

EXHIBIT A: CURRICULUM



ROSS UNIVERSITY
SCHOOL OF MEDICINE

RUSM CLINICAL CURRICULUM GUIDELINES INTERNAL MEDICINE

Overview:

The clinical core clerkships at Ross University School of Medicine (RUSM) are conducted at approximately 30 clinical sites around the United States. The purpose of this document is to:

1. Provide guidance to both educators and students on expectations for Ross students during their core clerkship rotations.
2. Achieve consistency in the educational materials presented to students during their core clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. The University encourages experienced medical educators to pursue their educational methods that have proven successful in their own institutions. This guide is meant to assist students in understanding the core learning objectives that faculty in the Ross University School of Medicine apply across all sites and that students should strive to achieve.

Internal Medicine Curriculum

(Clinical Chair: Vijay Rajput, MD, FACP, SFHM; Clerkship Director)

Course Information:

Course Title: Internal Medicine

Course Number: CMDC5002

Credit Hours: 12 credits

Course Pre-requisites: Internal Medicine Foundations (IMF)

Course Overview: Clinical clerkships form the foundation of medical student clinical education. Sir William Osler created the first clerkship and established this traditional format more than a century ago¹. He created a model in which the student was involved initially as an observer and then, with more experience, became an active participant on the inpatient wards. Since Osler's time, clerkships have assumed more structure and purpose. To ensure a comprehensive and consistent learning experience, third year clerkships have established formal goals and objectives, including types of patient encounters and disease states to be seen by students, the nature of the clinical experiences, and competencies to be achieved by the end of the rotation.

The goals and objectives of the Ross University School of Medicine internal medicine clerkship are consistent with those created by the Clerkship Directors of Internal Medicine, an organization of clerkship directors of medical schools in the U.S.² The objectives for the clerkship were also created in concert with the objectives of the other core clerkships in the Ross University curriculum, and, when taken together as a whole, provide a firm foundation for pursuing advanced studies in clinical medicine during the fourth year. Perhaps more than the other specialties, the task of learning internal medicine may at first appear daunting and hopelessly challenging. We hope that through this curriculum, you will experience a satisfying introduction to an exciting specialty. It is our overall goal that you will find your clerkship experience both rewarding and transformative.

1: Bliss, Michael (1999). William Osler: a life in medicine. Oxford, New York: Oxford University Press. ISBN 9780195123463. OCLC 41439631

2: Website for Clerkship Directors in Internal Medicine is available at <http://www.im.org/About/AllianceSites/CDIM/Pages/Default.aspx> The core Internal Medicine clerkship will serve primarily as an inpatient service experience in which students will apply concepts of diagnosis and management to hospitalized and ambulatory patients. Student experiences will focus on areas traditionally identified and related to internal medicine; for example, the pathophysiology of non-surgical diseases, and the application of non-surgical diagnostic and therapeutic techniques. Internal Medicine experiences will take place primarily on general medical/surgical floors and specialty units. Any outpatient experiences will be designed to provide students with an understanding of routine care performed in the physician's office/clinic, and will be at the discretion of the Attending/Preceptor.

General Clerkship Expectations:

1. **Study Hours:** Reading/Case assignments are outlined and organized by week. Students should set aside time in review and preparation for the NBME subject exam. Case reviews and formative questions are great tools for surface learning, but the textbook and articles give comprehensive review of topics. In-depth understanding fosters greater retention.

2. **Work Hours:** Students are subject to the same ACGME work hour restrictions as PGY-1 residents. However, clinical activity is limited to 70 hours/week. Students should also be limited to 17 hours of continuous clinical activity.

Please see the current Student Handbook for details.

3. **Patient Interaction:** Students are expected to interact with and be responsible for an adequate number of patients at any given time. Under the supervision of residents/faculty members, and in conjunction with the interdisciplinary team, robust clinical experiences and learning opportunities are assured.
4. **Case Presentations:** Students are expected to present cases and receive feedback of their presentation skills, medical reasoning, differential diagnosis and management plans. Formal didactic presentations may also be required.
5. **Patient Note:** Clerkship students must follow the procedures and qualifications for both paper chart and electronic medical record patient notes as detailed by the hospital to which they are assigned.
6. **Essential Patient Encounters / Procedures:** A list of the minimum number and types of patients to be seen during a clerkship is provided. All EPEs and EPPs must be recorded in the Patient Log as either a real patient or if needed, a Complementary Case. Although the sequence of each encounter will vary by location and assignment during each rotation, we encourage you to log each encounter soon after the interaction.

Learning Objectives:

Core Clerkship Purpose and Goals:

The IM Clerkship is one of the six core components of RUSM core clerkships in the third year of the medical school program. Students will be assigned to rotate either at the hospital with adult Internal Medicine patients and/or IM office for patient encounters and hands-on clinical exposure. Additionally, students will attend formal conferences/didactic sessions each week at assigned clerkship sites and online education modules provided in this document. Additionally, they can also be found on Ross portal.

Your attendance at the didactic sessions is mandatory. This is to maximize the learning experience. You are allowed one excused absence during the entire IM clerkship, didactics and unique clinical episodes involving your patient experience. If you miss any activity for a unique clinical episode you must report this to the local contact and main clerkship director or, in his or her absence, to the department chair. All other requests for an excused absence are to be made through the Office of the Associate Dean for Student Affairs.

As a matter of policy, any student having an unexcused absence during the year will be referred to the associate dean for student affairs and admissions. See Student Attendance Policy in the student handbook.

- The core IM clerkship will primarily be in the inpatient acute care setting, although most general internal medicine physicians in practice spend much of their time in the ambulatory setting.
- The IM clerkship experiences will occur primarily on general medical/surgical floors and specialty units with students participating as integral members of a patient-care team. Outpatient experiences will be designed to provide students with an understanding of routine care performed in the physician's office/clinic, and will be at the discretion of the Attending/Preceptor.

The AAMC has accepted the system for the evaluation of graduate medical education that has also proved useful in organizing undergraduate education. The education and evaluation of a doctor-in-training is partitioned into eight distinct areas or core competencies: Patient-Centered Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, and Systems-Based Practice Skills, Inter-Professional Collaboration, and Personal and Professional Growth.

Medical Knowledge Competencies (MK):

As a student, you will demonstrate a good understanding of existing and evolving scientific information and its application to patient care. This should include daily reading about the medical conditions of the patients with whom you have encounters.

Patient Care (PC) Competencies:

Demonstrate the ability to provide patient care for common health problems across disciplines that is considerate, compassionate, appropriate and effective. Prepare organized, timely, and accurate patient progress notes including results and interpretation of diagnostic studies and deliver relevant, accurate and succinct oral case presentations.

Professionalism:

Demonstrate commitment and the ability to perform your responsibilities with respect, compassion and integrity, unconditionally in the best interest of patients.

Interpersonal and Communication Skills:

Demonstrate the ability to effectively communicate and collaborate with patients, families and healthcare professionals.

Practice-Based Learning and Improvement:

Demonstrate the ability to investigate and evaluate care of patients, appraise and assimilate scientific evidence and continuously improve patient care based on constant self-evaluation and life-long learning.

Systems-Based Practice:

Demonstrate awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively utilize other resources in the system to provide optimal health care.

Inter-professional Collaboration

Demonstrate the ability to engage with and work in an inter- professional team in a manner that optimizes safe, effective patient and population-centered care.

Personal and Professional Development:

You will develop the qualities required to sustain lifelong personal and professional growth.

