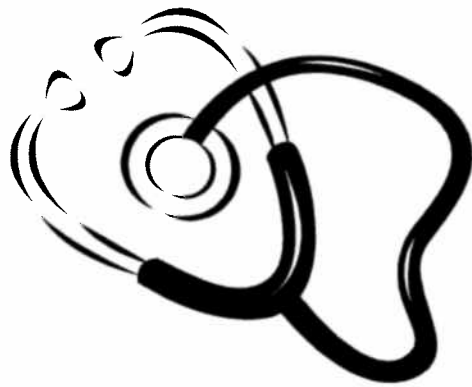


INTERNAL MEDICINE SYLLABUS

EXTERNSHIP



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Medical University of South Carolina
Charleston, South Carolina
2009 - 2010

Welcome to the Medicine Externship:

Educational Purpose:

The General Medicine Externship rotation is structured to give externs a broad-based experience in managing acutely ill general medicine patients. It is designed to develop the clinical skills necessary to diagnose and treat undifferentiated medical patients with a wide range of illnesses. The rotation provides each extern with “the intern” experience that is directly supervised by expert faculty and a 2nd or 3rd year resident. The student becomes an integral part of the hospital team, and rotates call schedules and admitted patients with the interns. There are 4 General Medicine Teams at MUH and 4 teams at the VAH.

Goals:

1. To enhance the extern’s history taking and physical diagnosis skills to the level of an intern.
2. To develop differential diagnoses and formulate a treatment plan on acutely ill patients at the level of an intern.
3. To manage the inpatient illnesses which are commonly cared for by the general internist.
4. To care for 3-4 patients at a time.
5. To understand the indications/need for appropriate subspecialty consultation.
6. To begin the process of understanding both appropriate pain control and the tenets of end of life care.

Objectives:

1. Patient Care
 - a. Demonstrate proper techniques for interviewing a patient to obtain a medical history and performing a physical examination in a concise and efficient manner.
 - b. Demonstrate analysis, synthesis, and integration of pertinent patient data at the level of an intern.
 - c. Formulate a comprehensive, ordered differential diagnosis.
 - d. Demonstrate an ability to build a positive, healing relationship with a patient.
2. Professionalism
 - a. Demonstrate professional demeanor and ethical behavior.
3. Medical Knowledge
 - a. Apply knowledge of the pathophysiology, epidemiology, and natural history of diseases to the diagnosis and management of common patient conditions in Internal Medicine.
 - b. Begin to learn about and apply knowledge of the pathophysiology, epidemiology, and natural history of diseases to the diagnosis and management of rarer patient conditions in Internal Medicine.
4. Interpersonal Skills and Communication
 - a. Present patient data gathered from patient interviews, physical examinations, and laboratory sources, including progress notes on patients, in standardized, concise and efficient format.
 - b. Document patient data gathered from patient interviews, physical examinations, and laboratory sources, in H&Ps and progress notes on patients, in standardized format. Be able to document patient data quickly and efficiently while managing several patients at the same time.
 - c. Demonstrate effective and professional interpersonal and communication skills in interactions with patients and families, including an awareness of psychosocial factors related to patients’ problems.
5. Practice Based Learning and Improvement
 - a. Use evidence based medicine to determine patient care decisions.
 - b. Identify errors in patient care and knowledge deficits. Change future practices based on past mistakes.
 - c. Use information technology successfully to access and manage patient information.

6. Systems Based Practice

- a. Demonstrate appreciation and collaboration with other members of the health care team including nursing, social workers, care managers, pharmacy etc.
- b. Identify issues related to the cost-effectiveness of diagnostic evaluations and patient care.

Teaching Methods:

1. Case-based: The majority of teaching on the General Medicine service is case-based at the time of clinical encounters. Inpatient rounds provide the best opportunities for education at the bedside. This teaching can include demonstration of history taking or examination skills, modeling communication or exploration of medical knowledge, with an explicit focus on the published clinical evidence supporting clinical decision-making. The attending physician may also conduct didactic sessions on multiple occasions throughout the month.
2. Conferences: Externs are expected to attend morning report three days per week, Grand Rounds on Tuesdays and noon conference daily. Please see Activities page for details.

Mix of Diseases:

Students will care for patients with a wide variety of clinical syndromes including chest pain, coronary artery disease, CVAs, CHF, diabetes mellitus, DKA, pneumonia, COPD, asthma, pyelonephritis, acute and chronic renal insufficiency, SLE, vasculitis, dementia and many others. Students care for a diverse patient population with respect to age, ethnicity, gender and socioeconomic status.

Types of Clinical Encounters:

The General Medicine rotation takes place in the Medical University Hospital and Veterans Administration Hospital. For the University, patients are admitted to the service through I/W and CMH emergency rooms, from the outpatient clinics, transfers from other inpatient services, ICU transfers, and transfers from outside hospitals. For the VAH, patients are admitted to the service through the VA Urgent Care, from the outpatient clinics, transfers from other inpatient services, ICU transfers and transfers from outside hospitals and emergency rooms. The externs are responsible for performing the initial H and P and writing all orders under the supervision of the PGY 2 or 3 resident.

