DO NOT REPORT TO NMCP PRIOR TO TAKING THE PRETEST AT USU.** This orientation ends at noon allowing students ample time to drive to Portsmouth that afternoon (approximate driving time 4 hours). Orientation at Portsmouth begins on Tuesday morning at **0730**. Students should meet Dr. Thomas Hicks, Associate Clerkship Director, in front of the Internal Medicine Clinic at **0730** (2nd Floor of the Charette Health Care Center). After a brief orientation to the ambulatory clerkship and the respective ambulatory clinics, orientation will continue with in-processing at the Graduate Medical Education (GME) Office, located in Building 3 (tan tall building) on the third floor (phone 953-5109). Students will then proceed to their assigned clinics and/or meet their ward teams. Please come prepared to see patients on your first day with us!

Even Rotations: NMCP ambulatory students will receive a preliminary orientation package prior to the start of this rotation. Formal on-site orientation will take place at NMCP on the first Monday of the rotation. Plan to arrive in Portsmouth on Sunday. Orientation will begin at **0730** on the first Monday with Dr Thomas Hicks (locations mentioned in paragraph above). Please come prepared to see patients on your first day with us!

The rotation for all students concludes after clinic, the Junior Medicine Seminar, and a final meeting with the onsite Clerkship Director on Friday morning of the sixth week of the rotation. All students will take their final examinations at NMCP on Monday of the last week of even numbered rotations. No student will be permitted to begin his or her rotation late or terminate it early without permission from the clerkship director, Dr. Denton or the NMCP onsite clerkship director, Dr. Hicks, and then only for cases of exceptional personal need.

HOUSING

Students will be lodged at The Gateway Inn and Suites at the Norfolk Naval Shipyard in Portsmouth, VA; which is a short drive from the NMCP base. Please note that though called the Norfolk Naval Shipyard, this is in fact located in Portsmouth! Further information and driving directions can be found at:
http://dodlodging.net/NORFOLK_NSY.HTM

UNIFORM

For Navy students, the khaki uniform or the blue NWU is always an acceptable working uniform. The winter working blue uniform and summer white uniform is also authorized in this area. Air Force and Army students should plan to wear service-specific equivalent uniforms. Dates for uniform changes are usually one to two weeks earlier than in the metro Washington DC area, so please call ahead if you are coming in the spring or fall and plan to bring a season specific uniform.

LOCAL TRAVEL AND EMERGENCY LEAVE

While you are at Portsmouth you are expected to remain in the area during the week. Ambulatory students will have weekends off, and weekend travel is perfectly acceptable. Take advantage of the beach and the Outer Banks or talk with your residents/attending about other activities in the local area. Given NMCP's relative proximity to DC, many ambulatory students travel back to DC for weekends with their family. Inpatient students will have one day off per week and thus will likely not have time for personal travel, but please take advantage of the local area! If a personal emergency requires that you leave the Hampton Roads area, you must contact the onsite Clerkship Director and the USU Internal Medicine Clerkship Program Administrator (Ms. Yolanda Smith).

Many of our prior attendings, residents, and/or interns are assigned to local operational units, and many of them are interested in sharing their operational medicine experience. Please let your onsite clerkship director know if you are interested in visiting with these physicians. Past clerkship students have visited with the SMO onboard a carrier and toured an amphibious assault ship, among other activities.

MAIL: You can have mail forwarded to either your BOQ room or:
Attn: Thomas Hicks, LCDR, USN
Internal Medicine Clinic
620 John Paul Jones Circle
Portsmouth, VA 23708-5000

TELEPHONE NUMBERS

| | |
|---|-----------------------------|
| NMCP Associate Clerkship Director (Dr. Hicks) | (757) 953-2223 (voice mail) |
| NMCP Graduate Medical Education (GME) | (757) 953-5109 |

LCDR Thomas Hicks, MC USN
Assistant Professor of Medicine
Associate Clerkship Director. - NMCP
(o) (757) 953-2223
(f) (757) 953-0859
e-mail: Thomas.hicks@med.navy.mil

GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

MADIGAN ARMY MEDICAL CENTER (MAMC)

ORGANIZATION

Madigan Army Medical Center is the military tertiary referral center for the Northwest region of the United States, servicing Alaska, Oregon, Washington, and portions of Idaho. Madigan also delivers primary care to over 50,000 active duty service members, their family members, and retirees. In addition, Madigan acts as a local inpatient resource for the Veteran's Administration. The Department of Medicine at MAMC is composed multiple specialty outpatient clinics and inpatient services (three general medicine teaching teams, one cardiology team, one neurology team and the ICU service. Each third year student is assigned to either a General Medicine inpatient ward team or an ambulatory rotation.

