RUSM CLINICAL CURRICULUM GUIDELINES

INTERNAL MEDICINE FOUNDATIONS

Overview:

The clinical required 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 required core clinical clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, patient populations, and styles of teaching for our students. Ross 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.

Course Information:

Course Title: Internal Medicine Foundations

Clerkship Director: Frederick Scott Ross, MD

Credit Hours: 8

Course Pre-requisites: Passing NBME CBSE exam

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 ago[1]. 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 Ross University School of Medicine internal medicine foundations (IMF) clerkship are consistent with and abbreviated and focused version of 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.

The Internal Medicine Foundations (IMF) eight-week clinical clerkship is designed to provide students with experience and added skills in the clinical setting. IMF students learn to apply their medical knowledge and competencies in a clinical context. IMF is offered at the Cleveland Clinic Florida through the affiliation with the Internal Medicine Residency Program. The IMF Clerkship is one of the required components of RUSM clerkships in the third year of the medical school program. Students will be assigned to rotate at Cleveland Clinic Florida (CCF) with adult Internal Medicine patients and/or CCF IM outpatient offices 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. This clerkship has two main components: an interactive simulation and standardized patient care component and a bedside direct patient-care component.

Direct Patient-Care Component:

- Students will participate in physician-supervised patient care through Cleveland Clinic Florida and its affiliated patient care facilities. Students will perform patient-centered, history interviews, relevant physical exams, and then present their findings to their attending physician for feedback. Students will work with the attending physicians to formulate an appropriate assessment and management plan.

Interactive Simulation with Standardized Patient Care Component:

- Small group clinical workshops will provide interactive discussions centered around patient cases that focus on approaches to diagnosis and management of common acute and chronic conditions.
- Objective Structured Clinical Examination (OSCE) sessions will train students to integrate clinical data gathering, data interpretation, and data sharing by using standardized patient actors to portray clinical conditions in a style that

concomitantly prepares students for USMLE Step 2 CS success.
- Simulation sessions using advanced patient simulators will allow students to practice diagnosing and treating critically ill simulated patients in an ER and ICU setting.
- Skills sessions will train students in airway management, suturing, intravenous access, pelvic exam, and scrubbing.

Overview of IMF Goals:

The primary goals of this course are fourfold and aim to develop you along a defined continuum of learning to the areas you will later encounter. These goals can be summarized as follows:

- Sharpen physical exam skills by improving understanding of the cause and course of disease; extend respect for the importance of information gathered from the patient's history; deepen understanding of the role of diagnostic testing and the appropriate use of results.
- Increase appreciation for the importance of differential diagnosis by demonstrating the relationship of well-understood basic sciences to clinical medicine.
- Improve critical thinking and clinical acumen by broadening opportunities in various settings for discussion and dialogue with faculty role models.
- Integrate current technology into the efficient and effective use of available information so as to define the question and find possible answers.

Overview of IMF Objectives:

- Further develop clinical skills associated with the medical interview and basic physical exam.
- Gain experience and respect for the therapeutic components of the patient-doctor relationship.
- Appreciate the social context of medical illness and the importance of preventive medicine.
- Have the opportunity to closely observe clinical role models in the practice of medicine.
- Understand the critical role of laboratory medicine, by greater exposure to guidelines for ordering blood, radiological and pathological studies and faculty guidance in interpreting and utilizing results.
- Present patient cases, discuss diagnostic possibilities, and generate further evaluation and treatment options, utilizing the information gathered in the clinical encounter.

During Internal Medicine Foundations students will have an opportunity learn and practice 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 for students in Canvas are the recommended readings from Harrison's Manual of Medicine and From Symptoms to Diagnosis and evidence base guide are listed as part of this document.

Overview of Student Assessment during IMF:

- Students will be assessed on several aspects of their knowledge and skills in achieving appropriate milestones in the eight core competencies of medical education and the thirteen core entrustable professional activities (EPAs) for entering residency by three primary assessment tools:
    - Direct observation of direct patient care based on 8 AAMC General Physician competencies
    - OSCE final exam
    - NBME-Introduction to Clinical Diagnosis Multiple Choice Exam.
    - Completion of Patient Logs

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

General Clerkship Expectations:

1. ***Study Hours:*** Reading/Case assignments are outlined and organized by week. Students should set aside time to review and preparer or the NBME subject exam and USMLE Step examinations. 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 on 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.

IMF Clerkship Objectives:

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, Systems-Based Practice Skills, Inter-Professional Collaboration, and Personal and Professional Growth. The AAMC also suggests guiding learning outcomes by observable activities performed by physicians in training. The IMF Core Entrustable Professional Activities (EPAs) for Entering Residency is a summary of a consensus agreement about the specific skills expected from graduating medical students.:

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.

The student will be able to:

Demonstrate knowledge and the application of critical thinking skills in caring for patients with the following Essential Patient Encounters (EPE). These may be seen in the context of acute presentations, management of chronic conditions or prevention of illness.

