



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

***BCC 7110: CORE CLERKSHIP IN
INTERNAL AND FAMILY MEDICINE***

Syllabus/Handbook
2012 - 2013

*"The practice of medicine is an art, not a trade, but is a calling, not a business, a calling
in which your heart will be exercised equally with your head"*

-Sir William Osler

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Clerkship Director's Welcome

Welcome to your third year clerkship, “Core Clerkship In Internal Medicine and Family Medicine.” We are very excited and pleased to present to you this exciting and highly challenging clerkship.

As the Clerkship Directors, we welcome you to the clerkship. We are confident that you will find your experiences in this clerkship to be intellectually and emotionally fulfilling, regardless of where your path in medicine might lead. We invite you to share your experiences and opinions regarding the clerkship itself in an ongoing fashion. Your feedback is essential to continued improvement and development of the clerkship.

This clerkship is a twelve week experience for the third year medical student. It is designed to introduce students to the care of the adult patient with emphasis on diagnosis and treatment of common disorders.

During this clerkship, you will participate fully in the diagnostic assessment, treatment planning and delivery of medical care to adult patients in both the inpatient and outpatient setting. Skills in performing and interpreting the comprehensive medical history and physical examination and providing initial and ongoing plans of care for individual patients will be emphasized. You will learn various diagnostic and treatment modalities, and skills of differential diagnosis and clinical decision-making in the care of individual patients. Evidence-based, humanistic, patient-centered care will be emphasized as well the interdisciplinary care approach.

The clerkship includes several experiences which emphasize longitudinal curricular themes (LCTs) as set forth in the overall curriculum plan. Didactic learning is also included and is linked to weekly system-based themes. Didactic material will be presented in “academic half day” sessions in a modified team learning format.

We realize the amount of material to be learned is formidable. However, it is the goal of all faculty members involved in this course to make the material “more learnable” by teaching by application of knowledge, whether in learning sessions, clerkship projects or patient care. You must prepare in advance (assigned reading) in order to make the most of this approach.

We look forward to working with you and sincerely hope you enjoy the unique and fulfilling experience that is the care of the adult medical patient.

Sincerely,

Maria L. Cannarozzi, Sergio Salazar and Ken Staack

“To cure sometimes, to relieve often, to comfort always”

Faculty

Clinical experiences will take place at four different sites. The clinical clerkship faculty will consist primarily of the established and experienced general teaching faculty as well as ancillary providers (nurse practitioners, physician assistants, doctors of pharmacy, etc.) at each clinical location.

General Teaching Faculty

- Maria L. Cannarozzi, MD
- Sergio A. Salazar, MD
- Alex Rico, MD
- Victor Herrera, MD
- Abdo Asmar, MD
- Jeffrey Greenwald, MD
- Kwabana Ayesu, MD
- Lucy Ertenberg, MD
- Bethany Ballinger, MD
- Mariana Dangiolo, MD
- Shazia Beg, MD

Orlando Health Internal Medicine (OH IM)

- Dr. Alex Rico
- Dr. Mario Madruga
- Dr. Kwabana Ayesu
- Dr. Jorge Parellada
- Dr. Jeffrey Jordan

Florida Hospital Internal Medicine (FH IM)

- Dr. George Everett
- Dr. Manoucher Manoucheri
- Dr. Daniel Tambunan
- Dr. Vincent Hsu
- Dr. Mary Catherine Bowman
- Dr. John Fleming
- Dr. Christine Jablonski
- Dr. Joshua Trabin
- Dr. Juan Suarez
- Dr. Victor Herrera

- Dr. David Franco

Florida Hospital Family Medicine (FH FM)

- Dr. Jennifer Keehbauch
- Dr. Ariel Cole
- Dr. Robin Creamer
- Dr. Carlos Dumois
- Dr. Mina Zeini
- Dr. Alexander Fishberg
- Dr. George Guthrie
- Dr. Scott Warner
- Dr. John Fleming
- Dr. Daniel Cochran
- Dr. David Koo
- Dr. Serena Gui
- Dr. Eddie Needham
- Dr. Ernestine Lee

Central Florida Family Healthcare Centers (CFFHC)

- Dr. Bieda
- Dr. Caro
- Dr. Iyer
- Dr. Senors
- Dr. Oostwouder

Additional Clinic Preceptors

- Dr. Pinkal Patel
- Dr. Rodrigo Baltodano

Key Clerkship Contact Personnel

Maria L. Cannarozzi, MD, Clerkship Director

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Ken Staack, MEd, Clerkship Coordinator

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Clerkship Overview

During this clerkship, students will participate and demonstrate competence in humanistic and evidence-based inpatient and outpatient care of patients with common medical disorders. Students will also learn appropriate health promotion and health screening for adult patients. Students will learn to work as part of a medical team in all settings and will understand the roles of the interdisciplinary patient care team. Learning activities will include preceptor-supervised clinical experience, clerkship-specific didactics, use of standardized patients and medical simulations, and self-directed learning utilizing information technology. The clerkship has specified the types of patients and clinical conditions students need to encounter, and the physical examination skills and testing and procedural skills that students need to master.

University Course Catalog Description

Students will learn care of the adult patient in both inpatient and outpatient settings, with emphasis on diagnosis and treatment of common medical disorders.

