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.
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Purpose of the Clinical 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.

The faculty and staff from the Department of Internal Medicine at the University of North Texas Health Science Center at Fort Worth 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 of commonly encountered problems in general Internal Medicine and its subspecialties.
Clerkship Goals

The **GOALS** of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the **goals** 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:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention
LEARNING OBJECTIVES

At the end of the eight-week rotation, the student will be able to:

1. Describe the characteristic, historic, physical, and biopsychosocial features of the following commonly seen in Internal Medicine.
   - 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
   - COPD
   - Asthma
   - Chronic Liver Disease
   - GI bleed
   - Diabetes
   - HIV/AIDS
   - Thyroid Disease
   - Anemia
   - Stroke
   - Breast Cancer/Lung Cancer/Colon Cancer

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.).

3. Formulate a cost effective diagnostic approach consistent with the prioritized differential diagnoses.

4. Define therapies for common disease processes encountered in Internal Medicine.

5. List common risks vs. benefits to be considered when selecting treatments and management therapies.

6. Perform a thorough history and physical exam.

7. Present cases concisely, emphasizing the pertinent elements of the historical and physical findings, labs, treatments, and the biopsychosocial explanations for each problem.

8. Recognize urgent/emergent situations and alert appropriate health care providers.

9. Demonstrate professionalism, compassion, and empathy when communicating with patients and healthcare team members.

10. Demonstrate effective communication in the patient’s chart by creating a comprehensive and pertinent legal document.

11. Demonstrate a desire to learn by asking questions of faculty, fellow students, and team members.

12. Exhibit a capable and professional demeanor by concern for patients and in interactions with team members.

13. Complete the required curriculum (lectures, Qbank, etc.)

14. Observe at least 2 of each of the following Internal Medicine procedures.
   - Central Line
   - Paracentesis
   - Thoracentesis
   - Lumbar Puncture
   - Arterial Line
   - Intubation
   - ACLS Protocol
   - Nasogastric Tube Insertion
Clerkship Required Didactics and Study Assignments

Canvas Clinical Cases
Log in at http://canvas.unthsc.edu - Use your EUID and Password

Internal Medicine clinical cases will comprise 25% of overall grade and will be available via Canvas. You will be expected to complete all 25 cases prior to the last day of the rotation to receive credit. You will be allowed to take each case once. If you receive a failing grade on a case, you will be allowed to retake the case one more time for a maximum grade of 70.

Sign on to Canvas on the first day of your rotation and notify AZ Bashet in the Center for Learning and Development immediately if you experience difficulties logging on to Canvas. He can be reached via email at: abuzafar.bashet@unthsc.edu or at ext. 2943.

Educational Conferences-Attendance Required

**Plaza Medical Center** (All activities take place in Plaza Professional Building, Education Suite 220)

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>Time</th>
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<tbody>
<tr>
<td>Morning Report</td>
<td>Monday, Wednesday-Friday</td>
<td>7:30am - 8:30am</td>
</tr>
<tr>
<td>Board Review</td>
<td>Weekly</td>
<td>7:30am - 8:30am</td>
</tr>
<tr>
<td>Cancer Conference</td>
<td>every other Wednesday</td>
<td>12:00pm - 1:00pm</td>
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<tr>
<td>Book Club</td>
<td>Weekly</td>
<td>12:00pm – 1:00pm</td>
</tr>
<tr>
<td>Resident/Attending Lectures</td>
<td>Monday-Friday</td>
<td>12:00pm – 1:00pm</td>
</tr>
<tr>
<td>Ambulatory lecture</td>
<td>every other Tuesday</td>
<td>12:00pm – 1:00pm</td>
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<tr>
<td>OMM</td>
<td>2nd Tuesday Monthly</td>
<td>12:00pm – 1:00pm</td>
</tr>
<tr>
<td>Quarterly Journal Club</td>
<td>TBA</td>
<td>6:30 pm</td>
</tr>
<tr>
<td>Quarterly Morbidity/Mortality</td>
<td>TBA</td>
<td>12:00pm – 1:00 pm</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>2nd Thursday Monthly</td>
<td>12:00pm - 1:00pm</td>
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</table>
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 1200-1230 in Med Ed Conference Room
   2. July 1- August 31—Thursdays 1200-1230 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 at the end of each four-week rotation. The faculty assessment portion of the overall score 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.

