I. GENERAL INFORMATION

Course Contacts
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- Coordinator: Luanne Whitmire, phone (864) 455-4436 or lwhitmire@ghs.org
- Director: Leigh Watson, MD, pager (864) 390-7018 or lWatson@ghs.org

Description
The M-IV Senior Medicine Ambulatory Rotation is a four-week outpatient rotation that is required for all fourth year medical students from the University of South Carolina School of Medicine. Students may be assigned to general medicine and/or subspecialty medicine clinical sites. Clinical learning will be supplemented by lectures and self-directed learning. The educational goals of the rotation are based on the national recommendations of the Clerkship Directors in Internal Medicine.

Goals
1. Understand, diagnose, and manage a wide range of illnesses encountered in the ambulatory care of adult patients
2. Identify and prioritize issues within the time constraints of a single outpatient encounter
3. Understand an outpatient physician’s commitment to a patient over time, as demonstrated by activities such as promoting compliance with medications, following-up test results, and managing chronic diseases through return visits
4. Improve your clinical skills in medical interviewing, physical examination, data interpretation, medical decision-making, and case presentation through active participation in patient care
5. Learn basic procedures used in the outpatient practice of internal medicine
6. Interact effectively with other members of the outpatient medical team, using the skills of teamwork, communication, and coordination of care
7. Improve your ability to care for geriatric patients and patients of cultures different from your own
8. Learn appropriate preventive care for outpatients
9. Learn basic differences between inpatient and outpatient medical care
10. Observe and apply ethical principles in clinical medicine
11. Develop a lifelong habit of self-directed learning and continued growth

Required Patient Encounters
Students are required to evaluate patients with the following problems. Given the variability in patient visits, it is possible that students will not be assigned a patient for every recommended training problem. In this situation, students must obtain additional training through participation in care of other patients in the ambulatory office and by discussion of patients with their supervising physicians. Students are expected to supplement their training through self-directed learning.

- Management of a new acute condition with the emphasis on diagnosis, with development of full differential diagnosis
- Management of a new acute condition with the emphasis on specific treatment, with patient counseling on potential side effects, understanding of drug interactions, appropriate dosing, and alternative therapies
- Management of a chronic condition
- Management of an acute exacerbation of a chronic disease
- Caring for a patient from a culture not your own
- Caring for a patient over the age of 65 years
- Caring for a patient with limited access to medical care
Exposure to ONE patient from FIVE of the following categories
- Cardiac (includes CHF, CAD, HTN, hyperlipidemia, chest pain, etc)
- Endocrine (includes diabetes, thyroid disease, osteoporosis, etc)
- Fever or infection (includes URIs, pneumonia, urinary tract infection, HIV, etc)
- Musculoskeletal pain (Includes arthritis, tendonitis, bursitis, etc)
- Renal disease (includes acute/chronic kidney disease, etc)
- Hematologic or oncologic (includes h/o cancer, anemia, etc)
- Women’s health (includes gynecologic complain, breast mass, osteoporosis, etc)
- Men’s health (includes urologic complaint, erectile dysfunction, BPH, etc)

Required Procedures
There are no required procedures for this rotation. However, students will participate in a simulation center exercise to obtain experience in common outpatient procedures, including knee and shoulder arthrocentesis.

Documentation of Clinical Experiences
Clinical experiences will be documented on the Senior Medicine Clinical Experiences form and the Patient Encounter Record. Dr. Watson will monitor your progress in your midpoint feedback session and will develop a corrective plan with you for any deficiencies. Students not completing all required interactions will receive a grade of Incomplete.

II. OUTPATIENT TEAM EXPERIENCE

General
Students will be assigned to an outpatient medical office for a two to four week rotation. Students will evaluate office patients under the supervision of a member of the medical faculty. While this ambulatory rotation emphasizes the outpatient treatment of medical illnesses, students may also participate occasionally in inpatient rounds, if the faculty member feels this has educational merit.

