

INTERNAL MEDICINE SYLLABUS

THIRD YEAR CORE MEDICINE



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Medical University of South Carolina
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INTERNAL MEDICINE GOALS AND OBJECTIVES

GOALS:

1. Learn the personal and professional characteristics of a physician that you would allow to care for your family.
2. Learn the core concepts and clinical skills of Internal Medicine.
3. Pass the Shelf Test.
4. Have fun.

OBJECTIVES:

1. Patient Care

- a. Demonstrate proper techniques for interviewing a patient to obtain a medical history and performing a physical examination in the inpatient setting.
- b. Demonstrate analysis, synthesis, and integration of pertinent patient data.
- 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.

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 format.
- b. Document patient data gathered from patient interviews, physical examinations, and laboratory sources, including progress notes on patients, in standardized format.
- 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.

OVERVIEW

Each student will spend six weeks assigned to the inpatient teams at the Department of Veterans Affairs Medical Center or the General Medicine service at the Medical University Hospital. The student will participate with the team in the evaluation and therapy of the patients on these inpatient clinical services. Each team is composed of an attending physician, a medicine resident (PGY 2 or 3), two interns (PGY 1), and possibly an extern (senior medical student). You will work with this team every day. You will evaluate patients admitted to the service. Attendings and residents should give you an orientation session at the beginning of each month, clearly outlining what they expect from you. Please be sure that you and your attending and resident sit down to discuss these expectations.

STUDENT RESPONSIBILITIES

1. New Patients:

- a. *History and Physical:* Performance of a complete history and physical examination on a new patient being admitted to the hospital. In addition, you should collect all relevant imaging and laboratory data that is available at the time.
- b. *Documentation:* You should write up your history and physical. This record should reflect your findings and your opinions. Do not plagiarize the written assessment of someone else. This record should include: the chief complaint, the history of the present illness, review of systems; family history; social history, medications, physical examination, assessment and plan regarding further evaluation of the patient in order to establish the appropriate diagnosis. Include treatment plans and issues related to short and long term prognosis whenever possible. In general, this assessment and plan should reflect that you have both read and learned about the possible diseases under consideration in your particular patient.
- c. *Presentation of the new patient to the attending:* this presentation will occur after the patient has been admitted. The presentation should consist of a logical, orderly, concise presentation of the patient's history and physical examination findings. Be prepared to go to the bedside to demonstrate the relevant findings and discuss further history with the patient. You should have available at the time of the presentation any relevant imaging, graphic or laboratory data related to the patient. Each student will present at least two patients per week to the attending physician.
- d. *History and Physical Cards:* We will give you two cards at the beginning of your rotation. Toward the beginning of the rotation and toward the end of the rotation please have a resident or attending watch you do a complete history and physical exam. After you have seen, examined, presented and written up your admission history and physical, the resident/attending who supervised you should fill out your card in order to give you direct feedback. This activity should allow you to see where your deficits lie and make corrections over the course of the rotation.

2. Current Patients:

a. *Pre-Rounds:*

- i. Every morning you will see the patients assigned to you. You will interview them to see how they are doing. In addition, you should speak ancillary staff to find out if there were any significant events over night that the patient did not tell you about. (This data will go in the "Subjective" portion of your note.)

