



TEXAS COLLEGE OF OSTEOPATHIC MEDICINE

Our Mission

Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic medicine to provide comprehensive health care.

2018-2019
INTERNAL MEDICINE CLERKSHIP SYLLABUS
MEDE 8810

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PURPOSE OF THE GENERAL CLERKSHIP

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

INTERNAL MEDICINE CLERKSHIP DESCRIPTION

The faculty and staff from the Department of Internal Medicine are pleased to have you join us for your core rotation in Internal Medicine. Our goal is to provide clinical encounters and learning experiences that offer you the opportunity to acquire an appropriate database and skills training in the specialty of Internal Medicine. We know that you will be challenged and stimulated during your eight-week rotation. The faculty is committed to guiding you in the development of a clearer understanding of the pathophysiology. No matter what specialty you ultimately enter upon graduation from medical school, the experiences you have and the skills you develop during this clerkship will form a foundation for your life as a physician.

GENERAL CLERKSHIP COMPETENCIES

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

1. Osteopathic Principles and Practices(OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (P)
6. Practice-Based Learning and Improvement (PBLI)
7. Systems-Based Practice (SBP)
8. Health Promotion/Disease Prevention(HPDP)

INTERNAL MEDICINE COMPETENCIES

- Osteopathic Principles and Practices
 - Demonstrate an awareness of the basic tenets of osteopathic philosophy and ability in basic manipulative medicine.
 - Understand the interdependence of the musculoskeletal/lymphatic system and other organ systems.
 - Understand that the mind, body and spirit all interact in the promotion of health and wellbeing.
 - Demonstrate the ability to utilize osteopathic manipulative medicine as a part of their patient care regimen.
- Patient Care
 - Caring and respectful behaviors
 - Interviewing
 - Informed decision-making
 - Develop and carry out patient management plans
 - Counsel and educate patients and families
 - Performance of procedures
 - Routine physical exam
 - Medical procedures
 - Preventive health services
 - Work within a team
 - Provide osteopathic knowledge, principles and practices into patient care.
- Medical Knowledge
 - Investigatory and analytic thinking
 - Knowledge and application of basic science
 - Must be able to demonstrate the understanding and application of the principles of osteopathic medicine involving clinical, social and behavior sciences.
- Practice-based Learning and Improvement
 - Analyze own practice for needed improvements
 - Use of evidence from scientific studies

- Application of research and statistical methods
 - Use of information technology
 - Facilitate learning of others
 - Demonstrate ability to integrate evidence based medicine into osteopathic clinical practice.
- Interpersonal and Communication Skills
 - Creation of therapeutic relationship with patients
 - Listening skills
 - Demonstrate interpersonal and communication skills to provide professional relationships related to osteopathic principles and practices.
- Professionalism
 - Respectful, altruistic
 - Ethically sound practice
 - Sensitive to cultural, age, gender, disability issues
 - Demonstrate an understanding that he or she is a reflection of the osteopathic profession.
- Systems-based Practice
 - Understand interaction of their practices within the larger system
 - Knowledge of practice and delivery systems
 - Practice cost effective care
 - Advocate for patients within the health care system

INTERPROFESSIONAL EDUCATION/PRACTICE

Competency Domain 1: Values/Ethics for Interprofessional Service

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork

CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)
FOR ENTERING RESIDENCY

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. It is hoped that clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter in the patient record.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement.

Clerkship Goals and Learning Objectives

A student should be able to:	AOA Comp
<p>1. Describe the characteristic, historic, physical, and biopsychosocial features of the following commonly seen in Internal Medicine.</p> <ul style="list-style-type: none"> • Acute Coronary Syndrome • Urinary Tract Infection • Delirium/Dementia • Meningitis • Esophageal disease • Headache • Sepsis/ Septic shock • Acute Renal Failure • Tuberculosis • Alcoholism • Depression • Osteoporosis • Congestive Heart Failure • Valvular Heart Disease • Hypertension • Hyperlipidemia • Pneumonia • Chronic Liver Disease • GI bleed • Diabetes • HIV/AIDS • Thyroid Disease • Anemia • Stroke • Breast Cancer/ Lung Cancer/ Colon Cancer 	<p>OPP,MK,PC,HPDP</p>