Goals and Objectives:

During a 12-week rotation in Internal Medicine, students will have an opportunity learn and master following:

- Skills of medical-history taking and physical examination.
- Formulating a concise list of differential diagnoses and attempting to generate an assessment and plan on any patient admitted to the Internal Medicine service.
- Proficiency in gathering and interpretation of data in preparing the assessments of patients.
- Medical knowledge about the pathogenesis, presentation, evaluation and management of conditions commonly treated by IM physicians.
- How to interpret normal and abnormal laboratory values, read x-rays, CT scans, EKGs
- Understanding and integration of ancillary medical services (social work, nutrition, physical therapy, etc.) in the total care (systems-based practice) of the adult patient.
- Didactic material in Internal Medicine Essentials, Becker lecture series for Students and e College/Med U cases - listed as part of this document.

Tips to excel in your clerkship:

- Find out what your resident and/or preceptor expect from you.
- Be motivated and show your enthusiasm.
- Actively participate in patients' plan of care and discussions.
- Go the extra mile for your patients and your team.
- Follow through on every assigned task related to patient care, reading, and presentation.
- Read consistently about your patients, for the NBME shelf examination and ultimately the CK and CS examinations.
- Learn and practice doing succinct presentations about your patient on the round.
- Be proactive and take the initiative.
- Speak up and share your thoughts on the rounds and teaching conferences.
- Actively seek feedback from everyone (residents, preceptors and nurses et al.)

Each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. In order to ensure that every student has an opportunity to master the essentials of internal medicine cases, they are advised to complete online resources available, which include Med U cases and IM didactic lectures.

Patient Care Responsibility:

It is important that you 'take ownership' of the care of your patients. This means that you should be completely engaged in the care of your patients, and feel that your contributions as a member of the health care team are meaningful and important. Of course, you should not be making medical decisions independently without guidance and approval of faculty and residents, but you should be proactive in making evidence-based suggestions about the evaluation and management of your patients. You should communicate frequently with your faculty preceptors and the patients you are following. Preferred modes of communication should be established at the outset of the rotation. You should adhere to important ethical guidelines on the care of patients, including boundary setting and the avoidance of inappropriate relationships.

Confidentiality:

You are required to maintain standards of confidentiality in accordance with HIPAA and ethical principles.

MiniCex:

These are direct observations of students by faculty during the IM clerkship. The students are required to complete at least 2 of them during their clerkship. They will be on the portal or in hard copy that students can carry during the clerkship. They should bring the MiniCex for review during the midterm assessment by the site clerkship director.

Required Activities:

The IM clerkship is a student-centered educational experience. Each student should establish and develop his or her own study schedule and set of experiences. To ensure that all students have the full IM clerkship experience, we require you to:

- Keep a log of all your patient encounters on eCollege.
- Complete Med U (www.med-u.org/simple) cases on appropriate patient encounters.
- Complete two PICO activity and log into the e-college and e value
- Complete Mini Cex/ midterm evaluation.
- Bring mid-term evaluation to preceptors for submission.

- Complete IM Didactic session/lectures - Becker's and associated reading.
- Take NBME shelf exam within 1 week of completing IM clerkship.
- Complete end-of-clerkship evaluation
- Complete the End of Clerkship Evaluation, and Attest to completing the Weekly Assignments

Over the last decade, the Accreditation Council for Graduate Medical Education (ACGME) has developed a system for the evaluation of graduate medical education that has also proved useful in organizing undergraduate education. The education and evaluation of a doctor in training has been partitioned into six distinct areas: Patient Centered Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice Based Learning and Improvement, and System Based Practice Skills.

RUSM advocates that core competencies be utilized as a means of organizing student education and evaluation; this is reflected in the goals of the internal medicine rotation above. Specific applications of the core competencies for the Internal Medicine Rotation are as follows:

Weekly Assignments:

We are providing a weekly study plan for assuring that you acquire the fundamental knowledge required of this clerkship. Adherence to this list of tasks and assignments will help maximize your comprehension of important topics, and will also be instrumental in your NBME Subject Clerkship Exam (SCE) preparation.

| I. Week 1 | II. Case | III. Description | IV. Resource |
|---|---|--|--|
| Orientation Complete history and physical examination including D/D and management | | | Schwartz text book chapter on H/P |
| Approach to chest pain | Case 1: Mr. Monson | Chest pain | IM essentials chapter 1 (pages 3-10) |
| Approach to abdominal pain | Case 9: Mrs. Turner Case 12: Mr. Wilson | Common causes and principles in management of abdominal pain | IM essentials Chapter 16 (pages 73-77) |
| Hospital admission Transition of care | | | See the link below for pdf file |
| Decision making | Module B on high value care on MedU website | Clinical reasoning | |
| Complete Mini-cex Week 2 | Case | Description | E college portal Resource |
| GI bleed (both upper and lower) | Case 10: Mrs. Blake | GI bleed | IM Essentials Chapter 27 (pages 113-117) |
| Pneumonia | Case 22: Mr. Groczek | V. All pneumonia | IM Essentials Chapter 57 (pages 241-244) and NEJM review articles on CAP |
| Pulmonary Embolism | Case 30: Ms. Bond | PE/DVT and Hypercoagulable state | IM Essentials Chapter 96 (pages 411-415) and NEJM review articles |

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|---|------------------------|--|--|
| CHF | Case 4: Mrs. Rivers | CHF | IM Essentials Chapter 7 (pages 27-31) and review articles from NEJM |
| Mini-cex Week 3 | Case | Description | Resource |
| COPD | Case 28: Mr. Honing | Approach to Dyspnea and COPD | IM Essentials Chapter 93 (pages 400-403) and NEJM review article on COPD |
| Abnormal LFT | Case 11: Mr. Chapman | Approach to Jaundice | IM Essentials Chapter 20 (pages 86-88) and review article |
| Hypertension (urgency and emergency) | Case 6: Mr. Hicks | Hypertension issues in hospitalized patient | Chapter from text books listed below Review article from NEJM |
| Asthma and abnormal PFT | | Asthma and how to read PFT | IM Essentials Chapters 89 and 92 (pages 385-399) |
| Mini-cex Week 4 | Case | Description | Resource |
| Approach to dizziness and Syncope | Case 3: Mrs. Koda | Syncope | See the link for articles below |
| DM - DKA and HHNK | Case 7: Ms. Williams | DKA and metabolic acidosis | IM Essentials Chapters 13 and 14 (pages 60-66) and NEJM |
| Approach to kidney disease and AKI | Case 33: Mrs. Baxter | Approach to hematuria, proteinuria, and AKI | IM Essentials Chapter 70 (pages 295-299) |
| Approach to fever of an unknown origin | Case 35: Ms. Jankowski | FUO and Endocarditis | IM Essentials Chapter 55 (pages 234-235) |
| Lung and breast cancer | | Lung and breast cancer | IM Essentials Chapters 81, 82 (pages 351-357) |
| Week 5 | Case | Description | Resource |
| Common skin and subcutaneous infections | | Approach to cellulitis and common skin infections | See the links below for review article |
| HIV/AIDS and opportunistic infections | Case 20: Ms. Hunt | HIV/AIDS and opportunistic infections | IM Essentials Chapter 62 (pages 260-263) |
| CVA and TIA | | | See link for NEJM review article |
| Change in MS/ Delirium | Case 25: Mrs. Kohn | Delirium and dementia | IM Essentials Chapter 76 (pages 327-332) |
| Fluid and electrolytes | | Hyponatremia and common electrolytes issues in hospital settings | IM Essentials Chapter 67 (pages 282-287) |

