Section I: Introduction

(Applies to all four campuses)

- Welcome!
- LCME Requirements
- Institutional Educational Vision, Goals, and Objectives
WELCOME!!

Welcome to your Internal Medicine Clerkship!

The next eight weeks will be a critical part of your third year of medical school and will contribute greatly to the foundation for your future clinical activities. This experience should be both enjoyable and educational. The scope and diversity of disease encountered in the study of Internal Medicine are challenging and stimulating. You will learn the art and science of medicine by didactics, observation, and participation.

As you go through this clerkship, remember that the best, and indeed the ultimate source of learning medicine is the patient! This was so clearly stated by Sir William Osler:

“In what may be called the natural method of teaching the student begins with the patient, continues with the patient, and ends his studies with the patient, using books and lectures as tools, as means to an end.”
LCME Requirement for Educational Objectives

The Liaison Committee on Medical Education requires that each medical school must define the objectives of its educational program. The objectives must address the extent to which students have progressed in developing the competencies that the profession and public expect of a physician.

The goals and objectives given at the beginning of this manual are designed to permit an analytic evaluation of the knowledge, skills, and attitudes you demonstrate during your clerkship experience. They provide the basis for assessment that assures you have acquired core clinical skills, behaviors and attitudes needed in subsequent medical training.

Another method for evaluating these goals and objectives uses the synthetic approach. This method places the knowledge, skills, and attitudes into the skill levels of Reporter, Interpreter, Manager, and Educator (RIME). A summary of this approach is included in the Enclosures Section VI of this manual.
Texas Tech University Health Sciences Center  
School of Medicine  
Institutional Educational  
Vision, Goals, and Objectives

Vision:  
Graduates of the TTUHSC-SOM will be knowledgeable, competent, and compassionate clinicians who communicate and collaborate with patients and colleagues in a caring and professional fashion.

The curriculum that prepares these graduates will emphasize acquisition and application of medical knowledge, clinical skills, and professional behaviors. Multiple modalities of instruction which promote integration of basic and clinical science information, development of problem solving and clinical reasoning abilities, and development of life-long learning habits will be utilized.

The educators involved in the instruction of these graduates will be role models who reflect and emphasize professionalism in their teaching, science, clinical care of patients, and modes of communication with patients and colleagues.

Goals:  
The goal of medical education at the Texas Tech University Health Sciences Center School of Medicine is to promote excellence in the clinical, scientific, and humanistic skills of our graduates and to instill the competence and compassion that distinguishes outstanding physicians. Our program is designed to graduate physicians who:

- Provide competent and humane medical care to individuals, families and the larger society based on the scientific and clinical principles of health and its promotion; of disease and its prevention and management; and of psychosocial factors influencing patients well being.
- Demonstrate competence in life-long learning including self-directed study of basic and clinical science, critical assessment of medical literature, and use of evidence-based medicine.
- Demonstrate proficiency in clinical assessment, namely the ability to obtain a patient’s history, to perform a comprehensive physical examination, and to assess and treat patients’ medical and emotional needs.
- Demonstrate proficiency in clinical reasoning, including identification of clinical problems using scientific methods, data collection, hypothesis formulation, and the retrieval, management, and appropriate use of biomedical information for decision-making.
- Demonstrate sensitivity to the diverse psychosocial and spiritual needs of their patients and communicate clearly, respectfully, and compassionately with their patients, their families and other health care professionals.
- Display the highest standards of professional integrity and exemplary behavior, including compassion, truthfulness, and ethical reasoning.

Objectives:  
The Texas Tech University Health Sciences Center School of Medicine has identified key objectives for our educational program relating to the knowledge, skills, behaviors, and attitudes for students acquiring the degree of Doctor of Medicine. Further, the TTUHSC SOM endorses the competencies in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice recognized by the Accreditation Council for Graduate Medical Education. Each course and clerkship sets forth specific learning objectives and their outcome measurements based on these key educational objectives. The School of Medicine will continue to review these objectives to ensure that the vision and goals are met.

A. Knowledge: The student will demonstrate an exemplary and contemporary fund of knowledge in basic and clinical sciences essential to the practice of medicine, to also include:

- Scientific method and its application to problem solving in the basic and clinical sciences.
• Analytical tools for data collection, quantitative analysis, critical reading and investigation, and evidence-based medicine, and their application to the clinical care of patients.

• Definition of clinical problems and formulation of differential diagnosis, diagnostic investigation, clinical treatment and management by application of data from the clinical interview and clinical examination.

• Organization of the health care delivery system and the professional, legal, and ethical expectations of physicians.

• Principles of behavioral and social sciences as applied to family systems and their effect on patient health.

B. **Skills:** *The student will demonstrate excellence in patient care, including the ability to:*

- Communicate effectively, both orally and in writing, with patients and their families, colleagues, and other health care professionals about clinical assessments and findings, diagnostic testing, and therapeutic interventions.

- Conduct comprehensive and problem-specific physical examinations appropriate to the patients’ concerns, symptoms, and history.

- Integrate the patient interview and physical examination findings with medical knowledge to identify the clinical problems of patients, formulate differential diagnoses, and develop plans for treatment, diagnostic investigation, and management.

- Utilize varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care.

- Interpret laboratory results and diagnostic procedures.

- Select and perform basic diagnostic and therapeutic procedures.

C. **Behaviors:** *The student will model the professional behaviors of a skilled and competent physician, including:*

- Patient care based on evidence, skilled clinical reasoning, and the current state of medical art and science.

- Patient care that is compassionate and empathic, particularly in settings involving pain management, substance abuse, mental health disorders, or terminal illness.

- Sensitivity to the diverse factors affecting patients and their health care beliefs and needs, including age, gender, sexual orientation, religion, culture, income, and ethnicity.

- Demeanor, speech, and appearance consistent with professional and community standards.

- Dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems.

D. **Attitudes:** *The student’s attitude will exemplify the highest ethical standards, including:*

- Respect for each patient’s unique needs and background and how they affect the patient’s concerns, values, and health care decisions.

- Recognition of the social nature of health care and respect for patients, other health care professionals, and administrative members of the health care systems.

- Commitment to life-long learning as a hallmark of professional excellence throughout a physician’s career.

