Internal Medicine Clerkship Handbook 2024-2025

Clinical Clerkship Director and Coordinators

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Attendance Policy

It is an expectation that students will be present for all scheduled activities during their clinical clerkships, but there are events in all our lives that sometimes result in the need to miss one or more days from a clerkship. The purpose of this policy is to clarify and standardize which reasons for absences are considered to be potentially excused absences and which are not, to explain the process of requesting absences, and to describe how lost time may be made up.

The guidance contained in this policy covers a large majority of reasons for student absences observed over many years, but is not meant to be all inclusive. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases the Clerkship Director should be called to make fair and well-reasoned decisions.

This policy was prepared with the recognition that CNUCOM medical students are hard-working professionals with a strong vested interest in their own learning.

Excused vs. Unexcused Absences

Event	Excused?	Make Up Time Needed?	
		6 week clerkship	4 week clerkship
Student illnesses, including infections that could put patients or other staff at risk	Yes	If > 2 days missed	If > 1 day missed
Illness or death of an immediate family member	Yes	If > 3 days missed	If > 1 day missed
Presentation at a medical conference	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Religious holidays (not national holidays)	Yes	If > 1 day missed	If > 1 day missed
Wedding (student is getting married)	Yes, if notification >2 months ahead	If > 2 days missed	If > 1 day missed
Residency interview or orientation	Yes	If > 2 days missed	If > 1 day missed
NBME exam – Skills exam in Year 4	Yes	If > 2 days missed	If > 1 day missed
All other	No	Yes – for all days missed	Yes – for all days missed

Communication

Timely communication between the student and Clerkship Director is essential to any episode of student absence from clerkship activities.

For events that can be planned well in advance, such as a wedding, the advance planning should ideally begin prior to the lottery (conducted in the spring of the second year) where clerkships are chosen in order to pick a clerkship or elective block that does not have night or weekend call at the time of the event. This will avoid missing any clerkship time.

For other events that can be planned in advance, but become known after the clerkship schedule is set, students should make a written request to the Clerkship Director regarding the proposed absence as soon as the dates of the event are known. Call schedules can sometimes be adjusted to free up a given weekend day or night.

For unforeseen events such as an illness or family emergency, students are expected to notify their preceptor/ward team and the clerkship office of any missed time and its duration as soon as possible.

Making up missed time

The Year 3-4 policy at CNUCOM is that students may have up to two days of excused absence on an eight week clerkship before make-up time is required, and up to one day for a four week clerkship. Unexcused absences will always require make-up time, and in addition have the potential for being regarded as a breach of professionalism, which could be referred to in grade narratives and could affect a student's overall grade. It is the student's responsibility to work with the clerkship director to plan any necessary make-up time.

Consequences of unexcused absences

An unexcused absence is a potentially serious matter and may be looked upon as a breach of professionalism. It is expected that the student would be counseled by the clerkship director about such an episode, and that it would be an important element in the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include inability to receive an honors grade on the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Senior Associate Dean of Medical Education and Accreditation/Chair of Medical Education or a formal Letter of Concern for the student's file, particularly if there is a pattern of absences across clerkships.

EVALUATION AND GRADING

General Philosophy

While evaluation is an important part of the clinical education process and can provide substantial information regarding performance, it is essential that students and clinical faculty alike recognize that the generation of a grade is not the purpose of clinical experiences. Focus should be maintained on gaining clinical experience, expanding fundamental knowledge, providing high-quality care, and developing clinical competence. It is important as well that students pay close attention not simply to the grade earned, but to the specific components of evaluations that are designed to provide feedback and guidance to improve future performance.

Grading Policies

Evaluation

Evaluation procedures are consistent with standards set by the College of Medicine, in particular the Curriculum Committee, the Phase B subcommittee and the Student Committee. In the Internal Medicine clerkship, the following general plan will apply.

Formative Feedback

Ongoing formative evaluation during the clerkship is essential to allow students to improve skills during the rotation. At minimum, students may expect daily feedback from preceptors in the following areas:

Cognitive skills

- History taking
- Physical examination
- Understanding of ancillary testing & data
- Formulation, differential diagnosis, and treatment plan

Personal skills

- Professionalism
- Dress
- Demeanor
- Any other concerns

Preceptors should communicate any concerns to the clerkship director immediately for monitoring or remediation as appropriate.

The frequency and mechanisms of formative feedback delivery are shown in the table.