- Abdominal Pain: Including Appendicitis, Cholecystitis, Constipation, Diverticulitis, Dyspepsia, Ectopic Pregnancy, Gastritis, Gastroenteritis, GERD, Inflammatory Bowel disease, IBS, and PUD.
- Abnormal vaginal bleeding: Including recognition of dysfunctional uterine bleeding and menstrual disorders.
- Arthritis: Including Osteoarthritis, Rheumatoid Arthritis, setting goals for managing pain and maximizing function.
- Asthma/COPD: Including staging criteria, interpretation of spirometry and step wise approach to care.
- Back pain: Including muscle strain, nerve root compression and spinal cord compromise, fracture, infection and metastatic disease as well as managing pain and risks of narcotic adverse outcomes.
- Chest pain: Including GERD, Costochondritis, Angina, ACS, Pulmonary Embolism, Pneumothorax dentifying and counseling to reduce risk factors for cardiovascular disease.
- Chronic Pain: Including different etiologies of chronic pain syndromes and medication management, role of physical therapy, psychosocial support.
- Cough: Including infections - pneumonia, bronchitis, URI, lung cancer, GERD, allergic rhinitis.
- Dementia: Including Alzheimer's, Lewy-Body and Vascular.
- Depression/Anxiety: Including common presentations (fatigue, insomnia), assessment of suicide risk and effect on managing other medical conditions.
- Diabetes: Including diagnostic criteria, medication and lifestyle management, performing a foot examination, managing quality indicators/flow sheets.
- Diarrhea: Including Gluten-related, Infectious, Irritable Bowel Syndrome, Inflammatory Bowel Disease.
- Dizziness: Including BPPV, Labyrinthitis, Orthostasis, Cerebral Vascular Disease, Meniere's disease; differentiation of disequilibrium, central and peripheral vertigo; and use of Dix-Hallpike and Epley maneuvers.
- Dysuria: Including urethritis, bacterial cystitis, interstitial cystitis, prostatitis, pyelonephritis and vulvovaginal candidiasis.
- Fatigue: Including Thyroid Disease, Rheumatoid Arthritis, Lupus, Anemia, Fibromyalgia and symptom of Depression.
- Headache: Including Tension, Migraine, Sinus Pressure, Meningitis, Subarachnoid Hemorrhage and Temporal Arteritis.
- Heart Failure: Including systolic, diastolic, staging both functional and structural, medication management, and strategies for prevention.
- Hypertension: Including Essential, Secondary and Refractory hypertension; ability to take accurate blood pressure, knowledge and application of JNC-8, recognition of end organ disease.
- Joint pain: Including septic arthritis, fractures, tendinitis, bursitis, overuse, injury - for example: ankle sprains, knee pain- ligamentous and meniscal injuries, patella-femoral syndrome, shoulder pain - rotator cuff injuries, hip pain, carpal tunnel syndrome.
- Obesity: Including obtaining a diet history and setting goals with patients for appropriate weight loss.
- Rashes and skin lesions: Including Acne, Atopic, Contact and Seborrheic dermatitis, Urticaria and Scabies; Characteristics of skin cancers including Basal Cell, Melanoma and Squamous Cell
- Substance Use: Including tobacco, alcohol, illegal and prescription drugs
- Upper respiratory symptoms: Including Allergic Rhinitis, Infections-viral and bacterial including URI, Sinusitis, Pharyngitis, Otitis Media, Mononucleosis; and the benefits/harms of medications
- Vaginal Discharge: Including bacterial vaginosis, candida, chlamydia, gonorrhea, trichomonas, and physiological.

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.

The student will be able to:

Gather relevant information, formulate differential diagnoses and propose plans for the management of the Essential Patient Encounters (EPE) in the domains of acute, chronic and preventative care. Students are required to evaluate patients with acute presentations including symptom-based or undifferentiated presentations as well as provide chronic disease management. Emphasis includes pertinent history and physical findings and evidenced based lab testing, imaging and treatment plans.

Acute care visits:

- Differentiate among common etiologies based on the presenting symptom.
- Recognize "don't miss" conditions that may present with a particular symptom.
- Elicit a focused history and perform a focused physical examination.
- Describe the initial management of common and dangerous diagnoses that present with a particular symptom.

Chronic disease management visits:

- Elicit a focused history that includes information about adherence, self-management, and barriers to care.
- Perform a focused physical examination that includes identification of complications.
- Assess improvement or progression of the chronic disease.
- Assess status of multiple diseases in a single visit.
- List important criteria to consider when prioritizing next steps for management of patients with multiple uncontrolled chronic diseases.
- Document an encounter with a patient who has multiple chronic diseases using a SOAP note and/or chronic disease flow sheet or template.
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance.

Preventative care/Wellness:

- Assessing the patient's risk for illness based on age, family history and lifestyle behaviors.
- Recognize age appropriate preventative health screening recommendations.
- Determine recommended vaccines for adults
- Identify health risk behaviors or situations that interfere with patient’s wellness.
- Recognize common conditions associated with aging.

In addition, the student will demonstrate knowledge and the application of critical thinking skills in caring for patients with the following preventative Essential Patient Encounters (EPE).

- Well Adult evaluation: Including Adult Immunizations, Breast, Cervical and Colon Cancer screenings, Cardiovascular risk assessment, Diabetes, Depression, Intimate partner and family violence, Falls/Balance risk, Family and Social Supports, Function assessment, Osteoporosis, Sexually Transmitted Infections, Substance Use/Abuse.

Professionalism:

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

The student will be able to:

Accept responsibility to place the interests of patients first, while striving to achieve competence during the rotation. Students will learn to maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients' families, society, the medical industry, and their own self-interests.

- Demonstrate honesty, integrity and respect with patients, families and members of the health care team.
- Know principles of medical ethics specifically in regard to the patient-physician relationship.
- Attend to responsibilities and completes duties as required including completion of ethics assignment, patient logs, mid-rotation evaluation, quality improvement project, and student feedback survey.
- Demonstrate accountability by being on time and prepared for both patient sessions and didactic conferences.
- Recognize personal knowledge and skills gaps and limitations, and seek assistance accordingly.
- Maintain emotional, physical and mental health including planning for prevention and implementing a strategy to address fatigue and impairment when present.
- Demonstrate the ability to earnestly request feedback and graciously accept constructive feedback with openness and a desire for growth and improvement.

Interpersonal and Communication Skills:

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

The student will be able to:

Utilize effective communication skills with patients, families and members of the health care team. Students will demonstrate active listening, empathy, eliciting the patient's concerns and values, and will develop a management plan, which involves the patient. In chronic disease management, empowering patients to engage in their own care and identifying barriers to self-care will be essential. All patient encounters should include respectful communication that the patient can understand.

- Demonstrate care and respect when interacting with patients and their families even when conflicts or emotionally charged situations arise.
- Demonstrate ability to respectfully communicate with patients regardless of gender, socio-economic, cultural or sexual differences.
- Utilize a biopsychosocial approach when assessing a patient concern.
- Present cases to health care team members in an organized and efficient manner.
- Present acute problems with appropriate depth to determine diagnosis and treatment plan.
- Discuss chronic conditions including management of disease, prevention strategies and any barriers to adherence.
- Identify barriers to self -care -including cognitive, cultural, physical, fiscal and psychological.