STUDENT RESPONSIBILITIES continued

- ii. Collect all other data that has been obtained in the past 24 hours, this includes but is not limited to: vitals, physical exam, new labs (don't forget to check for labs that were ordered several days ago but may have just come back), new radiology and other procedures. (This data will go in the "Objective" portion of your note.)
 - iii. Write a daily progress note in the medical record of all of your patients. You are encouraged to discuss your assessment and plan with your resident prior to attending rounds.
 - b. *Attending Rounds*: each morning the Attending will round with the entire team. Students should present the significant data relating to their patients that they obtained during pre-rounds. Student participation in clinical rounds on weekends is required.
 - c. *Daily Presentation and SOAP note cards*: We will give you two cards at the beginning of your rotation. Toward the beginning of the rotation and toward the end of the rotation please have a resident or attending fill out the cards after you have done a daily presentation and they have reviewed your SOAP note. This activity should allow you to see where your deficits lie and make corrections over the course of the rotation.
 - d. *After Rounds*: You will help your residents with the care of the patient: write orders, prescriptions, order radiology...
 - e. *Afternoon rounds*: you are strongly encouraged to see each of your patients on your own in the afternoon to follow up on the issues that you identified in the morning. If they were vomiting, have they stopped? If they were in pain and you increased their opioids, are they still in pain? Report any findings to your residents so that they can help you address any issues that you have discovered.
 - f. Read about each one of your patients daily.
3. Call:
- a. The purpose of call is the opportunity to evaluate new patients admitted and to participate actively in the evaluation and management of inpatients who are acutely ill. Thus, the student should work closely with the intern on call, accompanying him or her to the bedside, working up and evaluating emergency admissions.
 - b. The Students and their Teams will work out a call schedule. You will take 5 nights of call.
 - c. You will be given a "call-card" to document when you took call and will be required to obtain the resident's signature. These cards will be turned in at the end of the rotation and are one of the requirements for the course.
 - d. **You are expected to take call in the hospital. Lack of availability is considered abandonment of your patient, a violation of professional ethics, and is considered grounds for failure of the course. Your responsibility is to be in house even if your resident tells you to go home.**
 - e. There are two separate call rooms used by the students located at 124-CSB. The code for the outside door is 124. Once inside the main door there is a separate room for the female students and the code for that door is 531. Female students are encouraged to use the separate room reserved solely for them.
 - f. The last night you are expected to take call is Tuesday night, before the examination on Friday.

ACTIVITIES

DAILY 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.
1500 – 1600 pm	Discussion of Int. Med., 3 -4 p.m., Rm. 300 CSB				
1600 – 1700 pm		Professor Rounds 4:00 – 5:00 pm Room 300 CSB or meet with the Chiefs*	Professor Rounds 4:00 – 5:00 pm Room 300 CSB or meet with the Chiefs	Professor Rounds 4:00 – 5:00 pm Room 300 CSB or meet with the Chiefs	

*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.

OTHER ACTIVITIES

EVIDENCE BASED MEDICINE: this activity should be done one time during your rotation.

1. On Attending Rounds you and the other students on your team will create a clinical question involving one of your patients. **Remember, the attending may not prompt you to do this, so you may have to take the initiative to raise the question.** With the residents and attending, you should refine the question. The question does not need to be complicated. The question can be to challenge a commonly accepted treatment in internal medicine or answer a question to which no one knows the answer.
2. As a group, you and the other students on your team should do a literature search to find an article that answers your question.
3. Bring the article to round the next day and discuss how it impacts the choice of care for your patient. **Have your attending sign the top of your article, indicating that it was discussed with the group.**
4. Make an appointment with Laura Cousineau (she may direct you to meet with one of her colleagues): cousinel@musc.edu; 792-2968. Prior to your meeting, email her your clinical question. At your appointment, she will review how to do a search and compare her search results with yours. She will mark off if you discussed your article with your attending and that your group met with her. She will report all of the groups that completed this exercise to Mrs. Snell.

PROFESSIONALISM

Students should exhibit professional and ethical behavior at all times. Among other things, this includes appropriate dress, demeanor, attendance, promptness, and appropriate interactions with health care providers.

Attendance:

- 1) *You have a daily commitment to be at work with your team.* You must receive prior approval from Dr. DeWaay, your course director, in order to be absent from the rotation. 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. **You will be required to work one weekend day each week. Students are to cover each other's patients on the weekends with a maximum of 5 patients.** For long call days on the weekend you are expected to be in the hospital.
- 2) *If you are ill* you must notify the Student Coordinator along with your team as soon as possible. It is not enough to just notify your team. We adhere to the MUSC College of Medicine 3rd Year Student Absence Policy. See link on Welcome page for details.
- 3) *Attendance at all scheduled student activities* of the Department of Medicine is required, including, but not limited to, work rounds, attending rounds, teaching rounds, Professor Rounds, medical grand rounds, and morning report. Other conferences are optional and may be attended by the student as desired and these would include such things as residents and primary care noon conferences. Please see Activities section for details.