Approved, Educational Policy Committee, Texas Tech University School of Medicine, March 10, 2003
TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Internal Medicine Clerkship Manual

Section II: CDIM Resources
(Appplies to all three campuses)

- CDIM/SGIM/ACP Clerkship Resources: Summary
- CDIM/SGIM Web Link
- CDIM/SGIM Core Medicine Clerkship Table of Contents
- Primer to the Internal Medicine Clerkship

Amarillo · El Paso · Lubbock

Revised: 07/01/09
CDIM/SGIM/ACP Clerkship Resources: Summary

The Clerkship Directors in Internal Medicine (CDIM), in cooperation with the Society of General Internal Medicine (SGIM) and the American College of Medicine (ACP), has produced a number of resources that are designed for students during their internal medicine clerkship in the third year of medical school. They are listed below along with access guidance.

**Primer to the Internal Medicine Clerkship.** CDIM. December 2004. This is a brief (37 page), very useful introduction to the internal medicine clerkship. It starts with a list of the top 10 ways to excel in internal medicine and then goes on to discuss goals and expectations, how to learn effectively, and how to formulate a differential diagnosis. The Primer includes suggestions about making a problem list, performing a history and physical, learning in the ambulatory clinic, etc. It is available at the CDIM website [http://www.im.org/CDIM/](http://www.im.org/CDIM/). You can download it for free. Read it TONIGHT.

**Core Medicine Clerkship Curriculum Guide.** A Resource for Teachers and Learners. Version 3.0, 2006. CDIM/SGIM. This document (254 pages), complete with excellent references for key training problems, is available in its entirety at the CDIM website [http://www.im.org/CDIM/](http://www.im.org/CDIM/). Only the table of contents is reproduced here for reference use. This document serves as the core curriculum for this course. It covers, in outline form, almost every topic you will see on the national board exam in internal medicine. The first section (Category 1) reviews general topics such as bioethics and prevention. The second section (Category 2) outlines IM procedures and some broad topics like occupational medicine. The most important part discusses the assessment of common presenting SYMPTOMS (i.e. fever, abdominal pain) and then the major DISEASES that you will see on internal medicine. The references for each of these can be particularly helpful.

**Internal Medicine Essentials for Clerkship Students 2.0.** Published as a collaborative project of the ACP and CDIM, this is a relatively brief (460 page) textbook. It is organized around the major training problems included in the Core Medicine Clerkship Curriculum Guide. You have to buy this one. It is designed to help students care for patients, prepare for clinical rounds, and study for end-or-rotation examinations. It can be ordered on-line from ACP at [https://www.acponline.org](https://www.acponline.org) or by calling ACP Customer Service at 800-523-1546, extension 2600 or 215-351-2600.

**MKSAP for Students 3.** This is a collection of patient centered self-assessment questions and their answers, organized into 33 different categories that correspond to the Core Medicine Clerkship Curriculum Guide’s “Training Problems.” It is designed to assess your mastery of the core knowledge base of internal medicine. A new edition will be coming out in October 2009. It too costs money and can be ordered on-line from the ACP at [https://www.acponline.org](https://www.acponline.org) or by calling ACP Customer Service at 800-523-1546, extension 2600 or 215-351-2600.
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Section III: Core Clerkship Manual

(Applies to all four campuses)

- Internal Medicine Core Goals and Objectives
- Clerkship Overview
- Online Patient Log (OPLOG)
- Clerkship Student Interview and Examination Exercise
- Mid-Rotation Evaluation
- In-Patient Ward Rotations
- OSCE
- Grading Policy
- Literature, Textbooks, Study Guides, and Journals
**Internal Medicine Core Goals and Objectives**

Texas Tech University Health Sciences Center School of Medicine

**GOALS:** During the third year 8-week Internal Medicine Clerkship, the medical student will rotate on inpatient internal medicine wards and outpatient clinics with a goal of evaluating 24 or more patients in the inpatient and/or ambulatory clinic setting. The student will also attend a series of core classes as well as departmental conferences and morning reports. As a result, the student will develop basic competencies in evaluation and management of adult patients, build core knowledge of common diseases seen in Internal Medicine, and acquire clinical skills, professional attitudes, and humanistic qualities needed for the care of Internal Medicine patients.

**OBJECTIVES:** Based on a set of 10 diagnostic categories for Internal Medicine disease processes (as listed in the Online Patient Log), the student will evaluate a minimum of one real or simulated patient from each disease group. This evaluation will focus on a comprehensive history and physical examination, as well as a written assessment and treatment plan, for each patient. Learning sessions (including patient simulations and/or patient based discussions) will complement direct patient care, so that, by the end of the 8 week rotation, the student will develop these competencies:

**KNOWLEDGE**
Describe and define:

1. The basic disease processes commonly seen in Internal Medicine patients as included in the following diagnostic groups: cardiovascular, respiratory, renal, infectious diseases, gastrointestinal, endocrine, hematology/oncology, rheumatology, neurology, general medicine (see Master Data Collection Key for details on diagnostic groups). (A3)*

2. The pathophysiology, diagnosis, and treatment of these diseases. (A3)

3. Key sources for obtaining current information on issues relevant to the medical management of adult patients. (A2)

4. The basic aspects of the health care delivery system (inpatient vs outpatient care; acute vs long-term care; Medicare, Medicaid, and other methods of payment). (A4)

5. Bioethics of care to include informed consent and advance directives. (C2)

6. The role of behavior (e.g. smoking, drug use) and social systems (e.g. family dynamics, religious practices) on health and disease, and the scientific ways of effecting change in potentially deleterious health practices. (A5, D2)

**SKILLS**
Demonstrate the ability to:

1. Perform and accurately record a complete history and physical examination on an ambulatory and/or hospitalized patient. (B1, B2)

2. Perform a focused history and physical examination during a 15 minute ambulatory visit and accurately record the history, pertinent physical findings, assessment with differential diagnosis, and plan for therapy and/or further evaluation. (B1, B2)

3. Communicate effectively with both colleagues and patients to include discussing with the patient (and family as appropriate) ongoing health care needs, using appropriate language and avoiding jargon and medical terminology. (B1)

4. Construct a problem list with an appropriate differential diagnosis for each diagnostic problem using the data collected in the history and physical examination and with a plan to evaluate and treat each problem. (A3, B3, C1)

5. Maintain adequate written records (i.e. SOAP notes) on the progress of illnesses of each assigned patient. (B1)

6. Interpret an arterial blood gas, electrocardiogram, chest x-ray, and urinalysis. (B5)
7. Perform a computerized literature search to find the best evidence for making decisions about the care of individual patients. (A2)
8. Assist with and understand the indications for basic procedures (thoracentesis, paracentesis, lumbar puncture, central venous access) commonly performed on the internal medicine wards. Competence or expertise in performing these procedures is not expected. (B6)
9. Assess the limits of medical knowledge in relation to patient problems. (A1, A2)

ATTITUDES
Demonstrate professional attitudes in their approach to the care of patients by:

