

Course title and number	IMED 800 Core Clerkship in Internal Medicine
Term (e.g., Fall 200X)	Academic Year 2018
Credit Hours	10 credit hours
Meeting times and location	College Station, Dallas, Houston, Round Rock and Temple

Course Description and Prerequisites

General internal medicine, with patient work-up and management under supervision of clinical faculty. Participation in clinical rounds, conferences, seminars and diagnostic evaluations. Prerequisite: Satisfactory completion of the preclinical curriculum.

Instructor Information

Course Director - BCS

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Coordinator

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Clerkship Directors - Temple

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Coordinator

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Coordinator

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Learning Outcomes & Objectives

Principles and Guidelines for Curriculum Development: <http://medicine.tamhsc.edu/policies/pdf/curriculum-principles-guidelines.pdf>

*Assessment Methods MUST be used from the following list:

<http://medbiq.org/curriculum/vocabularies.pdf>

COM Competency Based Learning Objectives: <http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/>

Course Objective:	Taught (T) and/or Evaluated	*Assessment Method:	Notes/ Comments/ Explanation:	COM Competency Based Learning Objectives (CBLO) linked to Course Objective:
<p>Goal 1: <u>Become proficient in History and Physical Examination</u> The student will perform and complete written and reviewed history and physicals on each rotation. The student will see 4-6 patients per day with review and feedback from the faculty. The student will observe faculty and/or house staff interviewing patients and will demonstrate pertinent physical exam skills.</p>	T&E	Clinical Performance Rating / Checklist		PC1,2, MK3, ICS1,2, 3
<p>Goal 2: <u>Become skilled at case Formulation and Presentation.</u> The student will formulate a diagnosis (es) and differential diagnosis (es) on each patient evaluated. The student will provide a written discussion presenting his/her rationale in arriving at the diagnosis /differential diagnoses on H&P's. The student will prepare all cases seen for oral presentation to faculty. The student will present 1-2 patients</p>	T&E	Clinical Performance Rating / Checklist		PC 4, 5, 13, 14, ICS1-5, PBLI 5, MK1-5
<p>per week to teaching attending faculty for review and critique.</p>				
<p>Goal 3: <u>Demonstrate competency in Medical Record Keeping</u> The student will have repetitive opportunity to write hospital admission and daily care orders for his/her patients under the supervision of faculty and/or house staff. The student will be expected to write/type daily progress notes on his/her hospital patients. The student will be expected to write/type outpatient notes on any patients seen in the teaching clinics. The student will write selected prescriptions for patients in the teaching clinics and at hospital discharge signed by a physician. The student will understand the components and construction of discharge notes, discharge summaries and consultations.</p>	T&E	Clinical Performance Rating / Checklist		ICS5

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<p>Goal 4: <u>Become familiar with the Usual Presentation and Approach to Common Inpatient and Outpatient Medical Problems in the Adult</u> The student will attend all scheduled review sessions, lectures, noon conferences (morning report), and educational activities scheduled by the clerkship.</p>	T&E	Clinical Performance Rating / Checklist		PC7, 8, 13, 14, 15
<p>Goal 5: <u>Become proficient in Basic Diagnostic Decision Making and Basic Test Interpretation</u> The student will be expected to understand the rationale for and interpretation of basic diagnostic studies ordered on his/her patients. Proper use and interpretation of basic testing will be emphasized by faculty and/or house staff in clinical encounters, i.e. CBC, blood smear, urinalysis, chemistry panels, ECG, CXR, UA, ABGs, PFTs and body fluid analysis. Clinical discussions will emphasize the concepts of sensitivity, specificity, pre-test probability, and cost effectiveness.</p>	T&E	Clinical Performance Rating / Checklist		PC 4,5,6, 14, MK5
<p>Goal 6: <u>Begin Development Skills in Basic Therapeutic Decision Making related to common medical problems in the adult patient.</u> The student will be expected to write admission orders to be submitted for review by the housestaff and/or faculty for his/her patients admitted to the hospital. The student will be expected to develop a management plan for the patients that he/she sees and will discuss that plan with the faculty and/or housestaff. The student will participate with the faculty and/or housestaff in the ongoing therapeutic decisions relating to their patients after admission.</p>	T&E	Clinical Performance Rating / Checklist		PC1,2,4-6, 10,13-15, MK3,4, ICS3-5, PROF6, SBP1, 5,
<p>The student will become familiar with the basic principles and utility of evidence based medicine.</p>				
<p>Goal 7: <u>Develop skills in Basic Medical Procedures related to common medical problems in the adult patient.</u> The student will observe, assist, or perform basic procedures on his/her patients as the need or opportunity arises, always with adequate supervision and progressive responsibility.</p>	T&E	Clinical Performance Rating / Checklist		PC6, 9,14, 15