Frequency and Mechanism of Formative Feedback	
Frequency	Mechanism
Daily	Verbal feedback from attending physician preceptor
	One-on-one interaction with preceptors & residents

	At "teachable moments" at the bedside and during clinical care
Weekly	Formative quizzes in didactic sessions
	Case discussions in didactic setting
Mid-clerkship	Formative feedback summarized & discussed in meeting with clerkship director
Mid-clerkship	Formal review of patient log, adjustment of assignments as needed
End of Clerkship	Exit meeting with clerkship director
	Final examination
	Formal evaluation report
Ongoing	Monitoring patient log

Summative Evaluation

Current standards suggest summative assessment be based on a minimum of one comprehensive written examination, narrative observations by primary teaching faculty, and other observable performance-based measures.

Small- and large-group discussions will be administered throughout the third year in the Longitudinal Clerkship Curriculum. The clerkship curriculum will include clinical skills and case sessions during protected didactic days to refine examination skills.

CNU COM Clerkship Grading Policy

A student's final clerkship grade will be based on the following three components:

- Academic NBME Shelf Exam Results.
- Clinical Evaluation of Student by Preceptor in rotations.
- Clinical Evaluation of Student by Clerkship Director in didactics.

The NBME Shelf exam score is an empirical measurement of student knowledge in the particular specialty field. Students are scored against a large national cohort of similar third year medical students. CNSU-COM's policy is that students Shelf score will be graded based upon the following percentile results on Shelf:

- ≥ 5 = Pass
- ≥ 30 = High-Pass
- ≥ 75 = Honors

This NBME Shelf "grade" will be the starting point of the student's final grade.

But this Shelf grade will then be compared against a composite Clinical grade, generated from the combination of Clinical Evaluation by Preceptor, and Clinical Evaluation by Clerkship Director.

The **Final Grade** will then be determined as follows:

- The NBME Shelf exam grade will generally* be the starting point
- But the final grade can be moved up, or down, based upon student performance in the clinical segments (Preceptor and Didactic)*

Example Grading Scenario #1

- NBME score of "pass" but is in the upper half* of the "pass" range
- Combination of Preceptor and Didactics Score is "honors"
- Students final grade can be elevated (at discretion of CD) from pass to high-pass based upon superlative clinical performance.

Example Grading Scenario #2

- NBME score of "honors" but in the lower half* of the "honors" range
- Combination of Preceptor and Didactics Score is only "pass"
- Students final grade can be reduced (at discretion of CD) from honors to high-pass based upon less than stellar clinical performance.

An academic grade of pass, will not be lifted all the way to honors by even stellar clinical performance, but it can move the final grade up (or down) to the next adjacent grade level above (or below) their academic grade.

*** Flexibility in the Grading System**
Clerkship Directors may and can opt to tighten up the parameters, for example only allowing movement up or down…if Shelf is in upper or lower quarter of grade range (rather than the upper or lower half of the grade range). Doing so would give the Shelf move weight, as compared to clinical and didactics components.

Details of Preceptor Grade Component (Attending preceptors please note)

Numeric "5 Point Likert Scale" Scoring

Completion of the MedHub Educational Program Objectives (EPO) scores are important to help us assign student grades. Preceptors are asked to rank students on 15 areas of performance. These 15 topics are grouped and follow the COM General Competencies System:

- GC1 are questions about Patient Care (PC)
- GC2 cover Medical Skills and Knowledge (MSK)
- GC3 addressed Communication Skills (C)
- GC4 deals with Professionalism (P)
- GC5 deals with EMR and Healthcare Systems (HC)
- GC6 deals with Reflective Practice and Personal Development. (RP)

In each area of student performance, preceptors are asked to evaluate the student on a 1 to 5 Likert scale, with the 1 to 5 scale representing:

1. Fail – you believe the student should flunk the clerkship (and repeat)
2. Needs Improvement – performance not so low as to fail student, but in this area student should obtain remediation before passing
3. Pass – good performance sufficient (at this level of training and without remediation) to proceed forward with training
4. High-Pass – exemplary performance above average

5. Honors - outstanding performance

On average, a student performing at or above 3.0 on average will be considered to have Passed their preceptor evaluation. A student performing from 3.5-4.4 will be considered for the "High-Pass" grade. A student who averages 4.5 or above will be a candidate for an "Honors" grade. A student scoring below 3.0 will be seriously evaluated for necessary remediation. This could include additional course assignments, repeat of some or all of the clinical time in the clerkship, or might contribute to a failing grade in the clerkship. Any of the 15 topics ranked or graded as 1 (fail) will require full review by CD and possibly Student Evaluation & Promotions Committee (SPC), even in the case of of the overall score reaching a passing average of 3.0 or above.