Dress Code: You are expected to dress professionally. Patients will recognize you as a concerned member of the medical team, and will expect (and deserve) appropriate attire on your part. Attendings and residents reserve the right to comment on the appropriateness of dress. Name tags must be worn at all times.

GRADING POLICY

The final grade in Internal Medicine is a composite, weighted grade. In the spirit of equality, the top 15% of students will be given the designation of "Honors".

- 1) **30% of the grade is determined from the score on the National Board of Medical Examiners (NBME) mini-board examination.** The student's grade on the mini-board is determined from a normal distribution, with the mean score and standard deviation set at that of MUSC third year students from previous years.
 - a) If you receive a satisfactory overall clinical evaluation but fail the NBME examination, you will be given an "Incomplete" in the Core. With the approval of the College of Medicine Student Progress Committee, a student may retake the NBME examination, but re-examination must take place no later than the end of the first term of the student's senior year. If you pass the re-examination, the highest grade that you can obtain is "Pass". If you fail a retake of the NBME examination in Internal Medicine, you will receive a failing grade for the Core and will be required to repeat the Core in its entirety. If you should fail to pass the clinical portion of your rotation, you will be given a zero for the course, and be required to repeat the Core in its entirety.
- 2) **55% of the grade is determined by the Student Evaluation concerning the student's performance on the clinical services.** The Evaluation Committee's grade is determined from evaluations made by the attending and resident physicians who have worked with the student during the rotation. Feedback to the student occurs principally through a mid-point evaluation form, completed by the student and attending at the mid-point of each rotation. Students should also meet formally with the attending at the end of the rotation to discuss performance.
- 3) **15% of the grade will be based on professionalism.** The professionalism grade will be broken down as follows:
 - a) EBM = 5% - see activities section for details.
 - b) Professor Rounds = 10% (1/2 pt. for completing on-line material and questions before the session and 1/2 pt. for attending the session except for those post call.) The grade you will actually see on your transcripts will either be Honors/Pass/Fail.
- 4) Appeals regarding the final grade must be directed to the Evaluation Committee through the Clerkship Director or the Chairman of the Evaluation Committee. The standing policy of the committee is to make no changes in the final grade without substantial new information to justify such a change. Thus any difficulties which a student has during his or her rotation should be brought to the attention of the core directors prior to determination of grades. If the matter is not resolved to the satisfaction of the student and the student continues to feel that a wrong has occurred, the student may petition in writing the Dean of his/her college. The Dean, in turn, may ask the academic department involved to form an ad hoc committee to determine a final grade, which, if accepted by the Dean, is considered final.
- 5) The following must be turned in prior to receiving your grade for this clerkship:
 - a) Printed Patient Diagnoses Log and Printed Procedure Log from E-value Evidence Based
 - b) Signed "on-call card"
 - c) Admission History and Physical cards (2)
 - d) Presentation and SOAP note cards (2)
 - e) Mid-term evaluation cards (2)

COURSE EVALUATION

In order to continue to improve the Internal Medicine Core Rotation, you will be required to critique both the Course and Professor Rounds using the E-value system. You will also be required to critique the attendings, residents, and fellows with whom you worked. These comments are totally anonymous, held in the strictest confidence, and are **never** seen by the attendings, residents, or fellows. 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.**

PROBLEMS

If you have any questions or problems during your rotation, please call the student coordinator at 792-7282 (807 E CSB). If you have any problems on the service during the rotation, please contact the student coordinator, or course director. If you would like to meet with the course director during or after the rotation, you may schedule an appointment by contacting your student coordinator.