Prerequisites

Successful completion of M2 term

Credit Hours

16 Credit Hours

Clerkship Objectives and Goals

By the end of the clerkship students will be able to:

1. Perform and document a complete history and physical examination of the adult patient in a logical, organized, respectful, and thorough manner
2. Create a differential diagnosis based on the findings from the medical history and physical examination
3. Formulate an initial and ongoing therapeutic plan of care for assigned patients with common medical diagnoses/symptoms:
 - o Abdominal pain
 - o Acute infection
 - o Alcohol/substance abuse/dependence
 - o Anemia
 - o Allergies
 - o Asthma (chronic cough/wheeze)
 - o Back pain
 - o Benign prostatic hypertrophy
 - o Biliary/pancreatic disease
 - o Breast disease
 - o Cancer (breast/lung/skin/colon/prostate)
 - o Chest pain
 - o Chronic or acute pelvic pain
 - o Cirrhosis/end-stage liver disease
 - o Congestive heart failure
 - o COPD/emphysema
 - o Coronary artery disease

- o Delirium/dementia/altered mental status
- o Depression
- o Diabetes Mellitus
- o DVT/PE/hypercoaguable state
- o Dyslipidemia
- o Dyspnea/respiratory distress
- o Electrolyte or acid/base disorder/dehydration
- o Fatigue
- o Fever, bacteremia, sepsis
- o Esophageal reflux disease
- o Gastrointestinal bleed
- o Headache
- o Hypertension
- o Insomnia
- o Joint/limb pain/injury
- o Menopause
- o Nausea/vomiting
- o Noncompliance with medication regimen
- o Obesity
- o Osteoarthritis
- o Osteoporosis
- o Pain management
- o Peripheral vascular disease
- o Renal insufficiency/failure
- o Sexually transmitted infection
- o Skin disorder/problem
- o Thyroid disorder
- o Tobacco abuse
- o Urinary incontinence
- o Upper respiratory infection
- o Urinary tract infection
- o Vaginitis
- o Weight management and nutrition

4. Demonstrate ability to orally present a new or established inpatient or outpatient case in logical and accepted sequence

5. Document inpatient and outpatient progress notes in a manner that includes appropriate data and reflects clinical decision-making process

6. Interpret common tests and procedures ordered in the care of the adult medical patient:

- o Common serum chemistries, lipid profiles
- o Blood culture
- o Arterial blood gas
- o Electrocardiography
- o Chest radiography
- o Throat culture
- o PAP smear
- o Digital rectal examination
- o Urine dipstick
- o Stool occult blood testing
- o Wound culture
- o PPD placement
- o Screening mammography
- o Bone mineral density
- o Prostate specific antigen

7. Perform the following clinical skills:

- o Pap smear and pelvic examination
- o Breast examination (female patient)
- o Digital rectal examination
- o Counsel patient(s) regarding therapeutic lifestyle issues: safe-sex practices, smoking cessation, alcohol abuse, weight loss, healthy diet, exercise

8. Demonstrate understanding of common procedures, including indications, procedure, risks, interpretation of results:

- o Lumbar puncture
- o Thoracentesis
- o Abdominal paracentesis
- o Central venous catheter placement
- o Endotracheal intubation
- o Cardiopulmonary resuscitation

9. Discuss basic principles of medical ethics as they specifically relate to care of individual patients

10. Participate (observe, assist or perform) in a discussion about advance directives and informed consent with a patient

11. Perform a computerized literature search to find articles pertinent to a focused clinical question and present information to colleagues

12. Discuss preventive health care issues for adult patients, including rationale and indications for each :

- o Breast cancer screening
- o Cervical cancer screening
- o Colorectal cancer screening
- o Prostate cancer screening
- o Bone mineral density evaluation
- o Serum lipid screening
- o Blood pressure screening
- o Fasting serum glucose screening
- o Vaccination schedules
- o Risk modification /therapeutic lifestyle changes

13. Discuss the role of team members, consultants and other key personnel in the care of the patient

14. Demonstrate ability to recognize and respond to system flaws in the delivery of care

Required Texts and Materials

Andreoli and Carpenter's Cecil Essentials of Medicine, 8th edition. Andreoli, Carpenter, Griggs, Benjamin, Saunders Elsevier, 2010
ISBN: 978-1416061090

MKSAP for Students 5. American College of Physicians/Clerkship Directors in Internal Medicine, 2011
ISBN: 978-1934465547

Internal Medicine Essentials for Students: A Companion to MKSAP for Students. 2011
ISBN: 978-1934465431

Supplementary (Optional) Text and Materials

Pocket Medicine, 4th edition. Sabatine, Wolters Kluwer/Lippincott Williams & Wilkins, 2011
ISBN-13: 978-1-60831-905-3

Clerkship Design

“To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all”

-Sir William Osler, 1901

General Description

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Student 1	Florida Hospital - IM				CFFHC (ambulatory) or Florida Hospital - FM				Orlando Health - IM			
Student 2												
Student 3												
Student 4												
Student 5												
Student 6	Orlando Health - IM				Florida Hospital - IM				CFFHC (ambulatory) or Florida Hospital - FM			
Student 7												
Student 8												
Student 9												
Student 10												
Student 11	CFFHC (ambulatory) or Florida Hospital - FM				Orlando Health - IM				Florida Hospital - IM			
Student 12												
Student 13												
Student 14												
Student 15												