Fort Worth Based Students Grades will be calculated as follows:

<table>
<thead>
<tr>
<th>Faculty Assessment</th>
<th>25%</th>
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<tbody>
<tr>
<td>Hospital Month</td>
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<tr>
<td>Specialty Month</td>
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<tr>
<td>NBOME COMAT Exam</td>
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<tr>
<td>Clinical case completion</td>
<td></td>
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<tr>
<td>Overall Score</td>
<td>100%</td>
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</table>

Offsite Students Grades will be calculated as follows:

<table>
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<tr>
<th>Faculty Assessment</th>
<th>25%</th>
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<tbody>
<tr>
<td>Month 1</td>
<td></td>
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<tr>
<td>Month 2</td>
<td></td>
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<tr>
<td>NBOME COMAT Exam</td>
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<tr>
<td>Clinical case completion</td>
<td></td>
</tr>
<tr>
<td>Overall Score</td>
<td>100%</td>
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</table>

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 attendings, 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, points may be deducted from the final grade or 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 shelf 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 70. 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 shelf exam in the same rotation results in the failure of the rotation.”
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: Plaza Medical Center
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 Ave, 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 Ave
Dallas, TX 75203
(817) 250-2000
## Faculty and Staff

### UNTHSC-Internal Medicine Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Darrin D’Agostino, DO</td>
<td>Chair, Department of Internal Medicine</td>
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<tr>
<td>Charles O'Toole, DO</td>
<td>General Internal Medicine</td>
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<tr>
<td>Sherif Al-Farra, MD</td>
<td>Pulmonary/Critical Care</td>
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<tr>
<td>Barbara A. Atkinson, DO</td>
<td>Infectious Disease</td>
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<tr>
<td>Lyndsie Wilson, PA-C</td>
<td>Gastroenterology</td>
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<tr>
<td>Sharon Natasha Cha, PA-C</td>
<td>Pulmonology</td>
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<tr>
<td>Hedieh Davanloo, MD</td>
<td>Geriatrics</td>
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<tr>
<td>Barbara Harty, RN, MSN, GNP</td>
<td>Geriatrics</td>
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<tr>
<td>Long Hoang, DO</td>
<td>Gastroenterology</td>
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<tr>
<td>Abdul Keylani, MD</td>
<td>Cardiology</td>
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<tr>
<td>Salvatore, Rosanio, MD, PhD</td>
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<tr>
<td>Kathleen L. Holzaepfel, MSSW, LMSW</td>
<td>Cardiology</td>
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<tr>
<td>Jeremy James, DO</td>
<td>General Internal Medicine</td>
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<tr>
<td>Geoffrey Kline, MD</td>
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<tr>
<td>Janice A. Knebl, DO, MBA</td>
<td>Geriatrics</td>
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<tr>
<td>Alvin J. Mathé, DO</td>
<td>Geriatrics</td>
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<tr>
<td>Amy E. Moss, DO</td>
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<tr>
<td>Gail Berky, LCSW</td>
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<tr>
<td>Sarah Ross, DO, MS</td>
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<tr>
<td>Radhika Vayani, DO</td>
<td>General Internal Medicine</td>
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<tr>
<td>Janet Lieto, DO, CMD</td>
<td>Geriatrics</td>
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<tr>
<td>Sherry Reese, RN, MSN, FNP</td>
<td>Geriatrics</td>
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<tr>
<td>Nancy A. Tierney, PhD, RN, CS, ACNP</td>
<td>Cardiology</td>
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<tr>
<td>Monte E. Troutman, DO</td>
<td>Gastroenterology</td>
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<tr>
<td>Michael Vaughan, MD</td>
<td>Cardiology</td>
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<tr>
<td>Stephen Weis, DO</td>
<td>Dermatology</td>
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<tr>
<td>Kim Bannout, MD</td>
<td>Cardiology</td>
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<tr>
<td>Paul Bhella, MD</td>
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<tr>
<td>Robert Capper, MD</td>
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<tr>
<td>Darren Kumar, MD</td>
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<tr>
<td>Vassilis Dimas, MD</td>
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<tr>
<td>Sandeep Kamath, MD</td>
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<tr>
<td>Cardiology</td>
<td>Endocrinology</td>
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<tr>
<td>Azhar Afaq, MD</td>
<td>Medical Oncology</td>
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<tr>
<td>Franklin Gluck, MD</td>
<td>Medical Oncology</td>
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<tr>
<td>Mark Oltermann, MD</td>
<td>ICU</td>
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<tr>
<td>Manuel Lois, MD</td>
<td>ICU</td>
</tr>
<tr>
<td>Premal Patel, MD</td>
<td>ICU</td>
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<tr>
<td>Francis Wiser, MD</td>
<td>ICU</td>
</tr>
</tbody>
</table>