Daily Schedule
In order to ensure optimal patient care, supervising faculty will determine the final daily schedule. Work hours will usually be 8:00 am to 5:00 pm, Monday through Friday, with students remaining after 5:00 pm when necessary to complete work in progress. Supervising faculty may modify work hours or work days based on the schedule of their clinical practice.

Overnight Call
No overnight call is required for this ambulatory rotation.

Days Off
Students are not scheduled to work on Saturdays or Sundays during the rotation.

Patient Encounter Record and Senior Medicine Clinical Experiences Form
Students must document their clinical interactions on the Patient Encounter Record in New Innovations and on the Senior Medicine Clinical Experiences form. Clinical interactions will be reviewed with Dr. Watson at your midpoint review session and again at the end of the rotation. The clerkship director and supervising faculty will ensure that students experience all required interactions. Students not completing all required documentation will receive a grade of Incomplete.
Clinical Responsibilities

a. Patient Population
Students will provide comprehensive care for ambulatory patients in an office practice setting, under the guidance and supervision of faculty physicians. Students will care for patients in all stages of illness, including initial diagnosis of diseases, chronic management of established medical problems, acute management of chronic diseases, and follow-up after hospitalization.

b. Format for Clinical Interactions
The suggested format for clinical interactions follows, but faculty physicians may modify this format to meet their clinical needs:

The student evaluates each patient independently of the faculty physician and formulates an initial assessment and management plan. The student then discusses the patient with the faculty physician, providing a summary of the history, physical examination, assessment, and proposed management plan. The faculty physician discusses the case with the student, personally interviews and examines the patient as appropriate, and refines the management plan with the student. The student writes any orders or prescriptions, under the supervision of the faculty physician, and the faculty physician reviews and signs the orders and/or prescriptions before implementation. The student reviews the final management plan with the patient and implements any instructions of the faculty physician. The student documents the interaction in the medical record under the direction of the attending physician, as permitted by the documentation system employed by the physician’s office. The attending physician reviews the student’s documentation, makes any corrections or additional comments as needed, and countersigns the student’s note.

Under Medicare guidelines, the information obtained and documented by a student may not be used to determine the level of billing for the patient. The faculty physician will need to conduct and document personally the portions of the medical history, physical examination, and medical decision-making that determine the level of service. Teaching physicians should refer to the Clerkship Policy section below for details.

Procedures
Students will participate in all procedures performed on their patients. Students may personally perform the procedure, with the consent of the patient and approval of the faculty physician. Students should discuss the indications, contraindications, correct technique, limitations, complications, and interpretations of findings of the procedure with the faculty physician and request feedback regarding their performance. All procedures must be done under direct supervision of the faculty physician. Students will not perform any procedures on patients without the specific approval and appropriate supervision of the faculty physician.

Students will document all procedures in the medical record with a brief written procedure note, which describes the informed consent, indications, methods, findings, complications, results, and post-procedure instruction and monitoring. The attending physician reviews the student’s documentation, makes any corrections or additional comments as needed, and countersigns the student’s note. Under Medicare guidelines, the information documented by a student may not be used to determine the level of billing for the patient. Teaching physicians should refer to the Clerkship Policy section below for details.
III. SUPERVISION

Clinical Care
Students will assume leadership for patients assigned to their care, commensurate with their abilities and under appropriate supervision of the faculty physician, who bears ultimate responsibility for the care of the patient. The student must not perform medical care outside the scope of normally delegated responsibility without the knowledge of the faculty physician. The student will inform the faculty physician of all significant developments occurring in patients under his/her care. The student must report accurate, complete, and timely medical information to the faculty physician and must faithfully implement his/her instructions. The student will not perform any medical procedures without the specific consent and appropriate supervision of the faculty physician.

Writing Orders and Prescriptions
The student is responsible for writing all orders and prescriptions on the patients under his/her care; however, all orders and prescriptions must be approved and cosigned by the faculty physician before implementation.