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<p>Goal 8: <u>Enhance Communication and Interpersonal Skills with Patients and Colleagues.</u> The student will be responsible for establishing rapport with, showing empathy and compassion for, providing information at an appropriate level in a clear and concise manner while being sensitive to psychosocial issues relating to all his/her patients. Clinical evaluations will reflect performance in these areas. The student will be expected and be given the opportunity to perform as a valuable and respected member of the health care team in all patient care encounters. The student will prepare written documents and give oral presentations as outlined in prior objectives. The student will use presentation software to report critical assessment of recent clinical research article.</p>	<p>T&E</p>	<p>Clinical Performance Rating / Checklist</p>	<p>PC1,2,10,12, ICS1-4, PROF1-8, 10, 12, CC1, 2, SBP2, 5, MK3</p>
<p>Goal 9: <u>Understand the importance of Self-Directed Learning and begin to establish lifelong learning skills.</u> The student will complete educational prescription using evidence based medicine resources to answer clinical questions. The student will be given periodic assignments to collect information from the medical literature or seek answers to questions formulated in the clinical context. The student will observe faculty and/or housestaff managing clinical information in the context of clinical care, including consultation, published literature, and electronic data searches. The student will develop a self- paced reading program, focusing on his/her patient encounters and other clinical experiences, but also assuring attainment of the knowledge and skills outlined in Goal 4 above.</p>	<p>T&E</p>	<p>Clinical Performance Rating / Checklist</p>	<p>PC4,5 15, MK4,5, PBL1,3, 4-6, SBP5, PROF6, 7</p>

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<p>Goal 10: Become proficient in Basic EKG Interpretation. The student will attend the teaching sessions on basic electrocardiography while on the rotation. Attendance is required. The EKG course is pass/fail. The student will review EKG's performed on his/her patients. The student is expected to obtain and read the assigned sections prior to each teaching session in the following text: The Only EKG Book You'll Ever Need by Thaler.</p>	T&E	Clinical Performance Rating / Checklist		PC6
<p>Goal 11: Apply the key elements of Evidence Based Medicine- medical literature critical appraisal skills The student will locate evidence for clinical questions using EBM sources, and will compare and evaluate EBM tools.</p>	T&E	Clinical Performance Rating / Checklist		PBLI4, 5, MK4

Textbook and/or Resource Material

Attendance at morning report will greatly expand your knowledge base and problem solving ability and help direct your self-study program.

Most course materials are available online 24/7.

Textbooks (Recommended Resources)

The following books and case study materials are recommended in this course.

Title: IM Essentials

Author: Philip A. Masters, M.D.

FACP Edition/Copyright: 2015

Publisher: American College of Physicians

ISBN: 978-1-938921-09-4

Title: The Only EKG Book You'll Ever

Need Author: Malcolm S. Thaler

Edition/Copyright

Publisher: Lippincott, Williams, and Wilkins

ISBN: 9781451119053

We recommend **IM Essentials**, as the "official" textbook for the clerkship and recommend you read it in its entirety. IM Essentials is a collected suite of integrated products: text, linked practice questions with explanations, and flashcards. A reading schedule has been provided (see Appendix A). The reading schedule averages eight pages per day on an eight week schedule, with an average of eight and half questions per day. Completion of questions is typically mandatory and noncompliance may result in a failure in professionalism (varies by campus).

We strongly suggest that you review the "Primer to the Internal Medicine Clerkship", A Guide Produced by the Clerkship Directors in Internal Medicine, second edition (see Appendix B). Implementing the top 10 ways to excel on the Internal Medicine Clerkship will help you achieve success not only on the Internal Medicine Clerkship but all the core clerkships.

Lastly, we also recommend utilizing the following resources while in your Medicine Clerkship: Bates' *Guide to Physical Examination and History Taking*, The Stanford Medicine 25

<http://stanfordmedicine25.stanford.edu/the25.html>, MedED <https://onlinemeded.org/>, and U-World <https://www.uworld.com/>.

