

INTERNAL MEDICINE SYLLABUS

THIRD YEAR CORE MEDICINE



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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 in a culturally appropriate manner.
- 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 and cultural factors related to patients' problems.
- d. Understand how to use assessment tools for a cultural review of systems, health literacy and taking a spiritual history.
- e. Demonstrate the appropriate application of the assessment tools for a cultural review of systems, health literacy or taking a spiritual history in a specific patient.

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

You (the student) will spend four weeks assigned to the inpatient teams at the Department of Veterans Affairs Medical Center or the General Medicine service at the Medical University Hospital. Most students will also spend 2 weeks on an MUSC subspecialty ward (cardiology, pulmonary, gastroenterology, hematology, or oncology). If the course is particularly full, two students will be chosen to do 3 weeks at the VA and 3 weeks at MUSC instead of rotating on a subspecialty service. 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), one to 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: You should be carrying 2-3 patients at a time. By week 3, you should carry 3 patients regular unless the team patient load is not sufficient to do so.

- a. **YOU SHOULD ATTEND THE INTERN - INTERN CHECKOUT EVERY MORNING. SEE ACTIVITY SECTION FOR TIMES.**

b. 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.

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.
 - c. *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.
 - d. *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.
 - e. *After Rounds*: You will help your residents with the care of the patient: write orders, prescriptions, order radiology...
 - f. *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.
 - g. Read about each one of your patients daily.
3. **Evening/Night shifts**:
- a. The purpose of night shifts 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. **You are expected to take your night shifts 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.**
 - c. An evening shift is until 8pm on General Medicine and until 9pm on the subspecialty services.
 - d. Night shifts are from 8pm to 12pm to the next day. You will be excused from Professor rounds – however, your online curriculum must be complete on time (noon the day of professor rounds).
 - e. On General Medicine you will take 4 evening shifts and 4 night shifts. Please arrange your shifts with the other students on your team so that when one student is staying late the other is doing a night shift.
 - f. On your subspecialty weeks you will take 2 evening shifts.
 - g. Each student will complete a night shift activity journal while doing night or evening shifts.
 - h. **Please submit to Mary Ann within 24 hours of starting the rotation, your team's call schedule and which 3 days off you are taking during the rotation (2 weekend days on subspecialties, 1 weekend day on General Medicine).**

SEE NIGHT SHIFT ACTIVITY JOURNAL FOR DETAILED INSTRUCTIONS

ACTIVITIES

DAILY ACTIVITIES

TIME	Monday	Tuesday	Wednesday	Thursday	Friday
Before Morning Report or Morning Rounds	Attend Intern Check out Pre-Rounds	Attend Intern Check out Pre-Rounds	Attend Intern Check out Pre-Rounds	Attend Intern Check out Pre-Rounds	Attend Intern Check out Pre-Rounds
8:00 – 9:00 am		Grand Rounds IOP Auditorium 1 st Floor			
8:30 – 9:30 am	Morning Report (MUH – 300 CSB)		Morning Report (MUH – 1119 ART)		Morning Report (MUH – 300 CSB)
9:00 – 10:00 am	Morning Report (4 th fl Med Conf Room VAH)		Morning Report (4 th fl Med Conf Room VAH)		Morning Report (4 th fl Med Conf Room 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. 300 CSB	Noon Conf. 300 CSB	Noon Conf. 300 CSB	Noon Conf. 300 CSB	Noon Conf. 300 CSB
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. Students must attend 10 morning reports during their 6 week rotation.

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

VA TEACHING ROUNDS: Tuesdays and Thursdays 10:45 – 11:30 am – required for all students doing their rotation at the VA.

NOON CONFERENCE: This conference will cover the basic topics of Internal Medicine. You are highly encouraged to attend. Please note, sometimes this conference will be re: resident business and then you are excused from conferences. In 300 CSB unless otherwise notified.

INTERN/INTERN HANDOFF: Please attend morning checkout daily while on day shifts – including weekends

Gen Med	Resident Library (807 CSB)	6:45 – 7:15 a.m.	7:45 – 8:15 p.m.
Cards	ART 3037	6:45 – 7:15 a.m.	7:45 – 8:15 p.m.
Hem/Onc	ART 5044	5:45 – 6:15 a.m.	5:45 – 6:15 p.m.
VA Wards	Team Room	7 – 7:30 a.m.	7:45 – 8:15 p.m.

OR

7:30 – 8 a.m. depending on team preference

STUDENTS ARE NOT EXPECTED TO ATTEND CONFERENCES BEFORE A NIGHT SHIFT OR AFTER COMPLETING A NIGHT SHIFT.