IV. METHODS OF INSTRUCTION

Supervised Clinical Interaction
At the time of each clinical encounter, the student will discuss (as time permits) with the attending physician the presentation, pathogenesis, plausible differential diagnosis, interpretation of clinical data, appropriate ordering and interpretation of ancillary tests, management of a particular patient’s illness, and prevention of disease. The attending physician will discuss, demonstrate (as needed), and provide feedback regarding the student’s interviewing and examination skills, diagnostic and management abilities, and clinical judgment. If the patient requires a procedure, the attending physician will instruct the student in the indications, contraindications, correct technique, limitations, complications, and interpretations of findings of the procedure and provide feedback regarding the student’s performance.

Conferences
a. Required: Students must attend Grand Rounds on Friday mornings at 7:45 AM in the Greenville Memorial Hospital Auditorium. Attendance is required; absences may result in a grade reduction. (Grand Rounds are not held in summer months.)

b. Optional: Students are also invited to attend:
   - Resident "noon" conference Mon – Thurs 12:15 CC3
     (Lunch served Wednesdays)
   - Internal Medicine Lunch Fridays 12:15 ERC 51

Simulation Center Exercise
Students will practice knee arthrocentesis and shoulder injection in the Simulation Center, under the supervision of faculty. Students are provided the educational goals, reference articles, and demonstration videos in the rotation orientation, and they are expected to review these materials before the simulation center exercise. Brenda Smock will notify students of the date and time of the exercise.
Senior Medicine Medication Regimen Review Assignment
During this rotation, students will perform a medication assessment on an older adult in the community as part of their four-year curriculum in geriatric medicine. Students will learn to appreciate the difficulty of polypharmacy in older adults, describe pharmacologic changes in aging and their relevance to therapeutic decisions, identify side effects and interactions associated with selected drugs, identify drugs that frequently are inappropriate for use in older adults according to Beers criteria, and adjust a medicine regimen for an older adult. Additional materials are provided at orientation. Completed evaluations should be turned in to Brenda Smock at the end of the rotation.

Self-Directed Learning
Students are expected to review standard medical texts such as *Harrison's Principles of Internal Medicine* or *Cecil Essentials of Medicine* for a basic overview of the medical problems of each of the patients under their care. They are also expected to supplement reading of basic texts with literature searches targeted to answer specific questions regarding diagnosis or management, using electronic references such as *UpToDate*, and on-line literature search resources such as Ovid and PubMed.

V. EVALUATION OF STUDENT PERFORMANCE

Feedback
In order to perform their best on any rotation, students need to understand the expectations of the attending physicians and to receive honest, regular, timely, and specific feedback regarding their performance.

a. Initial Review of Expectations
Students should discuss expectations with the attending physician at the start of their rotation at each clinical site. At each clinical interaction or teaching session, students should ASK the attending for feedback on their performance, noting strengths and areas for improvement and suggesting educational goals for the subsequent clinical encounters.

b. Midpoint Review of Performance
At the midpoint of the rotation, students will meet with Dr. Watson to review evaluations received for the first two weeks of the rotation. The purpose of this mid-point feedback is to make students aware of how their performance is perceived, to develop suggestions for how to improve their skills, and to determine educational goals for the second half of the rotation.

c. Final Review of Performance
At the end of each assignment, students will provide their supervising faculty with an evaluation form. The faculty member will provide input about the students’ performance and complete the evaluation forms to record this feedback. Completed forms will be forwarded to Brenda Smock.

Components of Grade
This rotation is graded pass/fail for USC students. In order to pass the rotation, USC students must
- Receive passing grades on their clinical evaluations
- Complete their documentation in the Patient Encounter Record and on the Senior Medicine Clinical Experience form
- Complete the Senior Medicine Medication Review Assignment, and
- Complete the online standardized evaluation form during the time frame specified by the Office of Curricular Affairs.
Failure to complete the Patient Encounter Record or online evaluation will result in a grade of Incomplete until this is accomplished. Unexcused absences may result in a grade penalty and may require remediation. Students who are unsuccessful in passing the clerkship will contact Dr. Watson and Dr. Catalana (the Assistant Dean for Medical Education at Greenville Hospital System) to discuss remediation in accordance with the policy of the USC School of Medicine.