Narrative comments are critical to thorough student evaluation.
Preceptors provide narrative comments on each student, commenting on both strengths and weaknesses.
All narrative comments by preceptors will be reviewed by the Clerkship Director, along with the checklist scores when determining final grades for the clerkship rotation. Student's numeric preceptor grade component for the clerkship rotation component may be raised or lowered based on exceptionally persuasive narrative comments from an attending preceptor. This is entirely at the discretion of the CD, and their own judgement of the narrative comments.

Details of Didactics Grade Component

The bulk of the Final Grade is based upon the above two components:

- The Academic NBME Grade
- The Clinical Preceptor Grade

But there is one final component, that similar to the Clinical Preceptor Grade, can bump the Final Grade up, or down. That final component is the Grade conferred during Didactics by the individual Clerkship Director. The specific structure used in the production of this component will not be specified here, as it can and does vary from clerkship specialty, to clerkship specialty, and may even vary somewhat from block to block, as the availability of resources (guest lecturers, lab availability, in-person vs virtual didactics, etc) is changing and active. At times, even the Clerkship Director themselves may change, and the new CD may recommend different grading ideas and rubrics from the former. But the sum-components of the Didactics experience that may be brought to play in the production of this Didactics component may include:

- Attendance
- Timely submission of assignments
  - Assignments may include
    - case reports
    - quizes
    - mid-clerkship evaluations
    - clinical topical write-ups or presentations
    - other at discretion of CD
- Successful logging of “Must-See Cases”
- Ongoing logging of “Must-Do Procedures”
- Participation in Discussions
- Participation in Lab (if any)
- Grading of any of the above (vs pass/fail)

To be clear, the Didactics grade is entirely at the discretion of the Clerkship Director, and to reiterate cannot by subject to strict simplification or restriction in this document.

Professionalism and Remediation

Lapses of professionalism or low preceptor ratings. Professional behavior (discussed elsewhere) is the sine qua non of being a physician. Any allegation of a lapse in professionalism in the clerkship will be investigated by the clerkship director. Such lapses may include, but are not limited to, cheating; plagiarism; or failure to fulfill patient care responsibilities. Likewise, any score of "below expectations" or less by any preceptor will be investigated by the clerkship director. If the allegation of a lapse in professionalism is substantiated, or if the rating of "below expectations" or less is found to be accurate, either of these criteria alone (regardless of NBME exam scores and other preceptor evaluations) may be grounds to receive a failing grade in the clerkship. The student will also be referred to the Student Evaluation and Promotions Committee for further consideration. Y "incomplete" grade may be assigned, and remediation may be required. Further details are discussed in the next section.

Details of remediation of borderline performance; Y grade options.
Scenario: Low NBME score, acceptable preceptor evaluations
A student who receives ratings from preceptors at or above the "meets expectations" level, but who scores less than 5% on the NBME Subject Examination in emergency medicine can me managed along one or both of the following pathways:

1. "Bad Test Day" – if the student feels he are she was prepared for the test, but suffered from some unforeseen problem such as illness, family or other stress, or other un-avoidable distraction that prevented them from performing up to par, that student may request a "quick re-take" of the Shelf exam. This must be explained to the Clerkship Director and the CD must agree that a quick re-take is justified. Quick means ideally that the students sits for the re-take in general within a week of the original exam date, or at most two weeks of original exam date. Note that this quick re-take is not intended to allow the student to study more. This presumes that they already did study enough, but just suffered from unforeseeable stresses on the test day.

2. If the student does require a quick retake test, and fails this second attempt...OR if the reason the student did not pass the first attempt was actually lack of study and preparation for the first test, then the student will be given a Y grade for the course. Student and CD then need to sit down and discuss the situation, and come up with a remediation plan. A remediation plan could involve:

    1. Identification of flex or other time where student can study more for a re-take test

    2. Deferral of an upcoming clerkship to create time for study

    3. Referral to student affairs for test preparation counseling

3. This plan must be documented in a SPC referral, signed by student and CD and the Chief of Clinical Education, and submitted to SPC for review and either approval, or other remediation recommendation.

