

# Internal Medicine Clerkship



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## Official Handbook for Students Class of 2016

This handbook should help you navigate the Internal Medicine Clerkship with more certainty and become more comfortable in your important role on the health care team. It includes a discussion of the goals of the clerkship, outlines your key responsibilities and duties as a clerkship student, and discusses the basis for evaluation and grading. **Students are responsible for the content of the handbook and are expected to read it thoroughly. In fact, your first required assignment in Sakai is to acknowledge having done so. Be sure to review the relevant handbook sections again at the start of each of your five-week rotations.**

## QUICK START GUIDE: WHAT TO EXPECT

- ❖ You're going to work hard, learn a lot, help us improve out patients' lives, and have fun
- ❖ TWO FIVE-week Internal Medicine rotations during a 15-week block, consisting of one ward ("inpatient", or hospitalized patients) and one ambulatory ("outpatient", or in the clinics) experience. The other 5 weeks will consist of your Psychiatry Clerkship. THESE THREE ROTATIONS MAY OCCUR IN ANY ORDER.
- ❖ At each of our hospitals, we have a PHYSICIAN SITE DIRECTOR who will orient you and be your advocate. He or she will also monitor your performance and sit down formally with you at the halfway point and at the end to provide feedback, to coach you, and to get YOUR feedback on us.
- ❖ Your first day of Internal Medicine (either week 1 OR week 6 during the 15 weeks) you will have a 2-hour multiple choice PRETEST. This test is ONLY to help guide your study and does NOT contribute to your Clerkship grade.
- ❖ On the WARDS: You will evaluate, care for, and write notes in the medical record for 1-3 hospitalized patients at a time under the supervision and support of a physician team that may include other students, interns and residents along with the attending, or "staff", physician. Your team will get new patients whenever on call. Call is overnight (leaving early the next day) when possible WITH your team. You have one day off out of every seven.
- ❖ In the CLINICS: You will work one-on-one with general internal medicine and subspecialist physicians during six half-days of clinic per week. You will document your care in the medical record. Two-half days per week are set aside to help you prepare for and track your patients' care (up to 12-18 patients per week). No scheduled activities on weekends.
- ❖ We will have FIFTEEN INTERACTIVE/INTEGRATIVE GROUP SESSIONS (IGS), ONE each week. These are sessions that have been specially designed just for medical students covering core internal medicine topics. Each is led by a physician that is expert in that field. Worried about the 5 topics you will miss when on the Psychiatry clerkship? Don't be. We will assign you with a representative on-line "virtual patient" (MEDU SIMPLE case) for each week (topic) that you are not with us.
- ❖ TWO afternoons per week you will have PRECEPTOR SESSIONS. Your Preceptor is a specially selected physician teacher who will work with you and 2-5 other medical students during each 2-hour session to practice case presentations, discussions, and practice your skills at patients' bedside, among other activities. Preceptor meetings are intended to help all students make the transition from Reporter to Interpreter.
- ❖ AT THE END OF EACH WEEK (Sunday midnight) you have a written assignment due. Learning written medical communication and patient care documentation is critical, and we give you plenty of guidance and a template. ALL written assignments **MUST** be submitted in Sakai **AND** emailed to your PRECEPTOR for feedback.
  - The first 3 assignments are your PATIENT WRITE-UPS. Each one is the "history and physical exam" report on one of your patients along with 2-4 page assessment/plan using three references. These WRITE-UPS give you a chance to really think, learn, and apply your knowledge and develop your INTERPRETER and MANAGER/EDUCATOR skills.
  - The 4<sup>th</sup> and final written assignment of each five-week rotation is a SPECIAL report. During your FIRST five-week rotation, this is a PROFESSIONALISM REFLECTION USING ART. During your SECOND five-week rotation the SPECIAL is your GERIATRICS HOME VISIT report.
- ❖ Each week you will also post a brief BASIC SCIENCE FACTOID (based on one of your patients) onto the Back-2-Science Blog which will help you AND YOUR CLASS integrate science—and prepare for USMLE Step1!
- ❖ You must log each new patient (or old patient that gets new problem(s)) using the link provided.
- ❖ After a physician has witnessed you doing ANY brief portion of the history/physical exam/patient counseling, given them a DIRECT OBSERVATION CARD to complete (collect just 3 cards during each 5 week rotation).
- ❖ We want and require YOUR feedback on the Clerkship in general and on each physician you worked with. Link to be provided during weeks 5 and 10. Anonymous Instafeedback line is also available 24hrs/day.
- ❖ Back at USU during ASSESSMENT WEEK (Week 16), you will have (1) an NBME multiple-choice ("SHELF") examination (=20% of your grade), (2) a MULTI-STEP (MSX) test in which you are presented with a video of a patient encounter and asked to write down history/exam maneuvers, differential diagnosis, and plan (=10%), and (3) an Observed Structured Clinical Exam (OSCE) (4%) with standardized patients.

## TABLE OF CONTENTS

GOALS & OBJECTIVES OF THE CLERKSHIP	4-5
“WHAT DO I NEED TO KNOW?” Learning technique	6
FORM FACULTY WILL USE TO EVALUATE YOU	7-8
PATIENT PRIVACY: HIPPA AND MEDICAL EDUCATION	9
WARDS (INPATIENT)	
THE HISTORY AND PHYSICAL	10
DAILY PATIENT ASSESSMENT and PROGRESS NOTES	12
SUMMARY OF OTHER WRITTEN FORMATS IN MEDICAL RECORD	13
FORMAT FOR PATIENT WRITE-UPS FOR YOUR PRECEPTOR	15
ORDER WRITING	21
ORAL PRESENTATIONS	21
PRECEPTOR MEETINGS	22
PATIENT LOG	22
REQUIRED AND RECOMMENDED READING	23
DIDACTICS: INTERACTIVE/INTEGRATIVE GROUP SESSIONS (IGS)	23
DIRECT OBSERVATION OF CLINICAL SKILLS CARDS	23
RECOMMENDED READING	23
OVERNIGHT CALL	24
THE AMBULATORY (CLINIC/OUTPATIENT) ROTATION	25
SPECIAL ASSIGNMENT DURING THE 1 <sup>ST</sup> 5 WEEK ROTATION: ART REFLECTION	28
SPECIAL ASSIGNMENT DURING THE 2 <sup>ND</sup> 5 WEEK ROTATION: GERIATRIC VISIT	28
PROFESSIONALISM	30
ATTENDANCE POLICY	32
EVALUATION, FEEDBACK, EXAMINATIONS, AND GRADES	33
GRADING, DEPARTMENT OF MEDICINE EDUCATION COMMITTEE (DOMECC)	34
YOUR FEEDBACK IS IMPORTANT TO US	36
CONTACT INFORMATION	37-38
<u>SPECIFIC CLERKSHIP SITE INFORMATION</u>	
WALTER REED NATIONAL MILITARY MEDICAL CENTER (WRNMMC)	39
SAN ANTONIO MILITARY HEALTH SYSTEM (SAMHS)	43
NAVAL MEDICAL CENTER PORTSMOUTH (NMCP)	47
MADIGAN ARMY MEDICAL CENTER (MAMC)	51
DISTRICT OF COLUMBIA VETERANS AFFAIRS HOSPITAL (DCVA)	56
NAVAL MEDICAL CENTER SAN DIEGO (NMCSDD)	61
FORT BELVOIR COMMUNITY HOSPITAL	64

## GOALS OF THE CLERKSHIP

The overall goal of the Internal Medicine Clerkship is “growing independence.” An effective, confident physician successfully combines the personal qualities of compassion and commitment (duty) with an ever-evolving knowledge base to complement sharpened academic and clinical skills (expertise).

The M.D. degree confers great responsibility and implies that students who have earned it can function with some independence in the care of patients. This clinical clerkship provides students with an intense opportunity to apply their current fund of knowledge and basic history taking and diagnostic skills to multiple situations and settings. Although observing staff physicians and house officers is beneficial, learning is BETTER if it is experiential. **You cannot be a bystander during the Internal Medicine Clerkship!** As students, most clinical situations are new to you, and we understand that you will feel uncertain and make mistakes. However, learning from mistakes and gaining confidence is an important part of your learning process. During this rotation, your willingness to challenge yourself with new experiences is a vital aspect of your education, and will help transform the awkward into the familiar. You are expected to take risks and to tell us your ideas. This is a new and more participatory learning process when compared to your past 18 months in the basic sciences.

We describe performance goals in the Internal Medicine Clerkship using the RIM/E framework (=Reporter, Interpreter, and Manager/Educator). Each of these terms describes a synthesis of skills, knowledge and attitudes. This framework applies to both your work on the clinics and on the wards. A video explanation can be found at <http://www.usuhs.mil/med/clerkship/>

**Reporter:** You work professionally with patients, staff, and colleagues. You accurately gather and clearly communicate the clinical facts on your patients and use the proper terminology. You demonstrate understanding of the pathophysiology of the underlying processes in your patient. To be a reporter requires basic knowledge of what is important and includes the skill, reliability, honesty, and hard work to do it consistently. Reporters are able to completely, accurately, and reliably answer the "What?" questions about patients and demonstrate a sense of “ownership” of explaining their care.

**Interpreter:** At a basic level, you identify and prioritize new problems as they arise. You are able to communicate a differential diagnosis and offer your ideas. Success as an interpreter is offering two or three reasonable possibilities for new problems and giving your reasons, applied to your patient. You don't always have to have the right answer. To be an interpreter requires growing knowledge, skill in selecting clinical facts, and envisioning yourself as part of the intellectual process. Interpreters answer the "Why?" questions about patients.

**Manager:** To be a manager requires even more knowledge, more confidence, and the skill to select among options with your own patient. A manager is proactive rather than simply reactive. Generally, your diagnostic plan should include more than one appropriate test option and your therapeutic plan should consider the merits of all reasonable therapies. Always state your own preference. You don't have to always be correct. Success for a clerkship student as a manager is what would be expected of an experienced 4<sup>th</sup> year student. Managers answer the "How?" questions about patients.

**Educator:** Ultimately, your ability to help patients means being open to new knowledge. This depends on your skill in identifying questions that can't be answered from textbooks. Are you able to cite the evidence that new therapies and tests are worthwhile? Do you take an active role in educating yourself, your colleagues, and your patients?

You must know your own patients in necessary detail and follow them as if you were totally responsible for them. Step up and understand that your role is not a passive one. You should no longer remain a bystander, or simply report facts. During this clerkship, you must make a transition from beyond the role of a reporter to demonstrating some evidence of beginning to function as a reasonable interpreter. During the Internal Medicine Clerkship, student opinion is not just tolerated, it is expected.

## OBJECTIVES

The major skill goals of the clerkship are that you become proficient in these areas on which patient management can be based:

- Obtain a complete and accurate history and physical examination (H&P).
- Obtain and communicate focused H&Ps in daily patient follow-up on the wards, or in the outpatient setting.
- Communicate effectively in oral and written form, using electronic medical records and proper medical terms.
- Obtain and interpret basic laboratory tests.
- Recognize and prioritize issues needing attention in the form of a detailed, prioritized, and specific problem list.
- Learn to analyze patient problems and to distinguish problems of diagnosis from those of management.
- Use medical texts and literature to understand the natural history of diseases affecting your patient.
- Use medical literature to help plan therapy that addresses the relevant pathophysiology of your patient.
- Care for complex patients on the wards or in clinic, including assisting with minor procedures.
- Use electronic systems for data retrieval, data analysis, and patient care documentation.
- Organize your time efficiently to complete all patient care and clerkship course work.

Your own patients are the focus of developing these skills and **your contact with them is your first priority and the center of your curriculum**. Your progress will be assessed by your ability to obtain record, analyze, and communicate clinical information about your patients. Students on inpatient rotations are expected to “work up” (interview, examine and obtain basic laboratory data), “write up” (=document this basic information in the medical record), and “present” (=orally provide the patient history, evaluation, assessment and plan in an organized way with a level of detail appropriate to the setting) two or three new patients each week. This may mean working up a new patient who was admitted several days previously if several patients are admitted at one time.

In the clinics, you will usually complete 2-3 patient evaluations per clinic, and will typically see about 10-15 patients per week, focusing on a major problem and minor problems.

## "WHAT DO I NEED TO KNOW?"

Throughout your Medicine Clerkship (AND every Clerkship AND the rest of your career!) use this format to quickly self-assess your knowledge of important, common issues for your patients. This can improve your understanding about what is going on with your patients and will allow you to be a better advocate on their behalf. You will also have done much of the reading for your written analyses for the Preceptor and will have started to separate important from less important information.

### "WHAT DO I NEED TO KNOW?" - ABOUT A DISEASE OR SYNDROME

#### I. DEFINITION

- Can I explain to another what this diagnosis "label" means? What it includes/excludes?
- Diagnosis: Complete diagnosis, classification (Is there a further classification or "staging"?) How is the diagnosis made?
- Pathophysiology (NON-NEGOTIABLE information, I must know this).

#### II. CLINICAL PICTURE

- Symptoms, Signs, Lab (How does each reflect pathophysiology?)
- Who is at risk for this disease? How common is it? Can it be prevented?
- How do age, gender, race, ethnicity, affect prevalence and presentation?
- Differential Diagnosis (What else can look like this?)
- Natural history (What happens, if I do nothing in most patients?)
- Complications (What's the worst, in how many patients?)
- Effect on deployability.

#### III. TREATMENT (Also see "About a Specific Therapy" below)

- Options for treatment: (Does treatment alter the pathophysiology? Mechanisms)
- Treated history - Is there a standard therapy? How good is it compared to natural history? What should be followed?
- Safety (How "bad" is therapy, risk, costs and pitfalls?); alternate therapies?

### "WHAT DO I NEED TO KNOW?" - ABOUT A SPECIFIC THERAPY

1. How does it work? (affecting the anatomy, physiology, biochemistry, and/or genes; if a drug, pharmacology; what are the indications?)
2. How good is it? (efficacy - short term, long term - are there relapses? how good is the evidence?)
3. How bad is it? (risks, side effects, costs; contra-indications); alternatives?

### "WHAT DO I NEED TO KNOW?" - ABOUT A TEST (Again, there are three things)

- How does it work? (How does it address the physiology or anatomy? How will I use the result?) What are the alternatives?
- How good is it? (sensitivity, specificity, reproducibility; predictive value)
- How bad is it? (risk of the procedure, costs, financial and otherwise)

## MEDICINE CLERKSHIP EVALUATION FORM

Student Name: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Eval Type: MIDPOINT FINAL

Site: \_\_\_\_\_ Evaluator: \_\_\_\_\_

For each area of evaluation, please check the appropriate level of ability. Qualities should be cumulative as rating increases, e.g. an outstanding rating for physical exam skills assumes that major findings are identified in an organized, focused manner AND that subtle findings are elicited. Indicate the level at which the student consistently performs.

<i>OUTSTANDING</i>	<i>ABOVE AVERAGE</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
<b>DATA GATHERING</b>				
<b>Initial History/Interviewing Skill</b>			<b>If Not Observed, Check Here</b>	
Resourceful, efficient, appreciates subtleties, prepares for management.	Precise, detailed, appropriate to setting (ward or clinic), focused/selective.	Obtains basic history. Identifies new problems. Accurate data gathering.	Inconsistent reporter. Incomplete or unfocused. Inconsistent data gathering.	Unreliable reporter. Inaccurate, major omissions, inappropriate.
<b>Physical Examination Skill</b>			<b>If Not Observed, Check Here</b>	
Elicits subtle findings	Organized, focused, relevant	Major findings identified	Incomplete, or insensitive to patient comfort	Unreliable exam; misses major findings
<b>DATA RECORDING</b>				
<b>Written Histories &amp; Physicals</b>			<b>If Not Observed, Check Here</b>	
Concise, reflects thorough understanding of disease process & patient situation	Documents key information, focused, comprehensive, reporting implies interpretation	Accurate, complete, timely reporting. Takes ownership of Reporter role.	Often late; poor flow in HPI, lacks supporting detail, labs, or incomplete problem lists. Gaps in reporting.	Inaccurate data about patient or disease. Major omissions. Unreliable reporting, recording.
<b>Progress Notes/Clinic Notes</b>			<b>If Not Observed, Check Here</b>	
Analytical in assessment and plan	Precise, concise, organized	Identifies on-going problems & documents plan	Needs organization, omits relevant data	Reports incorrect or inaccurate data
<b>Oral Presentations</b>			<b>If Not Observed, Check Here</b>	
Tailored to situation (type of rounds); emphasis and selection of facts teaches others key points	Fluent reporting; focused; good eye contact; selection of facts implies interpretation; uses minimal notes	Maintains format, includes all basic information	Major omissions, often includes irrelevant facts, rambling	Consistently ill-prepared, does not know facts about patient, reports inaccurate information
<b>KNOWLEDGE</b>				
<b>In General</b>			<b>If Not Observed, Check Here</b>	
Understands therapeutic interventions, broad-based	Demonstrates thorough understanding of diagnostic approach; consistently able to interpret data	Demonstrates understanding of basic pathophysiology	Struggles to interpret data; demonstrates marginal understanding of basics.	Major deficiencies in knowledge base
<b>Relating To Own Patients</b>			<b>If Not Observed, Check Here</b>	
<i>(check as consistently applicable)</i> Broad textbook mastery Directed EBM search Educator of others	Provides expanded differential diagnoses, able to discuss minor problems; sufficient to suggest management	Knows basic differential diagnoses of active problems from patients; actively seeks knowledge	Inconsistent and/or insufficient understanding, to be able to interpret consistently on own patients	Lacks knowledge to understand own patients' problems; rarely sufficient to interpret
<b>DATA INTERPRETATION</b>				
<b>Analysis</b>			<b>If Not Observed, Check Here</b>	
Understands complex issues, interrelates patient problems	Consistently offers reasonable interpretation of data	Constructs problem list, applies basic, reasonable differential diagnosis	Frequently reports data without analysis; problem lists need improvement	Cannot interpret basic data; problem lists inaccurate/not updated
<b>Judgment/Management</b>			<b>If Not Observed, Check Here</b>	
Insightful approach to management plans	Diagnostic decisions are consistently reasonable	Appropriate patient care, aware of own limitations	Inconsistent prioritization of clinical issues	Poor judgment, actions affect patient adversely
<b>MANAGEMENT SKILLS</b>				
<b>Patient Care Activities</b>			<b>If Not Observed, Check Here</b>	
Negotiates with patients, coordinates health care team	Efficient & effective, often takes initiative in follow-up (clinic or ward)	Monitors active problems, maintains patient records, fulfills duty toward patient	Needs prompting to complete tasks; follow-up is inconsistent	Unwilling to do expected patient care activities; unreliable
<b>Procedures</b>			<b>If Not Observed, Check Here</b>	
Proficient and skillful; engages patient in informed consent process	Careful, confident, compassionate, participates in informed consent process	Reasonable skill in preparing for, and doing procedures; reports indications	Awkward, reluctant to try even basic procedures. Cannot relate indications	No improvement even with coaching, insensitive toward patients

