Specialty Medicine Rotation

Administrative Guidelines

Rotation- Specific Syllabi
Welcome Students
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 specialty 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 chosen specialty. We know that you will be challenged and stimulated during your four-week rotation. The faculty is committed to guiding you in the development of a clearer understanding of the pathophysiology of commonly encountered problems in the subspecialties.

UNT-HSC - Specialty Medicine Director
Darrin D’Agostino, DO darrin.d’agostino@unthsc.edu

References
To be assigned by faculty during each specialty rotation.

UNT-HSC - Internal Medicine Faculty
Sherif Al-Farra, MD Pulmonary/Critical Care | Long Hoang, DO Gastroenterology
Jason Astrin, PA-C Cardiology | William E. McIntosh, DO Neurology
Barbara A. Atkinson, DO Infectious Disease | Pavani Muddasani, MD Gastroenterology
Kirk Barron, PA-C Gastroenterology | Rahul K. Patel Rheumatology
Melanie Barron, DO Rheumatology | David Slife, DO Cardiology
Sharon Natasha Cha, PA-C Rheumatology/Pulmonology | Nancy A. Tierney, PhD, RN, ACNP-BC Cardiology
Darrin D’Agostino, DO, MPH Chair, Department of Internal Medicine | Monte E. Troutman, DO Gastroenterologist
General Internal Medicine
Michael Craig Delaughter, MD Cardiology | Beth Valashinas, DO Rheumatology
Scott Greenberg, MD Cardiology | Michael S. Vaughan, MD Cardiology
Randall Hall, DO Cardiology | Balaji Veerappan, MD Cardiology
Geoffrey Kline, DO Cardiology | Martin S. Weiss, DO Cardiology
Adjunct Plaza Faculty
Philip Cohen, DO
Frood Eelani, DO
Robert Keller, MD
Niraj Mehta, DO
M.I. Mughal, MD
Gregory Phillips, MD

Administrative Support Staff
Julene A. Conway
Sr. Dept. Education Coordinator
of Internal Medicine
UNTHSC-FW
855 Montgomery Street
Fort Worth, TX 76107
Phone: 817-735-2333
Fax: 817-735-2747
Email: julene.conway@unthsc.edu

Roger Mendiola
Medicine Staff Coordinator
Department of Medicine
JPSH
1617 Hemphill Street
Fort Worth, TX 76104
Phone: 817-927-1395
Email: rmendiola@jpshealthnetwork.org

Eva Spudich
Administrative Assistant
Medical Education Office
Plaza Medical Center
900 Eighth Avenue
Fort Worth, TX 76104
Phone: 817-347-1141
Fax: 469-713-8771
Email: Eva_Davis@hcahealthcare.com

Mary Boson
Phone: 214-947-2300
Email: maryboson@mhd.com
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)

Neurology
1. Students are to abide by all UNTHSC medical student requirements regarding attendance, professionalism, ethical behavior, and conduct. (6)
2. Students are to assist in patient care consistent with their level of training. (2)
3. Students are to read and learn assigned topics. (3)
4. Students are expected to present weekly topic presentations. (3,6)
5. Students are expected to fulfill their other academic responsibilities as outlined in their academic calendars and schedules. (6)

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)
Rheumatology

1. Obtaining a thorough musculoskeletal history, and performing musculoskeletal as well as general physical exam. (2)
2. Given a reasonable list of historical data and physical findings, be able to formulate a working differential diagnosis. (3)
3. Demonstrate how to perform a focused, but thorough rheumatologic evaluation including history and physical exam. (2)
4. Formulate a differential diagnosis and request appropriate laboratory test.
5. Interpret laboratory studies. (3)
6. Advise a course of treatment, including therapy depending on the nature of the problem. (2)
7. Become familiar with appropriate indication and potential side effects of joint aspirating and injections. The student may have the opportunity to perform an arthorocentesis during the rotation. (3)
8. Become familiar with appropriate use, indicating, and potential side effects of anti-inflammatory agents, corticosteroids, disease-modifying drugs, and biologic agents. (3)
9. Understand the role of osteopathic manipulative therapy in treating rheumatic diseases. (1)

General Information

Appearance
Men and women should be professional in demeanor and attire. It is expected that students will wear a white clinic coat. Your name badge should be clearly displayed on your white coat. Scrubs are acceptable if on call or post-call.

Demeanor
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 or pain and 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 develop good working relationships with non-physician professional staff, ancillary staff, and nursing. If you have questions about their notes or orders please address them in a professional and courteous manner. Respect their time and contributions to patient care and assist or lend a helping hand if the opportunity presents itself.
**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.

**Kaplan QBank**

The Kaplan QBank is made available to students to aid in preparation for all shelf exams. Students will receive an email at the beginning of the rotation regarding access to the IM QBank for the period while on rotation. Students will log in and establish a new password with the link.
sent to them. During the one month rotation, the student should review all questions in the IM QBank. A mid-term audit of completion of the IM QBank (765 questions total) will be performed for each student. Students who have completed less than 40% of the QBank will required to meet with the course director at mid-term. Completion of the Kaplan QBank is a course requirement and completion will be monitored. Questions regarding access to the QBank should be directed to Martha Cardoza, martha.cardoza@unthsc.edu or 817-735-2320.

Disclaimer
This specialty medicine rotation 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.
Conceptual map

Patient with a problem/complaint

Available data (Laboratory, radiologic, microbiologic)

Evaluation by the student (Patient interview and examination)

Prior knowledge

Initial diagnostic impressions

Learning goals

Resources:
- Primary literature
- Textbooks
- Computer databases (e.g., Medscape)

Concise presentation to attending physician

Refined diagnostic assessment

Pathophysiology

Microbiology

Therapy

New learning goals

Differential diagnosis

Complications

Epidemiology
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

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 present.

P.
1. Continue IV antibiotics
2. Switch to p.o. furosemide
3. Increase potassium to bid
4. Check H/H im A.M.
5. Check lytes im 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.
**Evaluation**
Evaluation of the student during and at the end of the Specialty Medicine Rotation is as outlined in each specific syllabus.

**Cardiology**
End of Rotation evaluation

**Gastroenterology**
End of Rotation Evaluation
Feedback after each weekly presentation
Student feedback of rotation
*If lack of performance is evident, the student will be notified, counseled, and given a chance to makeup

**Neurology**
Students are evaluated based upon attendance, punctuality, completion of assigned tasks, professionalism, and mastery of assigned skills and competencies. Progress is reviewed weekly and opportunity made available for remediation of any noted deficiencies.

**Pulmonary**
Daily review of topics provides a chance to determine how well they read the material that was provided or the topic they were to research.
Mid-rotation and ongoing feedback.
Students are notified when assignments are not being completed and they are asked to rectify.

**Rheumatology**
Students will be evaluated by teaching faculty throughout the rotation. The faculty will conduct a brief exit interview during the fourth week of the rotation, and will be responsible for the written evaluation and the discussion of this with the student.