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Grading Policies

Grade component	Percentage or Point Value
Clinical Evaluations	50%
NBME Shelf Exam	30%
OSCE	20%
Encounter/Procedure Log	P/F
	100%

GRADING SCALE	
Honors	The student must meet the following: <ul style="list-style-type: none"> • Exceeds Expectations in Professionalism AND • Clinical Score \geq 90 AND • OSCE Score \geq 88 AND • NBME \geq 70th Percentile *individual grade components will not be rounded, 2 decimal points
Pass	70-100
Fail	<70

A. *Mandatory Attendance at the Basic EKG/Course Lectures*

B. *NBME SHELF EXAM - 30% of the final grade*

C. *OSCE (OBSERVED STRUCTURED CLINICAL EXAMINATION) - 20% of the final grade. * see below for OSCE remediation plan in addition to the official COM Grading and Remediation Policy***

D. *REMEDICATION Overall – Refer to the official COM Grading and Remediation Policy***

E. *CHALLENGES – Refer to the official COM Grading and Remediation Policy***

CLINICAL EVALUATIONS (50% OF THE FINAL GRADE as described above)

- Bryan/College Station - In-Patient Evaluations =25% (of overall grade)
Outpatient Evaluations =25 % (of overall grade)
- Dallas- Grades will be composed of the evaluations submitted by the Inpatient Ward Team, Cardiology rotation and hospitalist rotation to make the 50%.
- Round Rock- Rotation #1 = 25% (of overall grade)
Rotation #2 = 25% (of overall grade)
- Temple- Each 4 week block will equate to 25%
- Houston- UTS: – 35%
Sub-specialty – 15%

NOTE: Any failing grade in even a single component (domain or sub domain of your clinical evaluations may result in failure of the Clerkship.

NBME SHELF EXAMS (30% OF FINAL GRADE as described above)

On the NBME Shelf exams, all clerkships require the students score at least at the 10th percentile (minimum).

Failure to pass the NBME exam will require a retake of the examination. If the student fails to pass the retake examination then the student fails the clerkship and must remediate the entire clerkship. Please see policy at

<http://medicine.tamhsc.edu/curriculum/encounter-procedure/gradepromotion.html>.

OSCE (20% OF FINAL GRADE as described above)

OSCE Remediation Plan:

Total OSCE Score	70-75 %	➤ At Risk	➤	Student will be referred to the Remediation Committee for determination of Remediation Plan (see A &/or B).
A. Failure of 1 or more (CIS) Communication Skills Encounter Component		➤ At Risk	➤	Student will review video with a member of the CLRC staff for recommendations for improvement. There will be no grade change associated with this activity but is designed to prepare student for Step 2 CS.
B. Failure of 1 or more (ICE) Integrated Clinical Encounter Component		➤ At Risk	➤	Student will review OSCE video with a member of the CLRC staff and rewrite note to be reviewed. This exercise is for remediation purposes. There will be no grade change associated with this activity but is designed to prepare student for Step 2 CS.
Total OSCE Score	< 70 %	➤ Fail OSCE	➤	Student must repeat OSCE.

Following completion of all evaluation components and exams, a final grade is calculated in the Internal Medicine office. **Per COM policy, the final grade will be rounded up or down accordingly. 0.5 and above will be rounded up and 0.4 and below will be rounded down, i.e. 89.4 is rounded down to 89 and 89.5 is rounded up to 90.** This reflects standard policy recommended by the Promotions Committee.

It should also be noted that successful completion of the clerkship requires an acceptable performance in all individual components. A “passing” averaged grade does not ensure that remediation of some sort will not be necessary if you perform in a marginal manner overall or do very poorly in an individual component. Remediation may be recommended upon review by the Internal Medicine Student Education Committee and is subject to approval by the TAMHSC COM Student Promotion Committee. The student may be assigned a grade of failure (F) or unsatisfactory (U).

Attendance and Make-up Policies

The Department of Internal Medicine adheres to attendance policies and duty hours as set forth in the College of Medicine Student Handbook and Core Clinical Policy and Procedure Manual (<http://student-rules.tamu.edu/rule07>)

Students will be required to attend all rounds, lectures and clinic duty.

Absence from a major exam or OSCE due to an illness must be documented by a physician.