INPATIENT CLERKSHIP

Third year students will be assigned to a General Medicine team which includes one to two attendings, one to two residents, two interns, often a sub-intern, and one or two third year clerks. The ward resident is your immediate supervisor. A staff attending physician is responsible for overseeing patient care and education of the housestaff and students. There is also a Chief of Medical Residents who works closely with both the housestaff and the faculty.

Each ward team picks up new patients daily, however, the times those patients come in to the team rotate on a three day cycle. During their "long call" day, from 1100 to 1900, the team is the primary admitting team. There is a night float that takes admissions for between 1900 and 0700. The ward team will pick up those admissions at 0645 on their pre-call day. During their post call day teams will be on "short call" from 0700-1100. Students will be asked to take a minimum of three overnight calls during each 6 week block, and these should not be taken when there is a preceptor session or JMS lecture during the the post-call day. In addition, inpatient students will be given one day off each week, this should also not fall on a preceptor meeting or JMS lecture day.

Inpatient students should evaluate and present at least two new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. A written history and physical should be completed and reviewed by the resident within 24 hours. If an H&P is already written by an intern or resident, the student H&P should be added to the bottom of the note and titled, "student H&P". It will still need to be co-signed by your intern or resident.

WARD SCHEDULE

| Days | Hours | Activity | Comments |
|--------|------------|---|-------------------|
| Daily | 0630-0730 | Pre-Round (<i>times may vary</i>) | <i>Mandatory</i> |
| Daily | 0745-1000 | Work Rounds and/or Attending Rounds | <i>Mandatory</i> |
| M – F: | 1115-1200: | Teaching Conference (Cosio Conference Room) | <i>Optional</i> |
| M – F: | 1200-1300: | Medicine Noon Report (Cosio Conference Room) | <i>Encouraged</i> |
| M: | 1200-1330: | Junior Medicine Seminar (<i>times may vary</i>) | <i>Mandatory</i> |
| M & F: | 1400-1600: | Preceptor Meeting (<i>times may vary</i>) | <i>Mandatory</i> |
| F: | 1200-1300: | Department Grand Rounds (Cosio Conference Room) | <i>Encouraged</i> |

You are expected to be fully prepared to discuss each patient you are following during work rounds. Therefore, you must give yourself adequate time to prepare. We suggest a MINIMUM of 30 minutes per patient, during which you should spend approximately 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and notes in preparation for work rounds. The amount of time may vary depending on the complexity of the patients and your abilities as a student but it remains your responsibility to be prepared for rounds each day.

As in other institutions, the faculty at MAMC is very busy with their clinical responsibilities. This can make scheduling a challenge at times. This has sometimes resulted in students being scheduled for more than one "mandatory" activity at the same time. To help prevent conflict and anxiety for the student, the following is a list of mandatory meetings in descending order of priority, in case of simultaneous scheduling (which we will make every attempt to avoid):

1. Preceptor rounds
2. Junior Medicine Seminars
3. Attending rounds

DAILY PROGRESS NOTES

Daily notes are to be entered using the MD Progress note in Essentris and should conform to standard expectations as well as any specific requirements set forth by your team members (see prior sections of this handbook). Student progress notes MUST be reviewed, corrected, and co-signed (by an intern, resident, or attending physician) EACH day. The student is responsible for informing his/her supervisor when the note is completed. The daily progress note should be completed by 11am most of the time. If your progress notes are not being reviewed and/or signed each day, you must notify the site director immediately.

ORDER WRITING

Order writing is not required of medical students. However, should your house staff ask you to write orders for your patient or the team, these orders may be placed in Essentris with the help of your intern and/or resident.

PROCEDURES

Students should be actively involved in all procedures on their patients including venipuncture, IV placement, arterial blood gases, paracentesis, arthrocentesis, lumbar puncture, etc. All procedures other than venipuncture and IV placement will be undertaken with the direct supervision of a certified housestaff. The nursing staff is happy to assist you with routine venipuncture and IV placement to improve your skills.

AMBULATORY CLERKSHIP

The third year medical student ambulatory clerkship at Madigan is designed to reflect the changing role of internal medicine in the Army Health Care System. Students will spend their six-week rotation dividing their time between the Internal Medicine Clinic and several internal medicine subspecialty clinics.

The attending staff physician will supervise all medical student evaluations. The staff physician will observe the students regarding history taking, physical exam skills, documentation, data synthesis, case presentation skills, work habits, fund of knowledge, and enthusiasm for learning and will then evaluate the student along the RIM/E scheme.