Rotations (see individual site description documents for specific information):

- 4 weeks IM ward service at OH (ORMC/Lucerne Pavilion)
- 4 weeks IM ward service at FH South(Rollins Avenue)
- 4 weeks ambulatory clinic experience at CFFHC or 4 weeks FM inpatient/outpatient experience at FH (Winter Park Memorial Hospital) or 4 weeks at a private practice

Inpatient guidelines:

- Call approximately every fourth night at OH; 3 overnight calls at FH IM
- Admit at least two patients per call
- Follow no more than five patients at any one time (2-4 is expected)
- No assigned overnight call duties on nights prior to academic half day (AHD)
- Duty hours: maximum 80 hours per work week, no more than 30 consecutive hours on call; minimum one day off in seven averaged over four weeks

Academic Half Day sessions (AHD):

- Each Wednesday, weeks 2-11 from 12:30 – 5 PM at FH South, IM Residency Program, Suite 235
- TBL format – IRAT/GRAT/Applied Exercises
- Attendance/participation is mandatory; preparation is expected – students must bring iPads or laptops to each session (for quiz purposes)

Other Assignments:

- EBM assignment – generation of clinical question with evidence of research and assessment of evidence application to individual patient
- Reflective writing assignment – written essay describing some experience related to professional behavior (good or bad) in which you are involved
- Comprehensive geriatric assessment (CGA) – one visit to Osceola Council on Aging (OCA) to increase awareness of long term care options for elders and complete an assessment/presentation of an individual OCA client. Follow up meeting at Pegasus Health or COM with Dr. Dangiolo.

Teaching Modalities

The primary teaching modality throughout this clerkship will be faculty/resident supervised active participation in clinical patient encounters with one on one instruction and feedback. These experiences will occur in both the inpatient and outpatient settings with both internal medicine and family medicine physician preceptors. Resident instructors as well as attending physicians will be supervising students on most medical services (all except CFFHC or private clinics). Students are fully expected to be active participants (not observers) in all aspects of patient care. Teaching rounds on the inpatient service will enable bedside instruction,

demonstration, and will emphasize problem solving while encouraging clinical care generated discussion.

The large majority of learning in this clerkship will occur on the hospital ward service. Students are expected to participate actively in working/teaching rounds daily. Reading each night in the context of patients you have seen is the ideal way to learn new clinical information. Students are an integral part of the hospital ward team and should think of themselves as such. Students should be appropriately assertive in proposing plans of care for their patients. Responsibilities include but are not limited to patient admission history and physical examination, initial differential diagnosis and plan of care, participation in inpatient procedures/diagnostic testing, ongoing patient management and discharge planning/implementation of follow-up care. Care of outpatients in clinic settings should mirror that of inpatients, with self-directed reading and learning, documentation, plan of care, etc.

Students will attend morning report, selected noon conferences and grand rounds with their ward team. This experience will be overseen and directed by the ward attending physician as well as house staff team members (residents and interns). Students are required to turn in at least three history and physical examinations (H & P), one each week during the first three weeks of each rotation, to their inpatient attending physicians during each week rotation. These will be reviewed and returned to the student with oral/written feedback. Further documentation may be submitted for review at the discretion of the attending physician.

While rotating on inpatient internal medicine services at FH and OH, students will be evaluated via a 'mini-CEX.' This is a brief assessment of bedside skills and will be completed by hospital site director during the course of the four week rotation at each of these facilities. This assessment is part of the site director evaluation and must be successfully completed in order to pass the inpatient rotations.

All didactic curricular learning is in the context of weekly team-based learning (TBL) academic sessions.

Academic half day (AHD) sessions will occur weekly; attendance is required by all students in order to ensure uniform learning of selected topics. These learning sessions will be taught in a team-based learning (TBL) format. As such, advance student preparation is essential to high level learning. Learning objectives and reading assignments for each week are posted on MEDS clerkship website. Students must bring iPad or laptop to AHD sessions in order to complete IRAT portion of assessment. Other requirements include an evidence-based medicine project completed via generation of a clinical question and follow-up based on your selection of an appropriate patient care issue. A reflective writing assignment will describe an experience related to professional behavior in which you are involved in some way. A comprehensive geriatric assessment experience is a required component of the ambulatory (CFFHC) rotation.

EBM project description: Each student will choose a specific clinical question based upon ward experiences during the first three weeks of the clerkship. After choosing a question to research, the student will research the medical literature and find 2-4 articles which he/she will read and briefly critique. By the mid-point of week six, the student will submit his/her clinical question in “PICO” format, along with the brief article critiques. Some description of how the medical literature review did or did not affect individual patient care is also expected. Specific forms to document this process are available on MEDS/Blackboard. Discussing EBM project outcomes i.e. sharing literature review with ward team members is appropriate and expected.

Reflective writing description: The rationale for this assignment is well represented by this excerpt from an article in *Academic Medicine*: "Reflection.....turns experience into deep learning....allows new experiences to either modify one's existing knowledge structures or schemas or be integrated into one's existing knowledge structures. True behavior change..... can occur when one reflects on new experiences and changes their own knowledge structures."