To request an absence Students must use the online Clerkship Absence Form at:

<http://medicine.tamhsc.edu/current/absence-forms/m3-absence.html>

Absences, **with approval of the clerkship director**, will be allowed for the following reasons:

1. Physician documented personal illness
2. Legal proceedings
3. Death or critical illness of an immediate family member
4. Participation in local and national meetings where the student is representing the College of Medicine (generally, this is considered to be students holding some office, but other forms of representation may also qualify)
5. Personal Days for personal business, weddings, etc. (maximum of two personal days for the entire third year)

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6. Observance of a religious holy day (see definition of absences and leave)

In the case of unplanned personal illness, critical illness within your immediate family, family death, or other urgent circumstances where you will not be able to participate in required activities, you must follow the directions for reporting your absence as follows:

1. Contact the Internal Medicine Medical Education Coordinator- Call or text
AND
2. Contact the Clerkship Director – Call or text
AND
3. Notify the attending faculty (and/or their clinic manager) you are assigned to (Call or text).
AND
4. Submit an online absence form.

Do NOT leave a message with a fellow student, or your absence may not be recorded as excused.

Scheduled classes, conferences and activities are mandatory and take precedence over any clinical or surgical activity. Failure to attend orientation or exit interviews / debriefing meetings in their entirety may result in failure to complete this clerkship.

Absences totaling 10% or more of the days for a clerkship will require counseling and the development of a remediation plan. If absences exceed 20% of the days required for a clerkship, the student may be required to repeat the clerkship before being promoted to the fourth year. If absences exceed 20% of the days for two or more clerkships, the student may be required to repeat the entire year. Unauthorized absences will result in failure of the clerkship, academic probation or dismissal by the Student Promotions Committee. Students who are representing the college (generally considered to be in an elected office) will not be charged personal days during third year, however, they may be requested to make up days missed in excess of 10%.

To assist you in the interpretation of the 10% and 20% rules, please refer to the following table:

	Student absent ≤ 10% of the clerkship*	Student absent > 10% and ≤ 20% of the clerkship: required remediation plan*	Student absent > 20% of the clerkship: may be required to repeat the clerkship*
6-week clerkships	1 - 3 days	4 - 6 days (remediate 1 – 3 days)	7+ days
8-week clerkships	1 - 6 days	7 - 12 days (remediate 1 – 6 days)	13+ days

*Longitudinal Campuses –Number of days absent & remediation/repeat of IMED clerkship are at the discretion of the AIM Medical Director/Clerkship Director.

Students may expect to have one full weekend day off each week other than call weekends. This is arranged through faculty. No overnight Friday, Saturday, Sunday call is scheduled for students on the weekend that a rotation ends *.

* Weekend/On-call requirements vary and are at the discretion of the AIM Medical Director/Clerkship Director.

Course Topics, Calendar of Activities, Major Assignment Dates

Week	Topic
Varies by Campus*	Orientation
Varies by Campus*	Exit Interview / Discussion
Varies by Campus*	SIMPLE Cases
Varies by Campus*	IM Essentials Questions
Varies by Campus*	EKG Lecture Series
Varies by Campus*	Harvey Session(s)
Varies by Campus*	Harvey Review
Varies by Campus*	Acid Base
Varies by Campus*	SIM Airway Management/ ACLS BCLS Seriously Ill Code Team
Varies by Campus*	SIM Standardized Patient Scenarios
Varies by Campus*	SIM Tech Skills
Same on all Campuses*	Tech Skills Check Off
Same on all Campuses*	Harvey Exam
Varies by Campus*	OSCE Review
Varies by Campus*	Encounter/Procedure Logs
Same date on all campuses	OSCE
Varies by Campus*	NBME Self-Assessment
Same date on all campuses*	NBME

*Longitudinal & Traditional Campuses –Didactics, SIMs, CBL's and Exam(s) dates are at the discretion of the AIM Medical Director/Clerkship Director and are subject to change/variation. Refer to your campus coordinator for specifics for your campus. See recommended/required reading list –varying by campus - Refer to your campus coordinator for specifics on the reading list – Appendix A

Other Pertinent Course Information

Clinical Rotations

The faculty and/or housestaff giving consideration to individual student patient “loads”, need for experience and other factors, will assign patients to you. You are responsible for completing a history and physical examination (H&P) on all your assigned patients which should be **turned in for review by your attending physician by the end of the working day after the day of assignment** (Saturday and Sunday are not considered working days and call nights are part of the next working day). **The number of history and physical write-ups and order write-ups will be determined by the site clerkship director.**

Expectations of Students

1. Students should have half of the required number of H&Ps completed by the mid-point of the clerkship. Total number of required H&Ps and Order write-ups are determined by the site clerkship director. The first H&P should be submitted to your attending within 48 hours so that feedback can be given prior to submitting the second write-up.
2. Written history and physicals should include a diagnosis/provisional diagnosis for the problem at hand with a differential diagnosis to include an analysis with in-depth discussion of disease process and suggested approaches to management.