1. Use of a non-judgmental and patient-centered manner, showing concern for the patient and the patient’s family, and assuming responsibility for the care of the patient in keeping with their level of experience and training. (C4, C5, D1)
2. Ongoing efforts to improve clinical knowledge and skills through effective use of available learning resources and life-long self-directed learning. (B4, D3)
3. Upholding professional standards of attitude and behavior toward peers, other members of the health care team, family members. (A4, A5, D2)
4. Emphasizing truth-telling, ethical behavior, and respect for diversity in all encounters in the health care arena. (A4, C3)

* Note: Notations in parentheses show linkage to Institutional Educational Objectives

CLERKSHIP OVERVIEW

Duration The clerkship in Internal Medicine is a fast paced 8-week experience. It is divided into three activities: inpatient ward rotations, ambulatory clinics, and conferences and classes. Ward rotations are four weeks in duration and end on the last Friday. Students will then be off until starting the next rotation the following Monday morning. During these rotations you will be assigned to ward teams and will take call according to the published team call schedule. You can expect at least 9 - 10 night calls during the 2 blocks of ward rotation. An objective structured clinical examination (OSCE) will be scheduled at the end of the clerkship. Students will have Thursday off before the final written (NBME) exam on Friday.

Core Curriculum The didactic or core teaching program is designed to supplement the patient-contact experience by introducing the student to a number of the major medical topics. Similar classes are given on all campuses to assure that all students in the Texas Tech School of Medicine system have a comparable learning experience in Internal Medicine.

Behavior Code Conduct befitting a future physician is expected at all times. Nurses, ancillary medical personnel, and other hospital employees should always be treated with proper professional respect. They are vital members of the health care team and are there for the patient’s benefit just like you. Professionalism is the standard you should develop and maintain.

Professional Appearance The Department of Internal Medicine does not have a specific dress code except that you should be neat, clean, and professional in appearance at all times. Jeans are not appropriate. In general, women should dress in business attire; men should wear a shirt and tie. The white coat should be worn at all times when in patient care areas. You should also wear a nametag identifying you to your patient and to hospital personnel. Wearing of scrubs is determined by your campus policy but is typically authorized during overnight call. Maintaining a professional appearance also implies that eating or drinking while on rounds or during any other patient-related activities is usually inappropriate.
**Attendance** is expected at medical student core curriculum classes, and other conferences as indicated by your Clerkship Director. You should evaluate your patients before ward rounds and should be present on morning rounds with your ward team. Attendance at other conferences (e.g., resident conferences) is encouraged, as the subject matter tends to have significant educational potential.

**Absences** If you find you will be late or absent from clerkship duties, call the clerkship office as soon as possible and notify your ward attending and senior resident. And please don’t forget, the guidelines for years 3 and 4 (see your TTUHSC School of Medicine Student Handbook) require there be no unexcused absences during clerkships. Any absence must be reported to the Clerkship Director and a Student Absence Form (see Enclosures section of this manual) should be filled out. See your Student Handbook for details.

**Scheduled Conferences** Morning report, core classes, and other conferences are scheduled by your local department.

**Associated Skills - Obtaining Informed Consent** Professional ethics place the burden on the physician to disclose to the patient all potential benefits and risks involved in a given course of action as part of the process of informed consent. Therefore, in addition to developing basic procedural skills, you will need additional skills to include obtaining informed consent, for basic procedures. You should be able to explain the purpose, possible complications, alternative approaches, and conditions necessary to make the procedure as comfortable, safe, and interpretable as possible.

**Equipment** Have these items with you at all times:
- Stethoscope
- Penlight
- Reflex hammer
- Tuning fork
- Eye chart
- Pens (drug company pens are prohibited by TTUHSC policy)
- Tape measure
- Pager

**Procedures** Junior students who have demonstrated their competency may perform diagnostic and therapeutic procedures under supervision.

**ONLINE PATIENT LOG (OPLOG)**

In keeping with the accreditation standards of the Liaison Committee on Medical Education (see section I), the objectives for clinical education must include quantified criteria for the types of patients, the level of student responsibility, and the appropriate clinical settings needed for the objectives to be met. Accordingly, to document and permit a review of your patient experience, a log of all patients evaluated by you should be maintained and kept current throughout the clerkship.
As soon as you get a patient assigned, record the required information in the Online Patient Log (OPLOG), listed on the Office of Curriculum home page. List all patients that you independently evaluate and/or follow. Include complete H&Ps as well as limited exams, both in the hospital and in the ambulatory clinic. Do not list patients that you just shadow or that you see with the whole team on daily rounds. In general, you should average at least three patients per week. Thus, you will be able to evaluate 24 or more patients during an 8-week medicine clerkship.

The log entry for each patient should include the following:

- Patient’s initials, age, sex
- Date of encounter (usually the date of admission or clinic visit)
- Primary Diagnosis (the main problem for which the patient was seen or admitted)
- Secondary Diagnosis (an active problem or comorbidity which must be evaluated or treated during the hospitalization or visit)
- Third Diagnosis (this block provides space for a third active problem or comorbidity evaluated or treated during the hospitalization or visit)
- Procedure: an entry for procedures is not required for the Internal Medicine Clerkship
- Clinical setting/location of the encounter
  - Hospital
  - Clinic
- Level of student responsibility:
  - Performed and recorded an H&P
  - Limited encounter, e.g., office visit or daily ward visit for which a note was written
  - Performed or assisted with a procedure
- Patient’s medical record number entered in section “Additional Notes”

Enter this information on each patient you work up. Secondary diagnoses are important, as these will count toward your 10 diagnostic groups. Pay particular attention to endocrine and rheumatology problems, as these are not often encountered as first diagnoses in hospitalized patients. In addition to the ward patients, please include any clinic patients that you personally evaluate. Take a look at the Master Data Collection Key in Section II. This will give you an idea of the various diagnostic groups for patients seen during your Internal Medicine clerkship. Our goal is for you to evaluate 24 or more adult patients with various internal medicine problems during your clerkship; again, you should evaluate at least one patient from each of the diagnostic groups to facilitate your learning experience. You will have an opportunity to review this information at the mid-rotation evaluation conference but should also periodically review your patient types with your resident and attending to ensure a good spectrum of patients.