<ul style="list-style-type: none"> • COPD • Asthma 	
2. Formulate a prioritized list of the 8-10 most common differential diagnoses for each of the problems/diseases specified by combining clinical information and outside resources effectively (literature search, readings, etc.).	OPP,MK,PC,HPDP
3. Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses.	OPP, MK,PC,PBLI,SBP,HPDP
4. Define therapies for common disease processes encountered in Internal Medicine.	OPP,MK,PC
5. List common risks vs. benefits to be considered when selecting treatments and management therapies.	OPP,PBLI,SBP
6. Perform a thorough history and physical exam.	OPP,MK,PC,P, PBLI
7. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem.	MK,PC,ICS,P
8. Recognize urgent/emergent situations and alert appropriate health care providers.	OPP,MK,PC
9. Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members.	PC,ICS,P
10. Demonstrate effective communication in the patient's chart by creating a comprehensive and pertinent legal document.	PC,ICS,P
11. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members.	ICS,P,PBLI
12. Exhibit a capable and professional demeanor by concern for patients and in interactions with team members.	PC,ICS,P
13. Complete the required curriculum (lectures, Qbank, etc.)	MK,P,HPDP
14. Observe at least 2 of each of the following Internal Medicine procedures <ul style="list-style-type: none"> • Central Line • Paracentesis • Thoracentesis • Lumbar Puncture • Arterial Line • Intubation • ACLS Protocol • Nasogastric Tube Insertion 	OPP,MK,PC

Choosing Wisely

The following are Choosing Wisely recommendations from three Medicine Societies.
It is recommended that you discuss this with your fellow students, residents, and attending physicians

The Society of General Internal Medicine-

- Don't place, or leave in place, peripherally inserted central catheters for patient or provider convenience
- Don't recommend cancer screening in adults with life expectancy of less than 10 years.
- Don't perform routine pre-operative testing before low-risk surgical procedures
- For asymptomatic adults without a chronic medical condition mental health problem, or other health concern, don't routinely perform annual general health checks that include a comprehensive physical examination and lab testing. Adults should talk with a trusted doctor about how often they should be seen to maintain an effective doctor-patient relationship, attend to preventive care, and facilitate timely recognition of new problems.
- Don't recommend daily home finger glucose testing in patients with Type 2 diabetes mellitus not using insulin.

The American College of Physicians-

- Don't obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology
- In patients with low pretest probability of venous thromboembolism (VTE), obtain a high-sensitive D-dimer measurement as the initial diagnostic test; don't obtain imaging studies as the initial diagnostic test
- In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).
- Don't obtain imaging in studies in patients with non-specific low back pain
- Don't obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease

Society of Hospital Medicine/Adult Hospital Medicine-

- Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability
- Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.
- Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
- Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
- Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness,

obstruction, hospice, preoperatively for <2 days for urologic procedures: use weights instead to monitor diuresis).

REQUIRED DIDACTICS AND ASSIGNMENTS

1.SIMPLE (Simulated Internal Medicine Patient Learning Experience)

SIMPLE is Aquifer virtual patient program for the internal medicine clerkship. SIMPLE's 36 interactive virtual patient cases are designed to encompass the clerkship learning objectives, accessible through the following webpage: www.med-u.org.

Each student is expected to complete 28 out of the 36 cases and self-assessments with a passing grade of 70 prior to the last day of the rotation to receive credit. You only have to take each assessment once and get a passing grade. If you fail the assessment, you must retake it until a passing grade has been achieved. Please note you can take these assessments multiple times.

The student's level of participation will factor into his/her Clerkship evaluation grade, as detailed in section 6 of the Internal Medicine Clerkship syllabus.