AMBULATORY SCHEDULE

| Days | Hours | Activity | Comments |
|--------|------------|---|-------------------|
| M – F: | 1115-1200: | Teaching Conference (Cosio Conference Room) | <i>Optional</i> |
| M – F: | 1200-1300: | Medicine Noon Report (Cosio Conference Room) | <i>Encouraged</i> |
| M: | 1200-1330: | Junior Medicine Seminar (<i>times may vary</i>) | <i>Mandatory</i> |
| M & F: | 1400-1600: | Preceptor Meeting (<i>times may vary</i>) | <i>Mandatory</i> |
| F: | 1200-1300: | Department Grand Rounds (Cosio Conference Room) | <i>Encouraged</i> |
| T-Th: | 0730-1700: | Assigned Clinics | <i>Mandatory</i> |

INTERNAL MEDICINE CLINIC: The IMC is a busy outpatient clinic, delivering primary care to over 17,000 adult patients of all ages. Our 27 staff providers include internists, nurse practitioners, and physician’s assistants. Each student will usually work in the IMC three or four ½ days a week, usually with 2-4 attendings over the six week clerkship.

SUBSPECIALTY CLINICS: Medical students will usually spend two or three half-days each week working with subspecialty providers in the following clinics: Cardiology, Infectious-Disease, Endocrinology, Hematology-Oncology, Nephrology, Rheumatology, Allergy-Immunology, Gastroenterology and Pulmonary. Each student will be working in

the same subspecialty clinic each week so that there is continuity throughout the six week experience. Special requests for clinic assignments must be made in advance of the rotation.

Each Tuesday/Wednesday/Thursday morning and afternoon, each student will be paired with a staff internist or subspecialist. The student will perform, record, and report a history, physical exam, and concise problem list on approximately six patients per day. In contrast to the inpatient ward experience, the outpatient clinics require a focused, problem-oriented approach. The student will spend one hour per patient (30 minutes for H&P and generating a problem list, 5-10 minutes to present the case, 5-10 minutes with the staff physician, and the remainder to complete documentation).

REPORTING

Ambulatory and Ward students will report to Ms. Barbara Woodberry, GME office, 2nd floor library for hospital in-processing.

All students rotating at Madigan during the second six weeks of the clerkship (even numbered rotations) will take the final examination on Monday morning of the last week in the 5 South Conference Room. Students on call the Sunday before the exam will take an abbreviated call day, picking up a minimum of one new patient, but leaving the hospital by 1800. **Students should bring their Harrison's Principles of Internal Medicine textbook, OR one other textbook, to use during the Multi-Step Examination.**

The rotation for all students concludes on Friday morning the sixth week of the rotation, after out processing and a final meeting with the On-site Clerkship Director. Please do not expect to be finished before noon on that final Friday. No student will be permitted to begin the rotation late or terminate it early without written permission from the clerkship director, Dr. Denton, and the MAMC On-site Clerkship Director, and then only for cases of exceptional personal need. All illnesses or absences from mandatory activities will be communicated with the On-site Clerkship Director, Dr. Patricia Short.

WEB LOGS

All inpatient and outpatient clerks will enter their patients into the Clinical Web Log via the USU Web Page on a regular basis. Computers are accessible 24 hours/day in the library and resident work area. During business hours computers are available in all exam rooms and the student work area in the Internal Medicine Clinic.

HOUSING

Billeting is reserved for you at the Ft Lewis BOQ. It is recommended that you confirm your reservations at (253) 964-0211 prior to your arrival.

MEALS

The Madigan Dining Facility is open daily from 0615-0900, 1100-1400, and 1600-1830. Additionally, there is a small Express Dining Facility with extended hours, a small food court and a small PX in the hospital basement (open from 0900-1700 M-F).

UNIFORM

There is not a specific uniform of the day here at Madigan. ASU's (or service equivalent) are acceptable but you'll find most active duty wear ACUs or BDUs to work. For students on the inpatient clerkship, scrubs are permitted ONLY on long call days and overnight calls. Hospital policy for military personnel on weekends or holidays allows civilian attire. When not in uniform and present in the medical center to perform any patient contact, a neat, professional appearance must always be maintained.

LOCKERS

Lockers for the inpatient students are available in the resident work area. For students on the ambulatory rotation there are lockers for your use in the Internal Medicine Clinic so that you can secure your belongings. Please bring your own lock.

LOCAL TRAVEL AND EMERGENCY LEAVE

While you are at Madigan you are expected to remain in the Tacoma-Seattle area, although trips on weekends are acceptable. It is your responsibility to clear this with the Associate Clerkship Director. You do not need to take official leave as long as you remain in the state of Washington, but you do need to be certain you can be reached by USU and the Associate Clerkship Director, if necessary. **You must provide a phone number or other appropriate way you can be contacted to the Commandant's Office at USU.** Please note that the Canadian border is less than a 2hr drive, but **you are NOT permitted to cross the border** unless you are on official leave.