Due by the midpoint of week ten, this paper should document an experience in which the student was exposed to/observed/demonstrated some element of professionalism (good or bad) in the context of patient care. This could include direct or indirect patient care, observation of good/poor ethics, or any other significant happening which involves professional behavior and makes an impact on the student author.

Comprehensive geriatric experience (CGA) description: This experience will be completed during CFFHC clinic rotation on the second, third, and fourth Monday afternoons of this rotation. Full details of this experience are outlined within the informational document posted on MEDS. The assignment needs to be submitted to MEDS/Blackboard by the assigned due date. Students should also print at least two copies of the completed assessment form for oral presentation session (one must be turned into Dr. Dangiolo).

“The old art cannot possibly be replaced by, but must be absorbed in, the new science”

-Sir William Osler, 1907

Sample Inpatient Weekly Schedule

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds	Pre-rounds
	Work Rounds	Work Rounds	Work Rounds	Work Rounds	Work Rounds
9-11 AM	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds	Attending Rounds
11AM –12 PM	Morning Report	Morning Report	Morning Report	Morning Report	Morning Report
12:00-1:00	Noon conference	Noon Conference	Travel time to FH/South for AHD	Noon conference	Noon conference
Afternoon	Team Duties	Team Duties	AHD 12:30 – 5 PM	Team Duties	Team Duties

On-Call Guidelines/Duty Hours

You will follow the call schedule/rotation of your ward team. Please take an opportunity at the beginning of the rotation to clarify call responsibilities and expectations with your ward team, particularly your senior resident and the attending physician. Students are expected to be full participants in the execution of team duties at all times. There is no “unwritten rule” that students should be excused from their responsibilities at a certain hour of the day/night. The exception to this is that all clerkship students are not assigned overnight call duties on nights prior to AHD Wednesdays.

Please be aware that call duties and frequency vary from one hospital site to another. While this may be deemed “not fair” by some, this is simply a reflection of life in hospital medicine. Every effort has been and will continue to be made to even out call responsibilities among students.

Please do not worry about what other students call responsibilities are, but focus your attention on your assigned hospital schedule.

You should admit at least two new patients per call day while on the internal medicine inpatient service. You should not follow more than six patients at any given time.

Duty hours should not exceed 80 hours per week, including in-house call. You should receive one day off in seven, averaged over a four week period. You will also be given the weekend off between each of your four week clinical rotations. If you feel that you are working more than 80 hours per week or not receiving appropriate time off, please contact the Clerkship Director immediately.

On weekends and holidays, standard responsibilities when you are NOT on long call include daily rounds and charting progress notes. Resident and attending physicians are neither expected nor encouraged to give students an entire weekend off. Holidays will be handled according to college-wide policy. If on long call during a weekend day or single day holiday (such as Memorial Day, July 4th, Veterans Day, etc), students are responsible for being readily available for the entire 24 hour period, if necessary. For more details regarding duty hours guidelines, please reference Appendix 3.

Clinical Locations

For site descriptions, directions and/or maps to the various clinical sites, please access the “Site Locations” tab of MEDS/Blackboard.

Logbook and Required Clinical Encounters

Over the course of the clerkship, students are required to encounter at least one patient with each of the clinical diagnoses listed in Appendix 1. These patient encounters must be logged by the student in a timely manner via UCF electronic logbook provided. Logbook entries will be monitored regularly by the Clerkship Director. If a student does not have the opportunity to encounter a patient with a specific required diagnosis, the Clerkship Director will provide an alternate experience (on-line or simulated case) for that student.

You are required to keep a complete record of all of your clinical encounters throughout the rotation. The primary tool for entering, maintaining, and tracking accurate records is the electronic patient log system, OASIS. You have been provided with a pocket list of required clerkship diagnoses; it is recommended that you carry this list with you at all times in order to facilitate meeting this requirement.

In order for the Clerkship Director to monitor and facilitate your clinical experience, it will be necessary for you to keep your logbooks up to date. *At a minimum*, students must update the logbooks once weekly. This should be completed by Sunday of each week, as logbook entry reports will be generated for review each Monday morning. If this is not completed, your final clerkship grade will be affected. Logbook entries will be monitored by Clerkship Director or staff on a weekly basis. The expectation is that students will complete 100% of the minimum requirements as presented in the log. If exposure to a required clinical cases has not been met at predetermined points during the clerkship, additional clinical encounters or supplemental learning experiences will be arranged to accommodate student learning needs. Logbook compliance is an issue of student professionalism. Repeated non-compliance will be addressed by the SEPC. Students who fail to maintain timely, complete, and accurate records of their patient encounters may require partial or complete remediation of the clerkship.