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 (using a PICO format) to find an article that answers your question. Please choose an article that is the best level of evidence.
3. Make an appointment with Candace Moorerc (she may direct you to meet with one of her colleagues): moorerc@muscc.edu; 792-5167. Prior to your meeting, email her your clinical question, your article of choice, and your search results (that was done in a PICO format). 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 also assess how well you were able to pick the best level of evidence. She will report all of the groups that completed this exercise to Mrs. Snell.
4. Bring the article to rounds, after meeting with the librarian, to 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.**
5. The article with attending signature must be turned in at the end of the rotation.
6. You will be graded out of 5 points. Points are assigned based on your clinical question, having a meeting with the librarian, putting your question in a PICO format, doing the literature search and picking the best level of evidence.
7. It must be completed by Wednesday at 5pm the last week of the rotation.

SIMULATION

1. You will be required to attend two lectures on an “Unstable Patient.” If you are on nights, you will be required to watch the lectures on Tegrity.
2. The 5th Friday afternoon of the rotation you will come to the simulation center to practice the concepts taught in the lecture.

INTERPROFESSIONAL ACTIVITY: the follow activities will be available to you to meet your interprofessional requirements for the third year.

1. MUSC:

- a. PharmD: there will be a PharmD resident or faculty who rounds regularly with your team. Ask them to meet with you after rounds. Review your patients' medication lists for the following (including but not limited to): drug interactions, dosage errors, and antibiotic choices.
- b. Case Manager: meet with the case manager your team to review the discharge needs of all of your patients.
- c. Interprofessional rounds. Your resident will be attending these daily. You may ask to go with them. Attend the meeting and have one of the members of the meeting sign your card. You may the being of rounds to attend this meeting with permission from your resident.

2. VA:

- a. Case Manager: meet with your case manager who rounds with your team to review the discharge needs of all of your patients.
- b. Medicine ITP rounds are in the general medicine conference room on the 4th floor as follows: Monday @ 0830, Tuesday @0930 and Wed- Friday @ 0830. You may miss morning report/grand rounds to attend this meeting.

CULTURAL COMPETENCY ACTIVITY

1. Instructions:

- a. Assessing the social/cultural background of a patient is crucial to providing good care.
- b. You will choose one of the 3 assessment tools listed below based upon the needs of your patient.
- c. In your H&P or SOAP note, please document the following:
 - i. Under the objective section: record the patient's answers/results to the assessment.
 - ii. Under your plan: state the problem and record how you are going to address the problem.
 - iii. Example:
 1. Objective: the patient scored a six on the REALM-D assessment based upon missing fatigue, anemia and colitis.
 2. Under the problem list: High risk for poor health literacy. We will spend extra time explaining diagnoses and medications to this patient. I will make sure that the patient understands his medications at discharge and that his discharge instructions are written at a 3rd grade reading level.
 - iv. Present your findings as a part of your presentation.
 - v. Ask your attending to sign off on your card that you did the activity appropriately. If your attending believes the activity was not performed adequately, you will be asked to repeat the activity.
- d. Grading: this activity must be completed by Wednesday at 5pm of the last week of your rotation. If this activity is not completed, 5 points will be deducted from your educational grade.

2. The tools that can be used to assess the patient:

- a. **The Four Domains of the Social Context “Review of Systems,” with Representative Questions***
- i. **Social stressors and support network**
 1. What is causing the most stress in your life? How do you deal with this?
 2. Do you have friends or relatives that you can call on for help? Do they live with you or close by?
 3. Are you very involved in a religious or social group?
 4. Do you feel that God (or spirituality) provides a strong source of support in your life?
 - ii. **Change of environment**
 1. Where are you from originally?
 2. What made you decide to come to this (country, city, town)?
 3. How have you found life here compared with life in your (country,city, town)?
 4. What was medical care like there compared with here?
 - iii. **Life control**
 1. Do you ever feel that you’re not able to afford food, medications, medical expenses, etc.?
 2. How do you keep track of appointments/medications?
 3. Are you more concerned about how your health affects you right now, or how it might affect you in the future?
 4. Do you feel that you have the ability to affect your own health (or particular medical condition) or is it out of your control?
 5. Do you ever feel that you are treated unfairly by the health care system for any reason (e.g. socioeconomic status, insurance status, race/ethnicity, language, etc.)?
 - iv. **Literacy**
 1. Do you have trouble reading your medication bottles, instructions, or other patient information?
 2. Do you have trouble with reading in general?
 - v. **Reference:** Green AR, Betancourt JR, Carrillo JE (2002). Integrating social factors into cross-cultural medical education. *Acad Med*, 77(3), 193-97.
- b. **Literacy test: REALM-R**
- i. Test and instructions are on our website
 - ii. <http://clinicaldepartments.musc.edu/medicine/education/medstudents/thirdyear/>
- c. **Spiritual history: FICA**
- i. F = Is faith in God important to you?
 - ii. I = What impact does your faith have on your life?
 - iii. C = How important is your faith community to you?
 - iv. A = How can I assist you?
 - v. **Reference:** Puchalski CM. Taking a Spiritual History: FICA. *Spirituality and Medicine Connection* 1999;3:1.