Procedures:

Many procedures are performed on the General Medicine Services. Common procedures include central venous access placement, paracentesis, lumbar puncture and thoracentesis among others. Externs may participate in these procedures that are performed by the upper level resident and the attending physician. Externs are expected to interpret all EKGs and chest x-rays performed on their patients with the assistance of their upper level resident.

Supervision:

The General Medicine team consists of a PGY 2 or 3 resident, two PGY1 residents, a 4th year medical student, two 3rd year medical students, and the attending physician. Nurse case managers and clinical pharmacists round with the team as well. The upper level resident directly supervises the interns and the medical students. The upper level resident leads rounds and helps formulate the care plan. The externs perform the H and P, write progress notes and write orders under the upper level resident's supervision. All patient care encounters are supervised by the attending physician.

Signing the Student Agreement: If you have not already done so, please take a few minutes to read the Student Agreement on page 5, and sign in the space provided.

Mid-Point Evaluation Cards: Feedback to extern students will occur principally through a mid-point evaluation form, completed by the attending at the two week mid-point of each month rotation. Students should also meet formally with the attending at the end of the rotation to discuss performance.

Grading: The Medicine Externship is graded on an Honors-Pass-Fail basis. Your attending physician and the resident assigned to your team will evaluate your clinical performance. Honors will be awarded to those who have an average of 7.5 or higher.

Beeper: Each of you will receive a beeper at orientation. The Student Coordinator is the person to contact in regards to your beepers if there are problems. Her phone number is 792-7282. Her office is 807 E CSB.

Attendance: You have a daily commitment to be on work rounds led by the team resident/attending physician. You must receive **prior** approval from Dr. DeWaay, your course director, in order to be absent from rounds. An email needs to be sent to Dr. DeWaay (dewaay@musc.edu) and the coordinator (snellma@musc.edu) for any absence. Once that approval has been received it will then be your responsibility to let your team know you will be gone. We follow the MUSC College of Medicine Absence and Away Policy (please see website link for details).

Activities: see next page

Evaluations: In order to continue to improve the Internal Medicine Externship, you will be required to critique each portion of the course using the E-value system. You will also be required to critique the attendings and residents with whom you worked. These comments are held in strict confidence, and are **never** seen by the attendings or residents. Issues critically important to the function of the Department are shared with the chairman. These evaluations need to be completed **no later than one week** after the completion of the rotation.

We hope your Medicine Externship provides you with a good experience for internship. Dr. DeWaay, your Course Director, may be reached at dewaay@musc.edu or by pager 14523. For help in setting up appointments with Dr. DeWaay or for questions in general, call Mrs. Snell at 792-7282. Her office is 807-E in the Clinical Sciences Building.

ACTIVITIES

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
Before Morning Report or Morning Rounds	Pre-Rounds	Pre-Rounds	Pre-Rounds	Pre-Rounds	Pre-Rounds
8:00 – 9:00 am		Grand Rounds IOP Auditorium 1 st Floor			
8:30 – 9:30 am	Morning Report (MUH)		Morning Report (MUH)		Morning Report (MUH)
9:00 – 10:00 am	Morning Report (VAH)		Morning Report (VAH)		Morning Report (VAH)
9:30 – 11:30 am	Attending Rounds (MUH)	Attending Rounds (MUH)	Attending Rounds (MUH)	Attending Rounds (MUH)	Attending Rounds (MUH)
10:00 – 11:50 am	Attending Rounds (VAH)	Attending Rounds (VAH)	Attending Rounds (VAH)	Attending Rounds (VAH)	Attending Rounds (VAH)
10:45 – 11:30 am		Teaching Rounds (VAH)		Teaching Rounds (VAH)	
1200 – 1300 pm	Noon Conf.	Noon Conf.	Noon Conf.	Noon Conf.	Noon Conf.

*Please note: lectures with the Chiefs may be at any point in the afternoon. You will be notified of the schedule as soon as it is made.

MORNING REPORT: Conference with presentations of new and interesting patients, led by the chief residents at each hospital. Attendance required by students on inpatient service.

GRAND ROUNDS: Weekly presentation in IOP Auditorium. All inpatient students are required to attend.

VAH TEACHING ROUNDS: Tuesdays and Thursdays 10:45 – 11:30 am – required for all students doing their rotation at the VA unless their team is post-call.

NOON CONFERENCE: This conference is for the residents (therefore as an extern you should attend) in order to cover the basic topics of Internal Medicine. Please note, sometimes this conference will re: resident business and you are then excused from conference.

DEPARTMENT OF MEDICINE EXTERNSHIP AGREEMENT

The Medicine externship has been designed to give you a maximum opportunity to improve your medical education and prepare you for your internship. This externship will require you to function like an Intern. You will work closely with one of our Residents and several faculty members. During this experience you will manage your patients as the patient's physician. You will be expected to participate actively in medical record keeping, therapeutic and diagnostic planning, writing orders and interacting with medical personnel and families for the patient's benefit. These are the same guidelines set for our medical housestaff. Your order, history and physicals, progress reports and discharge summaries will be countersigned. By signing this contract, you are agreeing to fulfill these responsibilities.

