Internal Medicine Clerkship (IM CL)
ME-300, 10 weeks

The Medicine Clerkship is part of the Core Clinical Experience curriculum, and is integrated with Neurology in the Care of Adults thematic section. The Medicine clerkship builds on content learned in FOM1 and FOM2 to teach principles of common medical illnesses in adult patients. Through experiences on two four-week inpatient rotations, one at the University campus and one at a community hospital site, students learn to hone skills in history taking, physical examination, and formulation of differential diagnoses and management plans. Students work under the supervision of the intern, resident and hospitalist or attending physician to admit at least two new patients per week, and follow those patients through the course of their hospital stay.

Students meet in small groups at least 10 times during the rotation with a Longitudinal Preceptor in Medicine (LPM). Each LPM session includes a review of a core Internal Medicine topic, EKG review and case discussion. Longitudinal preceptors provide teaching, formative feedback and mentorship through the course of the rotation.

The curriculum also includes a two-week ambulatory rotation, in which students work with a primary care physician to learn principles of outpatient Medicine and preventive care.

The Medicine and Neurology clerkships share a two-day Orientation and three curriculum days (Acute Care, Primary Care and Palliative Care) to teach core content.

After completion of the Medicine Clerkship, the MS3 will be able to:

- Understand the pathophysiologic principles underlying common acute and chronic medical conditions (Physician as Scientist and Clinical Problem Solver)
- Be proficient in history taking, physical exam and oral and written presentations. (Physician as Professional and Communicator)
- Develop the ability to interpret history, physical exam and diagnostic tests to formulate a good differential diagnosis and to begin to formulate a management plan. (Physician as Clinical Problem Solver)
- Demonstrate interpersonal skills needed to take care of patients, interact with families and with other health care professionals, and understand the non-medical factors that impact patient care. (Physician as Communicator and Clinical Problem Solver)
- Demonstrate an understanding of the relationship of behavioral, psychological, ethical, social and economic issues to patient care and clinical outcomes (Physician as a Professional, Clinical Problem Solver and Advocate)
- Discuss common causes for medical errors, gaps and variations in care, and will look for ways to improve quality (Physician as a Professional, Scientist, Communicator, and Clinical Problem Solver)
- Demonstrate knowledge of the rationale and process for the following common procedures: Venipuncture, Culture (blood or tissue), ABG, ECG, Nasogastric tube placement, Peripheral intravenous catheter insertion, Urine dipstick, and Stool occult blood testing (Physician as a Clinical Problem Solver)
- Demonstrate an understanding of medical conditions requiring emergent evaluation and management (Physician as a Professional, Clinical Problem Solver and Advocate)
Assessments include clinical evaluations by supervising house staff and faculty, formative feedback by Longitudinal Preceptors, an OSCE and a Medicine NBME subject (shelf) exam. Completion of written assignments and participation in small group sessions also count toward the final grade.

Clerkship Director
Mary Hawthorne, MD
Nancy Skehan, MD – Assistant Director