*** Failure to complete the requisite 28 cases by posted due date will result in failure and remediation of the Internal Medicine Clerkship. SIMPLE clinical cases are a required component for course completion.

***See page 22 for FAQs and registration information

2.Institute for Healthcare Improvement (IHI.org) Open School

Each student is required to complete the following:

Q3-Testing and Measuring Changes with PDSA cycles

Q4-Interpreting Data: Run Charts, Control Charts, and Other Measurement Tools

Students are required to upload the completion certificate to Canvas

3.Educational Conferences-Attendance Required at Each Facility as Below:

Medical City Fort Worth (All activities take place in Plaza Professional Building, Education Suite 220)

Attendance – 100% required at the following times:

1. Monday, Tuesday and Friday @ 7:15 a.m. – Morning Report
2. Monday – Friday @ Noon – Noon Conference
3. Journal Club 1st Monday Monthly @ Noon
4. Grand Rounds Monthly @ Noon
5. Every other Tuesday rotates from Ambulatory Care /Harrisons
6. Every other Wednesday – Tumor Conference @ Noon
7. Monthly M&M @Noon

Methodist Medical Center-Dallas: all medical students are responsible for timely attendance of all conferences, unless your team is admitting or transferring a sick patient to the ICU. These conferences are considered a part of your education and you must attend in order to pass.

A. Morning report:

1. July 1-June 30—Mondays, Tuesdays, and Wednesdays 1:30-2:00 in Med Ed Conference Room
2. July 1- June 30—Thursdays 1:00-1:30 with Chief Residents in Med Ed Conference Room

- B. Noon conferences:
 1. See schedule for topics, locations and times.
 2. Lunch is usually provided--if you are late, attend the conference and eat afterwards.
 3. Attendance will be taken and reported to your school and in your evaluation.
- C. Grand Rounds:
 1. September through May
 2. Thursdays 12:00-1:00 in Weiss Auditorium

John Peter Smith Hospital: Family Practice conference room, 12:00-1:00pm, lunch typically provided

EVALUATION AND GRADING

Faculty will provide feedback directed to strengths and content knowledge or skills requiring improvement. A brief formal assessment will be done after two weeks (see enclosed example) for any student in jeopardy of failing. Supervising faculty will assess each student, completing the clinical clerkship evaluation form via new innovations at the end of each four-week rotation. The faculty assessment portion of the final pass/fail grade will be based on these clinical clerkship evaluations. It is our goal that all students will receive verbal feedback in an individual meeting with the faculty on service to fully discuss the assessment and receive feedback from the student.

To be successful in this course the student must achieve the minimum passing score required in each component listed below:

Students Honors/Pass/Fail Grade will be calculated as follows:

Component	Evaluation Tool	Minimum Score Required
Faculty Assessment Month 1	Clinical Clerkship Evaluation	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Faculty Assessment Month 2	Clinical Clerkship Evaluation	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.

Standardized Assessment	NBOME COMAT Exam	Minimum Scaled Score of 70
Online Learning Cases	SIMPLE Clinical Cases	Minimum score of 70% on each case
IHI Open School	Quality Modules 3 &	PASS

Students must achieve the minimum required score in each component area to pass the course.

Honors

Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- *Score 91 or above on the COMAT exam for that clerkship. The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.*
- *Achieve an “Exceeds Expectation” on at least one of their clinical evaluation competency areas.*
- *Do not have a “Below Expectation” on any clinical evaluation competency area.*
- *Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.*

The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

Clinical Performance is assessed by each attending with whom the student has contact. A composite score is derived for this element of your grade. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attending’s, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

According to the Uniform Policies and Procedures, “failure of a subject exam results in a grade of incomplete in the rotation, and failure of the second COMAT exam in the same rotation results in the failure of the rotation.” In order to pass the Internal Medicine clinical clerkship, a student must pass the COMAT exam **and** receive an overall score of 70 or higher. Failure of either of these will result in failure of the Internal Medicine clinical clerkship. Students who fail the clinical clerkship will be required to appear before the Student Performance Committee (SPC). If any remediation is required, the highest overall score a student will be able to achieve for the clinical clerkship is a PASS. This is in line with TCOM’s remediation policy.