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3. You should have first contact with and write the admission orders on most new patients assigned to you if you are present at the time of admission. Any/all orders written by you are to be signed by you and countersigned by a physician. Under no circumstance should you write orders and sign "for" a supervising physician.
4. You should see your assigned patients before morning report and write, or at least plan, a daily progress note. The "SOAP" format is recommended, i.e. a) List problem, b) Subjective history, c) Objective findings (PE), d) Assessment, e) Plan
5. Outpatient notes should be more succinct and focused, but follow the same basic format as complete inpatient evaluations; or the same format as progress notes for single problem or follow-up visits
6. Student is expected to enter their patient encounters in One45. Patient encounter reports will be run on a regular basis to ensure compliance. There will be periodic review by Clerkship Directors to review compliance. If non-compliance is observed, then necessary corrections will be made. SIMPLE Cases will be used to supplement any deficiency in patient and procedure encounters to ensure compliance by the end of the clerkship. SIMPLE Cases will be assigned to allow the student to meet the 100% completion for release of final grade. (See Patient Encounter and Procedure list). See the complete policy and information at www.medicine.tamhsc.edu/curriculum/encounter-procedure/index.html.
7. You should have/develop a self-study plan including both focused (patient related) and general reading; and self or supervisor directed information retrieval. Students should come prepared for the review session(s), which means reviewing the online syllabus.
8. You should be prepared for brief oral presentations of your patients on rounds or for more detailed presentations at morning report or at teaching rounds.
9. You are expected to interact with your patients in a professional manner. Professionalism in the doctor- patient relationship includes compassion, courtesy, attentive listening, respect for autonomy, reliability responsibility, the ability to communicate and educate, and professional dress and demeanor.
10. You are expected to demonstrate professionalism in your work. This includes motivation, dedication, a commitment to self-learning, and respect for members of the health care team, integrity, honesty, punctuality, and dependability. If you are absent due to personal or family illness, etc.; **you are required to contact (call or text) and notify both your attending and the Internal Medicine Clerkship Office and submit an online absence form.**

Expectations of Faculty and/or Residents

1. History and physicals should be reviewed, critiqued, and returned by your attending staff with face to face feedback provided on a timely basis.
2. You may receive frequent and timely feedback on your performance with specific observations, commendations, and suggestions for improvement; and if you do not feel that you are receiving enough feedback, please notify your attending or your clerkship director early enough in the rotation that this can be addressed.
3. You should expect to be treated with respect by all members of the health care team at all times. The Department of Internal Medicine has a **zero tolerance** for abuse of **any** type – student by student, student by resident staff, student by senior staff, or student by any member of the health care team. Incidents of concern should be reported promptly to the Clerkship Director and Office of Student Affairs.

Requirements for Completion of the Clerkship

Before a final grade for the Internal Medicine Clerkship can be computed, reviewed with the student and forwarded to the Promotions Committee, students must complete the following requirements:

1. Mandatory attendance at all scheduled activities; to include Basic EKG Course and Simulation Activities.
2. Interim Evaluation Feedback form completed and submitted (timeframe is dependent upon individual campus requirements).
3. 100% completion of Patient Encounters – see below
4. Completion and submission of required H&P's/Admission Orders
5. Completion and submission of the Clerkship Evaluation form during the last week of the clerkship, and the Faculty Evaluation Forms. Forms to be completed on One-45.
6. All other items assigned (may vary by campus)
7. Passing performance on your clinical rotations, the National Board of Medical Examiners Shelf Exam in Internal Medicine and the Departmental Observed Structured Clinical Examination (OSCE)