Course Director:

Deborah DeWaay, M.D., dewaay@muscd.edu Pager #14523

Office hours are Thursdays from 8-9:30 – please email for an appointment

Chairman, Evaluation Committee

Edwin A. Smith, M.D.

MEDICAL DIAGNOSES/PROCEDURES

You will be required to maintain a Patient Diagnoses Log and Procedure Log in E-value in order to document your clinical activities while on the medicine rotation. This report indicates the patient's name, diagnosis and location. Data from these reports are used by the department to judge the adequacy of clinical exposure each student experiences. It is important to remember that not only a patient's admitting diagnosis will count, but a patient's co-morbidities should also count. Be sure to read up on the co-morbidities also. Diagnoses on any other patient you have had exposure to, examined, or read on may also be used in your log. The diagnoses listed in E-value are the minimal required diagnoses, but you are not limited to those. An "other" category has also been added for anything that you have seen that does not appear on the list.

Internal Medicine physicians treat a wide variety of diseases. Don't get bogged down or intimidated by the number of disease processes or organs involved. Read about each of your patients daily. Here is a list of diagnosis to start learning about.

Hypertension	Atrial Fibrillation
Hyperlipidemia	Diabetes 1 & 2
DVT/PE	Hypothyroidism
Syncope	Gastroesophageal Reflux
Chronic Obstructive Pulmonary Disease	Peptic Ulcer Disease
Asthma	Pancreatitis
Chronic Renal Disease	HIV
Acute Renal Failure	Viral Hepatitis
Disorders of salt balance	Pneumonia
Disorders of water balance	Urinary Tract Infection
Acid/Base disorders	Anemia
Cirrhosis	Thrombocytopenia
Congestive Heart Failure	Systemic Lupus Erythematosus
Acute Coronary Syndrome	Scleroderma
Aortic Stenosis	Rheumatoid Arthritis

Internal Medicine does not have a clerkship specific list of procedures that are required to be completed. What we expect is for you to log any procedure done or observed from your required list (the list you received from the Dean's Office). At the end of the rotation you will be required to print out the specific list which you completed while on your six weeks of medicine. We are only interested in these six weeks. Do not print out the entire list. Included are the directions on how to log procedures, run the report for your six weeks, and then how to print out the list.

How to Log Procedures & Diagnoses

If you have any questions about E*Value, please contact Marna Stilley at stilley@musc.edu; 792-3841

- 1) Go to <https://www.e-value.net/> and login to E*Value.
- 2) Choose the **PxDx Log Program** from the list. **DO NOT** choose the Dean's Office Program.
- 3) On the left blue column, click on **PxDx** under User Menu. Then click on **Add New**.
- 4) Start on the **Main** tab and enter the **date** you did the procedures and/or diagnoses.
- 5)

The screenshot shows the 'Diagnosis and Procedure Tracking' form in the 'Main' tab. The form includes a navigation menu with 'Main', 'Diagnoses', 'Procedures', and 'Review'. The 'Main' tab is highlighted with a starburst. The form fields include: 'Interaction Date' (06/07/2007), 'Activity' (dropdown), 'Supervisor' (dropdown), and a 'Next' button. Below these are checkboxes for 'Required for Procedures Only', 'Required for Diagnoses Only', and 'Required for Both'. A 'Saved Templates' section shows 'No saved templates are available' with 'Load Selected Template' and 'Delete Selected Template' buttons.