The NBOME COMAT exam is administered on the last Friday of the two-month rotation, time and location to be announced. Students should arrive approximately 30 minutes early for registration, seating and instructions. If a student is unable to take the examination at the scheduled time, it is the student’s responsibility to make other arrangements, in advance, through the Testing and Evaluation Services at 817-735-2693. As required by UNTHSC and outlined in the student handbook, all students participating in the core internal medicine rotation must complete the NBOME exam. A score of 70 is required to pass the COMAT exam. As indicated above, and according to the Uniform Policies and Procedures, “failure of a subject exam results in a grade of incomplete in the rotation, and failure of the second COMAT exam in the same rotation results in the failure of the rotation.”

A passing score of at least 70 (scaled) on the Internal Medicine COMAT exam is a required component of this course. Testing and Evaluation Services will notify students of exam date, location, and start time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. If the 10-point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

Each student is expected to complete 28 out of the 36 cases and self-assessments with a passing grade of 70 prior to the last day of the rotation to receive credit. It's recommended you complete 14 cases each 4-week period. You only have to take each assessment once and get a passing grade. If you fail the assessment, you must retake it until a passing grade has been achieved. Please note you can take these assessments multiple times.

ROTATION SITES

Team 1 - Ward Service: John Peter Smith Hospital, Fort Worth

This is an inpatient general medicine service in a busy county hospital setting. Students work under the supervision of internal medicine faculty, residents and interns. Team assignments are made by the Department of Internal Medicine at JPSH. Students should report to JPS Physician Services for badges and sign-in per instructions sent via email by JPSH.

1500 S. Main Street
Fort Worth, TX 76104
(817)-927-1200

Team 2 – Ward Service: Medical City Fort Worth

This is an inpatient service in a hospital setting. Students work under the supervision of adjunct clinical faculty, residents and interns. Students should report to the Plaza Professional Building, Education Suite 220 at 9:00am on the first day of rotation.

900 8th Avenue
Fort Worth, TX 76104
(817) 877-5292

Team 3 – Ward Service: Methodist Medical Center-Dallas

This is an inpatient service in a hospital setting. Students work under the supervision of Methodist Medical Center faculty, physicians, residents and interns. Students should report to the Medical Student Coordinator in the Medical Education Office at Methodist Medical Center at 9:00am on the first day of rotation.

1441 N. Beckley Avenue
Dallas, TX 75203
(214) 250-2000

OFF-SITES

Good Shepherd Medical Center

700 E. Marshall Ave.
Longview, TX 75601

Conroe Regional Medical Center

704 Old Montgomery Road
Conroe, TX 77301

Weatherford Regional Medical Center

713 E. Anderson Street
Weatherford, Texas 76086

CHRISTUS Spohn Hospital Memorial

2222 Morgan #114
Corpus Christi, TX 78405

FACULTY AND STAFF

Adjunct JPS Faculty

Ward Service:

Team A – Smita Subramaniam, MD
Team B- Virginia Watson, MD
Team C- Prusanna Kumar, MD
Team D- Scott Ferree, MD
Team E- Creed Wait, MD
Team F-Jason Brewington, MD
Team F- Joseph Martin, MD

April Morales, DO
Ray Munoz, MD
Gail McLaughlan, MD
Ken Nguyen, MD
Arianna Nieto Meraz, MD
Tara Norris, MD
Hayden Novak, MD
Jarod Patchin, DO
Ravina Patel, DO
Brad Pirtle, DO
Salman Raheem, DO
Kenneth C. Raney, MD
Anas Saleh, MD
Michael Sheffield, MD
Miguel Villamil, MD