The OPLOG provides a means of monitoring the scope and diversity of your learning experience. It is to be kept current throughout the clerkship. No additions should be made after the last working day of the rotation.
**CLERKSHIP STUDENT INTERVIEW AND EXAMINATION EXERCISE**

During the clerkship you will be scheduled to interview and examine a patient while being observed by a faculty member. The faculty member will then provide feedback on your performance and complete an evaluation form for signature by both you and the faculty member. A copy of this form is included in the Enclosures section. Review it carefully prior to the exercise. The primary emphasis of this exercise is to provide constructive feedback as you develop and improve your techniques for interview and examination. It is best to get your observed H&P done by the fourth week of the rotation, so you can remediate any deficiencies and incorporate any suggestions into your practice. You must successfully complete this exercise in order to pass your internal medicine clerkship.

**MID-ROTATION EVALUATION**

**Mid-Rotation Evaluation**  Halfway through the clerkship you will have a one-on-one meeting with the Clerkship Director to review your clerkship experience to date. This conference is designed for you to give feedback about the clerkship and how you are meeting your training objectives. It is also designed to give you feedback about your clinical performance to date. You will be given a questionnaire entitled “Mid-Rotation Evaluation and Review” (see Enclosures). **Prior to your appointment with the Clerkship Director** please complete the sections **CLERKSHIP EXPERIENCES** and **SELF-ASSESSMENT**. Also, be sure to have your online log current so your patient care experiences can be reviewed with the Clerkship Director.

**IN-PATIENT WARD ROTATIONS**

**Team Assignment**  You will have two four-week block assignments to an inpatient team. Each "team" is typically composed of a faculty attending, one senior medical resident (PGY-2), one or two interns (PGY-1), and one or two medical students - a total of four to seven persons. The student is a member of the team and participates actively in the care of his or her assigned patients and may be asked to assist with the care of other team patients as needed.

**Ward Activities**  While on ward rotations, specific responsibilities and educational activities include Attending Rounds and Work Rounds. Bedside rounds tend to be management focused and patient oriented. This is where your learning can be most productive. This time should also be used to develop effective doctor-patient and doctor-doctor communication skills. Longer academic discussions that do not require the patient’s participation can usually be held in one of the conference rooms.

**The Rights of the Patient**  Please remember to respect the patient’s right for privacy and always show respect for your patients. To maintain patient confidentiality; discussion of patients should not occur in public areas, such as elevators and hallways. Make sure you are familiar with the federal regulations that provide national standards for security and privacy of patient information as given in The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under these rules the security and privacy of patient
information must be protected. For example, when you print out lab values on your patient make sure you discard the printouts in a secure manner, typically in a collection container for papers that will be shredded.

**Patient Evaluations** See your patients as soon as possible after they are assigned to you. Your completed evaluation should then be written up and, if time permits, reviewed with your resident or intern before presenting to your attending physician on rounds (usually the next morning).

**Call** During ward rotations you will be on call with your ward team for the purpose of working up new patients and observing and participating in the care of acutely ill patients. The call system is similar although not identical on the various campuses. You should expect to work up two patients during most long call periods and one to two patients when on short call (not all campuses have short call). You may remain in the hospital on your “on-call” nights to participate in cross-coverage and acute care activities for the entire call period (on-call beds will be available). You are encouraged to stay overnight with your ward team for at least one or two long calls to become familiar with cross-coverage activities. However, residents are authorized to release students after patient care requirements have been met.

**History and Physical Examinations** Each student is expected to complete three to five written histories and physical examinations (H&Ps) per week and to present the patients to the attending. You should give a copy of the written (or typed) H&P to your attending for feedback, preferably within 24 hours of the patient’s admission. A suggested format for the written history and physical exam is provided in the Enclosures Section of this manual. Please note the comments on assessment and plan. You should first list the presenting problem, give a differential diagnosis for this problem, indicate your strategy to evaluate and/or treat each component of the differential diagnosis, and then list the remaining problems for each patient and indicate the current status of each (e.g., stable, inadequately controlled, etc) and your plans for management.

**Clerical Duties** Present your patients to the attending physician on rounds each day. Give the attending your write-up immediately and ask for comments, critique, compliments, or any feedback. You will need to keep copies of at least 7 corrected H&Ps in your file. Always keep your OPLOG current. You should write progress notes on all of your patients daily. Use the problem-oriented format, e.g., SOAP notes, to provide a concise and informative style of documentation, rather than simply transcribe sets of laboratory values. Progress and procedure notes can be written under the supervision of the house staff. It’s OK to write orders relative to the work-up and therapy of your patients. However, do this under the direct supervision of your residents. These orders must be co-signed by the resident at the time they are written. Never sign your name to any order that you do not understand, and never order medications without knowing the purpose and the effects of such drugs.

**Patient Presentations** The presentation of the patient evaluation should be focused on effective interprofessional communication. A suggested guideline for presenting your patient on ward rounds entitled “33 things in 3 minutes” is also included in the Enclosures Section of this manual. *Please do not read from your detailed written H&P.* Using this guideline will
help you focus on the key issues pertinent to the care of your patient and will also encourage
you to identify clinical questions which need to be answered.

**Objective Structured Clinical Exam (OSCE)**

An **Objective Structured Clinical Examination (OSCE)** is an exam used to test third-year medical student skills. The OSCE gives students the opportunity to practice this type of exam before taking the USMLE Step 2 Clinical Skills exam and is required before graduation.

The objectives for this exam are:

- Students will self-assess their clinical proficiency enabling them to strengthen skills prior to residency.
- Students will practice an OSCE exam in a lower stakes setting, given the NBME/USMLE's requirement of a Clinical Skills exam on the Step 2 licensure exam.
- Meet current LCME accreditation requirements for objective, standardized, documented evaluation of student attainment of clerkship objectives in the most time efficient way.

The duration of the entire OSCE exercise is 2 hours. Scheduling of the exams varies from campus to campus. Students at each station are allowed 30 minutes to complete their respective test. *(See illustration below)*

**STATION 1: 2 EKGs & 2 Chest X-Rays**
- Students will have 30 minutes to complete this test.
- Students will enter room and begin exam.
- Copies of EKGs & CXRs will be available.
- Answer sheets & pencils will be available in the room.
- When test is completed, students are to remain in their room until time is up.
- When time is called, students are to turn in answer sheets to Medical Student Coordinator.

**STATION 2: Standardized Patient Case**
- Students will have 30 minutes to complete this test.
- Students will begin by reading the case placed outside of the door.
- Knock on the door when ready, & then enter the room.
- Students have 15 Minutes to perform a focused H&P; counsel patient; & provide differential dx.
- A 5 Minute Warning will be given.
- 10 Minutes will be allowed for patient note write-up (designated area outside of the exam room)
- 5 Minutes will be allowed for faculty grader and standardized patient feedback.
- When test is completed, students are to remain in their room until time is up.
- When time is called, students are to turn in answer sheets to faculty grader.