Note that you will have four separate types of encounters to enter into your logbook (PACES) during this clerkship. They are as follows:

1. Hospital patients whom you admit, transfer, care for in a cross-coverage mode, or on whom you observe/assist/perform medical procedures
2. Clinic patients whom you evaluate in CFFHC, private clinics, FM general medicine clinic or FM specialty clinics
3. Procedures – Procedures in which you observe/assist/participate
4. Simulated patient cases (if applicable or assigned to you by Clerkship Director)

Expectations for Clerkship Participants

Students: expectations of all students include the following:

- Be an active learner - present and participate fully in all clerkship activities, including orientation, group meetings, and examinations.
- Make decisions, defend them, and understand the consequences of both a good and a poor decision.
- Give 100% effort while on the clerkship and expect the same from your colleagues.
- Be current with all your patients and be prepared in advance with relevant reading. Search peer-reviewed literature and bring articles with you. (A tool for success: read first → see patient → read again → present patient)
- Be present every day unless you are ill or have a family emergency.
- Be respectful of your classmates, residents, faculty, and other staff at all times.
- Expect and ask for residents and attending physicians to provide constructive feedback regarding your performance. Formal mid-rotation feedback sessions will also be held with the clerkship/site director. Do not feel you are imposing by asking for feedback. Be aware of barriers to eliciting feedback. These include:

1. Confusing feedback with evaluation
 2. Feeling the need to be right or perfect
 3. Feeling that you are imposing by asking for feedback
 4. Allowing the person who gives you feedback to be vague. Don't accept "good job" or "fine" as feedback. If you did well, ask for the specific behaviors that were good/exemplary, etc.
- Remember that the patient is the focus of clinical care, not you
 - Take advantage of the unique aspects of each rotation and enjoy the experience

Attending physicians and residents: All attending physicians and residents are expected to provide:

- Daily supervision
- Direct observation of basic skills
- Teaching and guidance
- Constructive feedback
- Written assessment of student performance on the rotation within six weeks of completion of the rotation

Site Directors: All Site Directors are expected to:

- Work directly with the Clerkship Director to develop and implement the clerkship
- Serve as a person of first contact for students who have site-specific questions
- Participate in curriculum design
- Participate in the clerkship grading committee.

Clerkship Director: The duties of Clerkship Directors have been defined by UCF COM. At a minimum, Clerkship Directors are expected to provide:

- Student orientation to clerkship
- Clerkship and session level objectives and grading criteria
- Resources for consistent didactic and learning experiences
- Orientation of community preceptors and residents to clerkship content, policies, and procedures
- Overall course management and leadership
- Necessary disciplinary action regarding students
- Both mid-clerkship formative feedback (verbal and written) as well as final summative assessment within six weeks of clerkship completion

Grading and Evaluation Policies

Students must successfully complete each component of the clerkship in order to receive a passing grade for the clerkship rotation. If a student is found to be deficient in any one component of the clerkship, he or she may receive a grade of “remediate,” “incomplete” or “failure” and be required to remediate.

Students will successfully pass this clerkship upon successful completion of the following:

1. Completion of twelve weeks of clinical duties, including all required rotations
2. Excused absences of no more than three days in twelve weeks with no unexcused absences (exceptions to be managed by Clerkship Director)
3. Completion of patient log (diagnoses, procedures, experiences) in ongoing and timely fashion
4. Satisfactory clinical preceptor evaluations from all supervising attending and resident physicians (includes timely completion/submission of required history and physical documentation (at least three submissions during each rotation))
5. Satisfactory and timely completion of required assignments: EBM project, comprehensive geriatric assessment, reflection paper
6. Timely return of clerkship materials, including loaned textbooks
7. Successful completion of clinical skills written examination
8. Successful completion of clinical performance examination (OSCE)
8. Successful completion of NBME Internal Medicine Subject “Shelf” examination with a score at or above the national 5th percentile
9. Achievement of composite numeric clerkship grade of 70.0 % or higher
10. Decision to pass by the Internal Medicine/Family Medicine Clerkship Committee (Clerkship Director and others, to be named)

Each student will be reviewed by the Clerkship Committee meeting before final grade is assigned. Students will also receive formative feedback from Clerkship Director at mid-point of rotation and may be reviewed at any time if interim concerns are raised regarding student performance or well-being. Performance is assessed in each of six ACGME competency realms: patient care, medical knowledge, professionalism, communication, systems based practice, and practice based learning and improvement.

Sources of information include, but are not limited to, scheduled formal evaluations by supervising attending and resident physicians, Associate Clerkship Directors or Site Directors,

and the Clerkship Director, along with spontaneous or requested verbal or written feedback from multiple sources (e.g. faculty, residents, other students, nurses, other staff, patients, and student self-evaluations). If the Clerkship leadership finds reason to believe the student has performed substantially below expectation in any of the aforementioned areas, the Committee will decide the student should not pass the Clerkship, even with a composite numeric score of 70 % or higher.

Assessment of Student Performance

Contribution

I. **Clinical Preceptor Evaluations**

45 %

Inclusive of:

- evaluation of clinical performance
- successful completion of at least two history and physical documents per rotation (more if requested by supervising attending physician)

ORHS IM	one attending and one resident evaluation	(2)
FH IM	one attending and one resident evaluation	(2)
FH FM	one composite evaluation completed by site director –or-	(1)
CFFHC	one attending evaluation –or-	(1)
Private clinic	one attending evaluation	(1)

II. **Other Evaluations and Assignments**

55 %

Inclusive of:

- | | |
|---|------|
| • NBME Shelf Examination (Internal Medicine)** | 20 % |
| • Weekly Formative Quizzes (IRAT) | 10 % |
| • Weekly Formative Quizzes (GRAT) | 5 % |
| • Clinical Performance Exam (OSCE) | 8 % |
| • Clinical Skills Exam | 7 % |
| • Professionalism/ Peer Evaluation | 5 % |
| • Evidence-based Medicine Project | P/F |
| • Reflection Paper | P/F |
| • Comprehensive Geriatric Assessment/Presentation | P/F |

*****Note minimum criteria for grade of “A” includes the following:
NBME subject examination in internal medicine must be passed at or above the 70th percentile in order to be eligible to receive a grade of “A” in the clerkship.***

Midterm and End of Clerkship Evaluation

Each student will meet with the Clerkship Director halfway through the clerkship to review and discuss clinical experiences and performance to date, review logbook entries and discuss any concerns of Clerkship Director or student.