MAIL

Mail may be forwarded to you, but please remember this can be a slow process. A mailbox can be issued during in-processing by our mailroom or you can have mail sent to the following address:

Student's name and rank
Attn: Barbara Woodberry
Department of Graduate Medical Education
Madigan Army Medical Center
Tacoma, WA. 98431

Contact Information

Patricia Short, M.D.
LTC, MC, USA
Associate Clerkship Director
Office: (253) 968-3528
Pager: (253) 291-1289
Cell: (253) 363-5620
Email: patricia.short@amedd.army.mil

Jolene Meng
DOM Education Coordinator
MAMC
Office: (253) 968-0208
jolene.meng@amedd.army.mil

**GUIDE TO AMBULATORY INTERNAL MEDICINE CLINICS
AT THE DC VETERANS AFFAIRS MEDICAL CENTER AND CLINICS**

The District of Columbia Veterans Affairs Medical Center (DC VAMC) is a busy urban hospital located at 50 Irving St NW in Washington, DC. Eligible patients are prior military personnel who either have low income or have a service-connected disability. Students will work in the Yellow, Orange, Red or Green Internal Medicine Clinics (each of which has approximately 7500 veterans enrolled for primary care) as well as the Rheumatology, Nephrology, Infectious Diseases, Oncology and Liver Clinics at the main facility. One student will spend one day per week offsite at the DC VAMC Greenbelt Community Based Outpatient Clinic (CBOC) which has approximately 2500 patients enrolled for primary care.

Students assigned to DC VAMC will do all of their clinical work there, and will participate in preceptor rounds (two half days per week) and attend Junior Medicine Seminars (one noon lecture per week; scheduled on same day as preceptor rounds) all at the DC VAMC. The faculty meet regularly and will give composite evaluations and feedback. Midterm and final evaluations will be provided to a USU billeted site director (Dr. Gleeson), who will give final feedback and complete final grade calculations.

Parking is available in the large lot to the left of the main entrance at the DC VAMC, and in front of the building at the Greenbelt CBOC.

PATIENT NOTES

Students must write appropriate notes on every patient evaluated. Access to electronic resources at the DC VAMC should not be limited; if you have difficulty, please contact your site director immediately. Notes MUST be written on all patients encountered regardless of difficulty accessing electronic resources.

DC VAMC DAILY CLERK SCHEDULE

| <u>Days</u> | <u>Hours</u> | <u>Activity</u> | <u>Comments</u> |
|-------------|--------------|---|-------------------|
| M – F | 0800-1200 | Clinics as assigned | <i>Mandatory</i> |
| M – F | 1200-1300 | Noon Conference (Med Conf Rm A)* | <i>Encouraged</i> |
| M – F | 1300-1600 | Clinics as assigned | <i>Mandatory</i> |
| Thurs | 1200-1330 | Junior Medicine Seminar (Med Conf Rm B) | <i>Mandatory</i> |
| Tues | 1300-1345 | Dermatology lecture (Med Conf Rm A) | <i>Optional</i> |
| M&Th | 1330-1530 | Preceptor Meeting (<i>times may vary</i>) | <i>Mandatory</i> |

*except Medicine Grand Rounds on Wednesdays 1200-1300 in Lincoln Auditorium

CHECK IN AND ORIENTATION

On odd numbered blocks; i.e., 1, 3, 5, and 7, students assigned to the DC VAMC will initially report to USU, building A, lecture room D for orientation and pretest. After the pretest at USU, students will then report to the DC VAMC (main campus, Room 4A-155) on their first day at 1300 to obtain ID cards and computer access. Dr. Gleeson will provide rotation schedules.

On even numbered blocks; i.e., 2, 4, 6, and 8, students assigned to the DC VAMC will report to the DC VAMC (main campus, Room 4A-155) on their first day at 0800 to obtain ID cards and computer access, and will report to Dr. Gleeson to obtain rotation schedules.

All students **must complete online CPRS (Electronic Medical Record) training** at this website: <http://www.vehu.va.gov/vehu/WBTPages/WBT06.cfm?ClassNum=880H> **before reporting**. Students should complete at least tabs 2, 5, 6, 7, and 8, and any other modules they desire. This will cover the patient selection screen, meds tab, orders tab and notes tab. Other tabs may also be useful. **Students will receive a clinical registration form by email prior to their rotation at the DC VA. Students must complete the clinical registration form** and fax it to Roland T. DeLeon at 202-75-8184 before reporting (or scan and email to roland.deleon@va.gov). Students should also bring a copy of this form on the first day of the rotation.

Students should bring 2 forms of picture ID and car registration for a VA ID and parking pass. Even block students should finish the on-site training in ½ day and plan to start clinic that same day if scheduled. Odd block students should finish the on-site training in the first afternoon and plan to start clinic on the next day.

WEB LOGS

All outpatient clerks will enter their patients into the Clinical Web Log via the USUHS Web Page on a regular basis. During business hours computers are available in all exam rooms in assigned clinics as well as in the Internal Medicine office spaces (4th floor of main hospital across from Lincoln Auditorium). Students may print out their web logs from one of the computers next to Mr. Roland DeLeon's desk in the Internal Medicine office spaces. Students must bring a copy of their updated web log to their midpoint feedback session, as well as a copy of their finalized web log to their final feedback session with Dr. Gleeson.