*MAR2013WK3 –Prior versions obsolete*

**PROFESSIONAL ATTITUDES**

**Reliability/Commitment**

<input type="checkbox"/> Accepts full personal ownership in education & patient care	<input type="checkbox"/> Seeking responsibility as manager; views self as active participant in patient care	<input type="checkbox"/> Fulfills responsibility, accepts ownership of essential roles in care	<input type="checkbox"/> Often unprepared, not consistently present, not reporting accurately	<input type="checkbox"/> Unexplained absences, unreliable. Makes no promise of duty.
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**Response to Instruction/Feedback**

<input type="checkbox"/> Continued self-assessment leads to further growth; insightful reflection	<input type="checkbox"/> Seeks and consistently improves with feedback; self-reflective.	<input type="checkbox"/> Takes ownership for improvement; generally improves with feedback	<input type="checkbox"/> Inconsistent, does not sustain improvement	<input type="checkbox"/> Lack of improvement; defensive/argumentative; avoids responsibility
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**Self-Directed Learning (knowledge and skills)**

<input type="checkbox"/> Outstanding initiative, consistently educates others	<input type="checkbox"/> Sets own goals; reads, prepares in advance when possible	<input type="checkbox"/> Reads appropriately, and accepts ownership for self-education.	<input type="checkbox"/> Needs prompting, not consistently improving expertise.	<input type="checkbox"/> Unwilling, lack of introspection. Makes no effort to improve expertise.
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**PROFESSIONAL Demeanor**

**Patient Interactions**

If Not Observed, Check Here

<input type="checkbox"/> Preferred provider; seen as care manager by patients/teachers	<input type="checkbox"/> Gains confidence & trust, duty is evident to patient/healthcare team	<input type="checkbox"/> Sympathetic, respectful, develops rapport, gains trust	<input type="checkbox"/> Occasionally insensitive, inattentive; not trusted as advocate, reporter	<input type="checkbox"/> Avoids personal contact, tactless, rude, disrespectful.
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**Response to Stress**

<input type="checkbox"/> Outstanding poise, constructive solutions	<input type="checkbox"/> Flexible, supportive	<input type="checkbox"/> Appropriate adjustment	<input type="checkbox"/> Inflexible or loses composure easily	<input type="checkbox"/> Inappropriate coping
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**Working Relationships**

<input type="checkbox"/> Establishes tone of mutual respect & dignity	<input type="checkbox"/> Good rapport with other hospital staff	<input type="checkbox"/> Cooperative, productive member of own team	<input type="checkbox"/> Lack of consideration for others	<input type="checkbox"/> Antagonistic or disruptive
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DESCRIPTIVE COMMENTS: (Written descriptive comments are also required. What is the "next step" for this student?)

**Where is student in RIME?**

**Minimum expectation: Reliable Reporter, beginning transition to Interpreter.**

You may use a "+" or "-" or a "/" as you see fit, such as "reporter +" or "reporter/interpreter", or "manager -", etc.

Midpoint  OR  Final

Have you discussed this report with the student?  YES  NO

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  Intern  Resident  Attending  Preceptor

<b>Fail</b>	Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A recommendation of Fail means additional Medicine rotation(s), usually at the clerkship year level, is/are needed to address deficiencies.
<b>Inconsistent</b>	Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others. Has shown some evidence of progress and may be able to perform acceptably following additional experience in Medicine during Advanced clerkship timeframe without having to repeat the entire core clerkship.
<b>Reporter</b>	Obtains and reports basic information completely, accurately, reliably. Works professionally with patients, staff, colleagues. Distinctive personal qualities should be recognized in descriptive comments. Ownership to answer "What" questions consistently/accurately.
<b>Interpreter</b>	Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations ("Why") without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for rounds/clinics. Promises of duty/expertise evident.
<b>Manager Educator</b>	Outstanding ratings in most major areas of evaluation. Sub-Intern level of patient care, actively suggests reasonable management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional.

*MAR2013WKS - Prior versions obsolete*

**Patient Privacy:** Written H&Ps that are submitted for educational purposes usually contain a patient's private health information that must be removed to protect patient confidentiality.

**HIPPA (Health Insurance Portability and Accountability Act of 1996)  
IDENTIFIERS THAT MUST BE REMOVED**

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census;
  - a. The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
  - b. The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone Numbers;
5. Fax Numbers;
6. Electronic Mail Addresses;
7. Social Security Numbers; Medical Record Numbers; Health Plan Beneficiary Numbers; Account Numbers; Certificate/License Numbers;
12. Vehicle Identifiers and Serial Numbers, including License Plate Numbers;
13. Device Identifiers and Serial Numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) Address Numbers;
16. Biometric Identifiers, including Finger and Voice Prints
17. Full Face Photographic Images and any Comparable Images; and
18. Any other unique identifying number, characteristic, or code

<http://www.hhs.gov/ocr/privacy/index.html>

## WARD/INPATIENT MEDICAL RECORD DOCUMENTATION

### THE “HISTORY AND PHYSICAL”

The basic History and Physical (H&P) or database includes:

- The written history of present illness
- Physical examination
- Initial pertinent data (laboratory, radiographic, other like ECG)
- A prioritized Problem List
- Statement of key questions

On the ward rotation, all student progress notes will be entered into the medical record. Students' notes must be reviewed, corrected, and signed each day by the intern, resident, or attending physician. Further guidance about documentation and/or training may be provided at an individual clerkship site. Ward students **MUST** write an **original** note each day to reflect the current status of the patient. **Students are absolutely not allowed to copy progress notes forward in the electronic record but will write a new progress note each day.** A benchmark of legitimacy for progress notes is whether they are original – students are not allowed to copy resident or intern notes and claim the result as their own work. The importance of properly integrating the electronic record into patient care cannot be overstated. The system should enhance patient care and it must not erode accountability. **Students who fail to legitimately write their own original daily progress notes have not met a basic requirement of "reporter" on their patients and therefore, have not met minimum clerkship requirements.**

As noted, ward students will enter their focused and comprehensive Medical Student H&Ps in Essentris (electronic medical record). Clerkship medical students do NOT write the official H&P for inpatients—this is the intern's responsibility. Ward students should ensure that an unedited version of their H&P is reviewed by the resident and/or Preceptor. Ambulatory students should write their H&P during the clinic visit but may choose to rewrite this on a word processor if they are submitting this to the Preceptor for review.

Oftentimes, not all of the important information is available when you first encounter a patient, or they cannot recall the details you need to know. Make every effort to obtain old notes from outside facilities, the record room, electronic medical record or specialty clinic. When older records are obtained, relevant data should be completely reviewed and may be added to your initial admission H&P as an addendum with appropriate annotation of the date/time added.

Ordinarily, the ward H&P does not include data from the current hospital course subsequent to your receiving the patient. However, patients transferred to your team (e.g., from the ICU) may be written-up, and the write-up would include their hospital course to the point when you receive the patient.

### PROBLEM LISTS

A complete, prioritized, and specific Problem List belongs with all H&Ps (both comprehensive and focused, and on clinic notes). It enumerates all active diagnoses and abnormalities that need to be addressed or otherwise noted. Include a date of onset for the problem. You should define each problem as specifically as possible based on the data presented in your work-up: ask yourself - is there adequate evidence to support each diagnosis or am I making

assumptions? More important problems should be placed at the top of the list. The Problem List may include:

- A specific disease or syndrome if there is evidence to support it
- A patient's symptoms
- A physical sign
- An abnormal laboratory or radiographic test
- Previously established diagnoses
- Any recent or important surgical procedure(s)
- Drug allergies

## **ANALYSIS/PLAN**

The purpose is to practice clinical problem solving, deciding the important questions to be answered and using medical literature to resolve the problems. We want you to develop a rigorous method of critical thinking that you can apply to future patients.

An analysis and plan includes a discussion of major problems on the Problem List. The focus of the analysis should be on the primary problem - the reason for the hospital admission or clinic visit. Other problems should be discussed as they relate to or impact the diagnostic or therapeutic approach to the patient. For an "unknown" problem, or one not firmly diagnosed, the discussion includes a differential diagnosis, reasons for and against individual diagnostic considerations, your conclusions about each diagnostic possibility, and a diagnostic plan individualized to this patient.

Please label your plan and put it in a separate paragraph from the discussion; in general, you should put the specific items of your plan in a list.

**Remember, on the wards, you should complete a written initial H&P within 24 hours of having a patient assigned. Ensure your ward resident reviews one H&P (usually focused) per week. ASK FOR FEEDBACK.** The resident should read your H&P for accuracy and completeness and give you feedback. When the resident finds the information correct, he/she should co-sign the student H&P. The other (comprehensive) H&P will be submitted to your Preceptor with a written analysis (explained below).

When you are in clinic, the clinic note (H&P) will be written and revised by your attending typically before the final version is added to AHLTA. The Statement of Questions will not be included in the patient's record but may still be a useful way of focusing your own reading on this patient

## **DAILY PATIENT ASSESSMENT** (Progressing through RIME/E)

To develop independence in clinical thinking, you should assess your own patients each day before work rounds while on the wards, and prepare before clinics while on ambulatory. You will be expected to report important findings (history, physical, lab and so forth) related to their active problems. **Accurate daily reporting is a basic level of performance expected in the clerkship.** Additionally, you should offer your own opinion about the significance of what you find. All students should be making a transition from merely reporting to interpreting during the clerkship. Offering several possible (and reasonable) explanations of new findings - as opposed to the "one right answer" - is appropriate.

Consistency in offering reasonable interpretations is one criterion for High Pass performance and evaluation in the clerkship (whether on morning rounds, in clinic, or as test results become available). Proceeding from interpretation to offering reasonable management suggestions is a final step in assessment. This is not required; for clerkship students, consistency in this area would be one criterion for Honors performance.

## **PROGRESS NOTES**

Under the direction of housestaff and faculty, you are responsible for writing progress notes and clinic notes on your own patients. They are similar to your daily assessment but incorporate the thinking of the team or clinic attending in addition to your own. Each active item on the problem list should be addressed. If a note will contain potentially controversial information, it should be discussed first with the intern, resident, or attending. The notes of the student **must be co-signed** by the intern, resident, or staff physician. The student should enter all minor procedures performed by the student and all critical laboratory data in the progress notes. Progress notes must reflect the interval status of a patient (even if no new developments); progress notes reflect progress. As stated above, progress notes must be written daily and must be original. **It is against clerkship policy for students to use the "Copy Note" function on Essentris (see prior discussion).**

Progress notes should follow the SOAP (=Symptoms, Observations, Assessment, Plan) note format and include:

- Current findings relevant to each problem (history/symptoms, physical exam, lab data) (S & O);
- Assessment (do not simply restate the problem; interpret the situation);
- Plan (based on the assessment).

## OTHER WRITTEN FORMATS

Communication skills are essential to a physician. In addition to H&Ps and progress notes, there are a variety of formats you will learn in the clinical years. Several of these are the responsibility of the clerkship student.

“3” = Written by clerkship students (formerly “MSIII”) and by post-clerkship students (subinterns, formerly “MS-IV”)

“4” = Written by post-clerkship students (subinterns, formerly “MS-IV”)

### 1. ADMISSION NOTE (for inpatients) [3, 4]

#### A. Other terms: H&P

a. Contains: History (HPI and contextual information), Physical exam and Lab data available on admission

b. Purpose: To document admitting information and focus clinical thinking

#### B. Variations

a. RAN = Resident Admission Note: Most of the essential findings with a thoughtful analysis/plan and rationale

b. Intern Admission Note: All the facts with a bottom line set of orders. (Usually written on official H&P form)

c. Student H&P: "Comprehensive": Listing of everything. "Focused": All that's pertinent (even if negative)

### 2. TRANSFER and OFF SERVICE NOTES [3, 4]

A. Contains summary of admitting data plus hospital course to date and active plans

B. Purpose: to help the next intern or team caring for the patient.

### 3. ACCEPTANCE NOTE and ON-SERVICE NOTES [4]

A. Contains a summary of hospital course to the point of acceptance of responsibility for the patient and findings on the day of acceptance.

B. Purpose: to focus facts, thinking and begin planning for discharge

### 4. DISCHARGE NOTES (ALSO CALLED NARRATIVE SUMMARIES) [3, 4]

A. Detailed summary with hospital course, lab work, problem list and current therapy/meds, pending lab/plan and disposition designed to help subsequent physicians care for the patient. This is often a group effort of the inpatient team.

B. A copy is handed to the patient.

5. PROGRESS NOTE (Inpatient) and CLINIC NOTE (Outpatient) [3, 4]

A. Written in the SOAP format, this updates the patient's care (History, PE, relevant Lab) and documents team (or ambulatory attending) interpretation of data and plans.

B. Purpose: Updating record; alerting others to change in patient status

6. PROCEDURE NOTE/OPERATIVE NOTE [3, 4]

A. Name of procedure; indication for procedure; consent; time out; operators (including attending); technique used; findings; complications; "OP" (Operative) note includes notation of estimated blood loss.

B. Operative Summary; dictated, for permanent record.

a. Purpose: to document procedure for record and provide facts for cross coverage team

7. CONSULT REQUESTS [3, 4]

A. MUST define the specific question to be answered by consultant, or request a specific procedure.

8. CONSULTATION NOTES [4]

A. MUST answer the question asked by the requesting team. Document key findings in area of interest and offer a specific set of diagnostic and/or therapeutic recommendations.

## FORMAT OF PATIENT WRITE-UPS FOR YOUR PRECEPTOR

\*\*\*\*\*

Whether on inpatient (ward) or ambulatory (clinic), you must submit a complete **PATIENT WRITE-UP** (history and physical = H&P (database) **PLUS** analysis/plan to **SAKAI** AND email a copy to your Preceptor at the **END** of the week (**SUNDAY** midnight) of each of the **FIRST THREE WEEKS** of **EACH** five-week round. For the end of the **FOURTH** week you will instead submit *either* (1) Art reflection (if it is the first 5 weeks of the clerkship), or (2) Geriatrics home visit (if you are on your second 5 weeks). Students who fail to do these assignments have not met curricular requirements and will not receive a passing grade for the clerkship. Of note, there is no written assignment due at the end of each five-week round.

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For your first **WRITE-UP**, a detailed template is provided as a guide (see **SAKAI Assignments**). Below are some tips and philosophy on your written work both for your Preceptor and in the hospital.

### ASPECTS OF THE WRITE-UP FOR THE MEDICINE CLERKSHIP

Virtues -- accuracy; completeness; conciseness.

**HISTORY AND PHYSICAL (e.g., the DATA BASE):** (what is listed applies to a "comprehensive" H&P. Ambulatory students may need to use prior notes in the electronic medical record to achieve the necessary detail for the write-ups for their Preceptor).

#### CHIEF COMPLAINT

- Should contain: name, age, sex; source or referral of admission; specific reason for admission or clinic visit; patient's chief complaint
- Should be concise

#### HISTORY OF PRESENT ILLNESS

- Flow, continuity, sequence, chronology
- Focus on issues relevant to chief complaint
- Include relevant review of systems

#### Description (= basic "Reporter")

- Symptomatology, amount and precision of detail, quantification as appropriate
- Detail for previously made diagnoses; supporting data to establish diagnosis; prior and/or current therapy; response to therapy; review of prior patient records

Differentiation (= implied “Interpreter”)

- Pertinent positives and negatives that refine differential diagnosis

Context (= needed to be a “Manager”)

- Patient's Past Hx, problems that are background necessary to understand present problem
- Patient's expectations from admission or clinic visit
- For active duty patients: their responsibilities and impact of illness on military specific issues must be recorded

PAST MEDICAL HISTORY

- Include supporting data, further detail, and current therapy (do not simply list the problems)

PAST SURGICAL HISTORY

MEDICATIONS (details—dose, route, frequency, compliance)

ALLERGIES (and manifestations)

SOCIAL HISTORY/FAMILY HISTORY/PERSONAL INFORMATION

- Patient's current activity/employment, relevant work/occupational exposure, Military history
- Family situation/responsibilities
- Family history
- Personal habits: tobacco, alcohol, etc.
- Health Maintenance (may be in Review of Systems)\*

REVIEW OF SYSTEMS

- Completeness, breadth, all systems probed; Sufficient routine data\* (refer to your ICM-3 notes)
- Extra detail in positive systems (a mini HPI)
- ROS questions relevant to the HPI should be included in the HPI and not repeated in this section.