### Adjunct JPS Faculty

#### Ward Service:
- Team A – Dr. Smita Subramaniam, MD
- Team B – Dr. Andrey Manov, MD & Dr. Scott Loss, MD
- Team C- Dr. Prusanna Kumar, MD
- Team D- Dr. Travis Brown, MD
- Team E- Dr. Hetal Rana, MD

#### Cardiology:
- Rim Bannout, MD
- Paul Bheela, MD
- Robert Capper, MD
- Darren Kumar, MD
- Vassilis Dimas, MD
- Sandeep Kamath, MD

#### Dermatology:
- Mathew Mittelbronn, MD

#### Endocrinology:
- Azhar Afaq, MD
- Franklin Gluck, MD

#### ICU:
- Mark Oltermann, MD
- Manuel Lois, MD
- Premal Patel, MD
- Francis Wiser, MD
Faculty and Staff cont.

Jocelyn Zee, DO
Infectious Disease:
Vitally Golub, MD
Geeta Manthena, MD

Gastroenterology:
Rohan Clarke, MD
Sangameshwar Reddy, MD
Shilpa Madadi, MD

Pulmonary:
Jorge Pinilla, MD
Salam Jarrah, DO

Renal:
Geethanjali Ramamurthy, MD

Oncology:
Elie Choufani, MD
Isa Muhammed, MD
Anuradha Lingham, MD
Latha Neerukonda, MD

Rheumatology:
Asha Thomas, MD

Neurology:
Shivaram Gowdagere, MD
Saud Khan, MD
Ambika Nair, MD

Methodist Medical Center Physicians

Internal Medicine
Ahmed Alobaidi, MD
Kathryn Brown, MD
Shelly Chang, MD
Les Cler, MD
Aisha Collins, MD
Valentine Ebuh, MD
Anuj Goel, MD
Steve Hines, MD
Leigh Hunter, MD
Susan Huynh, DO
Kevin Garnepudi, DO
Amy Kalina, DO
Tarif Khair, MD
Mark Lyons, MD
Istri Modak, MD
Ray Munoz, MD
Gail McLauchlan, MD
Tara Norris, MD
Brad Pirtle, DO

Adjunct Plaza Faculty
Pavani Bellary, DO
Errol Bryce, MD
Phillip Cohen, DO
Frood Eelani, DO
Stephanie Hiraki, DO
Aasia Janjua, MD
Robert Keller, MD
Sireesha Kolachalam, MD
Quang Le, DO
Dzung Le, DO
Niraj Mehta, DO
M.I. Mughal, MD
Durga Nelapolu, MD
Saji Pillai, MD
Gregory Phillips, MD
Fidelis Unini, MD
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Fax: 817-735-2333
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JPSH
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Email: rmendiola@jpshealthnetwork.org

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Medical Education Office
Plaza Medical Center
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Fort Worth, TX 76104
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Fax: 469-713-8771
Email: Eva.Spudich@hcahealthcare.com

Patrice Williams
Student Clerkship Coordinator
Graduate Medical Education
Methodist Dallas Medical Center
1441 N. Beckley Ave
Dallas, TX 75203
Phone: 214-947-2362
Fax: 214-947-2361
Email: PatriceWilliams@mhd.com
Other site-specific Information

First Day of the Rotation (Fort Worth Based Students)
Students completing the Core Internal Medicine clerkship at UNTHSC will attend orientation on the first day of the rotation at 9:00 a.m. at your assigned sites. If you are assigned to the specialty team, you will attend orientation at Plaza Medical Center at 9:00 a.m. Specialty Team will return to UNTHSC for EMR training at 10:00am-12:00pm in LIB-124. Both specialty and hospital teams will return to UNTHSC for Orientation at 1:30pm in EAD-524. Once orientation has concluded you will begin the Wellness Rounds from 1:30pm-3:00 pm (Roman Ramirez will send an email with the details about the orientation session.)

Clerkship Sites
Your schedule will include many experiences at UNTHSC as well as off-site. Please review your individual schedule to be sure you are punctual at the appropriate clinical sites. You are responsible for knowing your schedule. If there are any changes or questions please contact Roman Ramirez at 817-735-5461 and the attending physician you are scheduled to work with at that time.