Students will demonstrate knowledge and skills in the following Essential Patient Procedures/Clinical Tasks (EPP)

- Identify and counsel for risk behaviors: high risk sexual activity, tobacco, alcohol and drug use.
- Screen for recommended conditions such as Depression and Intimate Partner Violence.
- Communicate wellness strategies including self-care and preventative screening.
- Describe treatment and prevention plans in acute, chronic and preventative care in a manner the patient can understand.
- Utilize "motivational interviewing techniques," "stages of change," and 5 A's in empowering patients to engage in their own care in effective ways.

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.

The student will be able to:

- Acknowledge gaps in personal knowledge and expertise and frequently ask for feedback.
- Use feedback to improve learning and experience.
- Utilize evidence-based resources in patient care including at the point of care and in group discussions.
- Identify and perform recommended age-appropriate screenings.
- Apply current guidelines for immunizations and chronic disease management.

Students will demonstrate knowledge and skill in the following EPP/Clinical tasks related to PBLI:

- Application of guidelines for hypertension (JNC-8), lipids
- Application of the USPSTF screening recommendations
- Application of Centor criteria for evaluation of pharyngitis
- Appropriate ordering of lab and imaging test: including use of Choosing Wisely, and American College of Radiology (ACR) criteria when deciding on imaging tests
- Utilization of cardiovascular risk calculator (ASCVD)
- Utilization of FRAX (fall risk assessment)
- Utilization of the CDC vaccine recommendations for adults

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.

The student will be able to:

Discuss the role of the physician in the delivery of health care. Students will recognize that health systems based on primary care have better medical outcomes, lower medical costs, improved access, and decreased health disparities.

- Identify resources for patients and plan cost-effective care
- Recognize the important of patient safety and contribute to providing a safe environment for patients, families and members of the health care team
- Recognize the importance and actively participate in team based care
- Discuss the health care system and the role of medicine/primary care in providing coordinated, comprehensive, and cost-effective continuity of care
- Recognize a clinical process that was established to improve care (flow sheet, standing vaccination orders etc.)
- Identify a potential quality gap and use a model for process improvement including PDSA cycles

Inter-professional Collaboration

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

The student will be able to:

- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served
- Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
- Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient and population-centered care that is safe, timely, efficient, effective, and equitable

Personal and Professional Development:

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

The student will be able to:

- Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
- Demonstrate healthy coping mechanisms to respond to stress
- Manage conflict between personal and professional responsibilities
- Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
- Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
- Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
- Recognize that ambiguity is part of clinical health care and respond by using appropriate resources in dealing with uncertainty

•**EPA 1:**
Gather a history and perform a physical examination.
Perform an accurate complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. Also, demonstrate clinical reasoning in gathering focused information relevant to a patient's care and patient centered examination techniques that reflect respect for patient privacy, comfort, and safety.

•**EPA 2:**
Prioritize a differential diagnosis following a clinical encounter.
Integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to selection of a working diagnosis. Also, explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.

•**EPA 3:**
Recommend and interpret common diagnostic and screening tests.
Select and interpret common diagnostic and screening tests using evidence based and cost-effective principles as one approaches a patient in any setting. Provide decision rationale for tests ordered and understand the implications and urgency of an abnormal result.

•**EPA 4:**
Enter and discuss orders and prescriptions.
Enter safe orders and prescriptions understanding of most of the patient's clinical problems for which they must provide orders. Also, demonstrate an understanding of the patient's current condition and preferences that will underpin the orders being provided and compose orders efficiently and effectively.

•**EPA 5:**
Document a clinical encounter in the patient record.
Provide accurate, focused, and context specific documentation of a clinical encounter in written or electronic formats. Also, demonstrate understanding of the evolution of the patient's problems, diagnostic workup, and impact of therapeutic interventions and accurately document the reasoning supporting the decision making in the clinical encounter for any reader.

•**EPA 6:**
Provide an oral presentation of a clinical encounter.
Concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient's current condition.

•**EPA 7**:
Form clinical questions and retrieve evidence to advance patient care.
Identify and develop well formed, focused, pertinent questions based on clinical scenarios or real-time patient care; identify information resources, and retrieve information and evidence to address those questions.

•**EPA 8:**
Give or receive a patient handover to transition care responsibility.
Follow a structured handover for verbal communication and assume full responsibility for required care during one's entire care encounter while demonstrating respect for patient privacy and confidentiality.

•**EPA 9:**
Collaborate as a member of an interprofessional team.
Establish and maintain a climate of mutual respect, dignity, integrity, and trust. They should communicate with respect for and appreciation of team members and include them in all relevant information exchange.

•**EPA 10:**
Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
Recognize severity of a patient's illness and indications for escalating care; start initial care plan for the decompensating patient and clarify patient's goals of care upon recognition of deterioration (e.g., DNR, DNI, comfort care).

•**EPA 11:**
Obtain informed consent for tests and/or procedures from patient/family.
Describe and ensure understanding of the indications, risks, benefits, alternatives, and potential complications; create a context that encourages the patient/family to ask questions and displays an appropriate balance of confidence with knowledge and skills that puts patient/family at ease.

•EPA 12:
Perform general procedures of a physician.
Demonstrate the technical (motor) skills required for procedures such as basic cardiopulmonary resuscitation (CPR), venipuncture, inserting an intravenous line; communicate with patient/family to ensure pre and post-procedure explanation and instructions.

•EPA 13:
Identify system failures and contribute to a culture of safety and improvement.
Understand system vulnerabilities; Identify actual and potential ("near miss") errors in care. They must also admit one's own errors, reflect on one's contribution, and develop an improvement plan.

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 during rounds.
- 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 in 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.