PHYSICAL EXAM

- Completeness, all regions/systems probed
- Precision of detail, description, quantification
- Focus directed by history: more detail, pertinent negatives in positive systems

## INITIAL LAB

- Labs indicated by H&P must be recorded (EKG should be interpreted as well)
- Detail (including pertinent negatives)
- Routine negative data may be omitted from written database in "focused" H&P, whether on the wards or in clinic.

## PROBLEM LIST

- Completeness: all abnormalities from data base are encompassed
- Prioritization given to important problems
- Duration of problem/diagnosis given (when known)
- Degree of resolution as specific as justifiable by data base (e.g., "anemia" vs. "microcytic anemia"; "chest pain" vs. "angina")
- "Lumps" or "splits" as appropriate

## STATEMENT OF QUESTIONS - Provide a simple sentence summary of the patient

- List your initial thoughts on what you need to find out to help you make decisions in this patient's care - things to go back to the bedside to check, or in old records, or to look-up in a text or the library
- Data Base Questions
- Diagnostic Questions
- Therapeutic Questions

## ANALYSIS/PLAN (for the write-ups turned in to the Preceptor)

- Statement of the problem(s): is it (are they) diagnostic or therapeutic issues?
- For "unknowns" discuss differential diagnosis: apply differential to patient at hand; discuss use of tests in this patient
- For established diagnoses ("knowns") review: why diagnosis can be accepted in this patient; principles of management/therapy (including alternatives) in this patient
- Provide a diagnostic plan and therapeutic plan specific to the patient at hand
- Length should **not exceed** four type-written pages

## LEVEL OF ANALYSIS/SYNTHESIS

### Basic Level of Performance

- Deals with major items on Problem List

### Higher Level of Performance

- Interrelates other items on Problem List with major issues (“embrace complexity”)
- Integrates biologic considerations with patient's personal situation (including military readiness, age, gender) and preferences
- Discusses the impact of this illness on readiness
- Cites evidence from literature supporting plan recommended
- Applies principles of Practice Based Learning: What did you learn from the care of this patient that will help you with future patients?
- Minimized risk to patient and cost to the health care system (“acts with simplicity”)

## LEVEL OF SCHOLARSHIP

### Basic Level of Performance

- Shows clear understanding of basic textbook material (list sources)

### Higher Levels of Performance

- Uses subspecialty texts/review articles (citing references)
- Applies primary literature to case
- Uses journals critically (aware of limits or controversies)

## OVERALL CONSIDERATIONS

- Promptness/Completeness (one write-up per week in weeks 2, 3, 4, and then your Special Assignment in week 5)
- Legibility and accurate spelling (required)
- Clarity; use of punctuation, standard abbreviations, paragraphs to aid communication
- Conciseness, brevity/detail in proportion to importance
- Avoidance of unnecessary repetition
- Flexibility: no one outline applies to all cases

**Timing** is extremely important. You must learn to identify key issues in each patient's care within 24 hours; hence, the requirement for the H&P to be completed quickly. You must read on your patients' problems while they are being actively managed. In the clinic, an attending may occasionally write the note personally, allowing you 24-48 hours to read prior to submitting a note. You should not defer your reading until a "long weekend" or until "the day before" some examination (as was possible in the pre-clinical years). The requirement to hand your write-ups to the Preceptor within one week will promote good pacing of your study. Preceptors are aware of the time frame and will be able to help you develop reasonable expectations. We understand that significant unforeseen circumstances (e.g., illness, family emergencies) may impact on your ability to submit a write-up on time. Nevertheless, it is your responsibility to keep us informed of such matters. **Any delays in submitting your write-ups must be approved by your Preceptor and on site Clerkship Director.**

**We place great emphasis on the written record.** Patients are seen in many different clinics, in many different hospitals over a span of years. Care of your patients in the future may well depend on your ability to express yourself **legibly, with precision and accuracy** in their charts. Furthermore, in the large university teaching hospital, many others will depend on your H&P and daily progress notes. Illegible (yes, some hospitals still *handwrite* notes!), misspelled (use spell-check!), or otherwise careless work may impair patient care and is not acceptable.

## STATEMENT OF QUESTIONS

As a way of focusing your initial ideas about your patient, we want you to make **a brief, but explicit statement** about key issues in your patient. What do you need to look-up in this patient's old records? What do you want to look-up in a textbook? For example, in a patient with diabetes who presents with azotemia and pyelonephritis, you might write:

- Data Base questions: What was this patient's serum creatinine last admission? Did he have proteinuria?
- Diagnostic questions: Does my patient have renal failure? What is the reliability of tests for diagnosing pyelonephritis?
- Therapeutic questions: How does diabetes affect the choice of antibiotics? How does high BUN affect the dose of antibiotics?

There is no "right answer" here. There are many possible questions/issues you might list, both in general (to look up in texts) or specific to your own patient. The goal is to go beyond simply gathering the data, and to start analyzing what is happening with your patients. These "Clinical Questions" are the critical first step of practicing Evidence-Based Medicine. The Statement of Questions completes the initial work-up.

## ANALYSIS AND PLAN

### Purpose:

The goal of the analysis and plan is for you to read, reflect, think critically about your patients, and commit yourself to a diagnostic and treatment plan. We are interested in how you apply the knowledge you've gained from your reading to your specific patient, as well as your own reflections about what you learned from the patient and how you would apply these "lessons learned" to the care of future patients. The analysis and plan should never simply be textbook paraphrase of a problem, but should demonstrate how you integrate what you have read into what you think and how it helps you understand the care of a complex patient.

### Length:

An analysis and plan should be approximately three (3) pages of analysis and one (1) page of plan (single-spaced). The analysis should not exceed four (4) pages while an analysis that is one page or less is UNACCEPTABLE.

Every analysis **must** reference a general textbook of Medicine, such as Harrison's Textbook of Medicine® (Up To Date® is NOT a general textbook of Medicine). Textbooks, articles, and other sources must be used as you produce an original discussion about your patient. You must list your references, and provide appropriate annotations in the analysis to specific

references used. While you will often find it quite easy to access electronic resources (including textbooks, journal articles, and commercial programs) to help you with your analysis and plans, **do NOT "copy and paste" materials from these resources** into your analysis and plans. Verbatim transcription from your resources, even if referenced, may not reflect sufficient progress toward independence as an Interpreter. As a result, any questions arising surrounding the independence of your academic work may be referred to the Department of Medicine Education Committee to determine your clerkship grade and/or other recommended actions. When writing the analysis and plan, do not substitute length for thought.

### **The BSB: An epilogue to your weekly PATIENT WRITE-UP**

By the time you submit your weekly PATIENT WRITE-UP you will also provide **ONE BASIC SCIENCE TEACHING POINT** that was critical in the pathogenesis, diagnosis, or treatment of your patient. This may be a brief paragraph (<500 characters no spaces) or an original de-identified pathology or radiographic image from your actual patient with a caption. You could also attempt your own licensing-exam type question and answer, a short video, or "other" format. You will enter this in to the BSB (Back to Science Blog) each week visible to your Class. The end result will be:

- Real time reinforcement of your knowledge
- Student driven content
- Peer consumers
- Faculty moderated
- A compilation of over 1000 factoids prior to your licensing exams

Remember you are doing this for your colleagues so do a good job. Keep it accurate, your OWN work, and ORIGINAL (which, by design, requires you to peruse the other entries to date in order to avoid redundancy)

## ORDER WRITING

Clerkship students do NOT have the responsibility for writing orders. Under certain circumstances students may be given the opportunity to write orders. In this case, the student transcribes the wishes of the doctor. This requires immediate co-signature. Students may not give verbal orders. **Order writing is NOT an appropriate place for student independence.** Students who enter orders must do so in the presence of a physician who can immediately review, edit, and cosign the order(s).

## ORAL PRESENTATIONS

You will be asked to present patients you have seen. A goal of the clerkship is that you learn to present a concise, relevant history on a new patient. This kind of presentation should take five minutes and be done with limited notes. You should be able to present a follow-up on a previously presented inpatient in two or three minutes without notes. The oral case summary is a skill which you will need throughout your career. Your ability to present quickly means that more time is available for discussion with the attending physician. You will be evaluated on this public communication skill, one element of your reporting skills.

**Practice your formal presentations.** Thoughtful preparation and practicing what you want to say will help you deliver more effective presentations. Don't try to decide what to include or leave out as you present to the attending. Make that decision in advance as you look over your written H&P. As a rule of thumb, include almost all of your History of Present Illness but no more than a third of the PMH/ROS/Exam/Lab in a comprehensive work-up. After you finish, you might consider asking "Do you have any questions for me about the H&P?" Presentations on Preceptor rounds may have a different purpose: to stimulate a discussion of differential diagnosis and pathophysiology. Your Preceptor can help you learn the different formats and offer guidance about expectations.

## PROCEDURES AND "SCUT WORK"

Management of ward patients requires skill in simple procedures, scheduling tests and tracking lab results. This is an important part of your daily routine and will prepare you for being a house officer. On both the ward and ambulatory rotations, you can learn basic bedside techniques and skills: phlebotomy, placing intravenous lines and so forth. Develop confidence in these basic procedural skills so that patient discomfort is minimized.

Learn more than the manual skill; learn the reason for each procedure and the scientific rationale. When informed with understanding and performed with care and compassion, the motions of "scut work" become the actions of a physician.

## **PRECEPTOR MEETINGS.... Created specifically for your learning!**

Students work with a Preceptor during each five-week rotation, on both the inpatient and ambulatory rotation. A Preceptor is a faculty member (usually an attending physician although fellows may occasionally serve as Preceptors) who is designated to serve as a primary teacher (or teaching attending physician) for the entire five weeks. The Preceptor meetings are typically held two afternoons each week for approximately two hours each meeting. Depending on the clerkship site, there will be 2-5 students in each group, and ward and ambulatory students may share the same Preceptor. Your Preceptor may have the most significant continuity with you during each five weeks. The goal of the Preceptor sessions is to help students become detailed, critical thinkers - to make the transition from Reporter to Interpreter or beyond. This will be accomplished through detailed case-based discussions of the patients you have been following, prepared talks on common and serious medical problems, bedside interaction with patients, observation of history and physical examination skills, and review of your written H&Ps and analyses as detailed previously. The Preceptor is assigned only to the clerkship medical students and has no teaching responsibilities for the housestaff. As such, Preceptor rounds should be a time for you to discuss aspects of patient care you find interesting or confusing, or to simply devote time to a detailed discussion of these problems - something that may not be possible with your ward team or ambulatory attendings.

**The Preceptor meetings are MANDATORY**, and take precedence over all other activities, including patient care. **Any absences from Preceptor meetings must be approved in advance by the Preceptor and the Onsite Clerkship Director.** For ward students, some Preceptor meetings may be scheduled on post-call days. We try to minimize this, but because of complexity of scheduling and other demands on Preceptors' time, post-call meetings may not be completely avoidable. Because call schedules vary across the inpatient sites, the Onsite Clerkship Director will provide specific guidance about activities and responsibilities for overnight call on the day preceding such Preceptor meetings.

## **TRACKING PATIENT PROBLEMS ENCOUNTERED**

Students must document all NEW patient encounters (AND old patients with NEW problems), including their age, gender and problem categories for every patient, your role with the patient and the setting in which they were evaluated.

<http://www.surveymonkey.com/s/medicinepatientlog>

You should record patients for whom you were directly involved in their care and patients that were teaching cases. This includes patients discussed on ward team/attending rounds, Preceptor rounds, and morning report cases. We use this to ensure you are seeing what you need to see AND an adequate number of patients and may contact you for additional learning opportunities if there are deficiencies.

## **INTERACTIVE GROUP SESSIONS (IGS)**

These are given at all sites by local experts and covering the same 15 critical topics. **ATTENDANCE IS MANDATORY.** Sessions are focused on the diagnosis and interpretation of common illnesses. They are intended to help you get the basics and to make a transition from reporting to interpreting lab data. Basic science and military relevant issues will be included. Sessions are given over the 15 weeks of this clerkship period. For whichever 5 topics you miss

because you are away on the Psychiatry Clerkship, we will provide you with 5 on-line virtual patient cases [SIMPLE cases] so that you do not miss any material. You could accomplish these five (5) SIMPLE cases at any time during the 15 week clerkship block, although we recommend you do one each week during the psychiatry clerkship. MED-U gives us a report of completion (and time spent) on each case. **Failure to complete the five (5) SIMPLE cases requirement will result in Department of Medicine Education Committee (DOME) review.** Each clerkship hospital also has its own conferences for students and housestaff-- such as morning report, noon conference, grand rounds-- which you are welcome to AND SHOULD attend when it does not conflict with your other duties.

### DIRECT OBSERVATION OF CLINICAL SKILLS CARDS

All students are required to be observed interviewing or examining patients. Students must return at least three completed Direct Observation of Examination Skills (DOES) cards; i.e., DOES cards, to their site director before departing the site (usually during the final feedback session). Any faculty may complete the cards – interns, residents, ward attendings, ambulatory attendings, or Preceptors may complete the cards after observing you interact with a patient. Note that your teachers may observe part of the history, physical, or counseling a patient. Observation of a **complete** H&P is time consuming and **NOT** required. The DOES cards will be distributed to you at your site orientation. Completed cards will be included in your final evaluation package, but will not be included as part of your narrative grade. **As this is required, students not returning at least three DOES cards during each five-week rotation will have their performance reviewed at the Department of Medicine Education Committee meeting (see below).**

### RECOMMENDED READING

You should read the assigned ESSENTIALS chapter and do other pre-work, if any, prior to each weekly Interactive/Integrative Group Session (IGS). You also have a copy of Harrison's Principles of Internal Medicine, which is a great resource and should be one of your referenced materials for each weekly patient WRITE-UP you submit to your PRECEPTOR. Otherwise, there is no explicit, prescribed textbook reading. Topics for your reading will be informed by the problems your assigned patients present with. As you encounter them, read in a major textbook such as Harrison's "The Cardinal Manifestations of Disease", on the common/serious major "unknowns": chest pain, shortness of breath, syncope, fever, weight loss, GI bleeding, etc. Try also to read on the major, common/serious syndromes: heart failure, renal failure, hepatic failure, etc. Patients presented by other students should prompt you to read in basic textbooks in areas that you recognize as common and serious.

There has been an explosion of medical education resources on the internet. While Up To Date® is ubiquitous, be aware that it is not complete, not always accurate, and often not peer-reviewed. Online resources that we recommend include the current practice guidelines published by the

American College of Physicians

([http://www.acponline.org/clinical\\_information/guidelines/current/](http://www.acponline.org/clinical_information/guidelines/current/))

National Comprehensive Cancer Network

([http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp))

American College of Cardiology

(<http://www.cardiosource.com/guidelines/index.asp>).

### **OVERNIGHT CALL [Inpatient (ward) students only]**

The overnight period can be a time of high activity within the hospital. Opportunities exist for students to see common inpatient complaints on the medicine wards through “cross covering” admitted patients. The overnight period is also a time of minimal staffing when patients admitted to the wards can be evaluated by students first hand in the emergency department or upon arrival to the wards. Being one of the first health care providers to see the patient during an admission can enhance a sense of patient ownership and allow students to know more about their patients and their presentation.

The timing, design, and execution of the overnight call period, if any, will be left to the discretion of each Onsite Clerkship Director based on the parameters outlined here: You should work overnight when you can work ***with your ward team*** AND ***overnight accommodations are provided***. Your continuous period of time working in the hospital will not exceed 24 hours. You will either leave early the morning after being on call and/or the onsite Clerkship Directors may allow you to report to the hospital later in the day (for instance, around noon time) before your overnight call period to maximize the benefit of the 24-hour period. So overall duty time will not vary substantially between sites. Staying overnight should be timed so that you are not fatigued post-call for mandatory academic activities like Preceptor rounds or Interactive/Integrative Group Session (IGS).

## THE AMBULATORY (CLINIC) ROTATION

The internal medicine ambulatory rotation is designed to provide students with a critical opportunity to develop academic and clinical skills in an outpatient setting. Many of the student requirements and expectations are similar to the inpatient setting, but there are differences that merit attention to ensure that this is a fulfilling clerkship for you.

### ORGANIZATION

All clerkship sites have the same basic clerkship structure, but each offers features unique to its own particular patient and provider practice.

The weekly schedule is divided into morning and afternoon clinics, with ample time outside of the hospital for independent study. There are never more than six scheduled clinics per week, but you may choose to spend unscheduled time observing and/or participating in a procedure or specific conference or journal club. Each clinic will designate a fellow or staff attending to whom you are primarily responsible; if clinics are busy, this may be a shared responsibility.

Your weekly schedule may include all general medicine clinics, a mixture of general medicine and subspecialty clinics, or a concentration of one or two specialty clinics rotating weekly with each other. Some sites may include adolescent medicine, neurology, radiation oncology or dermatology; some have clinics that may be more procedurally oriented (GI and Cardiology) as part of the clinic experiences. This is dependent upon the site and the available faculty and requires a healthy sense of flexibility from both the student and the staff. Remember that the **process of learning** - thinking analytically and critically about your patients, can be accomplished regardless of which specialty or subspecialty clinics you are assigned.