MEALS

The DC VAMC cafeteria (in the basement of the main hospital) is open daily from 0700-1830. Additionally, a coffee shop in the main lobby serves salads, sandwiches, muffins and pastries from 0700-1700.

UNIFORM

Students will wear civilian attire while rotating at the DC VAMC. Men should wear a shirt and tie, slacks, dress shoes and their white coat. Women should wear the equivalent.

LOCKERS

Lockers are available in the Internal Medicine Residency break room on the fourth floor of the main hospital between the Medical ICU and the Medicine inpatient ward. Please bring your own lock.

DIRECTIONS

To the Main DC VAMC Campus: Take Connecticut Avenue into DC. Take a left onto Porter Street and follow this across Rock Creek Park. Once over the bridge, take a right at the light onto Adams Mill Road NW. Stay in the left lane onto Irving Street NW. Follow this for approximately 2 miles through DC.

Address:

DC VA Medical Center
50 Irving Street NW
Washington, DC 20422

To the VA Greenbelt Community Based Clinic: Take the Inner Loop of the Beltway towards Baltimore/Silver Spring. Past I-95 north, take MD193E exit towards NASA Goddard/Glen Dale. Turn left onto Greenbelt RD/MD-193E. Turn right onto Hanover Parkway, then right onto Greenway Center Drive

Address:

Greenbelt Community Based Outpatient Clinic
Greenway East Professional Center, Suite T-4
7525 Greenway Center Drive
Greenbelt, MD 20770

POINTS OF CONTACT

Site Clerkship Director:

Todd Gleeson, MD MPH

LCDR MC USN

Cell: (410) 404-9206

Email: todd.gleeson@gmail.com (preferred); todd.gleeson@usuhs.mil

DC VAMC Clerkship Administrator for USUHS students: Sandy Hofmann:

sandyleehof@gmail.com; cell (301) 275-6920; fax (301) 238-5907

DC VAMC Medicine Residency Coordinator (and medical student coordinator):

roland.deleon@va.gov; phone: (202) 745-8471; fax: (202) 745-8184

DC VAMC yellow clinic: Dr. Katherine Auerswald: katherine.auerswald@va.gov; phone: 202-745-8000, ext 6405

DC VAMC orange clinic: Dr. Melissa Turner: mturner@va.gov; phone: 202-745-8000, ext 5077

DC VAMC red clinic: Dr. Joanna Rosen: joanna.rosen@va.gov

DC VAMC green clinic: Dr. Navjit (Nicky) Goraya: navjit.goraya@va.gov

Greenbelt Outpatient Clinic: Dr. Pete Stengel: peter.stengel@va.gov ; phone: 202-745-8421

GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

NAVAL MEDICAL CENTER SAN DIEGO (NMCS D)

ORGANIZATION

NMCS D is the military referral medical center in the Southwestern United States, serving the entire twenty-one state Tricare Western region.

Ward clinical clerks will be assigned to one of the three ward teams that cover the Inpatient Medicine Service at NMCS D. A ward team consists of a staff attending physician, a senior resident, two interns, one fourth-year student (periodically), and one third-year student. Each team takes call every 3rd day. A night float resident covers for the senior resident from 1930 to 0730 on call days. Students are expected to follow their intern's schedule and may follow their residents on weekend overnight calls. They will not be expected to attend ward activities when they have USU didactic activity (preceptor group or Jr. Seminar series). Ward students are to average one day off per week, which generally means that they are free of clinical responsibility on the Friday, Saturday or Sunday when their ward team is pre-call.

Ambulatory clinical clerks will rotate through general medicine and subspecialty clinics. The preceptor and faculty members with whom you work will serve as your evaluators. Students on the Ambulatory portion of the Clerkship will not be required to take call or work on weekends and national/clinic holidays.

Outpatient care is a challenging and rewarding experience with unique demands on time management and decision making skills. The goal is to develop and refine each student's ability to gather and synthesize patient data in the environment in which most of clinical medicine is practiced. To take full advantage of this setting, students must **prepare** in advance for each clinic, be on time, **focus** the encounter as appropriate, and **follow-up** on all laboratory and radiographic tests. Students will independently evaluate and complete notes for at least two patients in each half day of clinic.

TEACHING PROGRAM

The NMCS D Department of Medicine is responsible for training Internal Medicine Residents and other rotating housestaff in addition to medical students. We have a robust daily didactic program from 0730-0915, sub-specialty clinic didactics, Grand Rounds and other learning opportunities. Medical students are invited to attend these when possible, although commitments to patient care remain the highest priority.