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| Mini-cex Week 6 | Case | Description | Resource |
| Approach to Joint pain, RA and OA, and Crystal- induced arthritis | Case 31: Mr. Nelson Case 27: Mr. Strout Case 34: Mr. Farber | Approach to joint pain , RA and OA, gout and CPPD and back pain | IM Essentials Chapters 97, 99,100, 101 (pages 417-440) |
| Common arrhythmias (SVT and VT) | | Arrhythmias (SVT and VT) and AFIB | IM Essentials Chapters 5 and 6 (pages 15-26) |
| SLE and Vasculitis | Case 32: Ms. Dickerson | SLE and approach and common Vasculitis | IM Essentials Chapters 103 and 106 (pages 440-443, 453-456) |
| Neutropenia and oncological emergencies | | Oncological emergencies | IM Essentials Chapter 88 pages 379-383) |
| Minicex Reflection on IM clerkships Mid clerkship formative assessment by site CD Week 7 | Case | Description | Resource |
| Disease of Gall bladder, bile ducts Pancreatitis | | Disease of gall bladder and pancreas | IM Essentials Chapters 23, 24 (pages 98-103) |
| Common thyroid and parathyroid diseases | | Approach to thyroid and parathyroid diseases | IM Essentials Chapters 11, 15, 68 (pages 48-53, 67-71, 288-290) |
| Common skin conditions and findings with a medical disease | Case 17: Mr. Moeller | Most common dermatological conditions for IM practice | IM Essentials Chapter 46 (pages 188-197) Images from Harrison text book |
| Geriatric assessment and dementia | Case 18: Mr. Caldwell | Geriatric assessment and approach to dementia | IM Essentials Chapter 43 (pages 177-180) |
| Week 8 | Case | Description | Resource |
| Patient safety: Medical error, common medication error, and infection in hospitalized patients | | Patient safety: nomenclature, principles, and common medication errors | See the link below |
| Pleural effusion and interstitial lung disease | | | IM Essentials Chapters 91, 95 (pages 391-394, 407-410) |
| Anemia and common bleeding disorders | Case 19: Ms. Winters | Anemia and common bleeding disorders | IM Essentials Chapters 47, 48, 52 (pages 197-207, 220-223) |
| Week 9 | Case | Description | Resource |

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|--|-------------------------|--|---|
| Chronic Liver disease, portal hypertension, and ascites | Case 36: Mr. Berlusconi | Chronic Liver disease, portal hypertension, and ascites | IM Essentials Chapters 21, 22 (pages 89-97) |
| Seizure /epilepsy and treatment | | Seizure /epilepsy and treatment | IM Essentials Chapter 79 (pages 339-343) |
| UTI/pyelonephritis and kidney stones | | UTI/pyelonephritis and kidney stones | IM Essentials Chapters 60, 72 (pages 252-255, 307-311) |
| Leukemia /lymphoma and multiple myeloma | | Leukemia /lymphoma and multiple myeloma | IM Essentials Chapter 87 (pages 373-378) |
| Week 10 | Case | Description | Resource |
| Platelet disorders ITP, TTP , HIT, and drug-induced | | | IM Essentials Chapters 49-50 (pages 208-210, 211-215) |
| Other Rheumatologic disease (PM, DM, Sjogren, GCA, PMR) | Case 32: Ms. Dickerson | Other rheumatologic disease (PM, DM, Sjogren, GCA, PMR) | IM Essentials Chapter 105 (pages 448-452) |
| Approach to acute and chronic diarrhea, IBD, and C diff | | Approach to acute and chronic diarrhea, IBD, and C diff | IM Essentials Chapters 25, 26 (pages 104-112) |
| Meningitis /encephalitis | Case 24: Mrs. Cole | Meningitis /encephalitis and treatment | IM Essentials Chapter 74 (pages 316-322) |
| Week 11 | Case | Description | Resource |
| EOL care/palliative care, AD/living will Symptoms treatment at EOL | | EOL care/palliative care, AD/living will Symptoms treatment at EOL | IM Essentials Chapter 44 (pages 181-184) |
| Common Pituitary and adrenal disorders | | Pituitary and adrenal disorders | IM Essentials Chapter 10 (pages 45-48) |
| STI | | Sexually transmitted disease | IM Essentials Chapter 61 (pages 256-259) |
| Shock /sepsis and principles of management | Case 21: Mr. Ramirez | Shock /sepsis and principles of management | IM Essentials Chapter 64 (pages 267-270) and see link below for reviews |
| Week 12 | Case | Description | Resource |
| Tuberculosis, Osteomyelitis, and common tick-borne disease in USA | Case 29: Mrs. Kapoor | Tuberculosis, Osteomyelitis, and common tick-borne disease in USA | IM Essentials Chapters 58, 63 (pages 245-248, 264-266) See the link below for tick- borne infections |
| CKD and kidney replacement therapy (HD, PD) | Case 23: Ms. Torres | CKD and kidney replacement therapy (HD, PD) | IM Essentials Chapter 71 (pages 300-306) |
| Common drug overdose, toxins in USA, and acidosis | Case 26: Mr. Johnson | Common drug overdose, toxins in USA, and acidosis | See the link below for review article |
| Common neuromuscular disease and neuropathy (GBS, | | Common neuromuscular disease and neuropathy (GBS, MG, MS, | IM Essentials Chapters 77, 80 |

Clerkship Grading:

Clerkship Grading Overview:

1. Clinical Clerkships Assessment of Medical Student Performance - **65% of your final clerkship grade**
2. NBME SCE - 25%
3. Online Curriculum Requirements - 10% (in order to receive full credit a student must:
 - a. Log 100% of EPEs/EPPs
 - b. Confirm a Mid-Clerkship Review
 - c. Complete the End of Clerkship Evaluation)

Clinical Clerkship Assessment of Medical Student Performance:

Clinical Clerkship Assessment of Medical Student Performance (CCAMSP) - 65% of your final clerkship grade

The Clinical Clerkship Assessment of Medical Student Performance form, exhibit A.1, will be completed by your site clerkship director with input from all of those who have worked with you throughout the clerkship.

National Board of Medical Examiners (NBME) Subject Clerkship Exam (SCE) – 25% of your final grade:

Students will have a 14-day "window" to sit for the subject clerkship exam. The window begins on the last Monday of the rotation.

Students are required to coordinate their exam date with the office of medical education and the director of medical education at their respective site to minimize impact on clinical responsibilities.

Failure of a SCE exam results in an "Incomplete" with an opportunity to re-take the exam and receive a maximum grade of "C" for the SCE. Other policies related to the Clinical Clerkship Assessment of Medical Student Performance component of the grade are established and unchanged (i.e., two or more "F" grades results in a failing grade for the rotation).

Please refer to the Latest Student Handbook for further details.

Online Curriculum Participation - 10% of your final grade:

Online Curriculum Requirements consist of:

- A. Log 100% of EPEs/EPPs
- B. Confirm a Mid-Clerkship Review
- C. Complete the End of Clerkship Evaluation.

Adherence to the above is made possible through the many resources within the eCollege course, and use of E*Value for recording.

Failure to complete **all** components of the Online Curriculum Requirements will result in an "Incomplete" or failing grade for this portion of the final core clerkship grade.

Required Clerkship Experience:

During your rotation, you will be required to be familiar with certain diagnoses and several procedures. We have used the terms Essential Patient Encounters (EPE) and Essential Patient Procedures (EPP) to designate these conditions. Aware that you might not actually experience every condition, we have provided Complementary Cases (MedU Simple Cases or articles) to help you fulfill these requirements. These simulated cases may also be used as a review, or to prepare for encounters at your clinical site.

EPEs:

The assignments below can be completed in any order and do not follow a weekly required format.