**STATION 3: Evidence Based Medicine (EBM)**
- Student will have 30 minutes to complete this test.
- Student will enter room and begin exam
- An EBM Case Study will be provided.
- Librarian will be available on site
- Answer sheets & pencils will be available in room.
- When test is completed, students are to remain in their room until time is up.
- When time is called, students are to turn in answer sheet to librarian.

**FINAL PROCESS: Geriatrics PodCast Quiz**
- Students will have 10 minutes to complete this quiz.
- Students will be provided an exam sheet or computer terminal.
GRADING POLICY

You will be evaluated on your performance during your Internal Medicine Clerkship using the rating categories Honors, High Pass, Pass, and Fail. The grading scheme is as follows:

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<tr>
<th>Component</th>
<th>Honors</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBME Exam</td>
<td>≥80th percentile</td>
<td>5-69th percentile</td>
<td>≤4th percentile</td>
</tr>
<tr>
<td>Clinical Evaluation</td>
<td>≥3.1 average</td>
<td>1.5-3.0 average</td>
<td>≤1.4 average</td>
</tr>
<tr>
<td>OSCE</td>
<td>≥90%</td>
<td>60-89%</td>
<td>≤59%</td>
</tr>
</tbody>
</table>

High pass is only given on the NBME Exam and the overall final grade (see below). A high pass score on the NBME is 70-79 percentile.

Other components:
- Professionalism
  - Pass: dimensions of commendation > dimensions of concern
  - Fail: dimensions of commendation < dimensions of concern
- Inpatient Write-ups
  - Pass: turn in 7 or more write ups
  - Fail: turn in less than 7 write ups
- Observed History and Physical
  - Pass: completed
  - Fail: incomplete

Overall Honors Grade:
- NBME Exam score 80 or above
- Honors in one other major component (clinical evaluation or OSCE)
- No Fail grades
- Pass all “other components”

Overall High Pass Grade:
- NBME Exam score 70-79 percentile
- Honor in one other component
- No fail grades
- Pass all “other components”

Overall Pass Grade:
- Fail to meet criteria for Honors
- No Fail grades

Failure of one or multiple components: see the current TTUHSC Medical Student Handbook for guidelines.

NBME Exam: The National Board of Medical Examiners Medicine Subject Exam
Clinical Evaluation: Evaluations by faculty physicians and house staff using the TTU-HSC Clerkship Evaluation Form
OSCE: Objective Structured Clinical Examination given at the end of the clerkship.
LITERATURE, TEXTBOOKS, STUDY GUIDES, AND JOURNALS

Key Learning Sources  When you read about your patient you will likely find yourself challenged by the immense and continuously growing literature relevant to providing high quality care. You should become familiar with the key sources for obtaining updated information on issues relevant to the medical management of adult patients. We recommend you obtain one of the abbreviated textbooks listed below and read it during the clerkship. We recommend that you obtain or have access to one of the standard textbooks of internal medicine (see below) for in-depth reading about your patients. Study guides such as *Blueprints in Medicine* are useful in providing an overview of subject areas before class and when reviewing for exams. You can use them for scanning your knowledge base to determine specific subject areas for more in-depth study. Do not use a study guide as a substitute for an abbreviated textbook. They have repeatedly been shown to be inadequate when used alone. There are also collections of review questions that have been found to be very helpful in organizing your knowledge base. Use of one of these books, e.g., *PreTest Medicine* or *MKSAP for Students 3*, is highly recommended. In summary, it is recommended that you:

- Read your abbreviated textbook (*Cecil Essentials*) to develop your knowledge base about internal medicine. You should read the appropriate section (usually 6-10 pages) before each lecture.
- Have a standard textbook available to read in depth about the patients you work up. You will usually not find enough information for patient care in an abbreviated textbook or study guide.
- Use a study aid with many review questions such as *PreTest Medicine* or *MKSAP for Students 3* to help assess your knowledge base before the NBME exam.

Information Access  Textbooks are limited in terms of the scope and timeliness of information. To make sure that you are aware of new developments in medicine, try to regularly scan some of the key journals such as *The New England Journal of Medicine*, *JAMA*, etc. Websites such as Dynamed, UpToDate or MD Consult are very helpful. Consider performing a computerized literature search to find articles pertinent to a specific clinical question at least once a week. The National Library of Medicine (PubMed) at [http://ncbi.nlm.nih.gov/PubMed](http://ncbi.nlm.nih.gov/PubMed) is ideal for this. Bookmark this site on your computer or handheld device and use it frequently.

Basic Textbooks
- *Harrison’s Principles of Internal Medicine*, 17\(^{th}\) Ed. (McGraw-Hill, 2008). It is an excellent a basic reference for reading in depth about your patients during the clerkship. [www.harrisonsonline.com](http://www.harrisonsonline.com)

Abbreviated Textbooks
• **Internal Medicine Essentials for Clerkship Students 2007-2008**, published by the American College of Physicians and developed by the American College of Physicians and Clerkship Directors in Internal Medicine. This textbook is organized around the major training problems included in the *Core Medicine Clerkship Curriculum Guide*. It is designed to help students care for patients, prepare for clinical rounds, and study for end-of-rotation examination. It is relatively brief but offers an excellent and up to date summary of key internal medicine subjects. It can be ordered on-line from ACP at [https://www.acponline.org](https://www.acponline.org) or by calling ACP Customer Service at 800-523-1546, extension 2600 or 215-351-2600.

• **Internal Medicine Clerkship Guide**, 3rd edition, by Paauw, Burkholder, and Migeon (Mosby, 2007). Although titled as a guide, this is really a 635 page mini-textbook. It is designed to present core concepts of internal medicine in a brief format “to allow cover-to-cover reading during the medicine clerkship.” It is very well organized and is formatted around basic questions frequently asked during the care of internal medicine patients. A multiple-choice exam at the end of the guide is useful for exam preparation. [www.elsevierhealth.com](http://www.elsevierhealth.com).

**Focused Textbooks and References**

• **Rapid Interpretation of EKG’s**, 6th edition, by Dale Dubin, MD (COVER Publishing Company, 2000). This is the place to start to learn about EKG’s. It is an extremely well thought out interactive text which makes axis, rhythm, blocks, infarcts make sense. Available in the Medical Library but you may want to consider getting a copy for your own library.

• **Felson’s Principles of Chest Roentgenology**, 2nd edition, by Lawrence Goodman MD (W.B. Saunders Company, 1999). An update of the original by Dr. Felson, this is a fun book to read that makes chest x-rays make sense. Again, available in the Medical Library but you may want to consider getting a copy for your own library.