The student may remediate the Y grade by taking the examination a final second, or third time (third if a "quick retake test" was allowed), the time frame to be determined in consultation with the clerkship director.

If the student passes the retake NBME exam (after the administration of a Y grade), their Y will then be upgraded to a Y/P grade, which is a passing grade, but the Y will remain along with the Pass. The maximum grade achievable upon remediation shall be that of "Y/Pass".

***Attending preceptors please note*:** while completion of the checklists is necessary for assigning student grades, narrative comments are critical to thorough student evaluation. Please provide narrative comments on each student, commenting on both strengths and weaknesses. All narrative comments by preceptors will be reviewed by the Clerkship Director when determining final grades for the clerkship rotation.

Student's grade may not be revised downward based on narrative comments from an attending preceptor unless such comments raise grave concerns about a student's professional integrity or medical knowledge. If such concerns are raised, the Clerkship Director shall investigate further and report to the Phase B Subcommittee Chair within one week of the end of the rotation.

The NBME Subject Examination - Shelf Exam will be used as an assessment of fundamental medical knowledge. This examination has excellent psychometric properties and statistical validity to assess student knowledge over a wide range of data. The trend nationally is to set the passing grade for the third-year Internal Medicine clerkship at about the 5th percentile. Performance at or above this level is thought to represent a knowledge base sufficient for the non-specialist, third-year clinical clerk to proceed with training in other clinical disciplines.

The NBME exam will be administered **on the last Friday of the clerkship at the College of Medicine.** Standard NBME timing will apply (i.e., 1.5 minutes per question). Students arriving late for the examination will not be given extra time for completion.

History and Physical reports submitted to Clerkship Director

History and physical notes are an essential part of clinical participation: Students are expected to create, on average, one daily or every other day during all 6 weeks of the clerkship. Attending preceptors may have additional requirements such as daily SOAP notes as part of delivering effective clinical care.

Students are required to submit 2 history and physical reports to the Clerkship Director. First H&P is due by end of week 3 and second H&P is due by week 5. These reports should be submitted to Canvas. It is important these reports are HIPPA compliant and omit any specific identifying data (name, date of birth, etc.)

A write up that is judged sub-standard by the clerkship director will be returned to the student for revision and re-evaluation. Failure to meet these requirements may result in assignment of remedial work before receiving a final grade in the clerkship rotation (including, but not limited to, additional written or clinical assignments, oral examination, or written essay examination).

Grading Rubric for History and Physical reports:

Score	Exceeds Expectations	Meets Expectations	Needs Improvement
1) History	• Includes **all** key components in HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) fully addressed	• Identifies **most** key components of HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are adequately addressed	• Identifies **some** key components of HPI • Other areas of history (CC, Past Medical History, Medications, Allergies, Family History, Social History and Review of Systems) are not fully addressed
2) Physical Exam	• **All** key components of physical exam are included	• **Most** key components of physical exam are included	• **Some** key components of physical exam are included
3) Laboratory and Investigations	• **All** relevant known other objective data reported (laboratory, radiological and other test results) listed. **Note**: for test results that are not available, please state which tests are ordered/pending.	• **Most** relevant known other objective data reported (laboratory, radiological and other test results) listed.	• **Some** relevant known other objective data reported (laboratory, radiological and other test results) listed.
4) Assessment	• **All** key differential diagnoses are identified with thoughtful and convincing reasoning for their inclusion. • Supportive information from pertinent positive and negatives in H&P and objective data included.	• **Most** differential diagnoses are identified with some reasoning for their inclusion included. • **Most** supportive information from pertinent positive and negatives in H&P and objective data included.	• **Some** differential diagnoses are identified with some reasoning for their inclusion included. • **Some** supportive information from pertinent positive and negatives in H&P and objective data included.
5) Plan/ Problem-Based Patient Management	• **Excellent** and well-prioritized plan • **All** considerations are addressed (consultation, education, follow-up, etc.) • **Convincing** evidence that the patient is safe in the short-term and will benefit from the plan in the long-term	• **Most** Short- and long-term management considerations are presented, with **good** indication that a higher degree of thought and consideration of the big picture for management is indicated • Many aspects of short and long-term management are considered	• Short- and long-term management considerations are presented, with **some** indication that a higher degree of thought and consideration of the big picture for management is indicated • Some aspects of short and long-term management are considered

Oral Presentation: Each student will be required to make one case presentation with discussion of one clinical subject during Friday didactics sessions. Presentations will include case presentation and discussion of clinical disorder. Clinical subject discussion will include: general

introduction (significance of disorder, incidence, etc.), general clinical presentation, differential diagnosis, evaluation, treatment and anything else important to this topic.