Internal Medicine Clerkship - Patient Encounter - Procedure Log					
PATIENT INTERACTIONS (Diagnosis)/PROCEDURS			Level of Student Responsibility* Observed (O), Assisted (A) Performed (P)	Venue Standardized Patient (SP), Simulation Center (SC), Inpatient (IP), Outpatient (OP)	Alternate Clinical Learning Experience
Nu	Diagnoses	Goal/Objective	Circle One	Circle One	
7	CP/CAD/AMI	4/1; 5/1,2; 6/2,6; 11/2	O A P	SP SC IP OP	Simple Cases 1,2,4
6	Preventive Maintenance	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Cases 13, 14
6	Hypertension	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 6
6	Dyslipidemia	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 2, 16
6	Diabetes	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Cases 7, 8
5	Fluid/Lyte/Disorders	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Cases 21, 23, 25, 26, 33
5	COPD/Asthma	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 28,
4	Common Cancers	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 27
4	CHF	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Cases 4, 28
3	Smoking Cessation	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 15
3	Depression	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 5,
2	Venous thromboembolism	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 30
2	Syncope	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 3
2	Substance Abuse	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 11

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2	Stroke/Vascular Disease	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	
2	Pneumonia	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 22
2	Liver Disease	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Cases 11, 36
2	Headache	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	
2	GI Bleeding	4/1; 5/1,2; 6/2,6	O A P	SP SC IP OP	Simple Case 10, 21
2	Dysuria/UTI	1/2;4; 6/2;6	O A P	SP SC IP OP	Simple Case 14,
2	Cough	1/1,2,3; 2/1,3; 4/1; 6/2 ,6	O A P	SP SC IP OP	Simple Cases 15, 22, 29
2	Back Pain	1/2; 2/1; 4/1; 6/2, 6	O A P	SP SC IP OP	Simple Case 34
2	Arthritis	1/2;2/1; 4/1;6/2; 6	O A P	SP SC IP OP	Simple Cases 23, 31, 32, 35
2	Anemia	1/2; 2/1;5/1,2; 4/1; 6/2; 6	O A P	SP SC IP OP	Simple Case 19
2	Altered Mental Status	1/2; 2/1; 5/1,2; 4/1; 6/3, 6	O A P	SP SC IP OP	Simple Cases 9, 25, 26
2	Acute Renal Failure	1/2; 2/1, 5/1,2; 4/1; 6/3, 6	O A P	SP SC IP OP	Simple Cases 23, 33
2	Acid Base Disorders	1/2; 2/1; 5/1, 2; 4/1; 6/3, 6	O A P	SP SC IP OP	Simple Case 21, 23, 25, 33
2	Abdominal Pain	1/2, 2/1, 5/1,2; 4/1; 6/3, 6	O A P	SP SC IP OP	Simple Case 12
1	Cellulitis	1/2; 4/1; 6/3, 6	O A P	SP SC IP OP	
10	Chest x-rays	5/1,2	O A P	SP SC IP OP	
5	Abdominal x-rays – may be either flat & upright views or KUB	5/1,2	O A P	SP SC IP OP	
2	CT of head w/o contrast	5/1,2	O A P	SP SC IP OP	
2	CT chest	5/1,2	O A P	SP SC IP OP	
	Procedures				
2	Venipuncture**	7/1	O A P	SP SC IP OP	
2	Lumbar Puncture**	7/1	O A P	SP SC IP OP	
2	IV Catheter placement**	7/1	O A P	SP SC IP OP	
2	Advance Cardiac Life Support**	7/1	O A P	SP SC IP OP	
2	Basic Cardiac Life Support**	7/1	O A P	SP SC IP OP	
2	Prostate Exam**	7/1	P	SP IP OP	
1	Arterial blood gas sticks**	7/1	O A P	SP SC IP OP	
1	Airway Management**	7/1	O A P	SP SC IP OP	

Only document what you have observed, assisted, or performed. If you have failed to obtain any of the patient encounters listed, please advise your director by the end of week 6.

** Completion of these activities in the CLRC, SIMS/Code Teams, can be used to count for logging purposes

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Disability Services, currently located in the Disability Services building at the Student Services at White Creek complex on west campus or call 979-845-1637. For additional information, visit <http://disability.tamu.edu>.

Any student with a disability who needs accommodation should inform the instructor at the beginning of the course.

Professionalism and integrity Statement (Academic Honesty and Plagiarism)

All College of Medicine students are required to comply with the student code of conduct and the academic integrity and honesty standards published in each component's Student Handbook. Disciplinary action will be taken in accordance with the policies of each component. Students found guilty of Academic Dishonesty will receive an "F"/Unsatisfactory in the course. For a full list of actions qualifying as academic dishonesty, please review the College of Medicine Student Handbook at <http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf>.