Methodist Medical Center Physicians

Internal Medicine

Eyoel Abebe, MD
Sohail Ahmed, MD
Mandeas Behzad-Noori, MD
Kathryn Brown, MD
Shelly Chang, MD
Leslie Cler, MD
Jad Daye, MD
Valentine Ebu, MD
Kevin Garnepudi, DO
Anuj Goel, MD
Leigh Hunter, MD
Susan Huynh, DO
Kimberly Johnson, DO
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Mark Lyons, MD
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Adjunct Medical City Fort Worth Faculty

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Priyanka Jalandhara, MD
Riad Kesiry, MD
Machiah Madhrira, MD
Harris Naina, MD
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GENERAL RESPONSIBILITIES

Clinical problems encountered during daily clinical activities with the faculty will direct a significant portion of your educational experience. Students will set learning goals based on knowledge deficits identified during patient interactions, pursuing the literature during free time to fill in the expected gaps in knowledge.

However, patient problems and diseases encountered are unpredictable. In order to ensure that students are directed to disease and clinical scenarios of importance in the discipline of internal medicine, the content outline defines patient problems of relevance to a third or fourth year student. A list of references is provided and it is the student's responsibility to address each of these topics during self-study. The topics will be discussed as requested and preparation will facilitate an informed discussion. These daily interactions with the faculty will not be lecture-based, but learner-centered, the needs of the student directing the interaction.

As with most clinical services, students will be responsible for the initial evaluation of patients on the hospital service by performing a careful interview and physical examination, reviewing pertinent laboratory and radiological studies, and formulating a preliminary diagnosis and plan for further diagnostic study and therapeutic intervention. In the ambulatory clinic, nursing facility visits or home visits (where most patients receive follow-up care), a more abbreviated, focused approach is appropriate, the depth of interview and examination directed by the attending physician prior to patient contact. The case will then be presented in concise fashion to the attending physician, relaying pertinent parameters, diagnostic assessment, differential diagnostic possibilities and pathophysiologic justification for the diagnosis and proposed course of action. Discussion will follow, with clarification and reinforcement of important conceptual knowledge. This should allow the student to identify areas requiring further study to enhance understanding of the problems or diseases under consideration.

It is expected that there will be significant gaps in the knowledge base of third and fourth year medical students with limited clinical experience in the specialty of internal medicine. The purpose of probing questions by the attending faculty is not to embarrass or intimidate the learner but to identify prior knowledge and direct the student to important areas of misunderstanding or new data that should be acquired to enhance the learner's conceptual knowledge of internal medicine.

After patient assessment and discussion, it is the responsibility of the student to carefully document their findings and impressions in the progress notes in a problem-oriented fashion. An initial assessment requires an in-depth progress note. Additionally, students are expected to write daily progress notes prior to rounds, which will usually be in the late morning or early afternoon, to allow sufficient time for clinical clerks and house-staff to perform work rounds and patient evaluation prior to teaching rounds with the attending physician. All written notes will be reviewed and cosigned by the on-service faculty.

Student feedback will be provided frequently, striving to help the student learn as much as possible during the rotation. Any concerns, difficulties or problems should be discussed with the attending or the course director to find solutions that enhance the quality of the student's learning and enjoyment of what the faculty hopes is an enjoyable as well as challenging experience.

GENERAL GUIDELINES

Attendance Policy

The Department of Internal Medicine expects 100% attendance at all required clinics, rounds, meetings and assigned functions. Students are required to strictly adhere to the attendance policies described in *"Uniform Policies and Procedures for Clinical Clerkships"*. Failure to do so may result in disciplinary action.

ATTENDANCE (per the *"Uniform Policies and Procedures for Clinical Clerkships"*)

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. Students may not miss the first day of any clinical rotation. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances the following policies will be observed:

All absences are subject to approval by the clerkship director. Even if the absence is approved, the clerkship director or preceptor may require an additional assignment or for time to be made up from any student who misses time on their service. Make up days should be completed within the regularly scheduled rotation.

COMLEX PE exam absences- Students are allowed 1 day for travel to the exam, the test day, and an additional day for return travel. Absence requests beyond this may be denied by the Clerkship Director, Assistant Dean for Clinical Education, or the Director of Clinical Education. You may not schedule your COMLEX PE exam on a date which causes you to miss the orientation day for a rotation.