The clerkship schedule listed below includes multiple mandatory and encouraged activities. This has sometimes resulted in students being scheduled for more than one "mandatory" activity at the same time. To help prevent conflict and anxiety for the student, the following is a list of mandatory meetings in descending order of priority, in case of simultaneous scheduling (which we will make every attempt to avoid):

1. Preceptor rounds
2. Junior Medicine Seminars
3. Attending rounds

The schedule listed below is subject to change. If a clinic staff is unexpectedly unavailable, the student should attempt to identify another staff in the same clinic to fill the slot. Any such cancellation should be reported to the Outpatient Clerkship Director via email. Any difficulty with finding an available clinic opportunity should be immediately reported to the Outpatient Clerkship Director, who will assist the student in finding another clinic opportunity.

Each student will receive an individualized schedule upon arrival to NMCS D. The schedule below is a guide as to what to expect.

NMCS D CLERKSHIP SCHEDULE

| <u>Days</u> | <u>Hours</u> | <u>Title</u> | <u>Comments</u> |
|----------------------------|--------------|--|-----------------|
| <u>Ward Students</u> | | | |
| Mon-Fri | 0730-0915 | IM Didactics (Radiology South Conf. Room) | Encouraged |
| Mon-Sun | Daily | Daily inpatient rounds (TBD Based on Team) | Mandatory |
| Mon | 1200-1330 | Junior Medicine Seminar | Mandatory |
| Mon | 1330-1630 | Preceptor Rounds (TBD) | Mandatory |
| Thurs | 1300-1600 | Preceptor Rounds (TBD) | Mandatory |
| <u>Ambulatory Students</u> | | | |
| Mon-Fri | 0730-0915 | IM Didactics (Radiology South Conf. Room) | Encouraged |
| Mon-Fri | 0930-1200 | Outpatient Clinic (See individual schedule) | Mandatory |
| Tue | 1300-1700 | Outpatient Clinic (See individual schedule) | |
| Mon | 1200-1330 | Junior Medicine Seminar | Mandatory |
| Mon | 1330-1630 | Preceptor Rounds (TBD) | Mandatory |
| Thurs | 1300-1600 | Preceptor Rounds | Mandatory |

REPORTING AND DEPARTURE

On the first day of each rotation report to the Internal Medicine Chair Office located in Bldg 3 on the third floor NLT 0800. During orientation, you will get your ID Badge and CHCS/Essentris access and you will meet with the Associate Clerkship Director who will provide an orientation to the Medicine Clerkship, administer a PreTest (on the first day of the Clerkship), take you on a tour of the facility, and introduce you to the ward teams or orient you to the clinic as appropriate. You should anticipate clinical responsibilities starting on the first day. Prior to arrival, all students should complete the latest version

of information assurance awareness on NKO or AKO and bring certificate as proof of completion to check in.

The rotation concludes by noon on the sixth Friday of the rotation. You will receive final feedback from the Associate Clerkship Director in the final week of your rotation. All students will take their final examinations at NMCS D on Monday of twelfth week of the clerkship. No student will be permitted to begin his or her rotation late, terminate it early, or be absent for clinical responsibilities, without prior written permission from the Assistant Clerkship Director after discussion with the Clerkship Director, Dr. Denton at USU; such permission is considered based on the nature of the circumstance. No other faculty member or house officer at NMCS D may give a student permission to leave NMCS D. In the event of an acute illness, students are to contact the Associate Clerkship Director promptly.

HOUSING

Final housing arrangements for students at NMCS D for AY 2011-2012 were pending at the time of publication of this handbook.

UNIFORM

The Uniform of the Day for Navy personnel at NMCS D are Khaki's, NWU's or seasonal appropriate uniform (whites in summer, service dress blues in winter). Army and Air Force personnel are authorized to wear BDUs or "class B" uniforms. Wearing of scrubs is authorized only in the evening on overnight call. Students should be back in uniform by 0730 the morning after call. Professional civilian attire is authorized at the hospital on weekends and holidays.

MEALS

The hospital galley hours are **limited**. Service hours are: 0600-0800 and 1030-1300, Monday through Friday. Fast food franchises such as Subway, McDonald's and Rice King are available with more liberal hours of operation. Two Navy Exchange mini-marts and vending machines are available to you. You may bring your own meals as well; refrigerators and a microwave are available.

LOCAL TRAVEL / EMERGENCY LEAVE

While you are at NMCS D you are expected to remain in the local area, although trips within a three hour drive of the local area on weekends and holidays are perfectly acceptable. **Trips outside of the immediate area INCLUDING MEXICO AND LAS VEGAS are strictly forbidden.** Air travel is not authorized.