Attendance
Although 100% attendance is required, situations may arise which require an absence from rotation. Students who are more than 20 minutes late to any clinical site or lecture will be marked as missing a ½ day. In case of absence, it is the student’s responsibility to complete the Request for Absence from Clerkship form, obtain the appropriate signatures and return it to either Roman Ramirez or to Clinical Education. The form can be found in the clinical education website or Canvas.

Same day absence requests will not be granted, unless they are of an emergent nature. In case of emergency (accidents, death in the family, illness, etc.), it is the student’s responsibility to leave a message with Roman Ramirez and to inform their attending of the absence/tardiness as soon as possible.

If you are sick, you must submit your signed form within 24 hours of your return to regular duty. As stated in the Clinical Education policy, unapproved absence, or absence in excess of 4 days per month, may require remediation or result in a lower grade or failure at the discretion of the clerkship director. **Failure to notify the clerkship director or rotation supervisor of any absence may be considered neglect of duty and may result in a failing grade for the clerkship.**

All absences are subject to approval by the clerkship director. **Four (4) excused absences are allowed for this rotation per period.** Students missing more than the 4 excused absences will be required to make up those days. If these are not completed this will result in a failure of the Core IM Clerkship, per Uniform Policies and Procedures.

Clinic Etiquette and Appearance
Regarding dress, refer to the Uniform Policies and Procedures Guide available online via the UNTHSC Courses website. Wear your white coat and make sure your student ID is properly displayed at all times. Scrubs are acceptable if on call only. Post Call attire should conform to the Uniform Policies and Procedures guidelines. Smart phone use should be limited to medical references related to patient care only. Cell phones calls and texting should be limited to urgent and emergent use only. Please insure ring tones are turned off or set to vibrate.

Equipment
Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.
Professionalism & Decorum

Students should read the NBOME Fundamental Osteopathic Medical Competencies available on Canvas prior to the start of the rotation. **Unprofessional behavior will result in immediate failure of the course.**

Students are expected to exhibit the highest levels of professionalism at all times. Students should understand and respect the patient-physician relationship. Permission to interview or examine the patient should be requested at the beginning of an encounter. Many patients have difficulty with fatigue, positioning, pain and/or a dementing illness, therefore an attitude of care, gentleness, and respect for privacy is essential during all patient encounters.

During bedside teaching, students should be mindful of the attending and patient space and not interrupt the exam or interview unless invited to do so.

Students should also develop good working relationships with non-physician professional staff, ancillary staff, and nursing staff, always addressing them in a professional and courteous manner. Respect their time and contributions to patient care and assist if the opportunity presents itself.

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](http://web.unthsc.edu/info/200304/student_affairs/355/title_IX_reporting)

Work Rounds

Patients should be interviewed, examined and assessed each morning prior to work rounds. SOAP notes should be nearing completion with formulations of diagnostic assessment, management plans and recommendations for changes in treatment, etc. SOAP notes are to be written daily for your assigned patients and completed before attending rounds (see sample note). Specific times for work rounds may vary according to resident, intern, and attending schedules. Some services may not have house-staff, so work rounds may be incorporated into attending rounds.

Attending Rounds

Teaching rounds occur during the later morning hours or early afternoon at the discretion of the attending physician. Activities may include bedside teaching, patient rounds, small group teaching, discussion with sub-specialists, review of x-rays, student presentation, etc. This time is directed to student and house-staff education. Staff physicians will complete teaching rounds by 6:00 P.M. to allow sufficient time for assigned reading and personal learning. Students are expected to remain on rounds until the attending physician has dismissed the team.

History and Physical Examinations

Patients will be assigned by the attending, resident or intern and should be completed and ready for review within the first 24 hours of hospitalization.

Completion of the history and physical examination is intended to help students become comfortable with patient interactions, patient-centered interviewing, and developing the skill of identifying normal and abnormal physical findings. This includes genital and rectal examinations of male patients and breast/bimanual examinations of female patients; speculum exams will be done if clinically indicated. When examining genitalia of the opposite sex, a nurse chaperone should always be present. If a patient declines examination, their decision should be respected, the attending physician advised of this situation and the patient’s preference noted in the chart.
Call Schedules and Work Hours

A total of 4 days may be taken off per period. These days should not be on call or post call days unless prior arrangement has been made with the attending on that service. During holiday months, holidays may be taken off, but they are counted against your 4 days off. The weekend between months one and two is a working weekend as it is not needed for travel. You may be asked to work that weekend.