There are very few mandatory activities but they are critical - attendance at scheduled clinics, Preceptor sessions, and Interactive Group Sessions (IGS) are the most important. Interactive Group Sessions (IGS) are not optional and clinics will be appropriately scheduled to allow you to attend these. Student attendance and participation in morning report or specialty conferences, when the schedule allows, is strongly encouraged.

### GOALS AND EXPECTATIONS

You are expected to be one of the principal caregivers in clinic, with the focus ranging from complete patient evaluation to discrete specific problem identification. There are three critical elements for success in ambulatory clinics: Prepare, Focus, and Follow-up.

**Prepare:** Review a patient's AHLTA record and read about the active problems before coming to clinic. This can be accomplished by checking with the staff attending, reviewing AHLTA or checking with scheduling clerks in the clinic on the day(s) prior to your patient's scheduled appointment. Clinics may be able to provide you with a detailed record about the patient or simply may have a consultation sheet; AHLTA and CHCS can provide a lot of information about active diagnoses, medications, and laboratory and radiology studies. If there is no patient information available, prepare by reading about problems unique to that particular specialty or subspecialty. Preparation is crucial to your success not only in Reporting, but also in helping you move toward Interpreting.

**Focus:** Focus on the agenda for each clinic patient. The agenda can be formed by combining the patient's concerns, your attending's priorities, and information you gathered while preparing for clinic. Play an active role in the patient's care by gathering relevant data (and by trying not to gather irrelevant data) and developing a problem list with differential diagnosis as appropriate. Organize the data you collect into a succinct oral presentation. Write an organized, complete but focused note. In concert with your attending, you will construct a diagnostic and/or therapeutic management plan to discuss with the patient. Time with patients in the clinic setting is often limited, and focus is essential for you to learn efficiency. Good focus requires knowledge of the disease processes, skill in communicating with patients, and confidence to know what to include and what to leave out.

**Follow-up** includes retrieval of ordered labs and consults. Follow-up may also include patient contact to gather further information, educate your patient or review progress of a medical problem. Follow-up also involves your own education; pursue literature and interact with consultative sources to answer questions raised in your patient evaluation. It may require finishing an assessment and plan for the staff attending or Preceptor, preparing a small talk, or educating another student. **Success as a reasonable interpreter and/or manager/educator often depends on what you do after the clinic session.**

In order to allow sufficient time for you to independently evaluate and then research the problems of the patients you see, clinic schedules are deliberately tailored to your needs. Time is set aside in your schedule to allow you to prepare and follow-up from clinics. Ask your clinic attending to define your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. She/He should help you set reasonable time constraints to allow thorough (yet efficient) patient evaluation and problem identification. Each clinic will have a slightly different format and emphasis, but all are centered on student learning. If you find that you are not actively participating in patient evaluation and management, please let your Onsite Clerkship Director know. **Shadowing your attending physician is not sufficient!**

Teaching techniques are designed to facilitate more direct patient interaction and self-directed learning. The emphasis will be on using the "teachable moment"; i.e., the key point about this patient's presentation upon which you should focus your study **on your own time**. Structured discussions or presentations will often be scheduled at a time distinct from patient clinic time; completion of a patient's work-up or assessment may involve returning to your attending the following day or the next clinic.

## **"OUT" VS "IN" PATIENT ROTATIONS**

There are some distinct differences between the ambulatory and the ward medicine rotation. What are not different are the clerkship goals and expectations! Emphasis on knowledge, skills and professional behavior (attitudes) is consistent regardless of the site or setting. Students must begin to make the transition from "Reporter" to "Interpreter" during this clerkship.

There are obvious differences on the ambulatory rotation: there is no call and required responsibilities are rare on weekends or holidays unless you schedule your geriatric home visit on these days; the hours are more predictable - a typical day is structured from 0700-1700.

The subtle differences may not be apparent initially, but often tend to cause most of the uncertainty and anxiety with the ambulatory clerkship. There is no team (i.e., resident, intern or student colleagues), so students often feel without a home, particularly early in the academic year. There may be a sense of simply moving from clinic to clinic with Preceptor sessions the only opportunity to work as a group. Most sites have tried to remedy this by trying to assign the same attending in consecutive clinics or by assigning students to medical home “teams”.

Working exclusively with senior and skilled staff physicians can be both intimidating and exhausting. There is very little down time in the clinic, with both patients and staff expecting you to be actively thinking all the time. Although the hours are shorter and the clinic schedule seems light at the beginning, most students are exhausted at the end of the day and never feel they can gain control of the knowledge they need - there is always another patient with a new problem. We have worked very hard to accommodate the clinic load to your level of learning, and have picked faculty eager to teach and receptive to mistakes.

Although time demands in the ambulatory setting are more predictable, there are more patients to see. On the ward, you take care of 2-3 patients at a time (sometimes less) - in the clinic, you see 15-20 patients in a week (an average of 2-4 patients/half-day clinic). Your exposure to varied and complex medical problems can lead to a sense of being overwhelmed at times. The constraints of a 20-30 minute appointment seem to make it impossible to gather the necessary data to make an assessment or formulate a plan. This is why our faculty tries to focus your learning to specific areas and why we deliberately allow more time for reading, preparation, and follow-up.

The ambulatory setting is an exciting place to learn and work. The tools you use to gather and synthesize patient information and plan management may need to be refined or adapted to concerns such as time, distance and the psychosocial concerns of the patient. We hope you will find the ambulatory setting to be a rewarding educational experience.

### **AMBULATORY (CLINIC) MEDICAL RECORD DOCUMENTATION**

**In the outpatient setting, ALL OF THE ABOVE APPLIES BUT your write-ups will be focused,** tailored to both the patient's medical problems and to the particular focus of that visit.

Ambulatory clinic notes should preferably be written before the end of clinic, but **must be written within 24 hours of the clinic visit** and either entered into AHLTA (electronic medical record) or sent electronically in a de-identified fashion (i.e., emailed word document) to the clinic attending physician, “attending”, within 24 hours or as otherwise directed by them. The attending will review your note and make any needed changes or additions.

Try to write notes in AHLTA directly to learn how to use this system. Your attending may recommend a template to use, or you can search for ones such as “USAbility”, “AIMFM”, “TRISERVICE PCMH”, or “medicalstudentclinicalnote”. It is critical that **you must write an assessment and plan on all outpatient notes**. This may involve using “Add note” or other function. The point is you deserve, and we require, a chance for you to FREE TEXT.

## FIRST 5-WEEK ROTATION SPECIAL ACTIVITY: Humanities and Professionalism

During the first five-week rotation, in addition to the three write-ups submitted to your Preceptor, each student is required to complete the Humanities and Professionalism Project. Essentially, in lieu of a fourth detailed patient write-up, you will write a reflection about a good example of professionalism-- or of unprofessional behavior—that you witnessed during the first four weeks of the clerkship, using art to anchor your discussion. See Sakai Assignments for details. Submission of a satisfactory product into SAKAI and emailed to your Preceptor prior to midnight Sunday the end of week 4 is required. **Failure to do so will result in your clerkship performance being reviewed at the Department of Medicine Educational Committee meeting.**

## SECOND 5-WEEK ROTATION SPECIAL ACTIVITY: THE GERIATRICS HOME VISIT

All students in the internal medicine clerkship are required to complete one home visit with a geriatric patient during the clerkship. This home visit will result in a structured semi-reflective paper. You will also discuss your home visit in your Precepting group and with your ward or outpatient clinic attending. We strongly encourage you to complete the visit during your first five weeks on the medicine clerkship. The paper itself will be submitted to SAKAI and emailed to your Preceptor by Sunday midnight at the end of week 9 (your second 5 week round).

**Goals:** This exercise is intended to accomplish several goals. (1) You will learn and practice geriatric assessment techniques by interacting with a geriatric patient for a longer period of time than in the clinic and in a different setting than the hospital. (2) You will continue to develop an appreciation of health care in the context of the patient's life. (3) You will gain a better perspective on chronic diseases. (4) You may be able to discuss end of life issues with a patient that you know. (5) You will gain better insight into the physician-patient relationship.

**Process:** First, you will identify one geriatric patient from your ward team in the hospital or in your outpatient clinical practice. Identify your patient as early as possible (even in the first few weeks of the first half of the clerkship if you can). The ideal patient is one in the geriatric age range ( $\geq$  age 65) who would benefit from a home visit, according to your attending, resident, or yourself. This must be a patient that you have evaluated at some point. Examples of patients appropriate for a home visit would be a patient with a history of falling, a patient who seems to not be taking his/her medications regularly, a patient with a terminal illness near the end of life, or a patient who requires home health care or attention from a spouse. The **choice of patient is determined by you** in consultation with your ward team or clinic attending. We will not supply a patient for you – your independent selection of one of your patients for the home visit is an essential part of this project. If the patient you wish to visit is cognitively impaired, discuss the home visit with the patient's spouse or primary caregiver.

Second, you will complete the geriatrics overview module on this website: <http://www.usuhs.mil/med/geriatrics/> and at least two to three other modules applicable to your patient. Please let us know whether you have difficulty accessing the website. This student guide is available both in your handbook and on the website.

Third, you will visit your patient **with a partner**. This visit could occur in the context of a visit to a nursing home, rehabilitation facility or as a home visit. Your partner will usually be another student, but may be a visiting nurse, a physician on your team, or when the visit is in the context of a nursing home or rehabilitation facility, the staff of the facility. If visiting your patient with

another student, **both of you will be excused** from other clerkship activities for up to one half day to complete the visit (although hopefully you can arrange times that won't conflict with required activities; please note, you will not be excused from IGS or Preceptor meetings for this reason). If you have difficulty identifying a suitable patient, or if you have concerns about arranging transportation, please contact your Onsite Clerkship Director for assistance. If you are uncertain of the safety of your patient's neighborhood or home situation, speak to your Onsite Clerkship Director, who can assist you with this. You should also abort your visit at any time if you feel unsafe or uncomfortable.

**You are not providing care for the patient.** You are there to learn from the patient, who is serving as your teacher. If the patient raises questions about his/her health care, do not give advice, but refer the patient to his/her provider. Backup assistance can be obtained from the patient's primary provider, your ward team, and/or your site director. If you encounter an emergent situation, contact local emergency services (911).

Fourth, you will complete the **Geriatrics Home Visit Write-Up**. A guide to this write-up may also be found on the Geriatrics Home Visit webpage (<http://www.usuhs.mil/med/geriatrics/>). You may choose to visit a patient about whom you have already written another paper. While students usually accompany each other to the home visits, **you must write up your own patient and not your colleague's patient**. We anticipate that the entire process of the Geriatrics Home Visit will take about the same amount of time as a Preceptor write up (4-6 pages, 6-8 hours of work including the visit time).

There are three required elements to the Write-up.

1. The home visit must be with a patient you have already met in clinic or on the wards; i.e., it must be a **continuity experience**.
2. You must perform at least one **Geriatric Assessment** and describe it in your paper.
3. The visit must be **in the patient's living situation**; i.e., home, nursing home, rehab facility, and so forth.

**All three must be present for the write-up to be satisfactory. A student not completing the Geriatrics Home Visit, or receiving a less than passing grade on the Geriatrics Home Visit write-up must receive a final evaluation of less than pass from the Preceptor. That student's clerkship performance will be reviewed at the Department of Medicine Educational Committee meeting.**

## PROFESSIONALISM

"**Professionalism** is a promise of duty, and a promise of expertise."

EDMUND D. PELLEGRINO, MD, Professor Emeritus of Medicine and  
Medical Ethics, Georgetown University Medical School

"**Professionalism** is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health."

Medical Professionalism in the New Millennium: A Physician Charter  
American Board of Internal Medicine

As a physician in training, your requirements for professionalism overlap those of physicians but are expanded and emphasized somewhat differently. Further, as military officers, a high standard is expected. The following section outlines some areas of professionalism that we emphasize during the internal medicine clerkship.

### **Pay Attention to Time and Attendance**

Students are expected to be on time or early for all clerkship activities, including ambulatory clinics, rounds, seminars, preceptor meetings, and Interactive Group Session (IGS)s. Complete your inpatient histories and physical examinations in the electronic medical record within twenty-four hours of admission of the patient. Submit your complete write-up, including formulation (analysis/plan), on time as prescribed by your preceptor. Submitting write-ups late, or several at one time, is unacceptable and will lead to a less than passing grade assignment. Prompt completion of written work is a passing criterion in the clerkship. Likewise, persistent tardiness or absence from seminars, clinics and work rounds is unacceptable behavior.

Ward students are expected to be in the hospital daily, including weekends, on a schedule similar to the house staff. When you are on call you may be expected to remain in the hospital overnight accepting new admissions and participating in assessment and management of patients (see overnight call policy, page 21). Days off will vary from team to team and should be established with your resident and interns during the first few days of the rotation. You should plan to remain in the hospital on weekdays and weekends until your team's work has been completed and responsibility for your patients has been transferred to the team on call.

Do not assume that requests for time off will be granted. The attendance policy is outlined in this handbook. We know personal and family crises arise from time to time, and we are very flexible in meeting your needs for personal time if you keep all of your supervisors informed.

### **Do your own work**

The honesty of the medical record is an absolute expectation for medical professionals. You must never knowingly offer false information on a patient, be it in verbal or written format. Any dishonesty in recording or reporting patient information, such as writing or copying patient notes without actually having seen or examined the patient, or copying another's work and claiming it as your own, represents a failure in a core competency. Plagiarism is not permissible in either the medical record or in your write-ups.

### **Accept external scrutiny**

It is the duty of your teachers to watch all aspects of your academic and professional behavior and to provide feedback to you so that you can improve. While the vast majority of the feedback will be positive, corrective feedback is essential to your growth as a student. Reflect on feedback and use the information to grow into your role as a physician. An argumentative, angry reaction to feedback from any of your teachers reflects immaturity, is inappropriate, and does not facilitate your growth. If there are true interpersonal conflicts, bring these to your Onsite Clerkship Director for resolution.

### **Work hard and be respectful**

As a physician-in-training, take your work seriously! Your education is largely in your own hands, guided by your faculty and housestaff. We expect you to be attentive during presentations and while rounding on patients other than your own. We realize that most students will not pursue a career in internal medicine; however, your education and your patients require your full engagement in the clerkship and your best effort at all times. Disdainful commentary regarding patients, internal medicine, facilities, teachers or colleagues is not only petty, but also reflects poorly on your character.

### **Exhibit Poise, Compassion and Grace**

The importance of a positive outlook, poise, and compassion in dealing with patients, colleagues and staff cannot be overstated. Care of the inpatient on the wards (and to a lesser extent the outpatient in clinic) is a team sport – be a contributing, collegial and cooperative member of that team. When communication with the patient becomes difficult, remember that the patient is sick, not you. Cooperation, diplomacy, and the ability to look to the good in others will achieve more than hostile and cynical comments. With a positive attitude and a high level of enthusiasm, complemented by integrity, honesty, and compassion, you will be rewarded with greater respect from both your colleagues and your patients.

## ATTENDANCE

The Department of Medicine policy regarding student absences during clerkships, selectives, and post-clerkship (subinternships) is based on the concept that a physician cannot fulfill responsibilities toward patients and members of the team and for his/her own education without spending full days in the hospital and/or clinic.

1. When ill, students should call-in sick on a daily basis; **students must contact the Onsite Clerkship Director** (who typically will also contact the appropriate housestaff or the day's clinic attendings). If students are away for more than 48 hours because of illness, they must be seen either at the Student Health Service or by an appropriate physician at the hospital in which they are rotating.

2. **Informing the housestaff of absence because of any reason (including illness) is necessary, but not sufficient.** Students missing a duty day **MUST** contact their Onsite Clerkship Director's office. Contact phone numbers and email addresses may be found in this handbook and on Sakai.

3. The Department of Medicine will consider allowing a student to be away from a clerkship, selective, or post-clerkship (subinternship) for **important personal reasons** on a case-by-case basis. Questions about any absences should be referred to the Onsite Clerkship Director, who will then discuss this with the Clerkship Director. The Clerkship Director, on behalf of the Department Chairman, is the final authority for granting excused absences from the clerkship. **Students should not presume they may be excused from clerkship duties** without first asking permission.

4. For a prolonged absence (defined as 5 days or longer) for any reason, the Department of Medicine Education Committee (DOME) will, and for any unexcused absence the DOME may, review a student's record to determine the student's grade (such as whether a grade of Incomplete is warranted) and how any non-Passing grade should be resolved.

5. Failure to be in the hospital and/or clinic at the expected times, including nights and weekends, without sufficient explanation will result in a clerkship grade of Fail.

6. You may leave town for weekends provided you have no clinical responsibilities. It is **your responsibility** to clear this with your ward resident and attending physicians, or ambulatory attendings (as appropriate), AND with your Onsite Clerkship Director. While you may not need to take official leave, you should know and follow applicable USU policy. You must be certain that you can be reached by USU; therefore, you must provide a phone number or other contact information to the Onsite Clerkship Director and the Commandant's Office at USU.

## EVALUATION, FEEDBACK, EXAMINATIONS, and GRADES

### Evaluation and Feedback Sessions

During each five-week rotation, the Onsite Clerkship Director will meet with/obtain feedback from your housestaff and/or attending physician faculty to discuss your progress at approximately the midpoint and end of each 5-week block of the clerkship. Soon after the evaluation session, your Onsite Clerkship Director will meet with you and review. Areas of strength and areas that could use improvement will be discussed.