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Case | IM Essentials Chapter References |
|--|----------------|--|---|
| Patient Intervention Comparison Outcome (PICO) | 2 | PICO Assignment Information | |
| Chest Pain | 2 | Case #1: Mr. Monson | Chapter 1 pp. 3-10 |
| Abdominal Pain | 3 | Case #9: Mrs. Turner Case #12: Mr. Wilson | Chapter 16 pp. 73-77 |
| GI Bleed (upper and lower) | 2 | Case #10: Mrs. Blake | Chapter 27 pp. 113-117 |
| Pneumonia | 2 | Case #22: Mr. Groczek | Chapter 57 pp. 241-244 |
| Pulmonary Embolism | 2 | Case #30: Ms. Bond | Chapter 96 pp. 411-415 |
| CHF | 3 | Case #4: Mrs. Rivers | Chapter 7 pp. 27-31 |
| Abnormal LFTs | 2 | Case #11: Mr. Chapman | Chapter 20 pp. 86-88 |
| COPD | 2 | Case #28: Mr. Honing | Chapter 93 pp. 400-403 Chapter 89 |
| Hypertensive Emergency/Urgency | 1 | Case #6: Mr. Hicks | Chapter 92 pp. 385-399 Chapter 89 |
| Asthma and Abnormal PFT | 2 | NEJM: Whistling in the Dark | Chapter 92 pp. 385-399 |
| Dizziness and Syncope | 1 | Case #3: Mrs. Koda | Chapter 13 |
| DM - DKA and HHNK | 2 | Case #7: Ms. Williams | Chapter 14 pp. 60-66 |
| Kidney Disease and AKI | 1 | Case #33: Mrs. Baxter | Chapter 70 pp. 295-299 |
| Fever of an Unknown Origin | 1 | Case #35: Ms. Jankowski | Chapter 55 pp. 234-235 Chapter 81 |
| Lung and Breast Cancer | 1 | | Chapter 82 pp. 351-357 |

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Case | IM Essentials Chapter References |
|--|----------------|--|----------------------------------|
| Common Skin and Subcutaneous Infection | 2 | Skin and Soft Tissue Infections in Immunocompetent Patients | |
| HIV/AIDS and Opportunistic Infections | 1 | Case #20: Ms. Hunt | Chapter 62 pp. 260-263 |
| CVA and TIA | 1 | NEJM: Acute Ischemic Stroke | |
| Change in MS/Delirium | 2 | Case #25: Mrs. Kohn | Chapter 76 pp. 327-332 |
| Fluid and Electrolytes | 2 | Case 23-2013: A 54-Year-Old Woman with Abdominal Pain, Vomiting, and Confusion | Chapter 67 pp. 282-287 |
| | | | Chapter 97 |
| | | | Chapter 99 |
| Joint Pain, RA and OA, and Crystal Induced Arthritis | 1 | Case #31: Mr. Nelson Case #27: Mr. Strout Case #34: Mr. Farber | Chapter 100 |
| | | | Chapter 101 |
| | | | pp. 417-440 |
| | | NEJM: Evaluation and Initial Treatment of Supraventricular Tachycardia | Chapter 5 |
| Common Arrhythmias (SVT and VT) | | NEJM: The Beat Goes On | Chapter 6 |
| | | | pp. 15-26 |
| | | | Chapter 103 |
| SLE and Vasculitis | 1 | Case #32: Ms. Dickerson | Chapter 106 |
| | | | pp. 440-443, 453-456 |
| Neutropenia and Oncological Emergencies | 1 | | Chapter 88 pp. 379-383 |
| | | | Chapter 23 |
| Disease of Gall Bladder, Bile Ducts, Pancreatitis | 2 | NEJM: Case 9-2006 — A 35-Year-Old Woman with Recurrent Right-Upper-Quadrant Pain | Chapter 24 |
| | | | pp. 98-103 |
| | | | Chapter 11 |
| Common Thyroid and Parathyroid Diseases | 1 | NEJM: Hypoparathyroidism | Chapter 15 |
| | | NEJM: Graves' Disease | Chapter 68 |
| | | | pp. 48-53, 67-71, 288-290 |

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Case | IM Essentials Chapter References |
|---|----------------|---|--|
| Common Skin Condition and Findings with a Medical Disease | 2 | Case #17: Mr. Moeller | Chapter 46 pp. 188-197 |
| Geriatric Assessment and Dementia | 2 | Case #18: Mr. Caldwell | Chapter 43 pp. 177-180 |
| Patient Safety: Medical Error, Common Medication Error, and Infection in Hospitalized Patient | 1 | NCBI: Clinical Review: Medication Errors in Critical Care | Chapter 91 |
| Pleural Effusion and Interstitial Lung Disease | 2 | NEJM: Pleural Effusion | Chapter 95 pp. 391-394, 407-410 Chapter 47 Chapter 48 |
| Anemia and Common Bleeding Disorder | 1 | Case #19: Ms. Winters | Chapter 52 pp. 197-207, 220-223 Chapter 21 |
| Chronic Liver Disease, Portal Hypertension, and Ascites | 2 | Case #36: Mr. Berlusconi | Chapter 22 pp. 89-97 Chapter 60 |
| UTI/Pyelonephritis and Kidney Stone | 2 | NEJM: Uncomplicated Urinary Tract Infection | Chapter 72 pp. 252-255, 307-311 |
| Leukemia/Lymphoma and Multiple Myeloma | 1 | NEJM: Acute Myeloid Leukemia NEJM Early-Stage Hodgkin's Lymphoma | Chapter 87 pp. 373-378 Chapter 49 |
| Platelet Disorders | 1 | | Chapter 50 pp. 208-215 |
| ITP, TTP, HIT, and Drug Induced | 1 | | Chapter 49 |

| Essential Patient Encounters (EPEs) | Minimum Number | Complementary Case | IM Essentials Chapter References |
|--|----------------|---|--|
| | | | Chapter 50 |
| Rheumatologic Disease (PM, DM, Sjogren, GCA, PMR) | 1 | NEJM: A Sleeping Giant | pp. 208-215 Chapter 105 pp. 448-452 Chapter 25 |
| Approach to Acute and Chronic Diarrhea, IBD, and C diff | 1 | NEJM: Needle in a Haystack | Chapter 26 |
| Meningitis/Encephalitis | 1 | Case #24: Mrs. Cole | pp. 104-112 Chapter 74 pp. 316-322 |
| EOL Care/Palliative Care, AD/Living Will Symptoms Treatment at EOL | 2 | NEJM: Palliative Care for the Seriously Ill NEJM: The Incidentally Discovered Adrenal Mass | Chapter 44 pp. 181-184 |
| Common Pituitary and Adrenal Disorders | 1 | NEJM: Stalking the Diagnosis | Chapter 10 pp. 45-48 |
| STI | 1 | NEJM: Condoms and Sexually-Transmitted Infections | Chapter 61 pp. 256-259 |
| Shock/Sepsis and Principle of Management | 2 | Case #21: Mr. Ramirez | Chapter 64 pp. 267-270 |
| CKD and Kidney Replacement Therapy (HD, PD) | 1 | Case #23: Ms. Torres | Chapter 71 pp. 300-306 |
| Common Drug Overdose, Toxins in USA, and Acidosis | 1 | Case #26: Mr. Johnson | |
| | | | Chapter 77 |
| Common Neuromuscular Disease and Neuropathy (GBS, MG, MS, ALS, Diabetic, and Other Neuropathy) | 1 | NEJM: Guillain-Barré Syndrome NEJM: Transverse Myelitis | Chapter 80 pp. 333-335, 344-349 |
| Tuberculosis, Osteomyelitis, and Common Bone Disease in the USA | 2 | Case #29: Mrs. Kapoor | |

EPPs:

| Essential Patient Procedures (EPPs) | Complementary Cases |
|-------------------------------------|---|
| Placement of a Foley Catheter | Operational Medicine: Female Catheter Insertion |
| Arterial Blood Draw | NEJM: Placement of an Arterial Line |
| IV Line Placement | NEJM: Peripheral Intravenous Cannulation |
| Phlebotomy | NEJM: Peripheral Intravenous Cannulation |
| Thoracentesis | NEJM: Thoracentesis |

Essential Patient Procedures (EPPs)

Complementary Cases

Abdominal Paracentesis

[NEJM: Paracentesis](#)

Central Line Placement

[NEJM: Central Venous Catheterization](#)

Lumbar Puncture

[NEJM: Lumbar Puncture](#)

NG Tube Placement

[NEJM: Nasogastric Intubation](#)

Arthrocentesis

[NEJM: Arthrocentesis of the Knee](#)

Patient Logs:

Case Logger:

To meet the goals and objectives of the clinical core clerkship. This content needs to be update so it is more generic - and it applies IMF and fulfill the requirements of the educational experience outlined in the curriculum guidelines, RUSM clinical students are required by the university to maintain a log of patient encounters.