MAIL

Until you have a local address, mail can be forwarded to you at:

Student's name (USU)
Attn: GME office
34800 Bob Wilson Drive
San Diego, CA 92134

Contact Information

Brett Partridge, LCDR, MC, USN
Assistant Professor of Medicine, USU
Associate Clerkship Director - NMCS D
Phone: (619) 218-7190(cell) (619) 532-9275 (office)
EMAIL: brett.partridge@med.navy.mil

Anthony Keller, LCDR, MC (FS), USN
Assistant Professor of Medicine, USU
Associate Clerkship Director - NMCS D
Phone: (619) 804-2962(cell) (619) 532-7400 (office)
EMAIL: anthony.keller@med.navy.mil

Ms. Lucy Rodriguez
Cardiology Educational Coordinator
Phone: (619) 532-7504
EMAIL: lucy.rodriquez@med.navy.mil

MEDICINE CLERKSHIP EVALUATION FORM

Student Name: _____

Dates: From _____ To: _____

Circle one: MIDPOINT or FINAL

Site: _____ Evaluator: _____

For each area of evaluation, please check the appropriate level of ability. Qualities should be cumulative as rating increases, e.g. an outstanding rating for physical exam skills assumes that major findings are identified in an organized, focused manner AND that subtle findings are elicited. Indicate the level at which the student consistently performs.

| <i>OUTSTANDING</i> | <i>ABOVE AVERAGE</i> | <i>ACCEPTABLE</i> | <i>NEEDS IMPROVEMENT</i> | <i>UNACCEPTABLE</i> |
|--|---|--|---|---|
| DATA GATHERING | | | | |
| Initial History/Interviewing Skill | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Resourceful, efficient, appreciates subtleties, prepares for management. | <input type="checkbox"/> Precise, detailed, appropriate to setting (ward or clinic), focused/selective. | <input type="checkbox"/> Obtains basic history. Identifies new problems. Accurate data gathering. | <input type="checkbox"/> Inconsistent reporter. Incomplete or unfocused. Inconsistent data gathering. | <input type="checkbox"/> Unreliable reporter. Inaccurate, major omissions, inappropriate. |
| Physical Examination Skill | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Elicits subtle findings | <input type="checkbox"/> Organized, focused, relevant | <input type="checkbox"/> Major findings identified | <input type="checkbox"/> Incomplete, or insensitive to patient comfort | <input type="checkbox"/> Unreliable exam; misses major findings |
| DATA RECORDING | | | | |
| Written Histories & Physicals | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Concise, reflects thorough understanding of disease process & patient situation | <input type="checkbox"/> Documents key information, focused, comprehensive, reporting implies interpretation | <input type="checkbox"/> Accurate, complete, timely reporting. Takes ownership of Reporter role. | <input type="checkbox"/> Often late; poor flow in HPI, lacks supporting detail, labs, or incomplete problem lists. Gaps in reporting. | <input type="checkbox"/> Inaccurate data about patient or disease. Major omissions. Unreliable reporting, recording. |
| Progress Notes/Clinic Notes | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Analytical in assessment and plan | <input type="checkbox"/> Precise, concise, organized | <input type="checkbox"/> Identifies on-going problems & documents plan | <input type="checkbox"/> Needs organization, omits relevant data | <input type="checkbox"/> Reports incorrect or inaccurate data |
| Oral Presentations | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Tailored to situation (type of rounds); emphasis and selection of facts teaches others key points | <input type="checkbox"/> Fluent reporting; focused; good eye contact; selection of facts implies interpretation; uses minimal notes | <input type="checkbox"/> Maintains format, includes all basic information | <input type="checkbox"/> Major omissions, often includes irrelevant facts, rambling | <input type="checkbox"/> Consistently ill-prepared, does not know facts about patient, reports inaccurate information |
| KNOWLEDGE | | | | |
| In General | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Understands therapeutic interventions, broad-based | <input type="checkbox"/> Demonstrates thorough understanding of diagnostic approach; consistently able to interpret data | <input type="checkbox"/> Demonstrates understanding of basic pathophysiology | <input type="checkbox"/> Struggles to interpret data; demonstrates marginal understanding of basics. | <input type="checkbox"/> Major deficiencies in knowledge base |
| Relating To Own Patients | | If Not Observed, Check Here o | | |
| (check as consistently applicable) <input type="checkbox"/> Broad textbook mastery <input type="checkbox"/> Directed EBM search <input type="checkbox"/> Educator of others | <input type="checkbox"/> Provides expanded differential diagnoses, able to discuss minor problems; sufficient to suggest management | <input type="checkbox"/> Knows basic differential diagnoses of active problems in patients; actively seeks knowledge | <input type="checkbox"/> Inconsistent and/or insufficient understanding, to be able to interpret consistently on own patients | <input type="checkbox"/> Lacks knowledge to understand own patients' problems; rarely sufficient to interpret |
| DATA INTERPRETATION | | | | |
| Analysis | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Understands complex issues, interrelates patient problems | <input type="checkbox"/> Consistently offers reasonable interpretation of data | <input type="checkbox"/> Constructs problem list, applies basic, reasonable differential diagnosis | <input type="checkbox"/> Frequently reports data without analysis; problem lists need improvement | <input type="checkbox"/> Cannot interpret basic data; problem lists inaccurate/not updated |
| Judgment/Management | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Insightful approach to management plans | <input type="checkbox"/> Diagnostic decisions are consistently reasonable | <input type="checkbox"/> Appropriate patient care, aware of own limitations | <input type="checkbox"/> Inconsistent prioritization of clinical issues | <input type="checkbox"/> Poor judgment, actions affect patient adversely |
| MANAGEMENT SKILLS | | | | |
| Patient Care Activities | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Negotiates with patients, coordinates health care team | <input type="checkbox"/> Efficient & effective, often takes initiative in follow-up (clinic or ward) | <input type="checkbox"/> Monitors active problems, maintains patient records, fulfills duty toward patient | <input type="checkbox"/> Needs prompting to complete tasks; follow-up is inconsistent | <input type="checkbox"/> Unwilling to do expected patient care activities; unreliable |
| Procedures | | If Not Observed, Check Here o | | |
| <input type="checkbox"/> Proficient and skillful; engages patient in informed consent process | <input type="checkbox"/> Careful, confident, compassionate, participates in informed consent process | <input type="checkbox"/> Reasonable skill in preparing for, and doing procedures; reports indications | <input type="checkbox"/> Awkward, reluctant to try even basic procedures. Cannot relate indications | <input type="checkbox"/> No improvement even with coaching, insensitive toward patients |