Required Activities:

The IMF 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 IMF clerkship experience, we require you to:

- Keep a log of all your patient encounters on E-Value.
- Complete and record SOAP notes, H&Ps, PICO SOAP note, SDOH SOAP note
- Complete IMF Didactic session/lectures.
- Take NBME shelf exam Introduction to Clinical Diagnosis.
- Complete end-of-clerkship evaluation
    - Complete the End of Clerkship Evaluation, and Attest to completing the Weekly Assignments

Attendance:

Your attendance at Patient Care assignments, Simulation Activities and didactic sessions is mandatory. This is to maximize the learning experience. You are allowed one half day off per week as an excused absence during the IMF clerkship if approved by your clerkship director. If you miss any activity or a unique clinical episode you must report this to the local contact and 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 will be referred to the associate dean for student affairs and admissions. See Student Attendance Policy in the student handbook.

Weekly Assignments (in addition to clinical rotation shifts and assignments given by your CCF clinical preceptors)

We are providing a weekly study plan to assure 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 Exam preparation.

Week 1

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
Clerkship Expectations: IMF	- Informative discussion regarding advice leading to success in IMF and subsequent clerkships			None
OSCE/CS Orientation	-Informative session outlining objectives and expectations of OSCE sessions, OSCE final exam and Step 2 CS exam	None		None
Clerkship Expectations: Internal Medicine	- Introduction to Internal Medicine - Discussion of approach to acute kidney injury	Harrison's Manual and Symptoms to Diagnosis Chapters Ch. 139, 142, 143- Approach to Kidney Disease Ch. 138- Acute Kidney Injury Ch. 28 Kidney Injury, Acute Med-U Case Simple 32		None (Testable material for midterm and final)
PE Skills 1	- Following a checklist and video, students demonstrate an appropriate approach to performing a physical examination of the HEENT, abdomen, cranial nerves, and MMSE	PE videos and checklist on E-College	1	PE skills tested in Week 3

OSCE 1	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative feedback	Harrison's Manual Of Medicine and Symptoms to Diagnosis Chapters Ch 101, 58: Pharyngitis Ch 49: Headache Ch 100: CMV, EBV infections Ch 105: HIV and AIDS Ch. 30 - Sore throat Ch. 20 - Headache	1, 2, 3, 5, 6	OSCE Note (written in OSCE template)
Skills – Airway & Rapid Sequence Intubation	- Learn different methods for pre-oxygenation - Learn the pre-procedure, sedation, induction, and paralysis of patients as required, including the risks and benefits regarding the medication	Airway management rubric and PowerPoint on E-College	12	Testable skill
History and Physical	- Patient presented in interactive format - Patient SX: Fatigue		1,2,3,5	H&P Assignment
Social Determinants	- Discussion of factors impacting patient health - Lecture content will provide direction for the extra credit assignment			SDOH Assignment
Clinical Boot Camp	- Interactive session where students are required to think clinically through a patient case			None
Standardized Patient SOAP Note	- Patient presented in interactive format - Student must come up with an A&P during session - Patient SX: Knee Pain	Harrison's Manual Of Medicine and Symptoms to Diagnosis Chapters Ch. 47 - pain and swelling of joints Ch. 84 - Infection of skin, soft tissues, joints and bones Ch. 163 - OA Ch. 164 - Gout, pseudogout and arthropathy Ch. 27 – Joint pain	1, 2, 3, 5	Practice SOAP Note
EKG Interpretation	- Introduction to EKG - Discussion of approach to reading an EKG - normal and pathologic	Harrison's Manual Ch. 28 Kidney Injury Ch. 122 – Conduction blocks and brady arrhythmias Ch. 123 – Supraventricular Arrhythmias Ch. 123– Ventricular Arrhythmias		None (Testable material for midterm and final)

Chest Xray	- Introduction to Chest Xray - Discussion of approach to reading a Chest Xray - normal and pathologic			None (Testable material for midterm and final)
PICO SOAP Note	- Lecture content will provide direction for the extra credit assignment			PICO assignment

Week 2

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
PE Skills 2	- Following a checklist and video, students demonstrate an appropriate approach to performing a physical examination of the HEENT, abdomen, cranial nerves, and MMSE	PE videos and checklist on E-College	1	PE Skills tested in Week 3
SIM Orientation	- Re-orientation to simulation environment and equipment followed by a patient case in an emergency setting - Students must establish team dynamics, closed-loop communication, and leadership	Harrison's Manual and Symptoms to Diagnosis Chapters Ch. 110-113- Approach to chest pain Ch. 121- Chronic Stable Angina Ch. 120- Acute Coronary Syndrome Ch. 9 Chest Pain	1, 2, 3, 6, 7, 9, 10, 11, 12, 13	None (Testable material for midterm and final)
OSCE 2	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative feedback	Harrison's Manual and Symptoms to Diagnosis Chapters Ch.48 – Approach to Low Back Pain Ch. 17 – Stroke and Transient Ischemic Attack Ch. 182 – AMS, Dementia, and Delirium Ch 183 Parkinson Disease Ch 199 Alcohol Use Disorder Ch. 7 Back Pain Ch. 11 Delirium and Dementia	1, 2, 3, 5, 6	OSCE Note (written in OSCE template)
Skills – IV	- Lecture on management of IV fluids and electrolytes	Harrison's Manual and Symptoms to Diagnosis Chapters	12, 13	Testable skill

	- Pre-Procedure – confirm patient ID; explain why procedure is needed and risk associated with placing an IV; detect any contraindications for IV insertion in either arm - Procedure – step by step method of inserting an IV catheter from preparing supplies to cleaning up - Supervision and feedback given during session	Chapter 1 : Electrolytes/ Acid-Base Balance Ch 22 Hypercalcemia Ch 24 Hyponatremia and Hypernatremia IV checklist and fluid management PowerPoint on E-College		