a. Clinical Evaluation
Evaluation forms are included in the orientation packets. Students should give one form to each supervising physician on the rotation. At the end of each rotation with the student, supervising faculty should review their evaluation with the student and return the form to Brenda Smock. Students will be evaluated on their competence in:

- clinical decision making
- therapeutic decision making
- test selection and interpretation
- case presentation
- record keeping
- self-directed learning
- attendance and professional responsibility

Students must obtain a passing score in each category AND ratings of effective or exemplary in all sections of personal and professional conduct in order to pass the clinical evaluation. Failure to pass the clinical evaluation will require remediation, with the method and time of remediation determined by Dr. Watson, Dr. Davinder Lally (USC MIV Medicine Ambulatory Rotation Director), and Dr. Paul Catalana (the Assistant Dean for Medical Education at Greenville Hospital System) in accordance with the policy of the USC School of Medicine. Again, note that unexcused absences may result a grade penalty and remediation of the clinical activity.

b. Patient Encounter Record and Senior Medicine Clinical Experiences Form
Students must document all clinical interactions in the Patient Encounter Record in New Innovations and on the Senior Medicine Clinical Experiences form. Clinical interactions will be reviewed with Dr. Watson at the midpoint review session and again at the end of the rotation. The clerkship director and supervising faculty will ensure that students experience all required interactions. Students not completing this documentation will receive a grade of Incomplete until this is accomplished.

For visiting students, the rotation is graded according to their own university's guidelines.

Unexcused absences may result in a grade penalty and may require remediation.
USC GRADE APPEAL POLICY
Students have the right to be graded in an equitable manner. The basis of a student grievance shall be a violation of Teaching Responsibility policies contained in the Faculty Manual or a violation of the policies on Protection of Freedom of Expression, or Protection against Improper Disclosure, as stated in the Carolina Community. Students who believe they have the right to grieve under this policy should, within 30 calendar days of receiving a grade, contact Dr. Watson and Dr. Richard Hoppmann, the Associate Dean for Medical Education, to review the appeals process.

VI. EVALUATION OF EDUCATIONAL PROGRAM
We want the Senior Medicine Ambulatory Rotation to be an enjoyable learning experience. If students or faculty encounter problems or have suggestions for improvement, they are requested to contact Mrs. Smock or Dr. Watson at the numbers listed on the front of this handout. With early feedback, we can ensure this rotation is efficient and productive.

At the completion of the rotation, confidential student input will be used to provide faculty feedback, to direct ongoing faculty development programs, and to improve the learning experience. Students will evaluate the performance of the faculty and the quality of the educational experience using:
1. Handwritten evaluation forms, which are provided at orientation and the midpoint review session
2. Online standardized evaluation form, which is administered by Doris Johnson in the USC Office of Curricular Affairs. This evaluation must be completed during the time frame designated by Ms. Johnson (which she will email to you near the end of the rotation) or students will receive a grade of Incomplete. Ms. Johnson may be reached at (803) 733-3161 with questions.

VII. RESIDENT / STUDENT MENTOR PROGRAM
The fourth year of medical school can be physically and mentally taxing. While the collegial support of your attending is invaluable, the advice of an experienced resident mentor unrelated to the grading process can also ease your concerns.

Our resident mentor program teams you with an upper level Internal Medicine resident who can assist you in your academic progress, advise you in choosing your career goals, prepare you to become a competitive candidate for further academic training, and help you manage the normal stresses of medical training.

If you would like to have a resident mentor, notify Dr. Watson at any point during the rotation. She will have your mentor contact you to arrange an introductory meeting to see how they may assist you.

VIII. ROTATION POLICIES
Blood and Body Fluid Exposures
Contact Infection Control at pager 290-3386 for any blood or body fluid exposure.
Absences
For this four-week rotation, a maximum of two excused absences will be allowed. Any excused absences beyond the maximum of two may result in a grade penalty. As part of their personal and professional responsibility, students must inform their attending physician and course director before any anticipated absence, and as soon as possible after an emergency absence. Students must also submit a written notice to the course director detailing the dates and reasons for absences. This notice must be submitted before any anticipated absence and as soon as possible after any emergency absence. Absences may require remediation, at the discretion of the course director.