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 may take 1 weekend day off each week you are on a subspecialty service. You may take 1 weekend day off during your 4 weeks of General Medicine. You get greater than 24 hours off prior to your night shifts, and this constitutes your other days off.**
2. We adhere to the MUSC College of Medicine 3rd Year Student Absence Policy. See link on Welcome page for details. No make-up necessary for up to 2 days: death, illness (MD note), wedding (immediate family). Any other excused absences must be made up in a timely manner.
3. *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. For absences that are requested in advanced, an absence form must be filled out and emailed to Mary Ann Snell. For emergency situations (illness, death in family, etc.), an email needs to be sent to Dr. DeWaay (dewaay@musc.edu) and the coordinator (snellma@musc.edu). Once that approval has been received it will then be your responsibility to let your team know you will be gone. **It is not enough to just notify your team.** You are expected to adhere to the specific schedule given to you. Days off cannot deviate from this schedule unless prior approval is obtained.
4. *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.

- 1) **30% of the grade is determined from the score on the National Board of Medical Examiners (NBME) mini-board examination.**
 - 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 educational activities.** The educational activity grade will be broken down as follows:
 - a) EBM = 5 possible points - see activities section for details.
 - b) Professor Rounds = 10 possible points (½ pt. for completing the on-line material and questions before noon the day of the discussion and ½ pt. for attending the session except for those post call.)
 - c) Night shift activities = 10 possible points. Your overall grade will be withheld until your night shift activity journal is turned in.
 - d) Cultural competency activity: if not completed, 5 points will be deducted from your educational activity grade.
- 4) **Criteria for Honors:**
 - a) Shelf: a score of 78 or higher
 - b) Clinical Evaluations: must obtain an average of 11 “Almost Always” with the rest of the criteria being evaluated as “Frequently”.
 - c) Other: must obtain 92% of points available on professor rounds
 - d) An honors grade may be reviewed and potentially withheld if the student obtains any “Rarely, if ever” on any evaluation, has more than 4 “Inconsistently” marks on any evaluation, or has any professionalism issues raised by on their evaluations as indicated by a “Yes” being checked on questions 19-23.
- 5) **Criteria for Passing:**
 - a) Shelf: a minimum score of 60 (this is 2 standard deviations below the national mean)
 - b) Clinical Evaluations: must obtain a minimum average of 9 “Frequently” marks.
 - c) Other: must obtain over 60% of the points available on professor rounds.
 - d) A passing grade may be reviewed and potentially withheld if the student obtains any “Rarely, if ever” on any evaluation, has more than 4 marks of “Inconsistently” on any given evaluation or has any professionalism issues raised by on their evaluations as indicated by a “Yes” being checked on questions 19-23.
- 6) 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.
- 7) 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
 - b) Signed Evidence Based Medicine Article
 - c) Signed “on-call card”
 - d) Admission History and Physical cards (2)
 - e) Presentation and SOAP note cards (2)
 - f) Mid-term evaluation cards (2)
 - g) Night shift activity booklet
 - h) Cultural competency card

COURSE EVALUATION

In order to continue to improve the Internal Medicine Core Rotation, you will be required to critique both the Course, Professor Rounds, Chief Session, and VA Teaching Rounds (for those assigned to the VA) 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.**

CODE OF CONDUCT

MUSC and the College of Medicine are invested in maintaining an academic and clinical environment in which students, faculty, fellows, residents, nurses and staff can work together freely without threat of mistreatment or bias with regard to their race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the College. Students are responsible for reading and understanding the Code of Conduct Policy.

https://www.musc.edu/medcenter/policy/stds_of_conduct.pdf

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@musc.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. You will be given a card to help you with this. This report indicates the diagnosis, level of responsibility. 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. **Please keep track of diagnoses that your patient had vs. those you saw with your team vs. those that you were exposed to via other avenues (Professor Rounds/Online curriculum).** 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.

Direct Care = A patient you saw, took a history, did a physical, created an assessment/plan, wrote a SOAP note or H&P.

Team Care = A patient you followed up on cross cover care during a night shift, was presented by a resident or another student on your team.

Computer Based Cases/Problem Base Cases = Learned about in a Problem Based manner – professor rounds or online curriculum

Simulation Based Learning = Simulation Center Learning

Direct Care or Team Care:

Acid Base Disorder	Congestive Heart Failure	Fever	Pneumonia
Anemia	Diabetes I or II	Gastroesophageal	Substance Abuse:
Acute Kidney Injury	DVT or Pulmonary	Reflux	<i>(tobacco, alcohol or drugs)</i>
Chest Pain	Embolus	Hyperlipidemia	Urinary Tract Infection
Chronic Kidney Disease	Dyspnea	Hypertension	

You are responsible for making sure that you see at least one patient with the above diagnoses.