At the end of each service rotation (weeks 4, 8 and 12), summative written evaluation(s) will be completed by supervising attending and resident physicians. Students are encouraged to seek oral feedback from their supervising physicians at the midpoint of each rotation and more frequently, as appropriate.

Preceptor evaluations will be documented via approved COM evaluation forms. All faculty have been made aware of required summative evaluations which are to be performed. Please note that the mid-term and final clerkship evaluation forms are available on MEDS/Blackboard for your review and use as needed. Final summative evaluation forms will be completed electronically by preceptors and will be notified of this by the Clerkship Coordinator.

No formal end of clerkship evaluation meeting is scheduled. Students are welcome to make appointments to review performance (including review of preceptor evaluations) at any time.

Unsuccessful Clerkship

- A score of less than the 5th percentile on an NBME shelf examination
- A failing overall cumulative performance
- Unprofessional behavior, including failure to maintain timely and accurate patient logbook data.
- Failure to complete any component of the clerkship

Clerkship Remediation

- Any student scoring less than the 5th percentile on an NBME shelf examination will be given the opportunity to retake the test and must score at the 5th percentile or above to pass. Two failures on the shelf examination will typically result in a failing grade in the course and require remediation of the entire clerkship
- Remediation for students who fail the departmental exam or any other component is at the discretion of the Clerkship Director
- Remediation for students exhibiting unprofessional behavior is at the discretion of the Clerkship Director

Please refer to the UCF COM Student Handbook

http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) Section V.

subsection B. Medical Student Advancement and Faculty Evaluation for details on remediation and appeal of clerkship assessment.

Course Evaluation

We value your input! In order for clerkship administration to improve this clerkship we need your comments about the strengths and weaknesses of the experience. All clerkship administrators are available to discuss issues at any time. You do not need to wait until you complete the clerkship evaluation to offer suggestions.

Students are required to complete a clerkship evaluation form and appropriate faculty/resident evaluation forms as appropriate. These evaluations will be completed in OASIS. Grades will not be released until these evaluations are completed.

Professionalism

Professionalism is highly stressed within this clerkship. You are expected to hold yourself and your colleagues to the highest professional standards at all times. Your professionalism will be assessed in an ongoing manner during this clerkship by your patients, your attending physicians and residents, your colleagues and ultimately by yourself. Breaches in medical professionalism will be dealt with on an individual basis and are subject to significant consequences. If you note any particularly good or bad examples of professionalism on the part of your colleagues you are encouraged to report these either anonymously or in person to the Clerkship Director, Site Director(s) and/or Clerkship Coordinator.

"If I take care of my character, my reputation will take care of itself"

-D.L. Moody

The following are guidelines that all students are expected to follow throughout this clerkship. You will find that they are also important in other clerkships as well and throughout your training.

1. **Punctuality is key.** Students are expected to be on time to work. Tardiness will not be favorably looked upon. Be aware of how long it will take you to get where you are expected. If you are going to be late, call those expecting you in advance.
2. **Dress for the job.** As per the UCF COM Dress Code Policy (see Appendix 4), medical students are expected to maintain a proper professional image in their behavior and

personal appearance at all times. Please reference the dress code policy if in doubt. Ask for guidance from others if necessary.

3. **Know when and where you need to be.** Frequently review your schedule and syllabus, to verify when and where you need to be present. This will not only allow you to be on time, but will also prevent you from wasting your own time if you are not expected.
4. **Emergencies/Illnesses do occur.** Your preceptors recognize that situations arise which require students to miss time from their course/clinical responsibilities. When an absence is necessary the student must telephone his/her preceptor, resident or other appropriate team member, Clerkship Director and/or Clerkship Coordinator early on the first day of absence. He/she should indicate the nature of the absence. E-mail is an acceptable alternative if notification is early in the day, late at night, or if administrator(s) not available by telephone. It will be prerogative of the Clerkship Director, following consultation with the student to excuse the absence. In situations where the student knows he/she will be absent from any responsibilities for other than medical reasons, the student is required to ask the Clerkship Director's permission in writing at the earliest possible time, preferably several week in advance of the expected date of absence. Absences may need to be made up in during scheduled breaks at the discretion of the Clerkship Director. For complete information regarding COM policies related to clerkship absence, please see Appendix 2.
5. **Be professional.** Remember you will need to earn the respect and trust of your patients. As student physicians, you will be expected to behave politely and professionally. Be courteous to the needs of patients and respect their privacy. Be careful not to discuss patient cases in public settings as their illness and history are confidential. In addition, drape patients appropriately during exams and request a chaperone when necessary.
6. **Remember** to sign all notes legibly.
7. **Be prepared.** This means keeping up with reading assignments and being ready to discuss topics on rounds and during conferences.
8. **Be careful.** Remember that as a student, you should not act independently or without the knowledge of those legally responsible for the care of the patient. If you are uncertain whether or not you need a chaperone or are uncomfortable with exam findings, let your preceptor know immediately.