All absences shall require submission of a Request for Absence from Clerkship form a minimum of 45 days in advance for planned absences and within three days of student's return from absence in the case of an individual or family emergency. If absence is due to medical issues, a physician's note is required, the dates must match those missed and may not be signed by a member of the student's family. That form is available either on-line or in the Office of Clinical Education. There may be instances where board examinations are scheduled and the 45-day advanced request is not possible. In this circumstance, the course director will have the option to approve this absence.

Unapproved absence or absence in excess of the above policy may require remediation or result in a failing grade at the discretion of the clerkship director/ Office of Clinical Education.

Absence of 5 days or more during any 4-week rotation (or any 10 days of an 8-week rotation) or absence of 7 days or more for 6-week rotations will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.

Failure to notify the clerkship director or rotation supervisor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Students may be granted approval for absence by the Associate Dean for Academic Affairs for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the clerkship director. Please review the individual syllabi for additional attendance requirements.

If you are ill, or otherwise cannot be in the clinic, you must notify your clinic director at the earliest possible time. Do not call the department answering service and leave a message.

Health Services

Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **DFW & Weatherford area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic
855 Montgomery St
3rd Floor North
Fort Worth, TX 76107
817-735-5051
studenthealth@unthsc.edu

Students in the **Conroe area** may access health services at Lone Star Family Health Center's Spring Location.

Lone Star Family Health Center- Spring
440 Rayford Rd.
Spring, TX 77386
936-539-4004

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

CHRISTUS Trinity Clinical Internal Medicine
703 E. Marshall Ave
Suite 1001
Medical Plaza II
Longview, TX 75601
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

Promptu Immediate Care
5638 Saratoga Blvd
Corpus Christi, TX 78414
361-444-5280

Promptu Immediate Care
4938 S Staples
Ste E-8
Corpus Christi, TX 78411
361-452-9620

Exposure to Blood Borne Pathogens

Universal Precautions: The term "universal precautions" refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered to be at risk of occupational exposure to blood borne diseases can be found at <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>

Blood borne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). Exposure Incident means "a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials." Contact can occur via a splash, needle stick, puncture/cut wound from sharp instrument, or human bite. Other potentially infectious body fluids other than blood

include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, amniotic fluid; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to blood borne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- It is critical that you are treated within the first two hours after injury.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact Harris Occupational Health Clinic (HOH) or appropriate remote site location listed below.
- If HOH or remote listed site is not available, or you are more than 30 minutes from campus, go to the nearest ER and use your student health insurance.
- You are required to notify Student Health of any care received at another facility.

Dallas Fort Worth & Weatherford Area students with exposures to blood borne pathogens which occur M-F, 8-5 should report to:

Harris Occupational Health
1651 W. Rosedale, Ste. 105
Fort Worth, TX 76104
T: 817-250-4840 F: 817-878-5250

For exposures occurring afterhours, students should report to the nearest emergency room and use your student health insurance.

Conroe remote site students with exposures to blood borne pathogens which occur M-F, 8-5, should report to the Nurse Manager at :

Lone Star Family Health Center
605 S. Conroe Medical Dr.
Conroe, TX 77304
936-539-4004.

For exposures occurring afterhours, students should report to :

Emergency Department
Conroe Regional Medical Center
504 Medical Center Dr.
Conroe, TX 77304
936-539-1111

Longview remote site students with exposures to blood borne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health
1621 N 4th St, Suite 1
Longview, TX 75601
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department
CHRISTUS Good Shepherd Medical Center
700 E Marshall Ave.
Longview, TX 75601
903-315-2000

Corpus remote site students with exposures to blood borne pathogens should report to:

Christus Spohn
OCC Health Nurse at Christus Spohn
also immediately report to your attending and Dr Hinojosa

Bay Area
report to charge nurse and medical education office
proceed directly to emergency room for treatment

Patient Care Supervision

Cross Listed as [TCOM Procedure 5.4 Patient Care Supervision](#)

TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

1. TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.
2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most

- instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainees level of proficiency.
3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.
 4. Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.
 5. Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

Medical Student Use of Chaperones

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “medical student”. All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient.