Academic Integrity

For additional information please visit: <http://aggiehonor.tamu.edu>
"An Aggie does not lie, cheat, or steal, or tolerate those who do."

According to the Aggie Honor System Office, plagiarism is defined as the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Intentionally, knowingly, or carelessly presenting the work of another as one's own (i.e., without crediting the author or creator). Plagiarism and other academic misconduct definitions can be viewed on the Aggie Honor System Office website; <http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions>.

TAMHSC E-mail Access and FERPA

The College of Medicine is communicating all official information to students through the students' TAMHSC e-mail accounts. Please check the account frequently during the semester for updates. This course is supported with web-based and/or e-mail activities. In order to take advantage of these additional resources and participate fully in the course, you have been assigned an e-mail address by the Texas A&M Health Science Center. This e-mail address is for internal use only, so that faculty may communicate with you and the entire class. By registering for this course, you are agreeing to allow your classmates to have access to this e-mail address. Should you have any questions, please contact the TAMU's Office of the Registrar at 979-845-1031.

The Family Educational Rights and Privacy Act of 1974 (FERPA), which the HSC complies fully, is intended to protect the privacy of education records, to establish the rights of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office of the Department of Education in Washington, D.C., concerning alleged failures by the HSC to comply with the act.

Mistreatment of Students

The College of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the Student Handbook under the section titled Standards of Conduct in the Teacher-Learner Relationship, belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a faculty or staff member being sanctioned or the loss of faculty and/or staff appointment. These policies address student mistreatment involving College of Medicine employees, residents, affiliate staff, or patients. Mistreatment may be reported through the College of Medicine telephone hotline, 1(855)-397-9835 or through an online form at <http://medicine.tamhsc.edu/current/student-mistreatment-form.html>. For a full list of reporting avenues, please refer to the Student Handbook under the Mistreatment Policy.

Exposure and Occupational Hazard

The Needle Stick Policy and Bloodborne Pathogen Exposure information for Medical Students may be accessed in the Student Handbook at: <http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf>

Note: More information is available on the aforementioned topics to all students on the College of Medicine website.

Appendix - A

READING LIST – IM Essentials

Week 1: General Internal Medicine: PP 118 – 193 (75 pages questions: 1-98)

Week 2: CARDIOVASCULAR MEDICINE PP 2 – 42 (40 pages questions: 1-59) Pulm/CC PP 384 – 414 (30 pages questions: 1-31)

Week 3: RHEUMATOLOGY PP 415 – 456 (41 pages questions 1-38) HEMATOLOGY PP 198 – 231 (33 pages questions 1-36)

Week 4: INFECTIOUS DISEASE PP 234 – 274 (40 pages questions 1-52) G.I. PP 72 – 116 (44 pages questions 1-52)

Week 5: ENDOCRINOLOGY PP 44 – 70 (26 pages questions 1-31) NEPHROLOGY PP 276 – 309 (33 pages questions 1-36)

Week 6: ONCOLOGY PP 350 – 381 (31 pages questions 1-33)

Week 7/Week 8: NEUROLOGY PP 212 – 346 (134 pages questions 1-36)

Appendix – B

Primer to the Internal Medicine Clerkship

TOP 10 WAYS TO EXCEL ON THE INTERNAL MEDICINE CLERKSHIP

1. Find out what your residents and preceptors expect of you. Meet and try to exceed their expectations. Follow through on every assigned task.
2. Be actively involved in the care of your patients to the greatest extent possible. Go the extra mile for your patients. You will benefit as much as they will.
3. Go the extra mile for your team. Additional learning will follow. The more you put in, the more you will gain.
4. Read consistently and deeply about the problems your patients face. Raise what you learn in your discussions with your team and in your notes.
Educate your team members about what you learn whenever possible.
5. Learn to do excellent presentations as early as possible. This will make you more effective in patient care and gain the confidence of your supervisors to allow you more involvement in patient care.
6. Ask good questions.
7. Speak up—share your thoughts in teaching sessions, share your opinions about your patients' care, constructively discuss how to improve the education you are receiving and the systems around you.
8. Actively seek feedback and reflect on your experiences.
9. Keep your goals focused on the right priorities, in the following order: patient care, learning, and personal satisfaction. You should always strive to meet all three goals.
10. Always be enthusiastic. Be caring and conscientious and strive to deliver outstanding quality to your patients as you learn as much as you can from every experience.

Source: <http://connect.im.org/p/cm/ld/fid=664>