The web and mobile-based Case Logger helps students to quickly log real and simulated patient encounters, procedures and diagnoses, build on their clinical portfolio, monitor and track progress, and maintain a history of daily clinical activities.

Case Logger Guidelines:

1. All patient encounters must be logged including actual, simulated and standardized patients as well as online interactive cases.
2. All patient encounters should be logged within 24 hours of the date of interaction.
3. The number of days allowable for backlog is 14 days. The date of interaction automatically defaults to the current date. The system will not accept an interaction date of 10 days prior to the current date.
4. Report E*Value technical problems to the E*Value Administrator at E-ValueAdmin@RossU.edu.

For your reference: [Evalue Case Logs Guide.pdf](#)

Lecture Series:

Students receive many quality lectures at their specific clerkship site. We have listed the most common topics presented and the corresponding Learning Outcomes.

In the event that you miss a lecture or do not receive an extensive discussion of a particular topic, please use the Online Lecture to supplement your local lecture schedule. You may also consider each online presentation for increasing your depth and breadth of knowledge.

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

Didactic Sessions

Learning Objectives Cardiology

Alternate Lecture Resource

ECG Curriculum

- Identify Normal ECG and most Common abnormal patterns

See ECG Curriculum Document
ECG Pocket by Ralph Habert, Clinical Reference Guide

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|------------------------------|--|--|
| Chest Pain | <ul style="list-style-type: none"> Describe the "serious six" causes of chest pain Differentiate these conditions on H/P and basic investigation | Becker Internal Medicine (Volume 2) Chapter 3 |
| Acute Coronary Syndrome | <ul style="list-style-type: none"> Compare the ECG and Coronary artery anatomy with each syndromes Distinguish the different type of ACS and how treatment differs Describe and differentiate complication of ACS | Becker Internal Medicine (Volume 2) Chapter 32 |
| CHF | <ul style="list-style-type: none"> Describe common causes and pathophysiology of heart failure Describe principle of therapy for HF | Becker Internal Medicine (Volume 2) Chapter 34 |
| Hypertension | <ul style="list-style-type: none"> Recognize secondary causes of hypertension Analyze urgency and emergent hypertension and its principle of pharmacological treatment | Becker Internal Medicine (Volume 2) Chapter 30 |
| Syncope | <ul style="list-style-type: none"> Recognize cardiac and non-cardiac causes of syncope Describe principle of work up and management | Becker Neurology Chapter 18 |
| Cardiac Arrhythmias | <ul style="list-style-type: none"> Differentiate common arrhythmias on presentation and ECG Describe common principle of management of arrhythmias | See provided article Becker Internal Medicine (Volume 2) Chapter 38 |
| Valvular Heart Disease | <ul style="list-style-type: none"> Differentiate cardiac murmurs and underlying Valvular heart diseases Describe common principle of management of Valvular heart diseases | Becker Internal Medicine (Volume 2) Chapter 33 |
| Peripheral Vascular Diseases | <ul style="list-style-type: none"> Distinguish different causes and sites of PAD in extremities Describe principle of management of PAD | Becker Internal Medicine (Volume 2) Chapter 31 |

Endocrinology

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|--|--|--|
| Diabetes and Complications | <ul style="list-style-type: none"> Describe different types of diabetes , pathophysiology and principle of management Understand acute metabolic complication of DM and principle of management | Becker Internal Medicine (Volume 1) Chapter 1 |
| Pituitary and Hypothalamic Disorder | <ul style="list-style-type: none"> Analyze pathophysiology and clinical manifestations for disease states by over and under produced by hypothalamus and pituitary gland Describe etiology of various pituitary mass and disease states with principle of management | Becker Internal Medicine (Volume 1) Chapter 4 |
| Thyroid Disorder | <ul style="list-style-type: none"> Analyze pathophysiology and clinical manifestations for disease states by over and under produced by thyroid gland Describe approach to thyroid mass, cancer and thyroid emergencies | Becker Internal Medicine (Volume 1) Chapter 2 |
| Adrenal Diseases | <ul style="list-style-type: none"> Differentiate common causes of primary and secondary adrenal Insufficiency Conceptualize regulation of hypothalamic-pituitary-adrenal function and relation of RAS system Diagnose and evaluate exogenous and endogenous hypercortisolism Diagnose and evaluate hyperaldosteronism and pheochromocytoma | Becker Internal Medicine (Volume 1) Chapter 5 |
| Osteoporosis | <ul style="list-style-type: none"> Outline screening diagnosis and prevention measures for osteoporosis Identifies common risk factors and causes of osteoporosis and principle of management | Diagnosis and Management of Osteoporosis Article attached |
| Gastroenterology and Hepatology | | |
| Abdominal Pain | <ul style="list-style-type: none"> Distinguish common cause of abdominal pain based on anatomical quadrant | Becker Internal Medicine (Volume 2) Chapters 26+28 |