"Integrity always, Service before self, Excellence in all we do"

-Creed of Servicepersons, United States Air Force

How to Be a Successful Clinical Clerk

The following tips are summarized from the “Primer to the Internal Medicine Clerkship” located on the Clerkship Directors in Internal Medicine (CDIM) website. These tips will be useful in any of the clerkship disciplines through which you rotate.

1. Find out what your preceptors expect of you. Meet and try to exceed their expectations.

Be fully prepared and on time for work rounds. Have a daily plan for your patients’ care. Initiate contact with consultants as appropriate. Participate in or observe as many procedures as possible, even if you are not following the involved patient. Learn about the other patients on your team, at least to gain a basic understanding of what is going on with each of them. Help out team members when needed, however not to a degree which interferes with your self-directed learning.

2. Go the extra mile for your patients. You will benefit as much as they will.

Communicate effectively with your patients, spending time to learn about who they are. Discuss diagnostic and therapeutic plans with patients and their families. Feel free to have emotional discussions with patients when appropriate. You may be able to provide substantial information and support.

“The treatment of disease may be entirely impersonal; the care of a patient must be completely personal”

-Francis Peabody, 1927

3. Go the extra mile for your team. Additional learning will follow.

Being a “team player” is important – being available is also key to learning and seeing procedures or newly admitted patients. You may not always recognize it, but you are an integral part of the inpatient care team. Knowing your role is important – generally being flexible and “going with the flow” is best, however if you have an important question or concern, it is important to make this known. Often times, your observations will serve as valuable contributions to patient care.

4. Organization is crucial to success without stress.

Keep a calendar and mark all conferences/call days right away. Develop a system for maintaining patient data and noting trends in laboratory results (i.e. hemoglobin trending down or creatinine trending upward). Be able to have pertinent information (vital signs, laboratory or test results) easily available on rounds.

5. Read consistently and deeply. Demonstrate that you are a self-directed learner as you raise what you learn in your discussions with your team and in your notes.

A goal should be to integrate your basic science knowledge to your patient. Clinical clerkships are unlike any learning experience you have had to date. *You are, to a large extent, responsible for your own learning.* This learning should be based upon your patient encounters. You should attempt to develop an organized reading plan from the first day of the clerkship. Your reading plan should incorporate assigned reading for AHD sessions with reading focused on topics encountered during your clinical day, either with patient encounters, didactics or evidence based questions. A final type of reading should be a readily available resource to carry with you and read when time allows during the course of patient care. The *Pocket Medicine* text is excellent for this third type of reading.

6. Follow through on every assigned task.
7. Ask good questions.
8. Educate your team members about what you learn whenever possible.

Strive to practice evidence-based medicine. Use evidence-based guidelines whenever possible and learn from them. It is our responsibility to bring the best scientific evidence to every clinical decision that we make.

9. Speak up – share your thoughts in teaching sessions, share your opinions about your patients' care, constructively discuss observations about how to improve the education you are receiving and the systems around you.
10. Actively reflect on your experiences.

Solicit feedback early and often. Acting on such feedback demonstrates that you care about your performance in the hospital.

“Nobody cares how much you know until they know how much you care”

-Jocelyn Elders, M.D.

11. The more you put in, the more you will gain

12. Pay attention at all times, even when the focus is not on you or your patient. Learning moments may come when you least expect them.

“You can observe a lot just by watching”

-Yogi Berra

13. Be caring and conscientious and strive to deliver outstanding quality to your patients as you learn as much as you can from every experience.

“One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient”

-Francis Peabody, 1927

14. Get help if you feel overwhelmed.

Any student having academic or personal problems during the rotation is encouraged to contact the Clerkship Director as soon as possible. In this way, we can provide you appropriate counseling during the rotation. If there are academic concerns regarding your rotation, we can make the appropriate suggestions. Alternatively, if there are other problems we can place you in contact with the appropriate services available to our medical students.

Bloodborne Pathogen and Communicable Disease Exposures

In the case of a student exposure to a bloodborne pathogen through needle stick should occur, the student on the pediatric clerkship can refer to Appendix J for the Orlando Health Policy on Needle Stick Exposure. Students are also encouraged to reference the UCF COM Student Handbook:

(http://www.med.ucf.edu/students/affairs/documents/infectious_diseases_and_environmental_hazards.pdf)

Standard Precautions

Refer to the UCF COM Student Handbook

(http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) Section VII. Health Policy E. Exposure to Infectious Disease and Environmental Hazards.

HIPAA and Patient Confidentiality

All HIPAA and Patient Confidentiality agreements should be completed through the office of Student Affairs at the UCF College of Medicine prior to beginning of clerkship.

Disclaimer: The Clerkship Directors(s) reserve the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.