Ideally, you will directly care for a patient with the above. If you do not see one directly, you should see one with your team. If you need to see specific diagnoses please alert your residents and attendings so that they can direct you to particular patients.

The following cases will be covered via Direct care, Team care or Problem Based Learning (Online curriculum/Professor Rounds/Simulation Center Activity)

Acute Coronary Syndrome	Chronic Kidney Disease	Hepatitis/Cirrhosis	Pain Management
Acute Kidney Injury	Colon Cancer	HIV/AIDS	Pleural Disease
Adrenal Insufficiency	Congestive Heart Failure	Hyperthyroidism	Pneumonia –
Anemia	COPD	Hyper/Hyponatrimia	CAP/HCAP
Aortic Stenosis	Diabetes	Hypothyroidism	Pulmonary Nodule
Atrial Fibrillation	Dysphagia	Inflammatory Bowel Disease	Rheumatoid Arthritis
Chronic Myelogenous Leukemia	DVT/PE	Disease	SLE
	Falls	Meningitis	
	GERD	Osteoporosis	

Internal Medicine does not have a clerkship specific list of procedures that are required to be completed. There will be opportunities to participate in IV placement (ask the nurses), ABGs (ask respiratory therapists), and lumbar punctures. 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

How to Log Procedures & Diagnoses in E*Value

1. Go to <https://www.e-value.net/> and login to E*Value.
2. Choose **PxDx Log** from the program list.
3. Under **User Menu** on the left blue menu, choose **PxDx**.
4. Click **Add New**.
5. Enter the **Interaction Date** of the Procedure or Diagnosis.
6. Choose the appropriate **Activity** from the drop-down menu. If you are logging for your clerkship or senior medicine core, choose the corresponding activity. If you are logging one of your required procedures for the Dean's Office, choose **All Procedures**.
7. Click **Next** or choose the appropriate tab (**Diagnoses** or **Procedure**).

Diagnoses Tab

- Choose a clerkship in the left box. All the diagnoses within that clerkship will appear in the right box. Highlight the diagnosis you want to log.
 - Use the search filter to quickly find a diagnosis from the list.
 - You can add multiple diagnoses by holding down the control key.
- Choose the appropriate role from the **Select your role in the diagnosis** box.
- Click **Add**. You may continue to log on this page.
- When you are done logging click the **Review** tab. If you are satisfied with your log click **Save Record**. If you need to make changes, return to the **Diagnoses** tab and edit your log.

Procedures Tab

- Choose a procedure group in the left box. All the procedures within the group will 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" and an alphabetical list of all procedures will appear.
- Choose the appropriate role from the **Select your role in the procedure** box.
- Click **Add**. You may continue to log on this page.
- When you are done logging click the **Review** tab. If you are satisfied with your log click **Save Record**. If you need to make changes, return to the **Procedure** tab and edit your log.

REMEMBER TO SAVE AFTER EACH ENTRY.

How to Print Your Procedure & Diagnosis Log

1. Under **Reports** on the left blue menu, choose **PxDx**.
2. Choose the appropriate report (**Procedure Log** or **Diagnoses Log**).
3. Enter the **Start Date** and **End Date** for your rotation in the corresponding filters.
4. Click **Next**. Print this page for your clerkship coordinator if requested.

ATTENDING RESPONSIBILITIES

1. Orient students and residents to expectations at the beginning of your rotation on service.
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. Have the students round anytime you, as the attending, round. Weekend patient responsibilities are a vital part of the student's education, especially as they develop a professional ethic. The students have a specific schedule they are given and are expected to adhere to.
7. 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.
8. Ensure that students and residents see basic procedures. They should also observe other procedures done on their patients.
9. Complete mid-rotation feedback cards and review performance with the students at the 2-3 week mark.
10. Review how to practice Evidence Based Medicine in general. For the junior core rotation: 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.
11. Ensure that students attend Grand Rounds, their required conferences, and required lectures such as those which occur Mon. from 3 – 4 p.m. and Tues./Wed./Thurs. from 4 – 5 p.m.
12. Complete an evaluation on the student in E-value if you have worked with the student for at least 5 days.
13. Junior students should carry 2-3 patients at a minimum. Seniors should carry 4-5 patients.

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 we do not mean the doorjamb or hallway.
8. Ensure that students go to morning report, grand rounds, noon conferences, and their required afternoon classes (such as 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. **THEY ARE NOT ALLOWED TO GO HOME ON NIGHTSHIFTS. 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.
15. Junior students should carry 2-3 patients at a minimum. Seniors should carry 4-5 patients.