You have a daily commitment to be on work rounds led by the team resident/attending physician. You must receive prior approval from Dr. DeWaay, your course director, in order to be absent from rounds. An email needs to be sent to Dr. DeWaay (dewaay@musc.edu) and the coordinator (snellma@musc.edu) for any absence. Once that approval has been received it will then be your responsibility to let your team know you will be gone.

Available sites include the Department of Veterans Affairs Medical Center, and the Medical University Hospital. If you are accepted for the rotation, you will be notified of your assignment before the beginning of the assigned period. By signing this agreement, you are committing yourself to complete the externship as described for the time period indicated. You will not be released from this commitment except for extraordinary circumstances, which must be approved by the Department of Medicine.

Deborah DeWaay, M.D., Director
Internal Medicine Clerkships/Externships

STUDENT AGREEMENT

I have read the above statements and agree to fulfill the role defined for the Extern in the Department of Medicine. By signing this letter my commitment is binding and I accept the responsibilities inherent in this agreement. I agree to:

1. Accept a complete role in the management of patients assigned to me.
2. Share night call and weekend call with other members of my team including the last weekend, if appropriate (even though I know that other electives end on Friday before the last weekend).
3. If appropriate, forego any vacation, holidays, or special events that occur during the rotation even though students on other electives may receive these days.

Hospital
Assignment: _____ Signature: _____

Period: _____ Phone: _____

Date: _____ Beeper: _____

Internal Medicine **EXTERNSHIP** Evaluation of Clinical Competence

EXTERN:		DATE:	
ROTATION:			
EVALUATOR:	Attending:	Resident:	

Externs should be rated on a scale from 1 through 9. Please evaluate each component of clinical competence by circling the rating which best reflects the candidate's abilities relative to that expected for the current level of training. Appended are descriptors of the extreme ends of the continuum (i.e., 1 and 9) to help define each component. It is anticipated that few individuals will merit a rating of either 1 or 9; most will receive ratings between these graduations.

1. CLINICAL JUDGEMENT

Failure to: discern relationship of medical facts and clinical data; evaluate alternatives, limitations; incorporate risk and benefit. Presentation and medical records; illogical, rambling, incomplete, inaccurate.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Superior
7 8 9

Always integrates medical facts and clinical data, weights of alternatives; understands limitations of knowledge, and incorporates consideration of risk and benefits. Presentations and records: Always accurate, complete, concise.

2. MEDICAL KNOWLEDGE

Limited, fragmented.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Extensive and well integrated.

Superior
7 8 9

3. CLINICAL SKILLS

a. History

Incomplete, illogical, unreliable. Superficial.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Always precise, logical, thorough. Reliable.

Superior
7 8 9

b. Physical Examination

Incomplete, inaccurate, cursory. Non-directed.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Complete, accurate, direct toward patient's problems, elicits even subtle finds.

Superior
7 8 9

c. Procedural Skills

Inept, disregard of patient's comfort and risk.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Always proficient, minimizes discomfort And risk to patients.

Superior
7 8 9

Please return to Mary Ann Snell at (792-7282, Rm 807 E CSB, snellma@musc.edu)
(over)

4. HUMANISTIC ATTRIBUTES: PERSONAL QUALITIES AND INTERPERSONAL SKILLS IN PATIENT CARE

Lack of integrity, empathy, compassion, respect; insensitive, abuses trust, intolerant, unreliable; ineffective communication, poor rapport with family and patient

Always demonstrates integrity, empathy compassion and respect for patient; establishes trust; primary concern is for the patient's welfare; reliability; effective communication and excellent rapport with patient and family.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Superior
7 8 9

5. MEDICAL CARE INCLUDING UTILIZATION OF LABORATORY TESTS AND DIAGNOSTIC PROCEDURES

Treats problems rather than patients; frequently causes iatrogenic problems; poor patient follow-up; inappropriately prescribes drugs.

Provides highest quality, comprehensive acute and chronic care; always appropriate.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Superior
7 8 9

6. ATTITUDES AND PROFESSIONAL BEHAVIOR

Irresponsible; verbally abusive; uncommitted, disruptive and disrespectful; records tardy, illegible.

Responsive, committed, cooperative and respectful; records legible, timely.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Superior
7 8 9

OVERALL CLINICAL COMPETENCE

This rating of overall clinical competence represents your assessment of the degree to which the candidate possesses all of the knowledge, skills, and attitudes essential to the provision of excellent care. Please specify the reason for an unsatisfactory rating.

Unsatisfactory
1 2 3

Satisfactory
4 5 6

Superior
7 8 9

MORAL AND ETHICAL STANDING

Deficiencies in moral and ethical behavior that may relate to patient care (i.e., lack of professional integrity, fraudulent or criminal activities, drug and alcohol abuse) should be communicated firstly to the Program Director as early as possible.

GRADE: **Fail** _____ **Pass** _____ **Honors** _____

Comments:

I have discussed his/her performance. _____ YES _____ NO