Week 3

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
SIM Mock I	- Students interact with four simulated patient mannequins - 10 minute data gathering for each patient, 20-25 minute data interpretation session, and 10 minute oral presentation (rounds) - Sessions include formative feedback to improve skills utilized for the sessions	Harrison's Manual and Symptoms to Diagnosis Chapters Ch 124 – Heart Failure and Cor Pulmonale Section 7 – Infectious Disease Ch 132 – Pneumonia, Bronchiectasis, and Lung Abscess Ch 12 – Sepsis and Septic Shock Ch 4 – Principles of Critical Care Medicine Ch 33 – Dyspnea Ch 10 Cough, Fever, Respiratory Infections Ch 15 Dyspnea	1,2,3,6,7,9,10,11,12,13	None (Testable material for midterm and final)
PE Examination	- Students will be tested on a set of physical exams taught in weeks 1 and 2 - Students must demonstrate an appropriate approach to performing physical exams as outlined in the checklist and PE videos	PE videos and checklist on E-College	1	Successful completion of examination
OSCE 3	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative feedback	Harrison's Manual and Symptoms to Diagnosis Chapters Ch 144 – Urinary Tract Infections and Interstitial Cystitis Ch 83 – Sexually Transmitted and Reproductive Tract Infections Ch 47 – Pain and Swelling of Joints	1,2,3,5,6	OSCE Note (written in OSCE template)

		Ch 164 – Gout, Pseudogout, and Related Diseases Ch 163 – Osteoarthritis Ch 84 –Infections of the Skin, Soft Tissues, Joints, and Bones Ch. 5 AIDS and HIV Infection Ch. 16 Dysuria Ch. 27 Joint Pain		
Ultrasound Simulation Skill	Students will demonstrate basic ultrasound techniques			Ultrasound Simulation Skill
IPE Simulations	Students works with Nursing Students and faculty to care for a simulated patient IPEC competencies demonstrated and assessed	Please review IPE 1 material on E-college	9	Mandatory session (material not testable)
OSCE Note Review	Interactive session where students can identify their weaknesses in writing an OSCE note			None

Week 4

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
SIM Mock II	- Students interact with four simulated patient mannequins - 10 minute data gathering for each patient, 20-25 minute data interpretation session, and 10 minute oral presentation (rounds) - Sessions include formative feedback to improve skills utilized for the sessions	Harrison's Manual and Symptoms to Diagnosis Chapters Chapter 170: Thyroid Gland Disorders; Chapter 171 adrenal gland disorders, 173 DM, Chapter 23 DKA & hyperosmolar coma Ch 144: Urinary Tract Infections and Interstitial Cystitis Chapter 1 : Electrolytes/ Acid-Base Balance Ch. 12 Diabetes Ch. 16 Dysuria Ch 22 Hypercalcemia Ch 24 Hyponatremia and Hypernatremia	1,2,3,6,7,9,10,11,12,13	None (Testable material for midterm and final)

OSCE 4	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative and summative feedback.	Harrison's Manual and Symptoms to Diagnosis Chapters Ch 50 - Syncope Ch 173- Diabetes Ch. 31- Syncope Ch 12- Diabetes	1,2,3,5,6	OSCE Note (written in OSCE template)
Pelvic Skill	- Students practice pelvic examination components, including speculum examination, liquid-based cytology and bimanual exam	Pelvic skills rubric and video on E-College	12	Testable skill
Urinary Catherization Skills	Students indications and contraindications for urinary catherization Students learn and practice the procedure in a patient-centered approach	Please review Urinary catherization presentation in Lecture Series tab on E-College	10,11,12	Mandatory session (material not testable)
IPE Simulations	Students works with Nursing Students and faculty to care for a simulated patient IPEC competencies demonstrated and assessed	Please review IPE 1 material on E-college	9	Mandatory session (material not testable)

Week 5

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
Suturing Skills	- Wound healing and suturing presentation - Demonstration of suture material, equipment, hand-tying, instrument-tying and simple interrupted technique - Practice under faculty supervision	Please review Suturing skills presentation in Lecture Series tab on E-College	10,11,12	Mandatory session
SIM Mock III	- Students interact with four simulated patient mannequins - 10 minute data gathering for each patient, 20-25 minute data interpretation session, and 10 minute oral presentation (rounds) - Sessions include formative feedback to improve skills utilized for the sessions	Harrison's Manual Of Medicine and Symptoms to Diagnosis Ch 125 – Diseases of the Aorta Ch 37 – Abdominal Pain Ch 147 – Peptic Ulcer and Related Disorders Ch 42 – Jaundice and Evaluation of Liver Function Ch150 – Cholelithiasis, Cholecystitis and Cholangitis Ch 24 – Acute Pancreatitis Ch 39 Dysphagia	1,2,3,6,7,9,10,11,12,13	None (Testable material for midterm and final)

		Ch 3 – Abdominal Pain Ch 26 – Jaundice and Abnormal Liver Enzymes		
Scrubbing Skill Session	- Students learn how to properly apply Personal Protective Equipment - Students are introduced to patient safety and sterility - Students are introduced to the roles of the surgical team and rules and regulations in the OR	Scrubbing checklist on E-College	Varies	None (material not testable, but mandatory session)
OSCE 5	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative feedback	Harrison's Manual Of Medicine and Symptoms to Diagnosis Ch 35 Cough and Hemoptysis Ch 204 - Smoking Cessation Ch 145: Nephrolithiasis Ch 131 - Chronic Obstructive Pulmonary Disease Ch 166 Sarcoidosis Ch 10 Cough, Fever and Respiratory Infections	1,2,3,5,6	OSCE Note (written in OSCE template)

Week 6

Topic	Activity	Readings / Complementary Cases	EPA Objectives	Required Assignment
SIM Mock IV	- Students interact with four simulated patient mannequins - 10 minute data gathering for each patient, 20-25 minute data interpretation session, and 10 minute oral presentation (rounds) - Sessions include formative feedback to improve skills utilized for the sessions	Harrison's Manual Of Medicine and Symptoms to Diagnosis Ch 125 Diseases of the Aorta Ch 116 Diseases of the pericardium Ch 197 Psychiatric Medications, Ch 135 Diseases of the Pleura and Mediastinum. Ch 9 Chest pain Ch 7 Back pain	1,2,3,6,7,9,10,11,12,13	None (Testable material for midterm and final)
Skills Practice Session	- Guided practice of skills learned during the semester (Airway, Pelvic Exam, IV)	All Skills checklists and rubrics	12	Mandatory session (to practice skills for final)

OSCE 5	- Two standardized patient encounters in which students perform a focused history, physical examination, and closure - Students write a progress SOAP note documenting the encounter and receive written formative feedback	Ch 40 Diarrhea, Malabsorption and Constipation Ch 82 – Infectious Diarrhea Ch 148 IBD, Ch 149 Colonic and Anorectal Diseases Ch 180 The Neurologic Examination Ch 188 Spinal Cord Diseases CH 53 Weakness and Paralysis Ch 67 Skin Cancer Ch 193 Peripheral Neuropathies. Ch 13 Diarrhea	1,2,3,5,6	OSCE Note (written in OSCE template)
Ultrasound Simulation Skill	Students will demonstrate basic ultrasound techniques			Ultrasound Simulation Skill

Week 7 and 8

- **OSCE final:** Individual Schedules
- **NBME Subject Exam:** Introduction to Clinical Diagnosis, Scheduled on last day of IMF clerkship.