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|---|--|---|
| Dyspepsia/GERD/PUD | <ul style="list-style-type: none"> Summarize the causes of chronic abdominal pain and recognizes features of Irritable bowel syndrome Summarize and evaluate the differential diagnosis of dyspepsia Describes principles of diagnosis and management of GERD and Barrett esophagus Identify the causes of PUD and list therapeutic measures | Becker Internal Medicine (Volume 2) Chapters 25+26 |
| GI Bleed | <ul style="list-style-type: none"> List common cause of upper and lower GI bleed Applies principle of immediate assessment and therapy Identify causes of obscure GI bleed and methods of evaluation | Diagnosis and Management of Upper Gastrointestinal Bleeding Becker Internal Medicine (Volume 2) Chapter 28 |
| Abnormal Liver Function Tests | <ul style="list-style-type: none"> Matches liver chemistry with common causes of liver inflammation Compare screening and differential diagnosis of hepatitis and its treatment | Becker Internal Medicine (Volume 2) Chapter 29 |
| Disease of Gall Bladder, Bile Ducts, and Pancreas | <ul style="list-style-type: none"> Differentiate causes and complication of pancreatitis Perform evaluation and management of gall bladder and bile duct diseases | Becker Internal Medicine (Volume 2) Chapter 27 |
| Liver Cirrhosis and Ascites | <ul style="list-style-type: none"> Determine etiology of cirrhosis by clinical features and testing Analyze and manage common causes of liver cirrhosis Identify causes of ascites and Interpret Ascitic fluid test | Becker Internal Medicine (Volume 2) Chapter 29 |
| Diarrhea | <ul style="list-style-type: none"> Differentiate causes and methods of evaluation of acute and chronic diarrhea Distinguish principle of diagnosis, management and extra intestinal manifestations of inflammatory bowel disease | Becker Internal Medicine (Volume 2) Chapter 28 Infectious disease section - Diarrhea |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|-------------------------------------|--|--|
| | <ul style="list-style-type: none"> Understand current diagnosis, complications, management and prevention of C Diff diarrhea | |
| | Hematology and Oncology | |
| Anemia and Common Bleeding Disorder | <ul style="list-style-type: none"> Assess different etiology, causes and management of common anemia Distinguish approach to common bleeding disorders (Von Willibrand, hemophilia, and other acquired diseases) | Becker Internal Medicine (Volume 1) Chapter 13 |
| Sickle Cell Disease | <ul style="list-style-type: none"> Evaluate and manage sickle cell anemia and its complications | Becker Internal Medicine (Volume 1) Chapter 13 |
| Platelet Disorder | <ul style="list-style-type: none"> Interpret common causes of thrombocytopenia including HIT Evaluate and manage ITP and TTP related disorder | Becker Internal Medicine (Volume 1) Chapter 13 |
| Hemopoietic Stem Cell Disorder | <ul style="list-style-type: none"> Compare and contrast aplastic anemia, Myeloproliferative neoplasm and Myelodysplasia syndromes | Becker Internal Medicine (Volume 1) Chapter 13 |
| Multiple Myeloma | <ul style="list-style-type: none"> Analyze differential diagnosis of MM Organize principle of diagnosis and management of MM | Becker Internal Medicine (Volume 1) Chapter 15 |
| Thrombophilia | <ul style="list-style-type: none"> Differentiate common hereditary and acquired causes, risk factors and laboratory diagnosis of thrombophilia Apply principle of management in common thrombophilia | Becker Internal Medicine (Volume 1) Chapter 13 |
| Leukemia | <ul style="list-style-type: none"> Describe principle of evaluation and management of acute and chronic leukemia | Becker Internal Medicine (Volume 1) Chapter 14 |
| | Oncology | |
| Lung Cancer | <ul style="list-style-type: none"> Evaluate principle of screening, diagnosis and management for lung cancer | Becker Internal Medicine (Volume 1) Chapter 13 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|-------------------------------------|--|--|
| Breast Cancer | <ul style="list-style-type: none"> Differentiate common paraneoplastic and other syndrome associated with lung cancer Evaluate principle of screening, diagnosis, staging and management for breast cancer Appraise the approach to clinical breast abnormalities | Becker Internal Medicine (Volume 1) Chapter 15 |
| Colorectal Cancer | <ul style="list-style-type: none"> Discuss the screening recommendation for average and high risk population Evaluate principle of screening, diagnosis and management for colorectal cancer | Becker Internal Medicine (Volume 1) Chapter 15 |
| Lymphoid Malignancies | <ul style="list-style-type: none"> Evaluate principle of screening, diagnosis and management for lymphoma Evaluate principle of screening, diagnosis and management for Non-Hodgkin lymphoma | Becker Internal Medicine (Volume 1) Chapter 15 |
| Prostate and Cervical Cancer | <ul style="list-style-type: none"> Evaluate principle of screening, diagnosis and management for prostate and cervical cancer | Becker Internal Medicine (Volume 1) Chapter 15 |
| Oncologic Urgencies and Emergencies | <ul style="list-style-type: none"> Evaluate and manage structural urgencies (SVC syndrome, Spinal cord compression) Evaluate and manage metabolic emergencies (Tumor lysis syndrome, Hyperkalemia) Recognize common paraneoplastic syndrome (Endocrine, neurologic, Hematologic, Mucocutaneous) | Becker Internal Medicine (Volume 1) Chapter 15 |
| Cough and Smoking Cessation | <p>Pulmonary Medicine</p> <ul style="list-style-type: none"> Recognize common causes of acute and chronic cough Evaluate and manage the chronic cough | Becker Internal Medicine (Volume 2) Chapters 39+41 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|---|---|--|
| Dyspnea and Interpretation of PFT | <ul style="list-style-type: none"> Understand the principle and effective treatment for smoking cessation Evaluate acute and chronic dyspnea Differentiate common causes of acute and chronic dyspnea Describe key measurement of PFT and its interoperation with obstructive and restrictive lung conditions | Becker Internal Medicine (Volume 2) Chapter 41 |
| Asthma | <ul style="list-style-type: none"> Compare common causes of wheezing Interpret different tests in diagnosis of asthma Evaluate principle of acute and chronic management of asthma | Becker Internal Medicine (Volume 2) Chapter 41 |
| COPD | <ul style="list-style-type: none"> Discuss common differential diagnosis of COPD Evaluate principle of screening, diagnosis, management of acute and stable COPD | Becker Internal Medicine (Volume 2) Chapter 41 |
| OSA and Pulmonary Hypertension | <ul style="list-style-type: none"> Illustrate common diagnostic features, differential diagnosis and principle of management of OSA Analyze the classification of pulmonary hypertension and principle of evaluation and management | Becker Internal Medicine (Volume 2) Chapter 41 |
| Pulmonary Embolism | <ul style="list-style-type: none"> Interpret common causes of PE Differentiate principle of diagnosis and management of pulmonary embolism | Becker Internal Medicine (Volume 2) Chapter 41 |
| Diffuse Parenchymal Lung Disease (Interstitial Lung Diseases) | <ul style="list-style-type: none"> Distinguish the clinical and pathological features of DPLD Recognize common drug induced, smoking related and Rheumatological disease related DPLD Compare common granulomatous pulmonary disorder like Sarcoidosis and Hypersensitive pneumonitis | Becker Internal Medicine (Volume 2) Chapter 41 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|--|---|---|
| Pleural Effusion | <ul style="list-style-type: none"> Discuss common causes of pleural effusion Evaluation and management of common causes of pleural effusion Discuss criteria used in evaluation of pleural effusion | Becker Internal Medicine (Volume 2) Chapter 41 |
| Joint Pain | <p>Rheumatological Disease</p> <ul style="list-style-type: none"> Discuss algorithm for evaluation of joint pains Understand the patterns of joint involvement in common inflammatory arthritis Interpret synovial fluids in septic and other inflammatory arthritis | Becker Internal Medicine (Volume 1) Chapter 8 |
| Evaluation of Knee and Shoulder Pain | <ul style="list-style-type: none"> Recognize common causes of knee and shoulder pain Perform physical examinations maneuvers to differentiate common condition of knee and shoulder | <p>Evaluation of Patients Presenting with Knee Pain: Part I. History, Physical Examination, Radiographs, and Laboratory Tests</p> <p>Chronic Shoulder Pain: Part I: Evaluation and Diagnosis</p> <p>Chronic Shoulder Pain: Part II: Treatment</p> |
| OA and RA | <ul style="list-style-type: none"> Evaluate causes and principle of diagnosis and management of OA Differentiate secondary causes of OA Evaluate causes and principle of diagnosis, extra-articular manifestation and management of RA | Becker Internal Medicine (Volume 1) Chapter 8 |
| Systemic Lupus Erthromatousus (SLE) and Antiphospholipid Antibody Syndrome (APS) | <ul style="list-style-type: none"> Recognize the key features in diagnosis and complications of SLE Apply principle of management in SLE and its target organs Differentiate clinical and laboratory features of APS | Becker Internal Medicine (Volume 1) Chapter 8 |
| Other Rheumatological Diseases (PM, DM, Sjogren, GCA, PMR) | <ul style="list-style-type: none"> Evaluate clinical and laboratory features. | Becker Internal Medicine (Volume 1) Chapter 8 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|--|---|--|
| Infectious, Crystal Induced Arthritis, Spondyloarthritis | <ul style="list-style-type: none"> • Apply principle of management of these common conditions • Recognize the clinical features of different spondyloarthritis • Differentiate common clinical features and principle of diagnosis and management for crystal induced arthritis and infectious arthritis | Becker Internal Medicine (Volume 1) Chapter 8 |
| Vasculitis | <ul style="list-style-type: none"> • Analyze the stepwise approach to systematic vasculitis • Describe key clinical and diagnostic features of Behcet Disease, PAN, ANCA induced, Wegener, Churg Strauss, HSP, Cryoglobulinemia, Goodpasture disease | Becker Internal Medicine (Volume 1) Chapter 8 |
| Nephrology | | |
| Kidney Disease and AKI | <ul style="list-style-type: none"> • Distinguish common approach for kidney disease by symptoms and laboratory studies • Evaluate and manage common causes of AKI | Becker Internal Medicine (Volume 2) Chapter 18 |
| Fluid and Electrolyte Disorder | <ul style="list-style-type: none"> • Analyze the common etiology, diagnosis and principle of management for hypo and hypernatremia • Distinguish the etiology, diagnosis and management of hyper and hypokalemia | Becker Internal Medicine (Volume 2) Chapter 23 |
| Acid-Base Disorder | <ul style="list-style-type: none"> • Formulate systematic approach to common acid-base problems seen in clinical settings • Recognize and compare common metabolic disorders • Recognize common drug overdose and principle of treatment | Becker Internal Medicine (Volume 2) Chapter 24 |
| Chronic Kidney Disease | <ul style="list-style-type: none"> • Evaluate common etiology, diagnosis, therapeutic principle and prevention for chronic kidney disease | Becker Internal Medicine (Volume 2) Chapter 18 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|----------------------------------|--|--|
| Calcium and Phosphate Metabolism | <ul style="list-style-type: none"> Analyze the common etiology, diagnosis, and principle of management of hypocalcemia and hypercalcemia Recognize the common causes of hyper and hypophosphatemia | Becker Internal Medicine (Volume 2) Chapter 23 |
| Fever of Unknown Origin | <p>Infectious Disease Medicine</p> <ul style="list-style-type: none"> Organize systematic approach in diagnosis and management of common causes of Fever of unknown origin Discuss common etiology of hyperthermia | <p>Fever of Unknown Origin or Fever of Too Many Origins?</p> <p>Becker Internal Medicine (Volume 1) Chapter 11</p> |
| Community Acquired Pneumonia | <ul style="list-style-type: none"> Differentiate common etiology, diagnosis and principle of management for CAP | <p>Becker Internal Medicine (Volume 1) Chapter 11</p> <p>Infectious disease - PNA section</p> |
| Skin and Soft Tissue Infection | <ul style="list-style-type: none"> Recognize life threatening skin and soft tissue infection Apply principle of diagnosis and management in community acquired skin and soft tissue infection Evaluate risk factors, diagnosis and management for osteomyelitis | Becker Internal Medicine (Volume 1) Chapter 11 |
| Infective Endocarditis | <ul style="list-style-type: none"> Recognize indication and Principle of treatment for endocarditis prophylaxis Evaluate common etiology, diagnosis and principle of treatment for infective endocarditis | <p>Becker Internal Medicine (Volume 1) Chapter 12</p> <p>infectious disease</p> |
| Pyelonephritis and Other UTI | <ul style="list-style-type: none"> Compare etiology, diagnosis and management of common uncomplicated and complicated urinary tract infection | <p>Becker Internal Medicine (Volume 1) Chapter 12</p> <p>infectious disease</p> |
| Sexually Transmitted Disease | <ul style="list-style-type: none"> Compare prevention, screening, diagnosis and principle of management and complication of commonly occurring STI in USA | <p>Becker Internal Medicine (Volume 1) Chapter 12</p> <p>infectious disease</p> |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|---|--|--|
| HIV/AIDS | <ul style="list-style-type: none"> Distinguish principle of prevention, diagnosis and treatment of HIV and AIDS Appraise different complications prophylaxis for opportunistic infection HIV/AIDS infection | Becker Internal Medicine (Volume 1) Chapter 12 infectious disease |
| Sepsis Syndrome | <ul style="list-style-type: none"> Define SIRS and spectrum of sepsis syndrome Distinguish differential diagnosis of shock and principle of therapeutic management | |
| Health Care Associated Infection | <ul style="list-style-type: none"> Compare various precautions used in infection control in health care settings Appraise the risk factors, preventive strategy for CAUTI, CLABSI, VAP, C. diff Antibiotic associated diarrhea | Prevention of Health Care - Associated Infections |
| Neurology | | |
| Headache | <ul style="list-style-type: none"> Evaluate etiology of common headache and principle of diagnosis and management Recognize etiology and principle of diagnosis and management of life threatening headache | Becker Neurology Chapter 9 |
| Meningitis/Encephalitis | <ul style="list-style-type: none"> Differentiate common diagnosis and principle of management of meningitis and encephalitis | Becker Neurology Chapter 11 |
| Stroke/TIA | <ul style="list-style-type: none"> Identify differential diagnosis of stroke and TIA Recognize common cerebrovascular territories and syndromes Apply principle of diagnosis and management of CVA and TIA | Becker Neurology Chapter 7 |
| Altered Mental Status/Dementia/Delirium | <ul style="list-style-type: none"> Differentiate various impaired attention and cognition Distinguish common etiology, diagnosis and principle of management for dementia | Becker Neurology Chapter 13 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|--|---|---|
| Neuromuscular Disease and Neuropathy | <ul style="list-style-type: none"> Recognize common risk factor and methods of diagnosis for delirium in hospitalized patient Compare key principle of diagnosis and management for myasthenia gravis, GBS, MS, ALS, paraneoplastic syndromes Identify common etiology and principle of diagnosis and management for peripheral neuropathy | Becker Neurology Chapter 14 |
| Seizure and Epilepsy | <ul style="list-style-type: none"> Recognize key feature and principle of management of different type of seizure and epilepsy Evaluate patient with first seizure and status epilepticus Differentiate common epilepsy syndrome present or persist in adulthood | Becker Neurology Chapter 10 |
| Movement Disorders | <ul style="list-style-type: none"> Distinguish clinical features and causes common abnormal movement disorder Evaluate different parkinsonism like syndrome Debate diagnosis and principle of management for Parkinson disease | Becker Neurology Chapter 16 |
| General Internal Medicine and Dermatology | | |
| Clinical Reasoning and Diagnostic Biases | <ul style="list-style-type: none"> Differentiate approaches in clinical reasoning Identify different biases play role in diagnostic error | What Every Teacher Needs to Know About Clinical Reasoning |
| Hypertension and Hyperlipidemia | <ul style="list-style-type: none"> Evaluate causes, principle of diagnosis and management of secondary causes of hypertension Apply current diagnosis and therapeutic principle of management in hypertension in adults and geriatric population | Becker Internal Medicine (Volume 2) Chapters 30+31 |