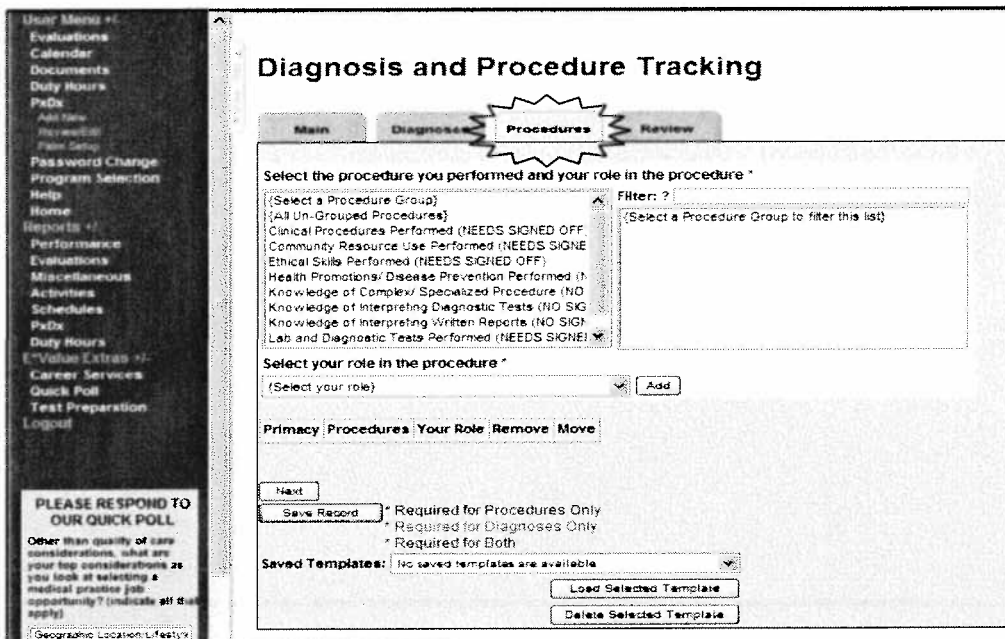
- 6) You may then choose to log diagnoses and/or procedures. Either click **Next** or choose the appropriate tab (Diagnoses or Procedures).

*If at any point you click **Save Record**, anything you have logged thus far, diagnoses and/or procedures will be saved.*

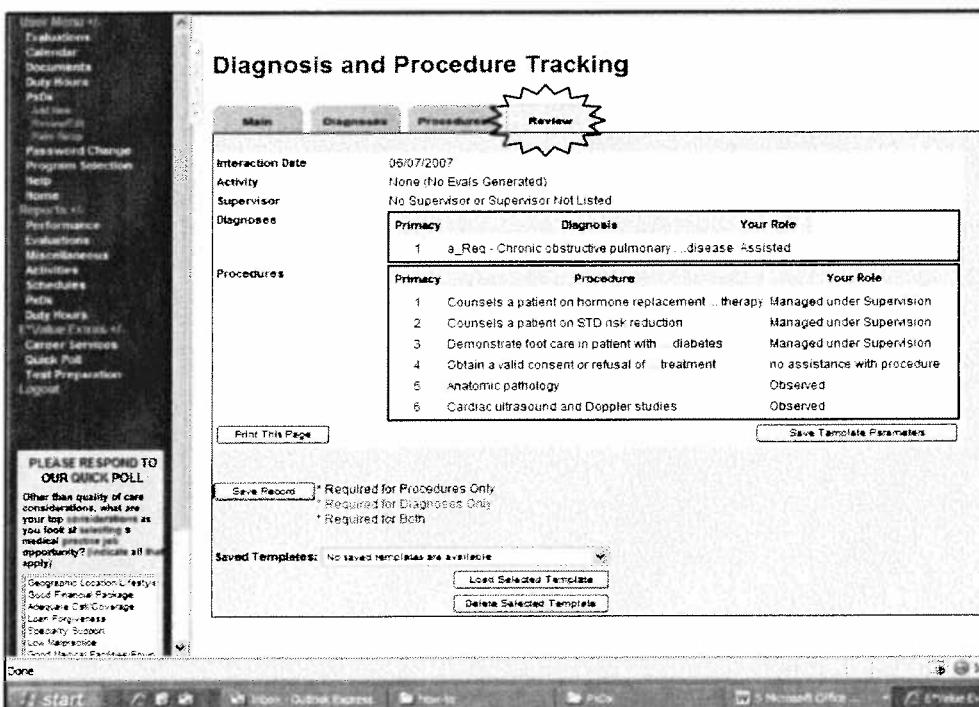
- 7) **Diagnoses Tab:** To find the diagnoses you want to log, choose a diagnosis group in the left box. All the diagnoses within the group you choose will then appear in the right box. Use the search filter to quickly find a diagnosis from the list. You can add multiple diagnoses by holding down the control key.