### Clinical Evaluations

We guide the faculty and housestaff in assessing how well you have met clerkship goals. Their role is evaluation; **final responsibility for grading rests with the Department**. Separate grades are not given for the individual five-week rotations. Your final departmental evaluation will include a letter grade and a narrative. It will be based on your success in meeting the goals of the clerkship in the three major areas outlined above - skills, knowledge, and professional growth, using the RIM/E evaluation scheme: Reporter, Interpreter, Manager/Educator.

### Final Examinations

Examinations will be administered during Assessment week at USU in the final week of each 16-week clerkship block. These will comprehensively test key aspects of the curriculum and will consist of three parts on one or more days:

- (1) **NBME:** The Department of Medicine uses the Internal Medicine Subject Exam of the National Board of Medical Examiners as a final examination. **Students must pass this final examination in order to successfully complete the clerkship.** The Department of Medicine Education Committee will review the clerkship record of those students who do not pass the NBME subject examination (see below). The passing score on the NBME subject examination for this academic year is 65. The NBME examination score will be reported on the departmental final grade. The NBME examination score comprises 20 percent of your grade.
- (2) **MSX:** The innovative **Multi-Step Examination (MSX)** assesses your ability to ask directed questions on H&P, to make a problem list, and to write a brief analysis and plan. The MSX presents a case on video and requires a three-step written response that is similar to the write-ups you complete for the Preceptor; i.e., H&P, Problem List, and Assessment & Plan. The MSX consists of a series of three cases. It will be described further before the exam. You may use a textbook during the MSX, so **students should bring their Harrison's Principles of Internal Medicine textbook, OR one other textbook, to use during the Multi-Step Examination. Use of smartphones or other electronic resources is forbidden.** The MSX does not have a minimal passing score. It is graded on a curve; i.e., student scores are based on a normative distribution of the exam scores for the current group of clerkship students. The MSX comprises 10 percent of your grade.
- (3) **OSCE:** There will be 6-8 "stations" at a simulation center, during which you will do one or more portions of a patient encounter such as interview and/or examine a standardized patient, do an oral case presentation, provide an interpretation of test results, and/or write a brief clinical note with assessment and plan. The OSCE comprises 4 percent of your grade.

Thus 66 percent of your grade is determined by your clinical performance and 34 percent by your examination performance (NBME + MSX + OSCE).

### **Interpretation of a Grade**

The Department of Medicine follows a policy of non-compensatory evaluation and grading. All students must possess **minimum competence in all areas** to pass the clerkship (for example, a passing grade requires more than merely a satisfactory exam score). Grades higher than Pass reflect more rapid development, not ultimate potential. We use criterion-based evaluation and grading (see evaluation form at the end of the Handbook); there is no quota for the number of "Honors", "Pass", or "Fail" grades that can be given during the year.

### **Grading Policy/Procedure**

For the majority of students, final grades are determined by a calculation, using a point system that gives more weight to the resident than the intern or ward attending. The evaluation of your Preceptor carries more weight than that of any other single evaluator, though less than the sum of your clinical teachers. For a student on the ambulatory rotation, total points available for clinic attendings are equal to that of a ward team or teams. Clinic attending input to your grade will be weighted according to your number of clinics with that attending. The second five weeks is weighted more heavily than the first five weeks, because we expect you to improve during the clerkship.

For the majority of students, the final grade is determined by combining clinical and exam points, where the clinical points provide the majority of the points available (70% clinical and 30% examinations, subject to annual Departmental review). Thus, **a student's final grade depends on teacher recommendations and examination performance**. As required by the Registrar, the grade is expressed as Honors, Pass, Fail, or Incomplete.

### **Department of Medicine Education Committee (DOMEK)**

The final clerkship grade for the few students who do not clearly meet clerkship goals will be determined by the Department of Medicine Education Committee. The DOMEK will review the entirety of the student's record, and then will recommend the final grade to the Clerkship Director and the Chairman, Department of Medicine.

**An unacceptable rating in ANY area of performance (which includes comments from any teacher that describe unacceptable performance, regardless of the overall recommendation from the teacher), a recommendation of "Fail" from an evaluator, or multiple recommendations of "Low Pass" or "Needs Improvement" from evaluators, and/or ANY late, incomplete and or poorly done assignment, can result in FAILING the clerkship.**

A student who completes the clerkship with marginal performance in any key area (which includes comments from any teacher that describe marginal performance, regardless of the overall grade recommendation from the teacher, failure to successfully complete the SIMPLE cases, Geriatrics Home Visit, patient log, or failure to return at least three Direct Observation of Clinical Skills cards in each five week rotation), who receives a less than Pass grade

recommendation from any evaluator, or who fails the NBME examination in addition to cited concerns about clerkship performance, will generally receive a grade of FAIL and be expected to have additional time in Internal Medicine in senior year at either the clerkship and/or subinternship level.

Students who fail the NBME Subject Examination must eventually retake and pass it to complete the clerkship. The clinical and examination performance of all students who fail the NBME Subject Examination and all students whose score falls below the 10<sup>th</sup> national percentile (which may still be a passing score) will be discussed by the DOME. For those students whose clerkship performance met basic goals and expectations, the DOME will review the record and may recommend a clerkship grade of Incomplete, and the student would retake the examination at the next subsequent administrations (unless otherwise explicitly approved and directed by the Clerkship Director and the Department of Medicine). If the student passes the retest examination, he/she will receive the grade as determined by the DOME review and recommendation; the retest score on the NBME subject examination will not contribute to the final grade calculation. A student who fails the NBME examination a second time will receive a grade of FAIL for the clerkship and will still be required to pass the NBME Subject Examination following additional clinical work in Internal Medicine during the fourth year.

The records of students who not only receive a failing grade on the NBME Subject Examination, but also exhibit marginal or substandard performance during the clerkship will also be reviewed by the Department of Medicine Education Committee. In general, this review will result in the student receiving a grade of FAIL for the clerkship. The student must then retake and pass the NBME examination following additional experience in Medicine (at the clerkship and/or subinternship level).

Students who receive an internal medicine clerkship grade of FAIL, INCOMPLETE, or PASS-, who subsequently meet expectations on the prescribed remedial experience(s) will have their original internal medicine clerkship grade changed to PASS. Students who receive an internal medicine clerkship grade FAIL may not perform rotations in internal medicine at the post-clerkship ("fourth year" or "subinternship) level without specific permission from the Clerkship Director and Director of Post-Clerkship Programs until all remedial experiences at the Clerkship level in internal medicine are successfully completed.

After receiving your grade and narrative, questions may arise. If so, contact the Clerkship Director in writing (email) and by phone within 14 days. **Any request for a specific teacher to reconsider a recommended grade must go through the Onsite Clerkship Director. Students may NOT directly contact specific teachers to ask them to reconsider grade recommendations.**

### Grade Appeals

All grade appeals from students will ultimately be decided by the Chairman of the Department of Medicine. Students wishing to appeal a grade should contact the Clerkship Director in writing (email) and by phone within 14 days to review the student's clerkship record. If, after reviewing the record, further appeal is desired, the Clerkship Director and student will make an appointment to review the appeal with the Chairman of the Department of Medicine. Further information about grade appeals can be found in USU instructions and/or Dean's Policy Memoranda.

## YOUR FEEDBACK IS IMPORTANT TO US

You are strongly encouraged to professionally give real time feedback directly to your Onsite Clerkship Director, to each physician you work with, and even to your peers.

At the end of each five weeks the students will also be **required** to complete a critique (evaluation) of that rotation and EACH of those faculty to assist in improving the Clerkship. This feedback has led to many changes in how we implement the clerkship goals. These critiques of faculty and the program **ARE NEVER SHARED WITH FACULTY UNTIL THEIR EVALUATIONS OF YOU HAVE BEEN SUBMITTED.**

You are also encouraged to speak with the Clerkship Director at any time [William.kelly@usuhs.edu](mailto:William.kelly@usuhs.edu) 240-753-5689.

We recognize that students are not always comfortable sharing difficult experiences with faculty who are seen as part of the evaluation process. If circumstances arise that you are uncomfortable with or you feel you can only report in confidence, you can speak with the Office of Student Affairs or your student class representative.

Finally, an “Instafeedback” line ( <https://www.surveymonkey.com/s/M77FKJC> ) is always available, where you can submit your concerns on-line, anytime, and anonymously if desired.

### SUMMARY

We always look forward with great anticipation to the arrival of new students on the Medicine Clerkship, and the same is true with your class. We work hard to ensure that it is a meaningful growth experience for you that will be applicable to your future career regardless of your final specialty choice. Faculty at all of our sites are interested in your development as a physician and will strive to help you, if you put forth the effort to improve. At any time during the Internal Medicine Clerkship please feel free to speak with any of us. We encourage you to show the same initiative in your education as you would in seeking out answers to questions of patient care.

William Kelly, MD, LTC, MC, USA  
Clerkship Director, USU  
Inpatient Director, WRNMMC

Rechell Rodriguez, MD  
LtCol, USAF, MC  
Co-Clerkship Director  
Ambulatory Director, SAMHS

Paul A Hemmer, MD, MPH  
Col (ret), USAF, MC  
Vice-Chairman for Educational Programs

Louis N. Pangaro, MD, MACP  
COL (Ret), MC, USA  
Professor and Chairman  
Department of Medicine

**DEPARTMENT OF MEDICINE FACULTY AND SITE CONTACT INFORMATION**

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<p><b>Naval Medical Center Portsmouth</b></p>	<p align="center"><b>Ward and Ambulatory Director</b>  Sam Gao, MD, LCDR, MC, USN  <a href="mailto:sam.gao@med.navy.mil">sam.gao@med.navy.mil</a>  (757) 953-2051 (office)  <b>(757) 288-6906 (cell)</b></p>

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## GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP

AT

### WALTER REED NATIONAL MILITARY MEDICAL CENTER (WRNMMC)

The Walter Reed National Military Medical Center is the new premier medical center in the nation's capitol resulting from the merger of Walter Reed Army Medical Center in Washington DC and the National Naval Medical Center in Bethesda, Maryland. The Department of Medicine at WRNMMC has six inpatient ward teams as well as multiple large and busy general internal medicine and subspecialty internal medicine clinics

<http://www.wrnmmc.capmed.mil/SitePages/home.aspx>

[http://wrnmmcim.com/Walter\\_Reed\\_Internal\\_Medicine/Welcome.html](http://wrnmmcim.com/Walter_Reed_Internal_Medicine/Welcome.html)

### ORGANIZATION

#### WARD STUDENTS

**Students on the ward rotation** will work on a general internal medicine ward team. Students will admit patients during their call days and follow the patients through the duration of stay. An inpatient ward team includes a resident, two interns, a sub-intern, and one or two clerkship students. The ward resident is your immediate supervisor. A staff attending physician is responsible for overseeing patient care and the education of the housestaff and students. There are two Chiefs of Residents who work closely with both the housestaff and the faculty.

There are six ward teams, which alternate long call every six day. Residents stay overnight from 0600 until 1000 the next day while interns work during the day, with night float interns taking call at night. A separate night float resident also takes call and admits patients during busy evenings as well as after midnight. On the third day of each six-day cycle, the team accepts patients admitted by the night float resident during a "short call" day. Students admit with their teams, and are required to perform to two night shifts on their teams call days during their rotation to experience these admissions.

On the day before you, plan to stay overnight, report to the hospital for noon conference and work with your team that afternoon and the night float overnight. Round with your team the next morning, presenting the patient(s) you admit, and leave by noon. Overnight call is not allowed if Preceptor rounds or an Interactive Group Session (IGS) is scheduled for the post call day.

Student lockers are located on the wards in the team rooms. Bring your own lock.

Inpatient students should evaluate and present at least two new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. Ensure you give yourself adequate time to prepare, We suggest a minimum of 30 minutes preparatory time per patient, during which you spend about 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and preparing to present.

Write a history and physical (H&P) on every patient, you admit. Clerkship students do not write the official H&P for the chart; this is the responsibility of the intern. More guidance on notes is in your clerkship handbook, but make sure the team resident reviews your H&P and gives you feedback.

Observe and perform procedures such as venipunctures, IV line placement, obtaining arterial blood for interpretation, thoracentesis, paracentesis, arthrocentesis, nasogastric tube, and urinary catheter placement. Order writing is not a requirement of the clerkship, but may be authorized by your resident in preparation for his/her co-signature. Always discuss orders to be written with your resident prior to entering them into the computer. Any orders written by a student must be immediately co-signed by the intern or resident.

### WRNMMC CLERKSHIP SCHEDULE - WARDS

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
Daily	Before 0800	Pre-rounding; students assess patients and prepare for rounds	Mandatory; time varies
M-F	0800-0900	Morning Report (Multipurpose conference room, America Building)	Expected
Daily	0900-1100	Housestaff/Attending Rounds	Mandatory
M-W-Th-F	1200-1300	House staff Core Lecture Series (MultiD Conference Room)	Expected
Tues	1200-1330	Interactive Group Sessions (IGS)(America Building, Rm 2301)	Mandatory
Fr (monthly)	1200-1300	Grand Rounds (MultiD Conference Room)	Mandatory
T/Th/Fr, as assigned	1330-1530	Preceptor Sessions (at mutually arranged site)	Mandatory

Sunday and holiday rounds are variable depending on the call schedule and size of service.

### AMBULATORY STUDENTS

**Students on the ambulatory rotation** will have six scheduled half-days of clinic per week, caring for patients and learning in both general IM and subspecialty IM clinics. Additional outpatient sites in the community, such as uninsured clinics in Silver Spring associated with Holy Cross Hospital, Fairfax Family Health Clinic, Mobile Medicine Uninsured Clinic, Kimbrough outpatient clinics, and other civilian private practices may be used for the ambulatory rotation, all of which will require transportation. Special requests for clinic assignments may be made in advance of the rotation; however, availability of clinics and teachers will be the most important factor in assigning your clinical experiences.

Students are expected to prepare before clinics, perform a focused evaluation (under supervision), and follow-up the patients they see in clinic. Your ambulatory attending physicians

will be available to discuss every patient seen. **Students must write an appropriate note following the SOAP format on every patient they evaluate.** It is essential that students immediately report any barriers to AHLTA access to the site administrator because writing a note on every patient is essential to your education. At the site orientation, the Onsite Clerkship Director will suggest effective strategies to document in the electronic medical record.

There are lockers, a refrigerator, and additional workspace/computers for your use in the second floor resident work area immediately adjacent to the Morning Report room, second floor American Building.

**Your clinic attending faculty may occasionally be unavailable on a day when you are assigned to him/her. It remains mandatory for you to see patients in clinic on that half day.** If you are unable to find a clinical preceptor, please contact your Onsite Clerkship Director or the clerkship administrator, who will make arrangements for you to work with an available faculty member.

### ANTICIPATED WRNMMC CLERKSHIP AMBULATORY SCHEDULE

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>
M-F	0630-0730	Cardiology Clinic Teaching Sessions
M-F	0800-1130	Clinics as assigned
M-F	1300-1600	Clinics as assigned
M-W-Th-F	1200-1300	Noon Report (formerly morning report = patient cases)
Tues	1200-1330	Interactive Group Sessions (IGS) (America Building, room TBA)
Fr (monthly)	1200-1300	Grand Rounds (MultiD Conference Room)
T/Th or Fr, as assigned	1330-1530	Preceptor Sessions (at mutually arranged site)

### TEACHING PROGRAM

In a busy hospital like WRNMMC, there are numerous conferences, rounds, and administrative tasks integrated into a student's schedule each day. Sometimes the many requirements of patient care and the student's education seem to conflict and a choice must be made between two important events. **Presence at preceptor sessions, assigned ambulatory clinics and the Interactive Group Session (IGS)s is mandatory and takes priority over any other activity.** Except for compelling reasons of patient care, attendance at attending rounds, work rounds, and Grand Rounds is required. Student attendance and participation in morning report and the daily noon house staff core lecture is expected, but not mandatory if inpatient care or ambulatory clinics interfere. If ambulatory clinics are scheduled for a student on a particular day, morning report and house staff core lectures are excused.

**CHCS, ESSENTRIS, AHLTA AND EMAIL** The ability to use the hospital computer systems, including CHCS, AHLTA, and Essentris are critical to actively participate in patient care. All students should have been trained in their use and should have passwords prior to reporting. User codes and familiarity with these systems will be verified on the day of orientation, but it

remains the student's responsibility to ensure they have access to these electronic systems. The clerkship site administrator is your point of contact for problems with electronic systems. It is necessary for you to read your personal email daily, as this is frequently used to notify students of changes in lecture schedules, Preceptor meetings, clinics, etc. In addition, each student will have a mailbox in the USU Department of Medicine offices at WRNMMC, and students must check that mailbox at least weekly.

**REPORTING TO WRNMMC** If you are starting your first five weeks of internal medicine, then you will have an orientation and Pretest at USU (usually Building A) at 0800 hours. Orientation to WRNMMC will begin at 1300 hours America building (#19) lobby. If you are starting your second 5 weeks of internal medicine, then orientation to WRNMMC will begin at 0800 American building (#19) lobby unless otherwise directed in orientation memo.

## **UNIFORM**

All students must wear white coats and clearly visible nametags while in the hospital. Working uniforms for Navy personnel are generally khaki's. For Army or Air Force, BDUs or ACUs are acceptable alternatives. **Class Bs, or equivalent, MUST be worn on Fridays.** Military personnel are authorized to wear appropriate civilian attire on the weekends and when working in civilian clinics. If there isn't enough time to change into uniform when traveling from an outside rotation to WRNMMC, appropriate civilian attire may be worn to clinic or academic activities for the rest of the day. Unless participating in a procedure or working after hours, scrubs are not authorized.

