

Internal Medicine Clerkship (IM CL)

ME-300, 10 weeks

Updated December 2021

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 hone skills in history taking, physical examination, and formulation of differential diagnoses and management plans. Depending on the site, students work under the supervision of house staff and/or hospitalist or attending physicians to admit at least two new patients per week, and they 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 1-day Orientation and 2 curriculum days (Acute Care, Primary Care /Palliative Care) to teach core content.

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

- Demonstrate an understanding of the pathophysiologic principles and medical therapies for common medical illnesses (Physician as Scientist)
- Obtain a medical history, perform a physical examination, and present cases in oral and written form (Physician as Communicator, Physician as Clinical Problem Solver)
- Demonstrate effective communication with patients and within a diverse team of allied health care professionals (Physician as Professional and Communicator)
- Use information obtained through history, physical examination, laboratory and radiological data to interpret clinical information through the development of differential diagnoses (Physician as Clinical Problem Solver)
- Discuss the health screenings indicated for adults and counsel patients on smoking cessation, weight management, safe levels of alcohol consumption, blood pressure management and exercise (Physician as Communicator)
- Complete a functional and cognitive assessment on a Geriatric patient (Physician as Clinical Problem Solver)
- Demonstrate an understanding of the relationship of the social determinants of health as it relates 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, and Urine dipstick (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)
- Discuss an approach to palliative care to include defining palliative care, describing care at the end-of-life, and exploring patient and family values and goals (Physician as a Professional, Clinical Problem Solver and Advocate)

Assessments include direct observations by supervising house staff and faculty, formative feedback by Longitudinal Preceptors, an OSCE and a Medicine NBME subject (shelf) exam, as well as completion of simulations, written assignments, and participation in small group sessions.

Clerkship Director

Nancy Skehan, MD

Associate Clerkship Director

Gregory Leslie, MD

Nidhi Chojar, MD