The screenshot shows the 'Diagnosis and Procedure Tracking' form in the 'Diagnoses' tab. The 'Diagnoses' tab is highlighted with a starburst. The form includes a navigation menu with 'Main', 'Diagnoses', 'Procedures', and 'Review'. The 'Diagnoses' tab is highlighted with a starburst. The form fields include: 'Select the diagnosis performed and your role in the diagnosis' (with a list of diagnosis groups and a 'Filter: ?' dropdown), 'Select your role in the diagnosis' (with a dropdown and 'Add' button), a table with columns 'Primacy', 'Diagnosis', 'Your Role', 'Remove', and 'Move', and a 'Next' button. Below these are checkboxes for 'Required for Procedures Only', 'Required for Diagnoses Only', and 'Required for Both'. A 'Saved Templates' section shows 'No saved templates are available' with 'Load Selected Template' and 'Delete Selected Template' buttons.

- 8) Once you have found the diagnoses you want to log, select your role in the diagnoses. Click **Add**. Then click **Next or Save Record**.
- 9) **Procedures Tab:** To find the procedures you want to log, choose a procedure group in the left box. All the procedures within the group you choose will then appear in the right box. Use the search filter to quickly find a procedure from the list. You can add multiple procedures by holding down the control key. If you don't know the procedure group click on the first choice called "Select a procedure group" to get an alphabetical list of all procedures.



- 10) Once you have found the procedures you want to log, select your role in the procedure. Click **Add**. Then click **Next or Save Record**.
- 11) **Review Tab:** When you are finished choosing your diagnoses and procedures and have not yet clicked **Save Record**, click on the **Review** Tab. This will show everything you have entered thus far. If you are finished, click **Save Record**.



- 12) **Printing PxDx Logs:** Clerkship coordinators may ask you to print what you have logged during a certain time period. Follow these instructions for submitting the correct information.
- 13) While in the PxDx Log Program in E*Value, choose **PxDx** in the left blue column under **Reports**. Then click on **Procedure Log or Diagnoses Log**.
- 14) You are now looking at the filter screen. Enter the start date and end date for which you were on the clerkship you are printing information for. Then click **Next**.

- 15) You will then see either the procedures or diagnoses you have logged during the time period you searched for. You can print this page and submit it to your clerkship coordinator or you can copy and paste the log into a Word document and email it.

Print This Page Save

**Medical University of South Carolina
COM 3rd and 4th Year**

Procedure Log Report

Subject: Karen Tester
Time Period: 03/23/2007 to 05/07/2007
Report Date: 05/07/2007

Trainee's Role: All Roles
Status: All Entered Procedures

Name	Trainee Role	Procedure Name	Activity	Supervisor	Supervisor Signature	Date	Patient ID	Settings	Patient Age Group	Patient Gender	Status
Karen Tester	Managed under Supervision	Counsel a patient on hormone replacement therapy		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen Tester	Managed under Supervision	Counsel a patient on STD risk reduction		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen Tester	Managed under Supervision	Demonstrate foot care in patient with diabetes		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen Tester	no assistance with procedure	Obtain a valid consent or refusal of treatment		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen Tester	Observed	Anatomic pathology		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen Tester	Observed	Administer insulin and consider steroids		No Supervisor Specified	No Signature Available	05/07/2007					Confirmed
Karen				No Supervisor	No Signature						