## **INCLEMENT WEATHER POLICY**

While on clinical clerkships, students are expected to follow the hospital's decision about operating status (open, closed, delayed, etc) and **not the USU policy**. If clinics are open, ambulatory students are expected to report. Ward students are expected to report on time for rounds, even with inclement weather. However, students must use judgment about the safety of driving and if conditions are hazardous, students are expected to call and notify their teachers and administrators of their whereabouts.

We want you to do well and enjoy your experience. Please contact us with any questions,

**Administrator, Amb** - Olukemi Omotoyinbo, [olukemi.omotoyinbo@usuhs.edu](mailto:olukemi.omotoyinbo@usuhs.edu) **301-312-7423**

**Aministrator, Ward** - Kathryn Bomysoad [Kathryn.bomysoad@usuhs.edu](mailto:Kathryn.bomysoad@usuhs.edu) **301-295-5790**

**Amb Director** - William Kelly, MD, LTC, MC, USA [William.kelly@usuhs.edu](mailto:William.kelly@usuhs.edu) 240-735-5689 (cell)

**Ward Director** - Lynn Byars, MD, LCDR, MC, USN [Lynn.Byars@usuhs.edu](mailto:Lynn.Byars@usuhs.edu) 301-400-2726

## GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

**SAN ANTONIO MILITARY HEALTH SYSTEM (SAMHS)  
SAN ANTONIO MILITARY MEDICAL CENTER (SAMMC)  
WILFORD HALL AMBULATORY SURGICAL CENTER (WHASC)**

### ORGANIZATION

During the SAMHS portion of your rotation, the ward students will rotate at SAMMC, while ambulatory students may attend clinics at both facilities (SAMMC and WHASC). The medical service beds (approximately 200) are divided between general medicine and cardiology services. The types of problems found on the General Medicine Service are diverse, reflecting the large referral area for SAMMC. We see both common and unusual medical disorders because of our role as a primary and tertiary care center.

### TEACHING PROGRAM

SAMHS hospitals are very busy teaching institutions, and provide approximately five morning reports, a residency academic afternoon, and grand rounds each week, which are arranged through the Department of Medicine. Medical students are invited to attend these when possible, although commitments to patient care remain the highest priority. Please remember that although the residency academic afternoon is highly encouraged it is not mandatory. **Preceptor rounds** and **Interactive Group Session (IGS)s** are **absolutely mandatory** for all clerkship students.

The overall schedule framework is as follows:

### SAMHS CLERKSHIP SCHEDULE

<u>Days</u>	<u>Hours</u>	<u>Title</u>	<u>Comments</u>
<u>Ward Students</u>			
Daily	0700	House staff Work Rounds	Mandatory
Mon-Fri	0800-0845	Morning Report*	Mandatory
Post Call Days	Variable	Attending Rounds	Mandatory
<u>Ambulatory Students</u>			
Mon-Fri	0800-1130	Clinics as assigned	Mandatory
	1300-1630	Clinics as assigned	Mandatory

### All Students

Tues	1300-1600	Academic Afternoon*	Encouraged
Tues/Wed	1330-1500	Interactive Group Sessions	**Mandatory
Friday	1200-1300	Grand Rounds	Encouraged
Preceptor Sessions***			Mandatory

\* Morning Report and the Residency Academic Afternoon take place at SAMMC

\*\*Please see the USU weekly schedule for location of Interactive Group Sessions (IGS), and refer to your resident or intern for the location of departmental conferences.

\*\*\*About 4 to 4.5 hours per week over 2 sessions per week, arranged by preceptor

## **WARD ROTATION AND SCHEDULE**

Each USU medicine clerkship student on the ward rotation is assigned to one of seven General Medicine Service ward teams, which each consist of an attending, a resident, two to three interns, and one to two clerkship students (each team may have a fourth year student as well). For inpatient students, your immediate supervisor is your resident, who is responsible for you and will work with the Onsite USU Clerkship Office to solve any problems that might develop. Each team admits new patients on a daily basis and follows a variable long or PM call schedule. Students are expected to be on call with the team and stay in the hospital until approximately 2100 on evening call nights (in lieu of overnight call for each ward team, there is a separate night float team). If your team is on call the first day of the rotation, you will be expected to take call with your team. Weekend schedule, other than for call days, is determined by the resident. Days off follow the same guidelines as those for the residents: an average of one day off per week over the course of a rotation. Days must not conflict with any mandatory meetings, such as Preceptor meetings or Interactive Group Sessions (IGS).

Inpatient students should evaluate and present at least two new patients per week. In order to be valuable members of the team, students must be more informed about their patients than any other team member. This includes reading about problems and being able to contribute to diagnostic and therapeutic planning. All patients evaluated by the student should be presented on morning work/attending rounds. A written history and physical should be completed and reviewed by the resident within 24 hours. You are expected to be fully prepared to discuss each patient you are following during work rounds. Therefore, you must give yourself adequate time to prepare. We suggest a MINIMUM of 30 minutes per patient, during which you should spend approximately 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and notes in preparation for work rounds. The amount of time may vary depending on the complexity of the patients and your abilities as a student, but it remains your responsibility to be prepared for rounds each day. Your team resident and interns will work with you to determine when you should arrive at work each day.

Daily notes are to be entered using the "Training-only" History and Physical or Progress Note in Essentris and should conform to standard expectations as well as any specific requirements set forth by your team members (see prior sections of this handbook). Although student progress notes do not require co-signature, we expect members of your team to review them and provide you feedback.

## **AMBULATORY ROTATION AND SCHEDULE**

Students on their ambulatory rotation will be rotating at clinics at both SAMMC and WHASC. The schedule will consist of both general Internal Medicine clinics as well as some subspecialty

medicine clinics. Students must prepare for the clinics by contacting the clinic attending the day before the clinic in order to determine which patients will be seen in order to review the records in AHLTA and begin preparing the clinic note. Clinic notes must be completed and submitted within 24 hours of the clinic. For example, clinic at 0800 on Monday, notes would be due by 0800 Tuesday. Students are encouraged to utilize the transportation shuttle service that goes from SAMMC to WHASC every 30 minutes (see Transportation below).

## **REPORTING AND DEPARTURE**

The first day of each rotation begins with a general clerkship orientation. Students will report promptly at 0730 at the 1<sup>st</sup> floor of the main SAMMC tower by the information desk, which is near the entrance closest to the Powless Guest House (opposite side from the medical mall) with one copy of their orders, copy of HIPPA training and copy of Information Assurance. The SAMHS Onsite Clerkship Directors will provide an orientation to the Medicine Clerkship. For rotations during your first five weeks of the Internal Medicine Clerkship, a pretest will also be administered on the first day afternoon.

The rotation for all students concludes on Friday morning the fifth week of the rotation after a final meeting with the SAMHS Onsite Clerkship Directors. Those students who have long call on the last Thursday of the rotation will be expected to participate in an abbreviated call that will end by 1800 so that they may have the appropriate rest for their trip back to USU. No student will be permitted to begin the rotation late or terminate it early without written permission from the Clerkship Director (LTC Kelly or Lt Col Rodriguez) and the SAMHS Onsite Clerkship Directors, and then only for cases of exceptional personal need. **No other faculty member or house officer at SAMHS may give a student permission to leave prior to Friday morning.**

## **HOUSING**

Every effort has been made to provide you with lodging at Brooke Army Medical Center. Please contact the Powless Guest House 3 weeks before you arrive with your credit card information. If you do not contact them your room will not be held for you. Remember to cancel your room if you will not be coming. If you do not arrive on the arrival date and do not call to inform them you will be charged for a “no show” one night room and tax and there is no guarantee that the room will be available the following day. Please contact Debbie Smith at USU if you have problems. If she is unable to assist you then our office will assist as necessary to resolve any difficulties. Residence off base is only permitted in special circumstances and will require consent from USU. We are unable to provide lodging facilities for students traveling with family members or pets.

## **MEALS**

The hospital cafeteria/grab and go is available to you for three meals a day. In addition, you will be able to eat at other facilities located on or near base or post.

## **TRANSPORTATION**

The city is well served by an efficient and convenient bus system for those wishing to visit downtown San Antonio. Students traveling at night are encouraged to go in groups. There is a shuttle bus between SAMMC and WHASC which leaves every half hour from WHASC and returns to SAMMC on the hour. The shuttle operates from Monday through Friday, beginning with a 0500 departure from WHASC. The last shuttle leaves BAMC at 2000.

## ILLNESS

If a student becomes ill, **he or she must contact the Onsite Clerkship Director** and should contact the ward team (or clinic attending). The student will see a physician arranged by the SAMHS Onsite Clerkship Director for appropriate management if deemed necessary.

## UNIFORM

**Each student should bring one to two sets of ABUs/ACUs/NWUs for wear Monday through Friday.** Air Force students should bring one set of blues to wear on Mondays only. Regardless of whether or not you choose to wear scrubs while working on the wards you must come to work in an appropriate uniform. Hospital policy for military personnel on weekends or holidays allows appropriate civilian attire. When not in uniform and present in the medical center to perform any patient contact, a neat, professional appearance will always be maintained.

## LOCAL TRAVEL, EMERGENCY LEAVE

While you are at SAMHS you are expected to remain in the San Antonio area, although short trips on weekends are acceptable if you are not on call. In order to ensure your team AND Clerkship Directors know your destination you are required to fill out a local travel form prior to leaving the greater San Antonio area. You may use this form in lieu of taking leave for daytrips/weekend trips within a 250 mile radius from base. **It is important that we know where you are and how to reach you at all times.** If a personal emergency requires that you leave San Antonio, you must contact a SAMHS Onsite Clerkship Director or co-Clerkship Director Dr. Rechell Rodriguez via Linda Licona at [Rechell.G.Rodriguez.mil@mail.mil](mailto:Rechell.G.Rodriguez.mil@mail.mil). While at SAMHS, federal holidays and Sundays are to be treated by you as the house staff treats them. For any questions consult the SAMHS Onsite Directors.

Mail can be forwarded to you at this address (Mail is extremely slow):

SAMMC  
(Your Name and Rank)  
Department of Medicine MCHE-MDV  
3551 Roger Brooke Dr  
JBSA Ft Sam Houston TX 78234-4504

## TELEPHONE NUMBERS

USU SAMHS Clerkship Office  
BAMC (210) 916-5557 FAX (210) 916-5104

Temple Ratcliffe, Maj, USAF, MC  
Assistant Professor of Medicine, USU  
Associate Clerkship Director  
Ward Director SAMHS  
Temple.A.Ratcliffe.mil@mail.mil  
Pager (210) 594-2617  
SAMMC (210) 916-7957

Rechell G. Rodriguez, LtCol, USAF, MC  
Associate Professor of Medicine, USU  
Co-Clerkship Director  
Ambulatory Director SAMHS  
Rechell.G.Rodriguez.mil@mail.mil  
Pager (210) 594-2003  
SAMMC (210) 916-8691

Cell (210) 896-1943

**GUIDE FOR INTERNAL MEDICINE CLERKSHIP**  
**AT**  
**NAVAL MEDICAL CENTER PORTSMOUTH (NMCP)**

**ORGANIZATION**

Naval Medical Center Portsmouth services the coastal Virginia and northeastern North Carolina area. This encompasses a tri-service region, and includes Naval Station Norfolk, the largest naval base in the world. Our patients include active duty service members from all branches and their dependents; as well as a large retired military population. We function not only as a tertiary care center for outlying medical treatment facilities, but also provide the critical day to day "bread and butter" medicine that is the framework of both ambulatory and inpatient care.

The inpatient service at NMCP includes 3 general Internal Medicine teams, one Cardiology team, one ICU team, and one Heme/Onc team. Clerkship inpatient students will be assigned to one of the general Internal Medicine teams. Ambulatory students will be assigned a schedule which includes multiple clinics within the Department of Internal Medicine. Additionally, some ambulatory students may have the opportunity to work in the Internal Medicine Clinic at Langley Air Force Base.

**TEACHING PROGRAM**

The weekly schedule has been deliberately tailored to allow each clerk sufficient time to independently evaluate and research the problems of the patients she/he sees in each clinic or on the wards. There are very few mandatory activities but they are critical - attendance at preceptor sessions and in your clinics are the most important. **Be on time to clinic! Patients are scheduled specifically for you, and your faculty often want to discuss a patient with you prior to your interaction with the patient.**

**AMBULATORY CLERKSHIP**

The week's schedule is divided into morning and afternoon clinics, with ample time for independent study. There are 6 scheduled clinics per week but you may choose to spend some time observing procedures or participating in sub-specialty rounds/ conferences outside of that schedule. Each student will have a major "focus" in General Internal Medicine with 3-4 additional sub-specialty clinics. Students may also get the chance to perform some procedures and interpret diagnostic studies.

Feedback should be provided informally during each clinic by the clinic attending. The Associate Clerkship Director will meet with each student individually to provide formal mid-point feedback and evaluation. Each clerkship student will be integrated into the ambulatory clinic schedules of various Medicine specialties. Since there is no "team" concept in the outpatient setting, the Clerkship Director and your Preceptor will be your primary contacts. The goal of the ambulatory rotation is to strengthen your academic and clinical skills in a setting where most of today's health care is provided, and where the tools you implement to gather and synthesize patient data may need to be refined or adapted to concerns such as time, distance and social concerns.

The focus of the clinical encounters will range from a complete patient evaluation to more focused attention on selected medical problems. Your attending will direct your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. If you find you are not actively participating in patient evaluation and management, please let the Associate Clerkship Director know. This is meant to be an active learning process. You are strongly encouraged to take "ownership" of the patients you see by following-up on diagnostic studies and where appropriate calling patients with results. Remember, the best learning is self-directed learning, so take advantage of this rotation to read and research as much as you can about your patients! Preparation prior to clinic is the key to getting the most out of the outpatient experience. Many clinic attendings and clinic secretaries can tell you who is coming into clinic the next day. It is expected that the student will read and prepare PRIOR to clinic.

## **INPATIENT CLERKSHIP**

Each clerkship student will be assigned to a ward team. Teams consist of one staff attending, one upper level (PGY2 or PGY3) resident and 2-3 interns. The teams may also have a 4<sup>th</sup> year sub-intern and possibly a clerkship student from another medical school as well. The ward resident is your immediate supervisor, though you will also work closely with your team interns as well. Your team will be responsible for admitting patients during the day and accepting patients who were admitted overnight. A separate Night Float teams handles overnight admissions. **Students should not take overnight call when Interactive Group Session (IGS) or Preceptor rounds are scheduled for the next day.**

Inpatient students should evaluate and present at least two new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. A written history and physical should be completed and reviewed by the resident within 24 hours. You are expected to be fully prepared to discuss each patient you are following during work rounds. Therefore, you must give yourself adequate time to prepare. We suggest a MINIMUM of 30 minutes per patient, during which you should spend approximately 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and notes in preparation for work rounds. The amount of time may vary depending on the complexity of the patients and your abilities as a student but it remains your responsibility to be prepared for rounds each day. Your team resident and interns will work with you to determine when you should arrive at work each day. Turnover of patients admitted overnight by the night float service usually occurs at 0600; work rounds are conducted after those patients are seen by students & interns. Depending on your team's patient load, you may need to arrive at 0600 or earlier to complete your patient evaluations prior to work rounds. Attending Rounds occur later in the morning (the time will vary by team and attending preference).

Daily notes are to be entered using the MD Progress note in Essentris and should conform to standard expectations as well as any specific requirements set forth by your team members (see prior sections of this handbook). Student progress notes **MUST** be reviewed, corrected, and co-signed (by an intern, resident, or attending physician) **EACH** day. If your progress notes are not being reviewed and/or signed each day, you must notify the site director immediately.

## PRECEPTOR SESSIONS/IGS LECTURES

Preceptor sessions will usually be held on Monday, Wednesday and/or Friday afternoons. **The week's educational activities do not conclude until after any scheduled Friday afternoon Preceptor sessions. As a reminder, these are mandatory. You should excuse yourself from other inpatient/ambulatory duties in order to attend these sessions.**

Interactive Group Sessions (IGS) will typically occur at 1200 each Friday. **Interactive Group Sessions (IGS) are also mandatory** - if you have a Friday clinic, make sure your schedule will allow your attendance at the Seminars. Noon-report and academic lectures following noon-report are **MANDATORY** parts of your schedule. Many interesting topics and patients are discussed at these sessions. If you have any questions, please contact the Associate Clerkship Director (Dr. Gao).

## REPORTING

NMCP students starting their first five weeks of internal medicine will have a general clerkship orientation and take a pretest at the Uniformed Services University in **Bethesda** at USU on the first day of the rotation. **DO NOT REPORT TO NMCP PRIOR TO TAKING THE PRETEST AT USU.** This orientation ends at noon allowing students ample time to drive to Portsmouth that afternoon (approximate driving time 4 hours). Orientation at Portsmouth begins on Tuesday morning at **0730**.

**\*\* NMCP students starting their second 5 weeks of internal medicine should report to Portsmouth the first day of the rotation. \*\***

Students should meet Dr. Sam Gao, Associate Clerkship Director, in front of the Nephrology Clinic at **0700** (2nd Floor of the Charette Health Care Center, a.k.a. Building 2). After a brief orientation to the clerkship and the respective ambulatory clinics, orientation will continue with in-processing at the Graduate Medical Education (GME) Office, located in Building 3 (tan tall building) on the third floor (phone 953-5109). Students will then proceed to their assigned clinics and/or meet their ward teams. Please come prepared to see patients on your first day with us!