Professionalism and Ethics

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

Problem Patients

If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

Availability

You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

Equipment

Carry your stethoscope with you during clinic hours.

Courtesy Visits

Under no circumstances are you to see a patient unless they have signed in with the receptionist of your hospital/clinic. Do not see your classmates or fellow students informally. Patients will be assigned by supervising faculty.

Applicable Policies

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class' Clerkship Manual, Student Handbook and College Catalog.

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

Academic Integrity/Honor Code

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/>

Academic Assistance

Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). <http://www.hsc.unt.edu/CAP>

Attendance and Drop Procedure

Course instructors and the School's administration expect students to attend class. It is the responsibility of the student to consult with the instructor *prior* to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases, a perceived problem may be resolved, allowing the student to continue in the course. It is the student's responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at <http://www.hsc.unt.edu/departments/studentaffairs/>.

Americans with Disabilities Act

The University of North Texas Health Science Center does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.

Course and Instructor Evaluation

It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment in some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

Syllabus Revision

The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable

NOTE: UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at <http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin>.

Zero Tolerance for Sexual Violence and Harassment

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center's website: http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting

Social Media Policy Statement

Social media has created unique opportunities for interaction, communication, and networking. Students are expected to abide by the Student Code of Conduct & Discipline and the Health Insurance Portability and Accountability Act (HIPAA) when using social media by not revealing patient/client/research subject information, private content, or proprietary information regarding patients/clients/research subjects of the institution.

The purpose of this policy is to provide students with guidelines and regulations for appropriate social media use in order to uphold confidentiality and privacy laws and agreements.

<https://app.unthsc.edu/policies/Home/GetFile?policyNumber=07.115>

We reserve the right to make clinical assignments based on needs and availability.

APPENDICES

SOAP Note Format

The following is an example of an acceptable format for hospital and clinic documentation:

Problems:

1. Endocarditis
 2. *Staph aureus* bacteremia
 3. CHF secondary to #1 – improving
 4. Hypokalemia
 5. Normocytic anemia
 6. Pre-renal azotemia secondary to #3
 7. Hyperglycemia – DM vs. stress response
- S. Decreased chest pain today. Short of breath with ambulation. Intermittent chills and fevers. Appetite improved.
- O. VS: 112/82, T-max last 24h 101.2, RR-20, P-105; I/O-2500/1800; Pulse Ox 95% 2 LNC.
Ampicillin/Gentamicin-day #6; Right subclavian central line-day #3
HEENT-No JVD, central line site clean without erythema.
Heart-tachy with III/VI crescendo/decrecendo systolic murmur with II/VI diastolic murmur and mechanical click both heard best at aortic post
Lungs-basilar crackles
Abd-soft, nontender with good bowel sounds
Ext-2 mm of pretibial edema to mid-calf. Good pedal pulses
Neuro-alert and oriented, CN II-XII intact, no focal deficits

Labs	142	98	14	156	10.2	10.5	220
	3.1	24	1.2			30.2	

Blood Culture : Positive-*Staph aureus*

CXR-resolving pulmonary edema

- A. Patient clinically improved with resolution of fever and rigors. All data consistent with prosthetic valve endocarditis. No evidence of perivalvular leak or CHF at present.
- P.
1. Continue IV antibiotics
 2. Switch to p.o. furosemide
 3. Increase potassium to bid
 4. Check H/H in A.M.
 5. Check lytes in A.M.
 6. Accucheck ac and hs. Sliding scale insulin
 7. Transfer to general medical floor

Staff physician's name/your printed name and signature

This is a sample that reflects the type of patient and multitude of problems often encountered in the hospital setting. Accurate and consistent notes are essential to the care of the complicated patient. This note reflects the level of decision-making that should be incorporated into your assessment and plan. It is understood that your diagnostic and treatment plans may not always agree with staff notes. This is an acceptable part of the learning curve and every effort will be made to provide feedback to help improve

chart documentation and diagnostic acumen. The “SOAP” note format offers a simple yet consistent method of record keeping.