Grading: Based on the following criteria

1. Organization of material presented
2. Focused with appropriate time
3. Provides main elements of History and Physical: focused but pertinent negatives and positives presented
4. Differential diagnosis: includes important considerations/good thought process about what is most likely
5. Presentation well researched/material with educational merit
6. Presentations skills: General interaction/knowledge of material/appropriately answering questions

Attendance and Participation: This portion of the Internal Medicine Clerkship grade will be based on professionalism during clerkship rotations, general participation in discussions during the Friday didactic sessions and completing all requested work.

Evaluation of Clinical Assignment

Following each clinical clerkship, students are expected to complete an evaluation of the preceptor, site, and clerkship. This will be completed online. Students will receive reminders via electronic mail of evaluations they need to complete. Students should take care to distinguish the assessment of these three portions of their experiences in order to provide the most useful feedback to CNUCOM. It is only through honest, fair, and frank evaluations that problems can be identified and corrected, and appropriate praise can be offered to those deserving. This is a serious responsibility for students, and appropriate thought and time should be dedicated to this part of the clinical education program. Clinical faculty can view, via the electronic evaluation system, summary data of these evaluations only after a threshold number of evaluations has been reached in order to maintain student anonymity.

Disputes

If a student disagrees with the clinical evaluation offered by the Clerkship Director, he or she should follow the grade dispute procedure outlined in the student handbook.

Rotation Schedule

Rotation Sites

Kaiser Sacramento, Kaiser Roseville, Kaiser Oakland
Sutter Roseville
Mercy San Juan, Mercy General, Mercy Folsom
Highland Hospital
St. Mary's (SF)
Additional sites to be announced

Daily and weekly schedule

Students will work Monday through Sunday with 1 day off from clinical and educational responsibilities each week. Students on inpatient services are expected to work one weekend day at the discretion of the attending. Students will not be required to take overnight call. Important variations in the schedule are:

The clerkship director will provide orientation to the Internal Medicine clerkship at 3pm on first Monday of the rotation.

Monday afternoons are reserved for didactics, virtual cases, and independent study time. All students will be excused from clinical responsibilities by 1pm on Mondays.

The students are excused from clinical responsibilities on the last Thursday of the clerkship to study for the NBME Subject Exam.

The last Friday of the rotation is reserved for the NBME Subject Exam.

Duty Hours Restrictions

The California Northstate University College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME). In brief, these guidelines encompass the following for medical students:

"Duty hours" are defined as all clinical and academic activities related to the education of the medical student, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the

duty site. Important points of this policy are:

a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
b. In-house call must occur no more frequently than every third night.
c. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 6 additional hours in order to participate in didactic activities.
d. Will have a minimum of 10 hours break between shifts
e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.

This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

CURRICULAR MATERIALS

GOALS AND OBJECTIVES OF CLINICAL COURSES

The following general objectives are expectations of competencies for each and all of the clinical courses. They are designed to help students develop the basic skills of medical problem solving, basic science integration, case management, procedural expertise, and professional demeanor.

It is strongly recommended that all students review the Clinical Performance Assessment form in order to be familiar with the specific measures that will be applied in evaluations of performance on clinical clerkships.

Educational Program Objectives (EPOs) and Course Learning Objectives (CLOs)

The Curriculum follows the 6 ACGME Curriculum General Competencies. These are mapped to the Educational Program Objectives (EPOs) as indicated on the table below. The Final Evaluation of the students in MedHub assesses the student's performance in each area. The Clerkship Learning Objectives (CLOs) are mapped to the EPOs in the second table.