The rotation for all students concludes after clinic, the Interactive Group Session (IGS), and a final meeting with the onsite Clerkship Director on Friday morning of the fifth week of the rotation. No student will be permitted to begin his or her rotation late or terminate it early without permission from the Clerkship Director, Dr. Kelly or the NMCP Onsite Clerkship Director, Dr. Gao, and then only for cases of exceptional personal need.

## HOUSING

Students will be lodged at The Gateway Inn and Suites at the Norfolk Naval Shipyard in Portsmouth, VA; which is a short drive from the NMCP base. Please note that though called the Norfolk Naval Shipyard, this is actually located in Portsmouth! Information and driving directions can be found at: <http://ngis.dodlodging.net/property/Norfolk-NSY>

## UNIFORM

For Navy students, the khaki uniform or the blue NWU is always an acceptable working uniform. The winter working blue uniform and summer white uniform is also authorized in this area. Air

Force and Army students should plan to wear service-specific equivalent uniforms. Dates for uniform changes are usually one to two weeks earlier than in the metro Washington DC area, so please call ahead if you are coming in the spring or fall and plan to bring a season specific uniform.

## **LOCAL TRAVEL AND EMERGENCY LEAVE**

While you are at Portsmouth you are expected to remain in the area during the week. Ambulatory students will have weekends off, and weekend travel is perfectly acceptable. Take advantage of the beach and the Outer Banks or talk with your residents/attendings about other activities in the local area. Given NMCP's relative proximity to DC, many ambulatory students travel back to DC for weekends with their family. Inpatient students will have one day off per week and thus will likely not have time for personal travel, but please take advantage of the local area! If a personal emergency requires that you leave the Hampton Roads area, you must contact the onsite Clerkship Director.

Many of our prior attendings, residents, and/or interns are assigned to local operational units, and many of them are interested in sharing their operational medicine experience. Please let your onsite clerkship director know if you are interested in visiting with these physicians. Past clerkship students have visited with the SMO onboard a carrier and toured an amphibious assault ship, among other activities.

### **MAIL:**

(Please notify Dr. Gao before forwarding mail or sending any packages.)

Attn: Sam Gao, LCDR, USN  
Nephrology Clinic  
620 John Paul Jones Circle  
Portsmouth, VA 23708

### **TELEPHONE NUMBERS**

NMCP Associate Clerkship Director (Dr. Gao)	(757) 953-2051
NMCP Graduate Medical Education (GME)	(757) 953-5109

LCDR Sam Gao, MC USN  
Assistant Professor of Medicine  
Associate Clerkship Director - NMCP  
Phone: (757) 953-2051  
Fax: (757) 953-8000  
E-mail: [sam.gao@med.navy.mil](mailto:sam.gao@med.navy.mil)

## **GUIDE FOR INTERNAL MEDICINE CLERKSHIP**

**AT**

### **MADIGAN ARMY MEDICAL CENTER (MAMC)**

#### **ORGANIZATION**

Madigan Army Medical Center is the military tertiary referral center for the Northwest region of the United States, servicing Alaska, Oregon, Washington, and portions of Idaho. Madigan also delivers primary care to over 50,000 active duty service members, their family members, and retirees.

The Department of Medicine at MAMC is composed of four inpatient ward teams (three medicine teams and one Cardiology team) and multiple specialty outpatient clinics. Each clerkship student is assigned to either a General Medicine inpatient ward team or an ambulatory rotation.

#### **INPATIENT CLERKSHIP**

Clerkship students will be assigned to a General Medicine team which includes one to two attendings, one to two residents, two to three interns, often a sub-intern, and one or two clerkship students. The ward resident is your immediate supervisor. A staff attending physician is responsible for overseeing patient care and education of the housestaff and students. There is also a Chief of Medical Residents who works closely with both the housestaff and the faculty.

Each ward team picks up new patients daily, however, the times those patients come in to the team rotate on a three day cycle. During their "long call" day, from 1100 to 1900, the team is the primary admitting team. There is a night float that takes admissions for between 1900 and 0700. The ward team will pick up those admissions at 0645 on their pre-call day. During their post call day teams will be on "short call" from 0700-1100. During the team's short call time, either the second attending or the second resident will primarily be responsible for picking up the new patients. Student work hours should closely mirror intern work hours.

Inpatient students should evaluate and present at least two to three new patients per week. All patients evaluated by the student should be presented on morning work/attending rounds. A written history and physical should be completed and reviewed by the resident within 24 hours.

**Continued next page**

## WARD SCHEDULE

Days	Hours	Activity	Comments
Daily	0630-0730	Pre-Round ( <i>times may vary</i> )	<i>Mandatory</i>
M – F:	0745-0815:	Morning Report (Cosio Conference Room)	<i>Encouraged</i>
M – F:	0815-0900:	Teaching conference (Cosio Conference Room)	<i>Encouraged</i>
M-F:	0900-1100:	Work rounds/Attending rounds	<i>Mandatory</i>
M:	1200-1330:	Interactive Group Session (IGS) ( <i>times may vary</i> )	<i>Mandatory</i>
M & F:	1400-1600:	Preceptor Meeting ( <i>times may vary</i> )	<i>Mandatory</i>
F:	1200-1300:	Department Grand Rounds (Cosio Conference Room)	<i>Encouraged</i>

You are expected to be fully prepared to discuss each patient you are following during work rounds. Therefore, you must give yourself adequate time to prepare. We suggest a MINIMUM of 30 minutes per patient, during which you should spend approximately 10 minutes reviewing the record, 10 minutes with your patient, and 10 minutes organizing your thoughts and notes in preparation for work rounds. The amount of time may vary depending on the complexity of the patients and your abilities as a student but it remains your responsibility to be prepared for rounds each day.

As in other institutions, the faculty at MAMC is very busy with their clinical responsibilities. This can make scheduling a challenge at times. This has sometimes resulted in students being scheduled for more than one "mandatory" activity at the same time. To help prevent conflict and anxiety for the student, the following is a list of mandatory meetings in descending order of priority, in case of simultaneous scheduling (which we will make every attempt to avoid):

1. Preceptor rounds
2. Interactive Group Sessions (IGS)
3. Attending rounds

## DAILY PROGRESS NOTES

Daily notes are to be entered using the MD Progress note in Essentris and should conform to standard expectations as well as any specific requirements set forth by your team members (see prior sections of this handbook). Student progress notes **MUST** be reviewed, corrected, and co-signed (by an intern, resident, or attending physician) **EACH** day. If your progress notes are not being reviewed and/or signed each day, you must notify the site director immediately.

## ORDER WRITING

Order writing is not required of medical students. However, should your house staff ask you to write orders for your patient or the team, these orders may be placed in Essentris with the help of your intern and/or resident. An intern or resident must promptly countersign all orders.

## PROCEDURES

Students should be actively involved in all procedures on their patients including venipuncture, IV placement, arterial blood gases, paracentesis, arthrocentesis, lumbar puncture, etc. All procedures other than venipuncture and IV placement will be undertaken with the direct supervision of a certified housestaff. The nursing staff is happy to assist you with routine venipuncture and IV placement to improve your skills.

## AMBULATORY CLERKSHIP

The medical student ambulatory clerkship at Madigan is designed to reflect the changing role of internal medicine in the Army Health Care System. Students will spend their five-week rotation dividing their time between the Internal Medicine Clinic and several internal medicine subspecialty clinics.

The attending staff physician will supervise all medical student evaluations. The staff physician will evaluate the student regarding history taking, physical exam skills, documentation, data synthesis, case presentation skills, work habits, fund of knowledge, and enthusiasm for learning.

## AMBULATORY SCHEDULE

Days	Hours	Activity	Comments
M – F:	0745-0815:	Morning Report (Cosio Conference Room)	<i>Encouraged</i>
M – F:	0815-0900:	Teaching Conference (Cosio Conference Room)	<i>Encouraged</i>
M:	1200-1330:	Interactive Group Session (IGS) ( <i>times may vary</i> )	<i>Mandatory</i>
M & F:	1400-1600:	Preceptor Meeting ( <i>times may vary</i> )	<i>Mandatory</i>
F:	1200-1300:	Department Grand Rounds (Cosio Conference Room)	<i>Encouraged</i>
T-Th:	0730-1700:	Assigned Clinics	<i>Mandatory</i>

**INTERNAL MEDICINE CLINIC:** The IMC is a busy outpatient clinic, delivering primary care to over 17,000 adult patients of all ages. Our 27 staff providers include internists, nurse practitioners, and physician’s assistants. Each student will usually work in the IMC three or four ½ days a week, usually with 2-4 physician attendings over the five week clerkship.

**SUBSPECIALTY CLINICS:** Medical students will usually spend two or three half-days each week working with subspecialty providers in the following clinics: Cardiology, Infectious-Disease, Endocrinology, Hematology-Oncology, Nephrology, Rheumatology, Allergy-Immunology, Gastroenterology and Pulmonary. Each student will be working in the same subspecialty clinic each week so that there is continuity throughout the five week experience. Special requests for clinic assignments must be made in advance of the rotation.

During each of six half days during a week, the student will be paired with a staff internist or subspecialist. The student will perform, record, and report a history, physical exam, and concise problem list on approximately four to six patients per day. In contrast to the inpatient ward experience, the outpatient clinics require a focused, problem-oriented approach. The student will spend one hour per patient (30 minutes for H&P and generating a problem list, 5-10 minutes to present the case, 5-10 minutes with the staff physician, and the remainder to complete documentation). The notes need to be completed and returned to the assigned attending within 24 hours of clinic and preferably the same day of clinic.

## **OTHER INFORMATION**

### **REPORTING**

Ambulatory and Ward students will report to Ms. Kathy Rogers for hospital in-processing at 0700 hrs in the 5S Conference Room (room 5-93-22) located on the east side of the Inpatient Tower. Ms. Rogers will also administer the USUHS Medicine Clerkship Pre-test on your first afternoon. The test will also take place in the 5S Conference Room.

The rotation for all students concludes on Friday of the fifth week of the rotation, after out-processing and a final meeting with the Onsite Clerkship Director. Please do not make flight arrangements prior to 1800. No student will be permitted to begin the rotation late or terminate it early without written permission from Dr. Kelly and the MAMC Onsite Clerkship Director, and then only for cases of exceptional personal need. All illnesses or absences from mandatory activities will be communicated with the Onsite Clerkship Director, Dr. Patricia Short.

### **WEB LOGS**

All inpatient and outpatient clerks will enter their patients into the on-line Patient Log on a regular basis. Computers are accessible 24 hours/day in the library and resident work area. During business hours computers are available in all exam rooms and the student work area in the Internal Medicine Clinic.

### **HOUSING**

Billeting is reserved for you at the Ft Lewis BOQ. It is recommended that you confirm your reservations at (253) 964-0211 prior to your arrival.

### **MEALS**

The Madigan Dining Facility is open daily from 0615-0900, 1100-1400, and 1600-1830. Additionally, there is a small Express Dining Facility with extended hours, a small food court and a small PX in the hospital basement (open from 0900-1700 M-F).

## UNIFORM

There is not a specific uniform of the day here at Madigan. ASU's (or service equivalent) are acceptable, but you'll find most active duty wear ACUs (or service equivalent) to work. For students on the inpatient clerkship, scrubs are permitted ONLY on long call days. Hospital policy for military personnel on weekends or holidays allows civilian attire. When not in uniform and present in the medical center to perform any patient contact, a neat, professional appearance will always be maintained.

## LOCKERS

Lockers for the inpatient students are available in the resident work area. For students on the ambulatory rotation there are lockers for your use in the Internal Medicine Clinic so that you can secure your belongings. Please bring your own lock.

## LOCAL TRAVEL AND EMERGENCY LEAVE

While you are at Madigan you are expected to remain in the Tacoma-Seattle area, although trips on weekends are perfectly acceptable. It is your responsibility to clear this with the Associate Clerkship Director. You do not need to take official leave as long as you remain in the state of Washington, but you do need to be certain you can be reached by USUHS and the Associate Clerkship Director, if necessary. **You must provide a phone number or other appropriate way you can be contacted to the Commandant's Office at USUHS.** Please note that the Canadian border is less than a 2hr drive, however, you are NOT permitted to cross the border unless you are on official leave.

## MAIL

Mail may be forwarded to you, but please remember this can be a slow process. A mailbox can be issued during in-processing by our mailroom or you can have mail sent to the following address:

Student's name and rank  
c/o Kathy Rogers  
Department of Medicine (5-92-5)  
Madigan Healthcare System  
Tacoma, WA 98431-1100

### Contact Information

Michael Stein, M.D.  
Assistant Clerkship Director  
(253) 968-6361  
Pager: (253) 291-2779  
Cell: (360) 567-7534  
E-mail: [Michael.t.stein@us.army.mil](mailto:Michael.t.stein@us.army.mil)

Kathy Rogers  
Administrator  
Office: (250) 968-6361  
Fax: (253) 968-1168  
Email: [Kathy.rogers@us.army.mil](mailto:Kathy.rogers@us.army.mil) or [Kathy.rogers@usuhs.edu](mailto:Kathy.rogers@usuhs.edu)

## **GUIDE TO AMBULATORY AND INPATIENT INTERNAL MEDICINE ROTATIONS AT THE DC VETERANS AFFAIRS MEDICAL CENTER**

The District of Columbia Veterans Affairs Medical Center (DC VAMC) is a busy urban hospital located at 50 Irving St NW in Washington, DC. Eligible patients are prior military personnel who either have low income or have a service-connected disability. Students will spend most of their time at the main facility, rotating through one of four primary care clinics, each of which has approximately 7500 veterans enrolled for primary care, and through various subspecialty internal medicine clinics. All ambulatory medicine students will spend one day per week offsite at either the VA's Greenbelt Community Based Outpatient Clinic (CBOC) or the VA's Southern PG County CBOC, both of which have about 2500 patients enrolled for primary care.

Students assigned to DC VAMC will do all of their clinical work within the VA system, and will participate in preceptor rounds (two half days per week) and attend Interactive Group Session (IGS)s (one noon lecture per week; scheduled on same day as preceptor rounds) all at the DC VAMC. The faculty meets regularly and will give composite evaluation and feedback.

Students should wear appropriate civilian attire (men must wear a tie) along with their white coats in all clinical settings. Ward medicine clerks may wear scrubs only when they are on call with their team. Parking is available at the Soldiers' Home across Irving avenue from the DC VAMC, with the entrance on North Capitol Street. All students, housestaff and faculty park off-site at the Soldiers' Home and take free shuttles to the main entrance of the DC VAMC. Shuttles operate from 0600 to 2000 Monday through Friday. Inpatient ward students may park in visitor parking on weekends and federal holidays. Midterm and final evaluations will be provided to a USU billeted site director (Dr. Gleeson), who will give final feedback and complete final grade calculations.

### **PATIENT NOTES**

Students must write appropriate notes on every patient evaluated. Access to electronic resources at the DC VAMC should not be limited; if you have difficulty, please contact your site director immediately. Notes **MUST** be written on all patients encountered regardless of difficulty accessing electronic resources.

### **DC VAMC DAILY AMBULATORY MEDICINE CLERK SCHEDULE**

<u>Hour</u>	<u>Title</u>	<u>Comments</u>
0800-1200	Clinics as assigned	
1200-1300	Noon Conference	4 <sup>th</sup> floor MED offices
1300-1700	Clinics as assigned	

## DC VAMC DAILY WARD MEDICINE CLERK SCHEDULE

<u>Hour</u>	<u>Title</u>	<u>Comments</u>
0800 – 1100	Attending rounds	
1100 – 1200	Morning report	4 <sup>th</sup> floor MED offices
1200 – 1300	Grand rounds (Wednesdays)	Location*
1200 – 1300	Life conference (Fridays)	Location*
1300 – 1700	Daily work with team	

\*Locations frequently change – best to find out from Mr. Roland Deleon on in-processing

Ward medicine clerks must take overnight call three times during their 6 week rotation. A call room is available near the 4<sup>th</sup> floor Medicine offices. The ward team resident stays overnight every sixth night; therefore there should be six nights available to choose from in terms of picking two call nights to complete the overnight call requirement. Students can email Mrs. Sandy Hofmann ahead of arrival ([sandyleehof@gmail.com](mailto:sandyleehof@gmail.com)) to obtain the 'team 6' call schedule with long call dates. Both short call and long call dates occur every six days; therefore the medicine teams admit patients every three days. Short call occurs from 0700 to 1500. Long call starts at 1500 and ends at 0700 the following morning. At the DC VAMC, on long call days which are weekdays (Mon-Fri) the team resident comes in at 1100 before long call starts (at 1500). She/he stays in the hospital for 24 hours, leaving at 1100 (after morning attending rounds post-call). Ward clerks follow the schedule of their team resident: On long call days (where the student has chosen to do overnight call) students come in at 1100 before long call starts and the student leaves the following day at 1100. On long call days occurring on weekend days or national holidays, students (same as their team resident) come in at 0800 and stay until 1100 the following day. A general rule is that the clerkship student follows the same hours as the team resident on long call days.

### Checking In and Orientation

Students assigned to the DC VAMC that are starting their first five weeks of internal medicine will initially report to USU, building A, lecture room D for orientation and pretest. **DO NOT GO DIRECTLY TO THE VA ON YOUR FIRST DAY.** Students will report to the DC VAMC (main campus, Room 4A-155) on their first day at 1300 to obtain ID cards and computer access.

**Students assigned to the DC VAMC that are starting their second five weeks of internal medicine should report to the VA the DC VAMC (main campus, Room 4A-155) on their first day at 1300 to obtain ID cards and computer access.**

Dr. Gleeson will provide rotation schedules.