**Study Guides**

• **PreTest Medicine, 12th Edition** by Robert S. Urban, J. Rush Pierce, Marjorie R. Jenkins, and Steven L. Berk. Authored by Texas Tech faculty members, this is a frequently used set of test questions. It has 500 USMLE-type (vignette style) questions with answers and explanations. The authors have made sure that each topic likely to appear on the boards is discussed at least once. [books.mcgraw-hill.com](http://books.mcgraw-hill.com)

• **MKSAP for Students 3** developed by American College of Physicians and Clerkship Directors in Internal Medicine. Includes CD-ROM. This is the 3rd edition of the *MKSAP for Students*. MKSAP stands for Medical Knowledge Self-Assessment Program. This is the 2008 edition with all new questions plus added ECG and color dermatology questions. Several students here have used the previous 2nd edition and recommended it highly. An excellent printed and electronic collection of patient centered self-assessment questions and their answers. Available from American College of Physicians [www.acponline.org](http://www.acponline.org) for $44.50 or call 800-523-1546, ext 2600. Ask for product code 190350010.
• *Step-Up to Medicine* by Steven Agabegi, an orthopedic resident, and Elizabeth Agabegi, a hospitalist (Lippincott Williams & Wilkins, 2008). Commonly mentioned as a useful study outline by our students.
• *Case Files Internal Medicine* by Toy, Parlan, Cruse, and Faustinella (Lange Medical Books/McGraw-Hill, 2007) comes from the University of Texas-Houston and again has been found helpful by several students.
• *Blueprints in Medicine*, Second Edition, 2009, by Young, Kormos, and Goroll (one of the USMLE Steps 2 & 3 Review Series). A standard reference that describes the core content in Internal Medicine. This does not give the details but it helps you organize the information. Includes 125 clinical board style questions. [www.blackwellscience.com](http://www.blackwellscience.com) $34.95.
• *First Aid for the Medicine Clerkship* by Stead et al (McGraw-Hill, 2008). Frequently used based on recommendation by 4th year students. May help in preparing your review of internal medicine but we don’t recommend it as a basic text. [www.harrisonsonline.com](http://www.harrisonsonline.com) $29.95.

**Journals**

- *The Journal of the American Medical Association* [www.ama-assn.org/jama](http://www.ama-assn.org/jama)
- *Annals of Internal Medicine* [www.acponline.org](http://www.acponline.org)
- *Archives of Internal Medicine* [www.ama-assn.org/internal](http://www.ama-assn.org/internal)
- *Lancet* [www.thelancet.com](http://www.thelancet.com)
- *British Medical Journal* Free access to entire journal [www.bmj.org](http://www.bmj.org)

**The Texas Tech University School of Medicine Clerkship Directors in Internal Medicine wish you a positive, productive, and enjoyable clerkship experience!**

*Amarillo: Steve Urban, MD*  
*El Paso: Dinorah Nutis, MD*  
*Lubbock: Andrew Dentino, MD*  
*Permian Basin: Donald Loveman, MD*
Section IV: Lubbock Campus Specific

- Inpatient General Medicine Rotations
- Clinic Rotation
- Electives
- Conferences
- Other Requirements
- Study Aids
- Correspondence
- Absentee Policy
- Evidence-Based Medicine - Case Presentation Exercise
- Objective Structured Clinical Exam

2009 - 2010
Welcome to your Internal Medicine Clerkship at the Lubbock Campus! This section of the manual will provide information specific to your clerkship experience in Lubbock.

**Inpatient General Medicine Rotations**

**Overview:** Inpatient general medicine rotations are four weeks in duration and end on the Friday of the fourth week. During these rotations you will be assigned to ward teams and take call according to the published team call schedule. Each team is typically composed of a faculty attending, one senior medical resident (PGY-2 or 3), one or two interns (PGY-I), and one or two medical students. The student is a member of the team and participates actively in the care of assigned patients and may assist with the care of other team patients as needed.

**Rounds:** The two main rounding activities are Work Rounds and Attending Rounds. Work Rounds will take place at the discretion of your senior resident. During this time, the senior resident and/or interns) should see and evaluate your assigned patients and discuss management’ issues. Attending Rounds are usually scheduled in the morning from 9:00-11:00 am daily, but this may vary according to the schedule of the attending physician. Attending rounds tend to be management focused and patient oriented. You will have the opportunity to present your patient(s) to the attending physician at this time. Longer academic discussions that do not require patient participation will occasionally be held in one of the conference rooms.

**Call:** Overnight call is not required. However, it is suggested to stay overnight at least once with your team to become familiar with the experience. Otherwise, students may leave when their senior resident leaves for the evening (approximately 9:00 pm). There will be no call during the 8th week of the clerkship.

**Patient Evaluation:** You are expected to "work-up" 4-6 new patients each week (2-3 patients each call day). In general, you should average at least four patients per week. You should write a full history and physical examination, define a problem list and include a differential diagnosis for each problem. A plan of action for each problem should also be devised and recorded.

See your patients as soon as possible after they are assigned to you. Your completed evaluation should then be written up and, if time permits, reviewed with your resident or intern before presenting to your attending physician on rounds. A copy of at least one write-up per week should be given to your attending for evaluation. When it is returned to you, turn it in to the clerkship coordinator for placement in your file.

**Patient Load:** You should carry between 2-4 patients at any time. However, you are also encouraged to learn about the medical problems of the other patients on your team.

**Procedures:** Performing procedures is not a specific objective of the clerkship, but you are encouraged to participate in procedures your patients may require. Any procedure that you take part in must be supervised by the attending and/or resident. To learn more about procedures commonly performed in Internal Medicine, please visit the following website: http://content.nejm.org/misc/videos.dtl (may require going through the Tech library website if done off campus) Direct your attention to the following videos:

- Blood-Pressure Measurement
- Peripheral Intravenous Cannulation
Placement of a Femoral Venous Catheter
Central Venous Catheterization - Subclavian Vein
Central Venous Catheterization - Internal Jugular Vein
Female Urethral Catheterization
Male Urethral Catheterization
Abscess Incision and Drainage
Paracentesis
Thoracentesis
Lumbar Puncture
Arthrocentesis of Knee
Placement of an Arterial Line

Days Off: In general, you are allowed one weekend day off per week. Specific plans may be discussed with your attending and/or resident. Between each four week rotation, you will have the entire weekend off.

Clinic Rotation

You will spend one week in the Internal Medicine clinic, taking part in general medicine clinic and selected subspecialty clinics. In general, it is expected that you see and evaluate 2 patients per half-day of clinic. You will also have reading assignments over selected topics in ambulatory medicine. A 20 question quiz will be given at the end of the week.