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment
CLO-1	**DIAGNOSTIC DECISION MAKING** Demonstrate knowledge of common medical problems in internal medicine and key factors to consider in patient history, physical examination, and diagnostic tests.	MSK 1-4	Shelf Examination, Preceptor/CD Evaluation
CLO-2	**HISTORY TAKING, PHYSICAL EXAMINATION, AND CASE PRESENTATION** Demonstrate an ability to obtain a patient's history, perform physical examination, prepare legible, comprehensive, and focused patient workups, and orally present them in logical, organized, and succinct manner.	PC1-4, C1-2, HC1-2	Preceptor/CD Evaluation
CLO-3	**MEDICAL MANAGEMENT** Formulate a diagnostic and therapeutic plan for the patient based on gathered clinical information and laboratory data.	PC5-7, RP2	Shelf Examination, Preceptor/CD Evaluation
CLO-4	**COMMUNICATION WITH PATIENTS AND COLLEAGUES** Demonstrate appropriate listening skills and effective verbal and non-verbal techniques to communicate with patients and colleagues and ongoing commitment to self-directed learning regarding effective doctor-patient communication skills.	C1-2, P1-4, MSK4, RP4	Preceptor Evaluation
CLO-5	**PREVENTION** Demonstrate knowledge of primary, secondary, and tertiary prevention and address preventive health care issues as a routine part of the assessment of patients.	MSK1-5, HC1	Shelf Examination, CD Evaluation
CLO-6	**FOUNDATIONAL KNOWLEDGE** Demonstrate knowledge of the basic sciences and pathophysiologic principles behind the manifestations of the disease conditions.	MSK1-5	Shelf Examination

Learn how to function as a physician in an Internal Medicine context including:

- Assuming the appropriate and necessary level of responsibility and commitment to patient care
- Developing a compassionate approach to patient care
- Working effectively in a health care team
- Developing and improving clinical skills – history-taking, physical exam, oral and written presentation, diagnostic reasoning, procedures
- Developing a successful approach to solving patient-based problems

Each clinical condition should be analyzed using the scheme and process worksheet studied and referred to during the first two years of the curriculum. Students must log a patient or interactive learning exercise that demonstrates participation in **history/physical exam, differential diagnosis/diagnostic plan, or treatment plan** for each of the core clinical conditions listed:

Patient Type/Clinical Condition (at least one from each category)	Procedure/Skill	Clinical Setting(s)	Level of Student Responsibility
Cardiac conditions (acute MI, chest pain, CHF, arrhythmias)	Patient Evaluation	Inpatient or Outpatient	Assist
Pulmonary conditions (COPD, pneumonia, SOB, asthma)	Patient Evaluation	Inpatient or Outpatient	Assist
GI conditions (GI bleed, PUD, Nausea/vomiting, diarrhea, gall stones)	Patient Evaluation	Inpatient or Outpatient	Assist
Renal conditions (HTN, kidney stone, pyelonephritis, retention, electrolytes)	Patient Evaluation	Inpatient or Outpatient	Assist
Hematology/Oncology (malignancy, anemia, thrombocytopenia)	Patient Evaluation	Inpatient or Outpatient	Assist
Rheumatologic conditions (SLE, arthritis, joint pain)	Patient Evaluation	Inpatient or Outpatient	Assist
Endocrine conditions (Diabetes, thyroid)	Patient Evaluation	Inpatient or Outpatient	Assist

Students are also expected to observe or perform the following **procedures**:

- Arterial blood gas
- EKG placement and interpretation
- Finger stick glucose
- Foley catheter placement
- Nasogastric tube placement
- Peripheral I.V. placement
- Rectal exam
- Urine dipstick (as available)
- Venipuncture

INFORMATION FOR ATTENDINGS AND PRECEPTORS

Rotation schedule:

Days: Monday through Sunday (variable)

Exceptions:

- Monday afternoons are reserved for didactic sessions at College of Medicine, virtual cases, and independent study time. Please excuse students at noon on Mondays.
- The last Thursday of the rotation is off to study for the NBME Subject Exam.
- The last Friday of the rotation is reserved for NBME Subject Exam.

Attendance: mandatory except for personal emergencies or as arranged with the clerkship director and preceptor.

Hours: at discretion of attending. (Generally not earlier than 6:00 AM or later than 7:00 PM.)

Night call? No

Maximum work hours per week: per ACGME duty hours policy

Grading:

- Preceptor evaluations
- NBME subject exam (passing ≥ 5th percentile)
- Two H&P write ups
- One oral case presentation
- Didactics attendance and participation

Please note that oversight with respect to grading consistency and trends between preceptors, specialties and clerkship sites will be the responsibility of the Clinical Governance Committee with the assistance of the Assessment and Curriculum Committees, if necessary.

Clerkship Goals:

The overarching goals of the clerkship are to

a. refine the taking of a history
b. refine the physical examination
c. develop a reasonable differential diagnosis; and
d. outline an initial diagnostic and treatment plan.