Clerkship Grading:

Clerkship Grading Overview:

1. Clinical Clerkships Assessment of Medical Student Performance **- 55% of your final clerkship grade**
2. NBME SCE - 15%
3. OSCE Final Exam: 25%
4. Online Curriculum Requirements - 5%
    a. Log 15 of EPEs and 6 EPPs
    b. Complete the End of Clerkship Evaluation

Clinical Clerkship Assessment of Medical Student Performance:

Clinical Clerkship Assessment of Medical Student Performance (CCAMSP) - 55% 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 Examination: Introduction to Clinical Diagnosis – 15% of your final grade:

Students will take the NBME Introduction to Clinical Diagnosis Subject Exam on the last day of the rotation.

Scoring:

Score Range	Grade	Corresponding GPA
65 or greater	A	4.0
55 to 64	B	3.0
45 to 54	C	2.0
44 or less	F	0.0

OSCE Final Exam-25% of your final clerkship grade:

Your OSCE Final Exam will assess you competency in several areas: Spoken English Proficiency (SEP), Communication and Interpersonal Skills (CIS), Integrated Clinical Encounter (ICE), and a selected clinical skill.

Online Curriculum Participation - 5% of your final grade:

Online Curriculum Requirements consist of:

A. Log 15 of EPEs and 6 EPPs
B. Complete the End of Clerkship Evaluation

Adherence to the above is made possible through the many resources within the canvas 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 reading assignments to complement your learning on these patient encounters.

EPEs:

You must complete 15 EPEs during your 8 week IMF clerkship.
The assignments below can be completed in any order and do not follow a weekly required format.

Essential Patient Encounters (EPEs)	Harrison Manual Of Medicine / Symptoms To Diagnosis Chapter References
Chest Pain	Chapter 31, 9
Abdominal Pain	Chapter 37, 3
GI Bleed (upper and lower)	Chapter 41, 19
Pneumonia	Chapter 132
Pulmonary Embolism	Chapter 133
CHF	Chapter 124
COPD	Chapter 131
Hypertensive Emergency/Urgency	Chapter 117, 23
Asthma and Abnormal PFT	Chapter 128/129, 33
Dizziness and Syncope	Chapter 50, 31
DM - DKA and HHNK	Chapter 23,173, 12

Essential Patient Encounters (EPEs)	Harrison Manual Of Medicine / Symptoms To Diagnosis Chapter References
Kidney Disease and AKI	Chapter 138,139, 28
CVA and TIA	Chapter 17,
Change in MS/Delirium	Chapter 180, 11
Fluid and Electrolytes	Chapter 1
Joint Pain, RA and OA, and Crystal Induced Arthritis	Chapter 47,158,163,164,27
Common Arrhythmias (SVT and VT)	Chapter 123
Disease of Gall Bladder, Bile Ducts, Pancreatitis	Chapter 150, 151
Common Thyroid and Parathyroid Diseases	Chapter 170
Geriatric Assessment and Dementia	Chapter 182, 11
Anemia and Common Bleeding Disorder	Chapter 8, 18
UTI/Pyelonephritis and Kidney Stone	Chapter 145, 16
Approach to Acute and Chronic Diarrhea, IBD, and C diff	Chapter 13
EOL Care/Palliative Care, AD/Living Will Symptoms Treatment at EOL	Chapter 9
Common Pituitary and Adrenal Disorders	Chapter 171
STI	Chapter 83
Shock/Sepsis and Principle of Management	Chapter 12
Common Drug Overdose, Toxins in USA, and Acidosis	Chapter 199, 200
Common Neuromuscular Disease and Neuropathy (GBS, MG, MS, ALS, Diabetic, and Other Neuropathy)	Chapter 185,186,190,193,194

EPPs:

You Must Complete 6 of the following EPEs

Essential Patient Procedures (EPPs)	Complementary Cases
Placement of a Foley Catheter	Operational Medicine: Female Catheter Insertion
IV Line Placement	NEJM: Peripheral Intravenous Cannulation
Suturing	NEJM: Basic Laceration Repair
Airway Management	NEJM: Orotracheal Intubation
Pelvic Exam	NEJM: Pelvic Examination
Ultrasound Principles	Handout for Ultrasound Principles

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 CCF. 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.

Didactic Sessions	Learning Objectives	Alternate Lecture Resource
Cardiology		
ECG Curriculum	• Identify Normal ECG and most Common abnormal patterns	Harrison Manual Of Medicine 19th Edition Chapter 111,119,120,122,123
Chest Pain	• Describe the "serious six" causes of chest pain • Differentiate these conditions on H/P and basic Ch. 9 investigation	Harrison Manual Of Medicine 19th Edition Chapter 31 Symptoms To Diagnosis Chapter 9
Acute Coronary Syndrome	• Compare the ECG and Coronary artery anatomy with each syndromes	Harrison Manual Of Medicine 19th Edition Chapter 119, 120