First Day of the Rotation (Fort Worth Based Students)

Each student will participate on two different teams during two four-week blocks. All students are to report to their assigned site for orientation at 9:00 am on the first day of rotation. Students will return to UNTHSC for Orientation at 1:00 pm. This will be a brief meeting to outline expectations and answer questions. Once orientation has concluded you will begin the Wellness Rounds from 1:30 pm-3:30 pm.

Last Thursday of the Rotation (Fort Worth Based Students)

Each student will participate in an exit interview session with the clerkship director on the last Thursday of the rotation. Students will be split up into two teams and attend one of the afternoon sessions (1:30 pm-2:00 pm & 2:00 pm-2:30 pm). You will receive an email regarding team and location.

How to register for Aquifer virtual patient cases:

NOTE: You must use your UNTHSC email address



formerly **MedU**

You are required to self-register for access to Aquifer. After registering, you will receive an email from "i-intime@instruct.eu" with a subject line of "ilnTIME New Account". Select the embedded link in this email to complete the registration process.

Tips:

- Aquifer offers a single sign-on interface allowing users to use one login and password for all cases to which your institution subscribes.
- If you are currently registered for Aquifer cases, please do not attempt to register a second time.
- In most cases, your login is your institutional email address and a self-selected password.
- If you registered prior to December 2008, you do not need to re-register. Simply use your existing login. (An existing login may be your last name followed by a hyphen and the first two letters of your first name, ex: smith-jo).
- During your registration, if you do not receive the "ilnTIME New Account" email, please check your spam filter.

To Register:

- Click the "Sign In" link at the top right of any Aquifer page.
- Click the "register" button."
- The ilnTIME Virtual Patient cases - Registration page opens. Provide your personal information in the prompts. **Important: Students MUST use your institutional email address. If you are registering as an instructor, you may use any email address.**
- Review and accept the Site User Terms and Conditions.
- Type the security password appearing in the lower window. Click Send.
- You will receive an email from "i-intime@instruct.eu" with a link to confirm your registration. By clicking this link, you will finalize the registration process.

Note: If you are not able to register using your institutional email address, please contact medusupport@med-u.org.

[How do I change my password?](#)

To change your password:

1. On any Aquifer page, sign in with your current Login and Password.
2. Click your case selection.
3. Once redirected to the cases, select the Profile tab at the top right of the page.
4. On the Profile page, enter your desired password (you cannot change the login name). Enter it a second time.
5. Click "Save."

[What do I do if I've forgotten my password?](#)

If you forget your password, Aquifer will issue you a temporary password that will let you log in.

1. On the Aquifer Home Page, click "Sign in" in the top right corner. This will take you to the Aquifer Login page.
2. Click the "Forgot password?" link just below the "login" button and enter your login e-mail address then click "Send". You will receive an immediate e-mail sent to the email address you registered with providing you a temporary password. Use this password to log in.

[What to do if you can't log in](#)

Read the error message that is displayed after the login failure. If your login and/or password is incorrect, please make sure that you are a registered user and that you have typed both correctly. If you need further assistance, complete the [Ask Aquifer Support form](#).

[What to do if you're registered but can't log in](#)

Students are required to self-register for access to Aquifer. If registration is accepted, you will receive an email from "i-intime@instruct.eu" with a subject line of "iInTIME New Account." This email will include an embedded link. Select the link to complete the registration process.

[System requirements for using Aquifer Cases](#)

- Desktop: Internet Explorer 11 or higher, Safari 7.0 or higher, Firefox 39.0 or higher, Chrome 47 or higher
- Mobile: iOS 5.0 or higher, most Android versions
- Monitor resolution set to at least 1024 X 768 (recommended)