PROFESSIONAL ATTITUDES

Reliability/Commitment

| | | | | |
|---|---|---|--|---|
| o Accepts full personal ownership in education & patient care | o Seeking responsibility as manager; views self as active participant in patient care | o Fulfills responsibility, accepts ownership of essential roles in care | o Often unprepared, not consistently present, not reporting accurately | o Unexplained absences, unreliable. Makes no promise of duty. |
|---|---|---|--|---|

Response to Instruction/Feedback

| | | | | |
|--|---|---|--|---|
| o Continued self-assessment leads to further growth; insightful reflection | o Seeks and consistently improves with feedback; self-reflective. | o Takes ownership for improvement; generally improves with feedback | o Inconsistent, does not sustain improvement | o Lack of improvement; defensive/argumentative; avoids responsibility |
|--|---|---|--|---|

Self-Directed Learning (knowledge and skills)

| | | | | |
|--|--|--|--|---|
| o Outstanding initiative, consistently educates others | o Sets own goals; reads, prepares in advance when possible | o Reads appropriately, and accepts ownership for self-education. | o Needs prompting, not consistently improving expertise. | o Unwilling, lack of introspection. Makes no effort to improve expertise. |
|--|--|--|--|---|

PROFESSIONAL DEMEANOR

Patient Interactions

| | | | | |
|---|--|--|--|---|
| o Preferred provider; seen as care manager by patients/teachers | o Gains confidence & trust, duty is evident to patient/healthcare team | o Sympathetic, respectful, develops rapport, gains trust | o Occasionally insensitive, inattentive; not trusted as advocate, reporter | o Avoids personal contact, tactless, rude, disrespectful. |
|---|--|--|--|---|

Response to Stress

| | | | | |
|---|------------------------|--------------------------|--|------------------------|
| o Outstanding poise, constructive solutions | o Flexible, supportive | o Appropriate adjustment | o Inflexible or loses composure easily | o Inappropriate coping |
|---|------------------------|--------------------------|--|------------------------|

Working Relationships

| | | | | |
|--|--|--|------------------------------------|------------------------------|
| o Establishes tone of mutual respect & dignity | o Good rapport with other hospital staff | o Cooperative, productive member of own team | o Lack of consideration for others | o Antagonistic or disruptive |
|--|--|--|------------------------------------|------------------------------|

DESCRIPTIVE COMMENTS: (Written descriptive comments are also required. **What is the "next step" for this student?)**

Please check each step the student has consistently reached: o Reporter o Interpreter o Manager o Educator

Recommended Grade: _____ Midpoint or Final (circle one)

Have you discussed this report with the student? _____

Printed Name _____ Signature _____ Date _____ Intern _____ Resident _____ Attending _____ Preceptor _____

Our System is Based on Performance Criteria Rather Than Percentages. Please Use These to Describe Current Level of Student Work

- PASS: (Reporter)** Satisfactory performance. Obtains and reports basic information completely, accurately, reliably; is beginning to interpret; Works professionally with patients, staff, colleagues. Distinctive personal qualities should be recognized in descriptive comments.
- HIGH PASS: (Interpreter)** Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for clinics. Promises of duty/expertise evident.
- HONORS: (Manager/Educator)** Outstanding ratings in most major areas of evaluation. Fourth-year level of patient care, actively suggests reasonable management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional.
- LOW PASS:** Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others. Has shown evidence of progress and may be able to perform acceptably as an intern following additional experience in Medicine during Fourth Year without having to repeat the entire third year clerkship.
- FAIL:** Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A recommendation of Fail means additional Medicine rotation(s), usually at the third year level, is/are needed to address deficiencies.