	• Distinguish the different type of ACS and how treatment differs • Describe and differentiate complication of ACS	
CHF	• Describe common causes and pathophysiology of heart failure • Describe principle of therapy for HF	Harrison Manual Of Medicine 19th Edition Chapter 124
Hypertension	• Recognize secondary causes of hypertension • Analyze urgency and emergent hypertension and its principle of pharmacological treatment	Harrison Manual Of Medicine 19th Edition Chapter 117, Symptoms To Diagnosis Chapter 23
Syncope	• Recognize cardiac and non-cardiac causes of syncope • Describe principle of work up and management	Harrison Manual Of Medicine 19th Edition Chapter 50 Symptoms To Diagnosis Chapter 31
Cardiac Arrhythmias	• Differentiate common arrhythmias on presentation and ECG • Describe common principle of management of arrhythmias	Harrison Manual Of Medicine 19th Edition Chapter 111,119,120,122,123
Endocrinology		
Diabetes and Complications	• Describe different types of diabetes, pathophysiology and principle of management • Understand acute metabolic complication of DM and principle of management	Harrison Manual Of Medicine 19th Edition Chapter 173 Symptoms To Diagnosis Chapter 12
Thyroid Disorder	• 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	Harrison Manual Of Medicine 19th Edition Chapter 170,
Adrenal Diseases	• 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	Harrison Manual Of Medicine 19th Edition Chapter 171,

	• Diagnose and evaluate hyperaldosteronism and pheochromocytoma	
Gastroenterology and Hepatology		
Abdominal Pain	• Distinguish common cause of abdominal pain based on anatomical quadrant • Summarize the causes of chronic abdominal pain and recognizes features of Irritable bowel syndrome	Harrison Manual Of Medicine 19th Edition Chapter 37 Symptoms To Diagnosis Chapter 3
Dyspepsia/GERD/PUD	• 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	Harrison Manual Of Medicine 19th Edition Chapter 147
GI Bleed	• List common cause of upper and lower GI bleed • Applies principle of immediate assessment and therapy • Identity causes of obscure GI bleed and methods of evaluation	Harrison Manual Of Medicine 19th Edition Chapter 41 Symptoms To Diagnosis Chapter 19
Disease of Gall Bladder, Bile Ducts, and Pancreas	• Differentiate causes and complication of pancreatitis • Perform evaluation and management of gall bladder and bile duct diseases	Harrison Manual Of Medicine 19th Edition Chapter 150, 151,
Diarrhea	• Differentiate causes and methods of evaluation of acute and chronic diarrhea • Distinguish principle of diagnosis, management and extra intestinal manifestations of inflammatory bowel disease • Understand current diagnosis, complications, management and prevention of C. Diff diarrhea	Harrison Manual Of Medicine 19th Edition Chapter 40 Symptoms To Diagnosis Chapter 13
Hematology and Oncology		
Anemia and Common Bleeding Disorder	• Assess different etiology, causes and management of common anemia • Distinguish approach to common bleeding disorders (Von Willibrand,	Harrison Manual Of Medicine 19th Edition Chapter 62,64 Symptoms To Diagnosis Chapter 6,8

	hemophilia, and other acquired diseases)	
Oncology		
Lung Cancer	• Evaluate principle of screening, diagnosis and management for lung cancer • Differentiate common paraneoplastic and other syndrome associated with lung cancer	Harrison Manual Of Medicine 19th Edition Chapter 69
Breast Cancer	• Evaluate principle of screening, diagnosis, staging and management for breast cancer • Appraise the approach to clinical breast abnormalities	Harrison Manual Of Medicine 19th Edition Chapter 70
Colorectal Cancer	• Discuss the screening recommendation for average and high risk population • Evaluate principle of screening, diagnosis and management for colorectal cancer	Harrison Manual Of Medicine 19th Edition Chapter 71
Prostate and Cervical Cancer	• Evaluate principle of screening, diagnosis and management for prostrate and cervical cancer	Harrison Manual Of Medicine 19th Edition Chapter 74,73
Pulmonary Medicine		
Cough and Smoking Cessation	• Recognize common causes of acute and chronic cough • Evaluate and manage the chronic cough • Understand the principle and effective treatment for smoking cessation	Harrison Manual Of Medicine 19th Edition Chapter 35,204 Symptoms To Diagnosis Chapter 10
Dyspnea and Interpretation of PFT	• 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	Harrison Manual Of Medicine 19th Edition Chapter 33, 128 Symptoms To Diagnosis Chapter 15
Asthma	• Compare common causes of wheezing • Interpret different tests in diagnosis of asthma	Harrison Manual Of Medicine 19th Edition Chapter 129

	• Evaluate principle of acute and chronic management of asthma	
COPD	• Discuss common differential diagnosis of COPD • Evaluate principle of screening, diagnosis, management of acute and stable COPD	Harrison Manual Of Medicine 19th Edition Chapter 131
OSA and Pulmonary Hypertension	• Illustrate common diagnostic features, differential diagnosis and principle of management of OSA • Analyze the classification of pulmonary hypertension and principle of evaluation and management	Harrison Manual Of Medicine 19th Edition Chapter 137, 127
Pulmonary Embolism	• Interpret common causes of PE • Differentiate principle of diagnosis and management of pulmonary embolism	Harrison Manual Of Medicine 19th Edition Chapter 133
Pleural Effusion	• Discuss common causes of pleural effusion • Evaluation and management of common causes of pleural effusion • Discuss criteria used in evaluation of pleural effusion	Harrison Manual Of Medicine 19th Edition Chapter 135
Rheumatological Disease		
Joint Pain	• 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	Harrison Manual Of Medicine 19th Edition Chapter 47 Symptoms To Diagnosis Chapter 27
Evaluation of Knee and Shoulder Pain	• Recognize common causes of knee and shoulder pain • Perform physical examinations maneuvers to differentiate common condition of knee and shoulder	Harrison Manual Of Medicine 19th Edition Chapter 47 Symptoms To Diagnosis Chapter 27
OA and RA	• Evaluate causes and principle of diagnosis and management of OA Differentiate secondary causes of OA • Evaluate causes and principle of diagnosis, extra-articular	Harrison Manual Of Medicine 19th Edition Chapter 158,163