To access the Becker Alternate Lecture Resource: [Becker eCoach Step 2 Login Page](#)

| Didactic Sessions | Learning Objectives | Alternate Lecture Resource |
|---------------------------------|---|--|
| Obesity | <ul style="list-style-type: none"> Compare current approach to screening, prevention, therapy for hyperlipidemia | Obesity |
| | <ul style="list-style-type: none"> Evaluate common etiology, principle of diagnosis and management for obesity | |
| | <ul style="list-style-type: none"> Appraise systematic approach to current medical and surgical treatment for obesity | |
| Depression and Substance Abuse | <ul style="list-style-type: none"> Compare differential diagnosis, screening and principle of management for major depression | |
| | <ul style="list-style-type: none"> Differentiate spectrum of alcohol and other substance use and methods of screening and secondary intervention | |
| Lymphadenopathy and Weight Loss | <ul style="list-style-type: none"> Compare key features for benign and pathological causes of lymphadenopathy | Becker Internal Medicine (Volume 1) Chapter 15 |
| | <ul style="list-style-type: none"> Distinguish causes and principle of diagnosis of involuntary weight loss | |
| Geriatric Assessment | <ul style="list-style-type: none"> Identify key features of comprehensive geriatric assessment | The Geriatric Assessment |
| | <ul style="list-style-type: none"> Recognize major geriatric syndrome in hospitalized patients | |
| Dermatology | <ul style="list-style-type: none"> Identify and treat common skin condition in primary care | Becker Internal Medicine (Volume 1) Chapter 16 |
| | <ul style="list-style-type: none"> Recognize major cutaneous manifestation of internal system disease | |
| ECG Curriculum | <ul style="list-style-type: none"> Identify Normal ECG and most Common abnormal patterns | ECG Curriculum |

Assessment & Evaluations:

Assessment Overview:

Mid-Clerkship Review – see exhibit A.2

Clinical Clerkship Assessment of Medical Student Performance – see exhibit A.1


**Ross University
School of Medicine**
**Office of Hospital Partnerships
and Compliance**
 2300 SW 145th Ave, Suite 200
 Miramar, FL 33027
 Phone: 754-208-4590

Clinical Clerkship Assessment of Medical Student Performance

At the conclusion of the clerkship, the physician overseeing this medical student's performance must complete this form.