Appendix 1 – Clerkship Logbook Requirement

Diagnosis/Symptoms	Date	Age	Diagnosis/Symptoms	Date	Age	Diagnosis/Symptoms	Date	Age
Abdominal pain			Breast disease			Dyslipidemia		
Acute infection			Cancer(breast/lung/skin/colon/prostate)			Dyspnea/respiratory distress		
Alcohol/substance abuse/dependence			Chest pain			Electrolyte or acid/base disorder/dehydration		
Anemia			Chronic or acute pelvic pain			Fatigue		
			Cirrhosis/end-stage liver disease			Fever, bacteremia, sepsis		
			Congestive heart failure			Esophageal reflux disease		
			COPD/emphysema			Gastrointestinal bleed		
Allergies			Coronary artery disease			Headache		
Asthma (chronic cough/wheeze)			Delirium/dementia/altered mental status			Hypertension		
Back pain			Depression			Insomnia		
Benign prostatic hypertrophy			Diabetes Mellitus			Joint/limb pain/injury		
Biliary/pancreatic disease			DVT/PE/hypercoaguable state			Menopause		

Diagnosis/Symptoms	Date	Age	Diagnosis/Symptoms	Date	Age	Diagnosis/Symptoms	Date	Age
Nausea/vomiting			Peripheral vascular disease			Tobacco abuse		
Noncompliance with medication regimen			Renal insufficiency/failure			Urinary incontinence		
Obesity			Sexually transmitted infection			Upper respiratory infection		
Osteoarthritis			Skin disorder/problem			Urinary tract infection		
Osteoporosis			Thyroid disorder			Vaginitis		
Pain management						Weight management and nutrition		

Diagnosis/Symptoms	Date	Location	Responsibility	Diagnosis/Symptoms	Date	Location	Responsibility
				Thoracentesis			
Breast examination (female patient)				Abdominal paracentesis			
Digital rectal examination				Central venous catheter placement			
Lumbar puncture				Endotracheal intubation			
				Cardiopulmonary resuscitation			
Counsel patient(s) regarding therapeutic lifestyle issues: safe-sex practices, smoking cessation, alcohol abuse, weight loss, healthy diet, exercise							

Appendix 2 – UCF COM Clerkship Attendance Policy

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. During this twelve week clerkship, students will be allowed to miss **three** full days of responsibilities as excused absences for the following:
 - ❑ Illness
 - ❑ Family emergencies
 - ❑ Presentation at professional meetings
2. Absences due to illness or family emergencies should be reported (phone call AND email) to the appropriate Clerkship Director/Clerkship Coordinator and supervising physician/senior resident on service. Approval for student presentations at professional meetings must be requested in advance (refer to UCF COM MD Program Student Handbook). Such absences must be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, you must inform your supervising physician/chief resident of your absence. The Student Absence Form will be completed and forwarded to the Office of Student Affairs by the Clerkship Director.
3. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship Director.
4. The three days of excused absences do not include for example, vacation or social events.
5. Any questions or problems during the clerkship should be addressed with the Clerkship Director or Site Director, if appropriate.
6. In the event of an absence from the clerkship without permission from the clerkship director, the student will lose five points per absence from their final clerkship grade. In addition, it will be at the clerkship director's discretion to require additional remediation (e.g., the taking of extra call).

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 regarding such an episode, and that this 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 “A” grade for the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Assistant Dean for Clinical Education or a formal letter of concern for the student’s file, particularly if there is a pattern of absences across clerkships.

Appendix 3 - Duty Hours Regulations

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.

1. *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.*
 - 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. Adequate time for rest and personal activities will be provided and will consist of a 10 hour time period between all daily duty periods and after in-house call.
 - c. In-house call must occur no more frequently than every third night.
 - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - 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.
2. 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. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

Appendix 4 - Dress Code for Patient Care and Clinical Activities

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the ambulatory setting and hospital wards. Acceptable requirements for appearance include the following:

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats should be clean, wrinkle free and in good repair.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
 - a. Men should wear dress shirts or polo shirts with collar. Ties are optional but are recommended for patient care.
 - b. For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
 - c. T-shirts with slogans or pictures are not allowed.
 - d. Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
 - e. Shoes should be clean with heels no greater than 2 inches.
 - f. Scrubs should only be worn as appropriate at the discretion of the team.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of $\frac{1}{4}$ " or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.

Appendix 5 – Early Warning Form

Early Warning Form

To: Faculty
From: Clerkship Director
Re: Early warning note about a student's performance

Please complete and submit this card to me when you have any concerns about a student's performance. This information will be used constructively to help the student.

Name of Student: _____ PL: _____

Date: _____

My concerns about the performance of this student are:

- _____ professionalism
- _____ clinical practice
- _____ medical knowledge
- _____ interpersonal relations and/or communication skills
- _____ other _____

Comments:

Name: _____

Appendix 6 – Commendation Form

Clerkship Commendation Form

To: Faculty
From: Clerkship Director
Re: Note regarding student performance

Please complete and submit this card to me when you wish to compliment a student for her/his performance. This information will be conveyed to the student and noted in the student's file.

Name of Student: _____ Date: _____

My praise about the performance of this student is based upon her/his demonstration of exceptional ability in the following: (Please check all that apply.)

- _____ clinical skills
- _____ communication skills
- _____ medical knowledge
- _____ clinical judgment
- _____ teaching
- _____ professional attitude and behavior
- _____ humanistic qualities
- _____ the management and leadership of the team

Please include any additional comments.

Name: _____