	manifestation and management of RA	
Systemic Lupus Erythematosus (SLE) and Antiphospholipid Syndrome (APS)	• 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	Harrison Manual Of Medicine 19th Edition Chapter 158
Infectious, Crystal Induced Arthritis, Spondyloarthritis	• Recognize the clinical features of different spondyloarthritis • Differentiate common clinical features and principle of diagnosis and management for crystal induced arthritis and infectious arthritis	Harrison Manual Of Medicine 19th Edition Chapter 162, 164
Vasculitis	• 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 syndrome	Harrison Manual Of Medicine 19th Edition Chapter 159
Nephrology		
Kidney Disease and AKI	• Distinguish common approach for kidney disease by symptoms and laboratory studies • Evaluate and manage common causes of AKI	Harrison Manual Of Medicine 19th Edition Chapter 138, 139,142 ,143, 144, 145 , 146
Fluid and Electrolyte Disorder	• Analyze the common etiology, diagnosis and principle of management for hypo and hypernatremia • Distinguish the etiology, diagnosis and management of hyper and hypokalemia	Harrison Manual Of Medicine 19th Edition Chapter 1 Symptoms To Diagnosis Chapter 22, 24
Acid-Base Disorder	• 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	Harrison Manual Of Medicine 19th Edition Chapter 1 Symptoms To Diagnosis Chapter 4

Chronic Kidney Disease	• Evaluate common etiology, diagnosis, therapeutic principle and prevention for chronic kidney disease	Harrison Manual Of Medicine 19th Edition Chapter 139,140
Infectious Disease Medicine		
Community Acquired Pneumonia	• Differentiate common etiology, diagnosis and principle of management for CAP	Harrison Manual Of Medicine 19th Edition Chapter 78, 85 Symptoms To Diagnosis Chapter 10, 33
Skin and Soft Tissue Infection	• 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	Harrison Manual Of Medicine 19th Edition Chapter 84
Infective Endocarditis	• Recognize indication and Principe of treatment for endocarditis prophylaxis • Evaluate common etiology, diagnosis and principle of treatment for infective endocarditis	Harrison Manual Of Medicine 19th Edition Chapter 80
Pyelonephritis and Other UTI	• Compare etiology, diagnosis and management of common uncomplicated and complicated urinary tract infection	Harrison Manual Of Medicine 19th Edition Chapter 144 Symptoms To Diagnosis Chapter 16
Sexually Transmitted Disease	• Compare prevention, screening, diagnosis and principle of management and complication of commonly occurring STI in USA	Harrison Manual Of Medicine 19th Edition Chapter 83 Symptoms To Diagnosis Chapter 16
HIV/AIDS	• Distinguish principle of prevention, diagnosis and treatment of HIV and AIDS • Appraise different complications prophylaxis for opportunistic infection HIV/AIDS infection	Harrison Manual Of Medicine 19th Edition Chapter 105
Sepsis Syndrome	• Define SIRS and spectrum of sepsis syndrome • Distinguish differential diagnosis of shock and principle of therapeutic management	Harrison Manual Of Medicine 19th Edition Chapter 12
Neurology		

Headache	• Evaluate etiology of common headache and principle of diagnosis and management • Recognize etiology and principle of diagnosis and management of life threatening headache	Harrison Manual Of Medicine 19th Edition Chapter 49
Stroke/TIA	• Identify differential diagnosis of stroke and TIA • Recognize common cerebrovascular territories and syndromes • Apply principle of diagnosis and management of CVA and TIA	Harrison Manual Of Medicine 19th Edition Chapter 17 Symptoms To Diagnosis Chapter 11
Altered Mental Status/Dementia/Delirium	• Differentiate various impaired attention and cognition • Distinguish common etiology, diagnosis and principle of management for dementia • Recognize common risk factor and methods of diagnosis for delirium in hospitalized patient	Harrison Manual Of Medicine 19th Edition Chapter 16, 180, 182 Symptoms To Diagnosis Chapter 11
Neuromuscular Disease and Neuropathy	• 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	Harrison Manual Of Medicine 19th Edition Chapter 180, 183, 185, 190, 193, 194, 195
Seizure and Epilepsy	• Recognize key feature and principle of management of different type of seizures and epilepsy • Evaluate patient with first seizure and status epilepticus • Differentiate common epilepsy syndrome present or persist in adulthood	Harrison Manual Of Medicine 19th Edition Chapter 181
General Internal Medicine and Dermatology		
Clinical Reasoning and Diagnostic Biases	• Differentiate approaches in clinical reasoning • Identify different biases play role in diagnostic error	

Hypertension and Hyperlipidemia	• 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 • Compare current approach to screening, prevention, therapy for hyperlipidemia	Harrison Manual Of Medicine 19th Edition Chapter 117, 118, 202 Symptoms To Diagnosis Chapter 23
Depression and Substance Abuse	• Compare differential diagnosis, screening and principle of management for major depression • Differentiate spectrum of alcohol and other substance use and methods of screening and secondary intervention	Harrison Manual Of Medicine 19th Edition Chapter 196, 197, 199, 200
ECG Curriculum	• Identify Normal ECG and most Common abnormal patterns	Harrison Manual Of Medicine 19th Edition Chapter 111

Assessment & Evaluations:

Exhibit A.1 - Clinical Clerkship Assessment of Medical Student Performance

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.	☐	☐	☐	☐
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.	☐	☐	☐	☐

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	☐	☐	☐	☐
b. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to- date scientific evidence, and clinical judgment	☐	☐	☐	☐

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.	☐	☐	☐	☐

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.	☐	☐	☐	☐

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	☐	☐	☐	☐

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.	☐	☐	☐	☐

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.	☐	☐	☐	☐

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.	☐	☐	☐	☐

Last Name:_____ **First Name:** _____ **CRN:**_____

Comments in this section are for the student <u>ONLY</u> 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

You are asked to evaluate the student on measures. [1]	The final grade will be calculated as follows:
I. **Knowledge for Practice (KP)** II. **Patient Care (PC)** III. **Professionalism (P)** IV. **Interpersonal and Communication Skills (ICS)** V. **Practice-Based Learning and Improvement (PBLI)** VI. **Systems-Based Practice (SBP)** VII. **Interprofessional Collaboration (IPC)** VIII. **Personal and Professional Development (PPD)**	• A, (Honor) = 4 points • B, B+(High Pass) = 3 points • C, C+ (Pass) = 2 points • Each F (Fail) is given 0 points ▪ 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.