We want students to meet these goals by examining patients with internal Medicine conditions in primarily inpatient settings.

Preceptor Responsibilities:

All attending physicians and residents are expected to provide:

- Daily supervision.
- Direct observation of basic skills.
- Teaching and guidance.
- Constructive feedback.
- Written and verbal assessment of student performance must be performed at mid-clerkship and upon completion of the rotation. The written assessments are due no later than 2 weeks from the mid-point and completion of the clerkships, respectively.
- Preceptors are prohibited from medically treating the medical students that they are supervising.

Specific responsibilities. These goals can be met in different ways in different venues. At minimum, we request the following of attending preceptors:

- Allow each student to perform one complete focused history and examination and present that patient to the preceptor, on average once per day. Students will write/type up each evaluation and submit it to the preceptor for comments.
- Students must also submit 2 H&P write ups for the entire clerkship to the clerkship director.
- Assign additional patient experiences that may include focused exams on follow-up patients.
- On inpatient services, allow students to follow 2-3 patients (depending on complexity).
- Exposure to critical care setting is highly desirable.
- Ensure student experiences are hands-on, with oral patient presentations to preceptors.
- Provide constructive feedback on physical exam, differential diagnosis, and treatment.
- Fill out evaluations upon completion of the rotation. These evaluations are due no later than 2 weeks after the completion of the clerkships.
- Assign brief readings (preferably from recent primary literature) on interesting patient topics as you see fit.

Giving feedback. Ongoing formative feedback during the clerkship is essential to allow students to improve skills during the rotation. At minimum, the following categories should be evaluated:

Cognitive skills

- History taking
- Physical examination
- Understanding of ancillary testing & data
- Formulation, differential diagnosis, and treatment plan

Personal skills

- Professionalism
- Dress
- Demeanor
- Any other concerns

Preceptors should communicate any concerns to the clerkship director immediately for monitoring or remediation as appropriate.

Frequency and Mechanism of Formative Feedback

Frequency	Mechanism
Daily	Verbal feedback from attending physician preceptor
	One-on-one interaction with preceptors & residents
	"teachable moments" at the bedside and during clinical care
Weekly	Formative quizzes in didactic sessions
	Case discussions in didactic setting
	Checklist submitted by preceptor (since students rotate weekly)
Mid-clerkship	Formative feedback summarized & discussed in meeting with clerkship director
	Formal review of patient log, adjustment of assignments as needed
End of Clerkship	Exit meeting with clerkship director
	Final examination
	Formal evaluation report
Ongoing	Monitoring patient log

Documenting student performance

Attending preceptors please note: while completion of the checklists is necessary for assigning student grades, narrative comments are critical to thorough student evaluation. PLEASE provide narrative comments on each student, commenting on both strengths and weaknesses. Likewise, choosing the higher rankings in a category on rating scales may provide evidence of superior performance in borderline cases.

Commendation and Early Warning Cards. It is important to maintain documentation about student performance. For performance outside the norm, supervising attendings will have access to documents that allow them to call special attention to individual students when necessary. This may be in the form of a Commendation Form (to commend exceptional performance above usual expectations), or in the form of an Early Warning Card (to document concerns about student performance). Commendations and concerns may

be regarding any area of performance, including but not limited to patient care, interactions with other health care professionals, knowledge or skills performance, professionalism, dress, demeanor, etc. Commendations and concerns will go directly to the clerkship director who will determine what, if any, immediate action is required.

College of Medicine Policy on Student Mistreatment & Abuse

Medical students should report any incidents of mistreatment or abuse to the CNU College of Medicine Associate Dean for Students immediately. It is the policy of the CNU College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Assistant/Associate Dean for Students Affairs.

FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between Directory Information and Personally Identifiable Information or Educational Records:

Personally Identifiable Information or Educational Records may not be released to anyone but the student and only then with the proper identification.

Parents and spouses must present the student's written and signed consent before the University may release Personally Identifiable Information or Educational Records to them.

(Please refer callers to the COM Registrar's Office)

General Practices to Keep in Mind:

- Please do not leave exams, papers, or any documents containing any portion of a student's Social Security Number, Personal Identification Number (PID), grade or grade point average outside your office door or in any area that is open-access.
- Please do not record attendance by passing around the UCF Class Roster, which may contain the student's PID.
- Please do not provide grades or other Personally Identifiable Information/Education Records to your students via telephone or email.