Electives

You will have the opportunity to participate in a one-week elective in an Internal Medicine subspecialty of your choosing. Available subspecialties include MICU, CICU, or the following consult services: Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Nephrology and Pulmonology.

Conferences

Student Conferences: Student conferences are designed to supplement the patient contact experience by introducing the student to a number of major medical illnesses. Conferences are scheduled daily (Mon.-Fri.) at 7:00 am. Check your Master Schedule for specific topics. Conferences on ECG/ chest x-ray interpretation and test preparation are also scheduled throughout the clerkship. Check your master schedule for specific times. You are expected to complete assigned reading prior to each scheduled conference. Please note that attendance at all student conferences is mandatory.

Departmental Conferences: Departmental conferences are usually scheduled daily (Mon.-Fri.) at noon. For specific topics and location, check your master schedule or the department bulletin board. Attendance is mandatory at the following departmental conferences:

• (General Medicine Principles Conference, every Tuesday at 8 am
• Subspecialty Conference, every Tuesday at noon
• Internal Medicine Grand Rounds, every Thursday at noon
• Metabolic Conference, selected Fridays at noon
• Morbidity and Mortality Conference, fourth Friday of each month at noon

Attendance is not required at other departmental conferences. However, you are more than welcome to attend any conference which interests you.

Other Requirements

Student Interview and Examination Exercise: You are required to interview and examine a patient while being observed by an attending. This should occur during the third or fourth week of the clerkship. Have your attending complete and sign the observation form (see Forms section).

Evidence-Based Medicine - Case Presentation Exercise: You will have the opportunity to learn the basics of evidence-based medicine and present an interesting case encountered during your Internal Medicine Clerkship to your peers and the clerkship director. These presentations will take place each Monday from noon-1 pm, beginning around mid-rotation (see Master Schedule). More information on this exercise can be found at the end of this section.

Objective Structured Clinical Examination (OSCE): A three station OSCE will take place on the Friday of the seventh week of the clerkship. More information can be found at the end of this section.

Attending/Resident Evaluation: You will have the opportunity to evaluate the attending and resident physicians that work with you. Please complete each evaluation in a timely manner and submit to the clerkship coordinator (for an example, see Forms section).

Study Aids

Books:
• Abbreviated Textbook:
  * First Exposure in Internal Medicine: Hospital and Ambulatory Medicine - This should be used as a basic source of study throughout the clerkship. Selected readings from this text will be assigned for most student conferences.
  * Cecil Essentials of Medicine, 7th edition - this is also a good basic source of information.
• Review Books: There are several good review books available. You may want to ask previous students which books worked best for them. These books are useful in providing an overview of subject areas before conferences and when reviewing for exams. The review book Internal Medicine Essentials for Clerkship Students is available for checkout in the Internal Medicine department. Please see the clerkship coordinator for more information.
• Question/Answer Books: PreTest Medicine and MKSAP for Students - these are excellent for testing your knowledge base and preparing for the exam. Both are available for checkout in the Internal Medicine department. Please see the clerkship coordinator for more information.
Journals: Textbooks are limited in terms of the scope and timeliness of information. To make sure that you are aware of new developments in medicine, regularly scan some of the key journals such as *The New England Journal of Medicine, The Journal of the American Medical Association, Annals of Internal Medicine, Archives of Internal Medicine, Lancet*, etc. I recommend you perform a computerized literature search to find articles pertinent to a specific clinical question at least once a week.

Study Methods: Although there are several successful methods for studying, Dr. Lynn Bickley has suggested the following method. We hope you find this useful.

**Roadmap for Integrating Learning from Patients and Studying for the Exam**

- Base all reading, including for the exam, on patients you see.
- Review the objectives for common Internal Medicine training problems. These objectives come from the national association of internal medicine clerkship directors. See section on CDIM Resources, Core Medicine Clerkship Curriculum Guide.
- For example, when you get a patient with congestive heart failure (CHF), look at the objectives, then turn to that section of your textbook for your reading.
- Then, do 10-20 questions from some of the review books you have.
- The next time you get a CHF patient, go to your textbook again. Review CHF and another section related to the differential diagnosis, perhaps cardiomyopathy. Review 10-20 more questions. This way you build up your differential diagnosis.
- In your write-ups, aim first for an excellent history and physical. For each of the three major diagnoses on your problem list, provide a discussion of the top 3 differential diagnoses for that problem. Use a patient-based evidence approach (the most likely diagnosis in this patient is CHF because (for example) the patient is short of breath with elevated NP, S3, and rales. No recent viral syndrome to suggest viral cardiomyopathy. No recent chest pain or angina to suggest ischemia. A superior write-up links reading to the patient in this way.

**Correspondence**

For schedule updates, schedule changes or any other concerns, you will be notified by pager, email or regular mail. Please respond to pages promptly. Check your e-mail and mailbox daily. Your mailbox can be found in room 4B216.

**Absentee Policy**

If you find you will be late or absent from any clerkship duties, call the clerkship coordinator, Colleen Sims, as soon as possible (preferably by 8:30 am). Also, please notify your attending and resident. A student absence form (see Forms section) should also be completed and signed by your attending and the clerkship director. You are allowed 4 days of excused absence during an 8-week clerkship. Also, please remember the guidelines for years 3 and 4 require there be **no unexcused absences** during clerkships.
Conclusion

I wish you a positive, productive, and enjoyable clerkship experience. If at any time you have any questions or suggestions, please do not hesitate to contact us.

Andrew Dentino, M.D.
Clerkship Director
Phone:
Pager: 806-721-3201
E-mail: andrew.dentino@ttuhsc.edu

Colleen Sims
Clerkship Coordinator
Phone: 743-3155 ext. 246
E-mail: colleen.sims@ttuhsc.edu
| Number of encounters with student (circle one): | 1 encounter / 2-3 encounters / 4+ encounters |