All students must complete online CPRS (Electronic Medical Record) training at this website: <http://www.vehu.va.gov/vehu/WBTPages/WBT06.cfm?ClassNum=880H>

before reporting. Complete at least tabs 2, 5, 6, 7, and 8 and any other modules you would like to complete. This will cover the patient selection screen, meds tab, orders tab and notes tab. Other tabs may also be useful to you. Also, complete the clinical registration form (page 4) and scan or fax it to Roland T. DeLeon at 202-75-8184 before reporting. Bring a copy with you on the first day.

Students should bring 2 forms of picture ID and car registration for a VA ID and parking registration. Parking stickers or passes will not be given; however students must still have their cars registered with VA security in order to park at the Soldiers' Home. Students should finish the Onsite training in ½ day and plan to start clinic that same day. Students should finish the Onsite training in the first afternoon and plan to start clinic on the next day.

### **DIRECTIONS**

To the Main DC VAMC Campus: Take Connecticut Avenue into DC. Take a left onto Porter Street and follow this across Rock Creek Park. Once over the bridge, take a right at the light onto Adams Mill Road NW. Stay in the left lane onto Irving Street NW. Follow this for approximately 2 miles through DC.

Address:

DC VA Medical Center  
50 Irving Street NW  
Washington, DC 20422

To the VA Greenbelt Community Based Outpatient Clinic: From USUHS, take the Inner Loop of the Beltway towards Baltimore/Silver Spring. Past I-95 north, take MD193E exit towards NASA Goddard/Glen Dale. Turn left onto Greenbelt RD/MD-193E. Turn right onto Hanover Parkway, then right onto Greenway Center Drive.

Address:

Greenbelt Community Based Outpatient Clinic  
Greenway East Professional Center, Suite T-4  
7525 Greenway Center Drive  
Greenbelt, MD 20770

To the VA Southern PG County Community Based Outpatient Clinic: Located across the street from Andrews Air Force Base. From USUHS, take the Inner Loop of the Beltway towards Baltimore/Silver Spring. After 25 miles, take exit 9 toward Allentown Rd/Andrews AFB. Merge onto MD-337/Forestville Rd. Turn right onto Allentown Rd (clinic is on your right).

Address:

Southern PG County Community Based Outpatient Clinic  
5801 Allentown Rd  
Camp Springs, MD 20746

## **POINTS OF CONTACT**

Site Clerkship Director: Dr. Todd Gleeson: [todd.gleeson@gmail.com](mailto:todd.gleeson@gmail.com);  
[todd.gleeson@usuhs.edu](mailto:todd.gleeson@usuhs.edu); cell 410-404-9206

DC VAMC yellow clinic: Dr. Katherine Auerswald: [katherine.auerswald@va.gov](mailto:katherine.auerswald@va.gov); phone:  
202-745-8000, ext 6405

DC VAMC orange clinic: Dr. Melissa Turner: [mturner@va.gov](mailto:mturner@va.gov); phone: 202-745-8000,  
ext 5077

DC VAMC red clinic: Dr. Joanne Rosen: [joanne.rosen@va.gov](mailto:joanne.rosen@va.gov)

DC VAMC green clinic: Dr. Navjit (Nicky) Goraya: [navjit.goraya@va.gov](mailto:navjit.goraya@va.gov)

Greenbelt Outpatient Clinic: Dr. Pete Stengel: [peter.stengel@va.gov](mailto:peter.stengel@va.gov) ; phone: 202-745-  
8421 Southern PG County Outpatient Clinic: Dr. Michael Villaroman:  
[michael.villaroman@va.gov](mailto:michael.villaroman@va.gov)

SEE FORM ON FOLLOWING PAGE:



**TRAINEE REGISTRATION INFORMATION  
FOR VISTA**

First Name ( <b>Print</b> )		Middle Name ( <b>Print</b> )		Last Name ( <b>Print</b> )	
<u>SOCIAL SECURITY NUMBER</u>	DOB: mm/dd/yyyy		<u>GENDER (M/F)</u>	Race:	Height:
	Place of Birth: City/State/Country		<u>WEIGHT:</u>	<u>EYES:</u>	<u>HAIR:</u>
<u>CELL:</u>		Pager:		NPI:	
<u>PERMANENT STREET ADDRESS:</u>			Email Address( <b>Print</b> )		
City:			State	Zip	
Affiliated School:			Affiliation Point of Contact & Phone number:		
VA Training Site:			<b>(i.e. Specialty Clinic, Inpatient Service, Research)</b>		
Start Date:	End Date:		What is the LAST MONTH and YEAR that you anticipate being in a training program at this VA facility? (mm/yyyy)		

**Target Degree Level of your current training program: (*mark only one*)**

- |   |   |
|---|---|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Post-master's fellowship            |
| <input type="radio"/> Associate           | <input type="radio"/> Doctoral                            |
| <input type="radio"/> Baccalaureate       | <input type="radio"/> Postdoctoral (other than residents) |
| <input type="radio"/> Master's            | <input type="radio"/> Residency/Fellowship                |

**Program of Study: (*mark only one*) (*Discipline that best describes the current program of study*)**

- |  |  |
|--|--|
| <input type="radio"/> Audiology  | <input type="radio"/> Medical/Surgical Support (Respiratory Tech, Biomedical Tech, etc.) |
| <input type="radio"/> Chaplaincy   | <input type="radio"/> Nurse Anesthetist  |
| <input type="radio"/> Dental Resident ( <i>all other dental select Other Clinical Program</i> )  | <input type="radio"/> Nursing  |
| <input type="radio"/> Dietetics  | <input type="radio"/> Optometry  |
| <input type="radio"/> Health Information   | <input type="radio"/> Other Clinical Program   |
| <input type="radio"/> Health Services Research & Development   | <input type="radio"/> Pharmacy   |
| <input type="radio"/> Imaging (Radiologic/Ultrasound Tech, etc.)   | <input type="radio"/> Physician Assistant  |
| <input type="radio"/> Laboratory   | <input type="radio"/> Podiatry   |
| <input type="radio"/> Medical Student  | <input type="radio"/> Psychology   |
| <input type="radio"/> Medical Resident/Fellow  | <input type="radio"/> Rehabilitation (OT, PT, KT, etc.)                                  |
| <input type="radio"/> Medical Post-residency Physician in a VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, etc.) | <input type="radio"/> Social Work  |
|  | <input type="radio"/> Speech–Language Pathology  |

**GUIDE FOR INTERNAL MEDICINE CLERKSHIP  
AT  
NAVAL MEDICAL CENTER SAN DIEGO (NMCS D) ORGANIZATION**

NMCS D is the military referral medical center in the Southwestern United States, serving the entire twenty-one state Tricare Western region.

Ward clinical clerks will be assigned to one of the three ward teams that cover the Inpatient Medicine Service at NMCS D. A ward team consists of a staff attending physician, a senior resident, two interns, one fourth-year student (periodically), and one clerkship student. Each team takes call every 3<sup>rd</sup> day. A night float resident covers for the senior resident from 1930 to 0730 on call days. Students are expected to follow their intern's schedule and may follow their residents on weekend overnight calls. They will not be expected to attend ward activities when they have USU didactic activity (preceptor group or Interactive Group Sessions). Ward students are to average one day off per week, which generally means that they are free of clinical responsibility on the Friday, Saturday or Sunday when their ward team is pre-call.

Ambulatory clinical clerks will rotate through general medicine and subspecialty clinics. The preceptor and faculty members with whom you work will serve as your evaluators. Students on the Ambulatory portion of the Clerkship will not be required to take call or work on weekends and national/clinic holidays.

Outpatient care is a challenging and rewarding experience with unique demands on time management and decision making skills. The goal is to develop and refine each student's ability to gather and synthesize patient data in the environment in which most of clinical medicine is practiced. To take full advantage of this setting, students must **prepare** in advance for each clinic, be on time, **focus** the encounter as appropriate, and **follow-up** on all laboratory and radiographic tests. Students will independently evaluate and complete notes for at least two patients in each half day of clinic.

### **TEACHING PROGRAM**

The NMCS D Department of Medicine is responsible for training Internal Medicine Residents and other rotating housestaff in addition to medical students. We have a robust daily didactic program from 0730-0915, sub-specialty clinic didactics, Grand Rounds and other learning opportunities. Medical students are invited to attend these when possible, although commitments to patient care remain the highest priority.

The clerkship schedule listed below includes multiple mandatory and encouraged activities. This has sometimes resulted in students being scheduled for more than one "mandatory" activity at the same time. To help prevent conflict and anxiety for the student, the following is a list of mandatory meetings in descending order of priority, in case of simultaneous scheduling (which we will make every attempt to avoid):

1. Preceptor rounds
2. Interactive Group Sessions (IGS)
3. Attending rounds

The schedule listed below is subject to change. If a clinic staff is unexpectedly unavailable, the student should attempt to identify another staff in the same clinic to fill the slot. Any such cancellation should be reported to the Outpatient Clerkship Director via email. Any difficulty with

finding an available clinic opportunity should be immediately reported to the Outpatient Clerkship Director or Preceptor, who will assist the student in finding another clinic opportunity.

Each student will receive an individualized schedule upon arrival to NMCS D. The schedule below is a guide as to what to expect.

### **NMCS D CLERKSHIP SCHEDULE**

<u>Days</u>	<u>Hours</u>	<u>Title</u>	<u>Comments</u>
<u>Ward Students</u>			
Mon-Fri	0730-0915	IM Didactics (Radiology South Conf. Room)	Encouraged
Mon-Sun	Daily	Daily inpatient rounds (TBD Based on Team)	Mandatory
Mon	1330-1630	Preceptor Rounds (TBD)	Mandatory
Wed	1200-1330	Interactive Group Session (IGS)	Mandatory
Thurs	1300-1600	Preceptor Rounds (TBD)	Mandatory
<u>Ambulatory Students</u>			
Mon-Fri	0730-0915	IM Didactics (Radiology South Conf. Room)	Encouraged
Mon-Fri	0930-1200	Outpatient Clinic (See individual schedule)	Mandatory
Tue	1300-1700	Outpatient Clinic (See individual schedule)	
Mon	1330-1630	Preceptor Rounds (TBD)	Mandatory
Wed	1200-1330	Interactive Group Session (IGS)	Mandatory
Thurs	1300-1600	Preceptor Rounds	Mandatory

### **REPORTING AND DEPARTURE**

On the first day of each rotation report to Mrs. Quiko's office, BLDG 3, fourth deck NLT 0645. During orientation, you will get your ID Badge and CHCS/Essentris access and you will meet with the Site Clerkship Director who will provide an orientation to the Medicine Clerkship, administer a Pre-Test, take you on a tour of the facility, and introduce you to the ward teams or orient you to the clinic as appropriate. You should anticipate clinical responsibilities starting on the first day. Prior to arrival, all students should complete the latest version of information assurance awareness on NKO or AKO and bring certificate as proof of completion to check in.

The rotation concludes on the fifth Friday of the rotation. You will receive final feedback from the Site Director in the final week of your rotation. Please do not make flight arrangements prior to 1800. No student will be permitted to begin his or her rotation late, terminate it early, or be absent for clinical responsibilities, without prior written permission from the Assistant Clerkship Director after discussion with the Clerkship Director at USU; such permission is considered based on the nature of the circumstance. No other faculty member or house officer at NMCS D

may give a student permission to leave NMCS D. In the event of an acute illness, students are to contact the Site Clerkship Director promptly.

## **HOUSING**

NMCS D only guarantees housing at 32nd Street (Naval Base San Diego). Students are allowed to make other arrangements i.e. Coronado / Point Loma / Amphibious Base. If they do change location from 32nd street and they have the rental car on their orders and their classmate(s) didn't change, the rental car is removed from their orders and provided to the students remaining at 32nd Street. So students who change housing to anything other than 32nd street could be responsible for ensuring their own transportation to and from the hospital. It is therefore crucial that you coordinate with the other rotators from your class to ensure that you can share a vehicle. Central booking can assist you at (877)628-9232 (NAVY-BED). Popular sites with prior students include Coronado and the Amphibious base. Other options include Naval Base San Diego, Coronado South and Point Loma. Call early for best availability.

## **UNIFORM**

The Uniform of the Day for Navy personnel at NMCS D are Khaki's, NWU's or seasonal appropriate uniform (whites in summer, service dress blues in winter). Army and Air Force personnel are authorized to wear ACUs or ABUs or "class B" uniforms. Wearing of scrubs is authorized only in the evening on overnight call. Students should be back in uniform by 0730 the morning after call. Professional civilian attire is authorized at the hospital on weekends/holidays.

## **MEALS**

The hospital galley hours are **limited**. Service hours are: 0600-0800 and 1030-1300, Monday through Friday. Fast food franchises such as Subway, McDonald's and Rice King are available with more liberal hours of operation. Two Navy Exchange mini-marts and vending machines are available to you. You may bring your own meals as well; refrigerators and a microwave are available.

## **LOCAL TRAVEL / EMERGENCY LEAVE**

While you are at NMCS D you are expected to remain in the local area, although trips within a three hour drive of the local area on weekends and holidays are perfectly acceptable. **Trips outside of the immediate area INCLUDING MEXICO AND LAS VEGAS are strictly forbidden.** Air travel is not authorized.

**MAIL** - Until you have a local address, mail can be forwarded to you at:

Student's name (USU)  
Attn: Erin Quiko/Dept of Surgery  
34800 Bob Wilson Drive  
San Diego, CA 92134

## **Contact Information**

Anthony Keller, CDR, MC (FS), USN  
Assistant Professor of Medicine, USU  
Associate Clerkship Director - NMCS D  
Phone: (619) 804-2962(cell) (619) 532-7400 (office)  
EMAIL: [anthony.keller@med.navy.mil](mailto:anthony.keller@med.navy.mil)  
Ms. Erin Quiko  
USU Internal Medicine Clerkship Coordinator  
Phone: (619) 532-9369  
EMAIL: [erin.quiko@med.navy.mil](mailto:erin.quiko@med.navy.mil)

## GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

### FORT BELVOIR COMMUNITY HOSPITAL (FBCH)

#### Organization

Fort Belvoir community hospital is a new, state of the art facility committed to providing excellence in safety, quality, and compassion to those entrusted to our care. We provide medical and surgical services to approximately 270,000 beneficiaries in throughout the national capital medical region. Our internal medicine department includes the internal medicine clinic, cardiology, pulmonary, gastroenterology, infectious disease, hematology/oncology, rheumatology, endocrinology, and allergy/immunology, along with our inpatient hospitalist service and icu team.

#### Ambulatory clerkship

Third year students will spend six half-days in clinic each week. At least two of these half-days will be in the internal medicine clinic and the remainder will be divided among the subspecialty clinics. Irrespective of location, we encourage students to consider each clinic experience as a vehicle for building the pivotal clinical skills of 1) patient and provider communication, 2) fund of knowledge, 3) medical decision making, and 4) compassionate professionalism. As such, with each patient encounter, students will engage in independent and supervised history taking, the physical exam, data interpretation, clinical research, oral presentation, patient feedback and counseling, and note writing. Students will generally evaluate 2-3 patients per half day and spend 60-90 minutes on each patient encounter. Our staff providers will offer regular mentoring and feedback and evaluate students on the rime scheme.

The remaining four half-days are dedicated to staff preceptor sessions (2 per week), seminars (1 per week), and independent research time for history and physical write-ups and the geriatrics home visit.

There is not an internal medicine residency program at FBCH. This circumstance is beneficial to students as it increases direct interaction with staff providers as well as eliminating competition with residents for patient encounters. While we do not offer the robust teaching conferences available at other facilities, our students are able to build self-directed learning skills through their patient encounters, preceptor mentoring, and self-study.

#### Ambulatory schedule

<u>Days</u>	<u>hours</u>	<u>activity</u>	<u>comments</u>
M-f	pre/post clinic	clinic prep and follow-up	essential
M-f	0800-1200	morning clinic	required
Tu	1200-1300	grand rounds (schedule varies)	encouraged
Tu, th	1200-1300	student mksap questions	encouraged
Tu, f	1300-1500	preceptor sessions	required
W	1430-1600	Interactive Group Sessions (IGS)	required
M, th	1300-1630	afternoon clinic	required

#### Reporting to FBCH

Students assigned to FBCH that are starting their first five weeks of internal medicine will initially report to USU, building A, lecture room D for orientation and pretest. **DO NOT GO DIRECTLY TO THE FBCH ON YOUR FIRST DAY.** Students will then report to Mr. Robert Callison in the FBCH graduate dental & medical education (GDME) department, Oaks Pavilion, 1st floor, Room 01.124. Please arrive by 1300 for an orientation brief and check-in folder pick-up.

Students starting their second six weeks of internal medicine at FBCH will report directly by 1300 at FBCH to Mr. Robert Callison in the FBCH graduate dental & medical education (GDME) department, Oaks Pavilion, 1st floor, Room 01.124.

### **Uniforms**

Students will wear ACUS (army and air force) or NWUS (navy). White coats with name tags are encouraged. Scrubs are permitted for procedures. We encourage students to have PT uniforms available for team workouts 1-2 times weekly.

### **Inclement weather policy**

Students will attempt to follow the FBCH inclement weather plan. If road conditions prevent safe travel to FBCH, students should notify their clinic staff and/or MAJ Corcoran @ [shawn.p.corcoran.mil@health.mil](mailto:shawn.p.corcoran.mil@health.mil) or 240-294-6023.