ATTENDING RESPONSIBILITIES

1. Orient students and residents to expectations at the beginning of each month.
2. Ensure adequate new patient evaluations for students (at least 2 each week).
3. Critique and provide feedback to students and residents on oral and written presentations. We will be providing the students with 2 cards each to assist you in this.
4. As much as possible, teach at the bedside. Ensure that students and interns can demonstrate proficiency in the physical exam and in history taking.
5. Ensure that students and residents read. At a minimum:
 - a. Require an impression which reflects that the students and residents have read on the patient's problems.
 - b. Revisit topics from previous days to ensure that reading has been done in the interim.
 - c. Require students and/or residents to give brief discussions on topics that come up in rounds.
6. Ensure that students take adequate (5 per rotation) in-house call and that it is educational. Call is to be determined by the team and the student.
7. Have the students round anytime you, as the attending, round. **This includes one weekend day per week.** Weekend patient responsibilities are a vital part of the student's education, especially as they develop a professional ethic. In no case are students to be allowed time-off during the week.
8. Ensure that all student absences on Core rotations are excused by the Course Director in advance, and that a plan for making up the time is fulfilled.
9. Ensure that students and residents see basic procedures. They should also observe other procedures done on their patients.
10. Complete mid-rotation feedback cards and review performance with the students at the 2-3 week mark.
11. Review how to practice Evidence Based Medicine. Please assist your group of students in creating a clinic question on one of their patients. They will do a literature search to answer this question. They will share the article that they found to answer the question with you. Please take the time to review the article the students for the study's quality and how well it answers the clinical question, then sign the top of the article. They will take their search and present it to one of the librarians for further critique.
12. Ensure that students attend Grand Rounds, their required conferences, and required lectures which occur Mon. from 3 – 4 p.m. and Tues./Wed./Thurs. from 4 – 5 p.m.
13. Complete an evaluation on the student in E-value if you have worked with the student for at least 5 days.

RESIDENT RESPONSIBILITIES
(or how to ensure a good experience for your students)

1. Orient students to expectations at the beginning of each month.
2. Typical third year clerkship includes 6 weeks of wards service.
3. Be sure the student does his/her H & P (i.e. not watch the intern).
4. Review, fine tune, and rehearse their presentation prior to presenting to the attending. Review what to say and what not to say.
5. Especially ensure that they READ on the patient's problems and that the ASSESSMENT reflects this. The assessment should be a detailed discussion of the patient's problems and the differential in some general order of likelihood. Frequently ask them what about his patient's case supports or fails to support a given diagnosis. Also ask if they have thought about alternative diagnoses.
6. Ensure comments and feedback on their write-ups and presentations for both you and the attending. We will give the students evaluation cards for you to fill out to assist in the process. Also ensure feedback at the end of the month from both you and the attending.
7. DRIVE YOUR TEAM TO THE BEDSIDE and I do not mean the doorjamb or hallway.
8. Ensure that students go to morning report, grand rounds, noon conferences, and their required afternoon classes (Mon. from 3 – 4 p.m. and Tues./Wed./Thurs. from 4 - 5 p.m.). Encourage other conferences as appropriate for their level of training.
9. Be sure they read daily. Make suggestions to them on topics they have encountered that they should read and then discuss that topic with them the next day. They will read if they know you are going to ask them about it tomorrow.
10. Be sure that you, as the resident, gather your team several times each week for a didactic conference or bedside teaching on some topic of interest.
11. Ensure they take call (5 per rotation), do procedures, and evaluate acute problems, etc. with the intern. **THEY ARE NOT ALLOWED TO GO HOME ON CALL. IF THEY GO HOME THEY MAY FAIL THE COURSE.**
12. Students will evaluate resident teaching and their evaluations will go into the resident's file.
13. Let the student observe you as a role model in the profession, both searching the literature and applying knowledge gained to the care of your patients. Expect the same of them.
14. Teach them how to write orders, fill out prescriptions, dose common medications...start teaching them what they need to know to be good interns.