Attendance
Attendance is mandatory for conferences and clinical responsibilities. Unexcused absences may result in a grade penalty.

USC School of Medicine Policy on Holiday Schedules
In their clinical rotations, M-III and M-IV medical students have, under the supervision of resident and attending physicians, responsibility for ongoing patient care; therefore, their holiday schedule differs from the holiday schedule for M-I and M-II medical students who do not have these clinical responsibilities. The holiday schedules of School of Medicine affiliated hospitals in Columbia and Greenville also vary from institution to institution. In addition, responsibilities for the care of inpatients and outpatients result in different holiday schedules for students on inpatient hospital teams and those on outpatient and community practice rotations.

Student holiday schedules are at the discretion of the individual clerkship director. The clerkship director will inform M-III and M-IV students, at the beginning of the rotation, of the holiday schedule for that rotation. Students will adhere to these schedule expectations.

All M-III and M-IV students will have holidays during the scheduled Winter Break. M-IV students will have a holiday on Match Day, as well as a week away from clinical responsibilities for residency interviewing during the scheduled Residency Interview Week. M-IV students will be released from all clinical responsibilities on the day before and the day of their USMLE, Step 2 administrations. M-IV students who are completing away electives at other institutions will follow the holiday and hazardous weather policies of the host institutions.

Inpatient Responsibilities: In general, students assigned to inpatient responsibilities will be expected to participate in patient care activities per the discretion of the clerkship directors and/or team leader on all holidays except Thanksgiving Day. On Thanksgiving Day, any student without on-call responsibilities will have a holiday.

Outpatient Responsibilities: In general, students assigned to outpatient clinical and community medical practice locations will follow the holiday schedules of those clinics and practices. Students will have holidays, when those clinics and practices are closed on Independence Day, Labor Day, Thanksgiving Day (and, when applicable, the Friday after Thanksgiving Day), and Rev. Martin Luther King, Jr. Service Day.

USC School of Medicine Policy on Inclement Weather Schedules
In their clinical rotations, M-III and M-IV medical students’ responsibilities to their patient and to their clinical teams require, as consistently as possible, their presence in the inpatient and outpatient environments. During times of inclement weather, students’ clinical responsibilities must be balanced by concerns for their safety.
Outpatient Responsibilities: In general, during time of inclement weather, students should be present to carry out their clinical responsibilities whenever the outpatient clinic/community medical practice to which they have been assigned by the clerkship director is open and operational. Students should make every effort to determine the operating schedules of these facilities during times of inclement weather and be present, when possible, during those hours when the outpatient facility is operational. (Note: students may obtain information about the operation of the ambulatory clinic by calling 455-8888 extension 3-5622). The final decision about travel to these facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the outpatient facility to which he/she has been assigned, the student should so inform an appropriate person in authority at the facility and the clerkship director.

Inpatient Responsibilities: In general, during times of inclement weather, students should be present to carry out their clinical responsibilities in inpatient facilities to which they have been assigned by the clerkship director. Students should therefore make every effort to be present at these facilities, when possible, during time of inclement weather. The final decision about travel to these inpatient facilities, however, during times of inclement weather, should be made by students based upon their assessment of current travel conditions. When a student determines that safety concerns preclude his/her travel to the inpatient facility to which he/she has been assigned, the student should so inform his/her team leader at that facility and the clerkship director.

Guidelines for Teaching Physicians
Under Medicare guidelines, the information obtained and documented by a student (other than the ROS and PFSH) may not be used to determine the level of billing for the patient.

Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing. Students may document services in the medical record. However, the documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student’s documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the teaching physician must verify and redocument the history of present illness as well as perform and redocument the physical exam and medical decision making activities of the service."--Medicare Carriers Manual 22 Nov 2002