TCOM Policy 5.2.4 Work Hours: The average workday shall be no longer than 10 hours. The average workweek shall be no longer than 72 hours including in-house call. Students may not work more than one weekend per 4-week period or two weekends per 6-week period. Time accrued during weekend work hours will be included in the 72 hour maximum for the week. Students shall be given adequate time to complete assignments during the workweek and ample time for self-study during the workday.

TCOM Policy 5.2.3 Work Schedule: All rotations with scheduled subject COMAT exams end at 5:00 p.m. on the day prior to the exam.

**John Peter Smith Hospital:**
Students will take call on their assigned Medical Teams every 6th night. Call begins at 3:00 PM and concludes at 7:00 AM the following morning or at 16 admissions.

**Plaza Medical Center:**
Plaza Medical Center requires students to be in house for two overnight calls and one 24 hour period on a weekend. Students are not to leave call early at the insistence of the supervising resident. Taking shorter or fewer calls may lead to lack of competitiveness during residency interview process. Residents at Plaza Medical Center are instructed not to send students home early for non-urgent reasons. Call begins at 6:00pm on weekdays and 7:00am on Saturdays and Sundays. The student must establish contact with the intern on call and participate in all admissions and floor calls. Students are not allowed to leave the hospital during call. No night call is permitted 24 hours before departmental and shelf exams.

**Methodist Medical Center – Dallas:**
Call Schedule: During a 28 day rotation, the student should take no less than 4 day calls (6am-6pm) and 2 night calls (6pm-6am) with his/her service. After night call, the student is to stay for post call handoffs and leave when the PGY-1 resident does at 0800. A maximum of 3 new admissions per call period will be designated. A student will care for no more than 5 patients at a time. The student call room for night call will be the “Day Medicine Resident” call room. During the rotation, a student may have 4 days off duty. These days should not be on-call or post-call days unless prior arrangement has been made with the attending on that service. No night call is permitted before departmental and shelf exams.

Covering for Colleagues and Signing Over Care
Inevitably, you will see patients for your colleagues. Consequently, it is essential to monitor the progress of all patients on your service and provide comprehensive off-service sign out data to your fellow students. This includes a verbal summary and a detailed SOAP note with a complete listing of diagnoses, a list of current medications, a brief summary of hospital stay, and the current status of the patient. These summaries or off-service notes should be completed every Friday and on the last day of the rotation (see sample off-service note).
General Teaching Strategies

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.
Disclaimer

This 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 the *Uniform Policies and Procedures* section of this manual, the student handbook and the college catalogue.

The provisions contained herein do not constitute a contract between the student and the college. These provisions may be changed at any time for any reason at the discretion of the faculty member. When necessary, in the view of the college, appropriate notices of such changes will be given to the student.
Appendix

Specialty Learning Objectives
Numbers in Parenthesis correspond to the following core competencies:
(1) OMM/OPP
(2) Patient care
(3) Medical knowledge
(4) Practice-based learning
(5) Interpersonal and communication skills
(6) Professionalism
(7) Systems-based practice

Cardiology
1. Obtain focused patient history. (2)
2. Perform focused physical exam. (2)
3. Formulate problem list and appropriate differential diagnosis (3)
4. Formulate appropriate plan of care. (2)
5. Interpret ECGs. (3)
6. Discuss indications and contraindications for differential types of stress tests. (3)

Gastroenterology
1. Formulate differential diagnosis after H&P (3)
2. Cost effective medicine (3)
3. Resource Management (4,6)
4. Use EMR (5)
5. Maintain Professionalism (6)
6. OMM in GI (7)

Pulmonary
1. Obtain and present thorough history (2)
2. Perform and present detailed exam (2,3)
3. Provide provisional and differential Diagnosis (3)
4. Formulate a clear assessment and plan (2,3)

Infectious Disease
1. Obtain and present thorough history (2)
2. Perform and present detailed exam (2,3)
3. Provide provisional and differential Diagnosis (3)
4. Formulate a clear assessment and plan (2,3)

Dermatology
1. Obtain patient history (2)
2. Perform focused physical exam (2,3)
3. Formulate problem list and appropriate differential diagnosis (3)
4. Formulate appropriate plan of care within the patient’s resources (2,3)
5. Cost effective evaluation (2)
**General Teaching Strategies**

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 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. 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.

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. This activity will be rotation-specific, and instructions will be given by the attending 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.
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


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/decrescendo 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

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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.