<table>
<thead>
<tr>
<th><strong>Dimension For Evaluation</strong></th>
<th>Far Below Expectations</th>
<th>Somewhat Below Expectations</th>
<th>Consistent with Expectations</th>
<th>Far Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History &amp; Interviewing Skills:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Gathers complete and accurate history (A2)</td>
<td>Sketchy history, not consistent w/ preceptors findings</td>
<td>Mentions 3-4 components of sx rarely asks pertinent ROS</td>
<td>Usually Mentions 5 of 7 components of sx and pertinent ROS</td>
<td>Consistently mentions 7 components of sx and pertinent ROS w/out prompting</td>
</tr>
<tr>
<td>2. Identifies Key information from patient requiring medical decision-making (B3)</td>
<td>No prioritization of problems; patient’s agenda not addressed</td>
<td>Does fine with one problem but overwhelmed by multiple</td>
<td>Able to address patients problems; not always able to ID most clinically relevant</td>
<td>Prioritizes patient problems by patient agenda and ID’s most clinically relevant</td>
</tr>
<tr>
<td>3. Makes appropriate documentation of findings (B1)</td>
<td>Repeatedly needs reminding of subj/obj components</td>
<td>Sometimes confuses subjective/objective components</td>
<td>SOAP note well organized, covering most components of sx/problem</td>
<td>SOAP note well organized, covering all components of sx/problem w/ pertinent ROS</td>
</tr>
<tr>
<td><strong>Examination Skills:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Exam is appropriate in scope and technique (B2)</td>
<td>Disorganized physical exam; incorrect technique</td>
<td>Often requires assistance w/ performing PE w/ proper technique</td>
<td>Usually performs PE w/ proper technique</td>
<td>Consistently performs exam w/ proper technique</td>
</tr>
<tr>
<td>5. Identifies pertinent data (A1)</td>
<td>Frequently misses pertinent PE findings</td>
<td>Often needs help ID’ing PE findings</td>
<td>Occasionally needs assistance in ID’ing PE findings</td>
<td>Rarely needs assistance in ID’ing PE findings</td>
</tr>
<tr>
<td>6. Exam linked to history (B3)</td>
<td>Student unsure of what to examine (too much/too little)</td>
<td>Often needs help linking history and PE</td>
<td>PE usually reflects priorities ID’d in note</td>
<td>PE consistently linked to history</td>
</tr>
<tr>
<td><strong>Fund of Knowledge / Clinical Reasoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Accurately integrates symptoms, signs and test results related to clinical conditions (B3)</td>
<td>Rarely able to ID problem without assistance</td>
<td>Often requires assistance in ID’ing problem</td>
<td>Usually able to integrate findings to ID the problem</td>
<td>Consistently, ID’s main problem</td>
</tr>
<tr>
<td>8. Demonstrates appropriate clinical application of information to formulate a differential diagnosis (A3, B5)</td>
<td>Differential diagnosis is often incomplete or incorrect</td>
<td>Able to generate differential, but occasionally lacks depth or detail.</td>
<td>Differential diagnosis reflects solid clinical reasoning, is detailed and thorough.</td>
<td>Differential diagnosis reflects sophisticated clinical reasoning.</td>
</tr>
<tr>
<td>9. Identifies conditions requiring follow-up and consultation (B6)</td>
<td>Unable to formulate plan; rarely recognizes biopsychosocial issues</td>
<td>Requires assistance in developing plan; may recognize biopsychosocial issues</td>
<td>Develops reasonable plan, often recognizes biopsychosocial issues</td>
<td>Develops detailed plan consistent with problem list; incorporates biopsychosocial issues</td>
</tr>
</tbody>
</table>

Revised: 7/2/10
<table>
<thead>
<tr>
<th>Interactions:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Establishes appropriate rapport and demonstrates empathy (D1)</td>
<td>Indifferent to patient and cultural/biopsychosocial issues</td>
<td>Respectful of patient but often unaware of biopsychosocial issues</td>
<td>Empathetic and respectful of patient; Aware of cultural and biopsychosocial issues.</td>
<td>Goes beyond expected so that patient mentions strong communication skills/rapport</td>
</tr>
<tr>
<td>12. Communicates effectively with attending or resident (B1)</td>
<td>Often disorganized in presentation</td>
<td>Sometimes disorganized in presentation</td>
<td>Usually organized presentations</td>
<td>Organized presentations but also integral part of team, sharing information and assisting in care of patient</td>
</tr>
</tbody>
</table>

Comments:
NBME - Student Clinical

Evaluator Name: _____________________________  Student Name: _______________________________  Date: __________________

Clerkship: __________________________________  Campus: Lubbock _______________

1. During this observation period, I had direct contact with or observed this person for…
   
   (1) Under 4 hours  
   (2) 4-20 hours  
   (3) More than 20 hours

*Behaviors*

Please rate how well this person performed each of the following behaviors.

*Please mark 'Unable to Assess' when you were not able to sufficiently observe the person performing a behavior, OR a behavior is not relevant to the person’s training level or role.*

2. Communication & Interpersonal Skills

<table>
<thead>
<tr>
<th>Warning! Serious remediation is required</th>
<th>Attention Performance is substandard; Considerable improvement needed</th>
<th>Needs Improvement Performance indicated some cause for concern</th>
<th>Just what we wanted. Performance met standards; majority of people here</th>
<th>Exemplary Performance is a positive example for others</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responds constructively to feedback</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Solicits input from health care professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses clear and appropriate communication</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Dresses and grooms appropriately for the setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discusses others in a respectful manner</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised: 7/2/10
### 3. Patient Care

<table>
<thead>
<tr>
<th><strong>Warning!</strong></th>
<th><strong>Attention</strong></th>
<th><strong>Needs Improvement</strong></th>
<th><strong>Just what we wanted.</strong></th>
<th><strong>Exemplary</strong></th>
<th><strong>Unable to Assess</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious remediation is required</td>
<td>Performance is substandard; Considerable improvement needed</td>
<td>Performance indicated some cause for concern</td>
<td>Performance met standards; majority of people here</td>
<td>Performance is a positive example for others</td>
<td></td>
</tr>
</tbody>
</table>

| **Gives an honest account of patient care activities** |
| **Attends to patient needs (e.g. physical comfort, emotional comfort, and privacy during examinations)** |
| **Introduces self to patient and explains role on health team** |
| **Maintains confidentiality of patient information** |

### 4. Educational Responsibilities

| **Demonstrates preparedness for educational activities** |
| **Arrives in time for start of activities and leaves when responsibilities are completed** |
| **Contributes to discussions during class, rounds and meetings** |
| **Shows initiative for own learning** |
| **Acknowledges limits of own knowledge or ability** |
5. Global

Based on your observations of this person during the specified period, please choose the option that best describes your agreement with the following statement:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like this person on my team</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments

Your comments should: 1) refer to specific events that occurred during the period of observation; and 2) be supportive and constructive.

Note: Your comments may be given to this person without modification. [for UCLA, LLU, USC]

Note: Your comments will be given anonymously to this person without modification. [for TTUHS, UAB]

5) Please provide specific examples of this person’s professional behavior that merit praise or commendation.

6) Please provide specific examples of this person’s professional behavior that could be a focus for continued professional improvement.