Please also provide comments or examples to support your assessment.

Student's Last Name: _____

Name of Clerkship: _____

Student's First Name: _____

Clerkship Duration (# of Weeks): _____

Start Date: _____ End Date: _____

Hospital: _____

CRN: _____

Student ID: @ _____

Term: _____

- I. Knowledge for Practice (KP):** (Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care)

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Demonstrate an investigatory and analytic approach to clinical situations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence- based health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- II. Patient Care (PC):** (Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Compassionate and effective treatment of health problems and health promotion.)

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Gather essential and accurate information about patients and their condition through history- taking, physical examination, and the use of laboratory data, imaging, and other tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to- date scientific evidence, and clinical judgment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- III. Professionalism (P):** Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Demonstrate compassion, integrity, privacy, and accountability to patients, society, and the profession with commitment to ethical principle, laws, policy and regulation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name: _____

First Name: _____

CRN: _____

- IV. Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Communicate effectively with patients, families, colleagues and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- V. Practice-Based Learning and Improvement (PBLI):** Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

| | A | B | C | F |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Identify strengths, deficiencies, and limits in one's knowledge, expertise and incorporate feedback in daily practice and performs learning activities to address the gaps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VI. Systems-Based Practice (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Coordinate care and work effectively in various health care delivery settings and systems relevant to one's clinical specialty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VII. Interprofessional Collaboration (IPC):** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Communicate and work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- VIII. Personal and Professional Development (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth.

| | A | B | C | F |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors and healthy coping mechanism to stress. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name: _____ First Name: _____ CRN: _____

Comments in this section are for the student **ONLY** and will not be included in the Medical Student Performance Evaluation (MSPE):

Comments in this section will be included in the Medical Student Performance Evaluation (MSPE):

Last Name: _____ First Name: _____ CRN: _____

Clerkship Director and/or
Preceptor Signature: _____

Must be signed on or after the
last day of the clerkship

Print Name of Clerkship Director and/or
Preceptor: _____

Title: _____

Hospital: _____

Telephone: _____

Address: _____

City, State: _____

Zip: _____

Within thirty days after completion of clerkship, return the form to: Office of Hospital and Partnerships and Compliance, Ross University School of Medicine, 2300 SW 145th Avenue, Suite 200, Miramar, FL 33027. Please retain a copy for Hospital records.

CREDIT IS AWARDED ONLY FOR ORIGINAL ASSESSMENT

STATEMENT OF CLERKSHIP DIRECTOR and/or DIRECTOR OF MEDICAL EDUCATION

I, _____ certify that above student has _____ weeks in _____

At _____ (PLEASE PRINT).

Original Signature

Print or type the Name of Clerkship Director and/or Director of Medical Education

Instructions for Completing the Clinical Clerkship Assessment of Medical Student

Performance

Effective for all clinical clerkships with a start date of January 1st, 2017

Grading Policy

| | |
|---|---|
| <p>You are asked to evaluate the student on measures. ¹</p> <p>I. <u>Knowledge for Practice (KP)</u></p> <p>II. <u>Patient Care (PC)</u></p> <p>III. <u>Professionalism (P)</u></p> <p>IV. <u>Interpersonal and Communication Skills (ICS)</u></p> <p>V. <u>Practice-Based Learning and Improvement (PBLI)</u></p> <p>VI. <u>Systems-Based Practice (SBP)</u></p> <p>VII. <u>Interprofessional Collaboration (IPC)</u></p> <p>VIII. <u>Personal and Professional Development (PPD)</u></p> | <p>The final grade will be calculated as follows:</p> <ul style="list-style-type: none">• A, (Honor) = 4 points• B, B+(High Pass) = 3 points• C, C+ (Pass) = 2 points• Each F (Fail) is given 0 points <ul style="list-style-type: none">▪ Please mark the chosen grade box.▪ Do not check more than one grade box per measure.▪ Do not check in between grade value boxes.▪ Evaluations must be submitted to RUSM no later than 30 days after the conclusion of the clerkship. |
|---|---|

For clerkships with direct patient contact, the points (40 maximum) will be added and the total divided by 10.

For clerkships which do **not** entail direct patient contact (e.g. pathology, radiology), the two ratings on II (Patient Care) and the two ratings on VIII (Interpersonal Collaboration) may remain ungraded. Calculation of the final grade will be determined using a modified denominator.

The student's final Clinical Clerkship Assessment of Medical Student Performance grade will be as follows:

A = 3.70 – 4.00
B+ = 3.30 – 3.69
B = 2.70 – 3.29
C+ = 2.30 – 2.69
C = 1.70 – 2.29
F = < 1.70


Any student who receives TWO (2) or more F's on the Clinical Clerkship Assessment of Medical Student Performance evaluation will fail their rotation regardless of the point calculation and must repeat the rotation. If you have questions related to performance, please contact the Associate Dean's Office for Academic and Student Operations and Affairs at Clinical@RossU.edu.

Comments

Clerkship Directors / Preceptors are encouraged to make formative comments by providing specific examples of skills / behaviors in Student Feedback Section ONLY. Specific examples of exemplary skills/behaviors should be entered in MSPE section.

Exhibit A.2 - Mid-Clerkship Review

| | |
|---|--|
| Ross University School of Medicine | Office of Medical Education 2300 SW 145 th Ave, Suite 200 Miramar, FL 33027 Phone: 754-208-4590 |
|---|--|



ROSS UNIVERSITY
 SCHOOL OF MEDICINE

Mid-Clerkship Student Progress (Formative Assessment)

In case of any concerns or queries please contact: Clinical@RossU.edu

The physician overseeing the medical student's clerkship must complete this formative assessment form. Please also provide comments or examples to support your assessment.

Date & Time: _____

Student's Last Name: _____ **Name of Clerkship:** _____

Student's First Name: _____ **Clerkship Duration (# of Weeks):** _____

Hospital: _____

For ROSS Official Use

CRN: _____ **Student ID: @** _____
Term: _____

Review of Clinical Experience

Patient Care: The Student provides patient care that is compassionate, appropriate and effective.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interpersonal and Communication Skills: The Student communicates effectively with patients, families and the healthcare team.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Medical Knowledge: The Student demonstrates knowledge of established and evolving biomedical, clinical and social sciences.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Professionalism: The Students demonstrates a commitment to carrying out professional responsibilities, and to be responsive.

| Exceeds Expectations | Meets Expectations | Needs Improvement |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please fill this part with feedback to the student:

| List this Students' Strengths | List this Students' Areas of Improvement |
|-------------------------------|--|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Action Plan (If required):

 Student Signature

 Preceptor or clerkship director Signature