I. GENERAL INFORMATION

Course Contacts
- Office: Department of Medicine, Education Support Tower 5th Floor
- Coordinator: Luanne Whitmire, phone (864) 455-4436 or lwhitmire@ghs.org
- Director: Leigh Watson, MD, pager (864) 390-7018 or Lwatson@ghs.org

Description
This 8-week clerkship is required for all third year medical students from the University of South Carolina School of Medicine. Students will be assigned inpatient general medical or pulmonary teams for the duration of the clerkship and will attend weekly general medicine ambulatory clinics with their supervising resident. 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.

Clerkship Goals
1. Understand, diagnose, and manage a core set of illnesses encountered in the inpatient care of adult patients
2. Develop your clinical skills in medical interviewing, physical examination, data interpretation, medical decision-making, and case presentation through active participation in patient care
3. Learn to document in the medical record in an organized and accurate manner (including histories and physicals, progress notes, admission orders, and discharge orders)
4. Learn basic procedures used in the inpatient practice of internal medicine
5. Interact effectively with other members of the inpatient medical team, using the skills of teamwork, communication, and coordination of care
6. Improve your ability to care for geriatric patients and patients of cultures different from your own
7. Learn basic principles of nutrition in inpatient medicine
8. Learn appropriate preventive care for hospitalized patients
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 encouraged to care for patients with the following problems. Required patient encounters are noted in bold font. Given the variability in patient admissions, it is likely that students will not admit a patient for every recommended training problem. Students may obtain additional training through participation in care of other patients on the teaching services, by discussion of patients during attending rounds and educational conferences, and through lectures. Students are expected to supplement their training through self-directed learning.

- Patients Presenting with a Symptom, Sign, or Abnormal Test Result
  - Abdominal Pain (or Gastrointestinal Bleeding, see below)
  - Altered Mental Status
  - Anemia
  - Chest Pain
  - Cough
  - Dyspnea
  - Dysuria
  - Fever (or Nosocomial Infection, see below)
  - Fluid, Electrolyte, and Acid Base Disorders
  - Musculoskeletal Pain
  - Upper Respiratory Complaints

Revised 29 Aug 2011
Page 1
• Patients Presenting with a Known Condition
  o Acute Myocardial Infarction
  o Acute Renal Failure and Chronic Kidney Disease
  o Common Cancers
  o COPD/Obstructive Airways Disease
  o Diabetes Mellitus
  o Dyslipidemia
  o Coronary Artery Disease/Heart Failure/Hypertension
  o Gastrointestinal Bleeding (or Abdominal Pain, see above)
  o HIV Infection
  o Liver Disease
  o Major Depression
  o Nosocomial Infections (or Fever, see above)
  o Obesity
  o Pneumonia
  o Smoking Cessation
  o Substance Abuse
  o Venous Thromboembolism

• Specific Types of Clinical Encounters
  o 2 new acute conditions with the emphasis on differential diagnosis
  o 2 new acute conditions with the emphasis on initiating treatment
  o 2 chronic conditions
  o 2 acute exacerbations of a chronic disease
  o 1 patient from a culture not your own
  o 1 patient over the age of 65 years
  o 1 patient with limited access to medical care

Required Procedures
Students are encouraged to perform the following procedures. Required patient procedures are noted in bold font.
  o Interpretation of basic chest radiograph findings
  o Interpretation of basic electrocardiogram findings
  o Lumbar puncture
  o Microscopic examination of peripheral blood smear
  o Microscopic examination of sputum Gram stain
  o Observation of cardiac catheterization
  o Observation of endoscopic procedure
  o Participation in cardiac resuscitation using Basic Cardiac Life Support skills
  o Venous blood draw

Clinical experiences will be documented on the Clinical Skills Attainment Document (CSAD) and the Patient Encounter Record. Dr. Watson will monitor your progress in your weekly 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. INPATIENT ROTATIONS

Team Members
- Students will be assigned to an inpatient team with an attending physician, one or two upper level residents (either second or third year residents), one or more first year residents, and at times a fourth year medical student.
- During the inpatient rotations, students are active members of the medical team, working together with interns as they care for patients.

Daily Schedule
- Work days will usually begin around 6:00 to 7:00 am to allow enough time for prerounds.
- Work days will usually conclude by 4:00 to 5:00 pm. However, on post-call days, students and residents are expected to complete their patient care duties and leave the hospital by 2:00 pm in order to ensure appropriate rest. (Students may choose to remain until 4 pm in order to attend conferences, in keeping with USC duty hours policy.)
- Attending physicians and supervising residents may modify work hours in order to ensure patients receive optimal care and students meet duty hour limits (see below)

Night Float
- Students will be assigned to one week of night float with their team. Students will work closely with their upper level resident.

Days Off
- Medical students will take a minimum of 1 day in 7 free from all educational and clinical responsibilities, averaged over the clerkship, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical and educational duties (this includes lectures).
- For weeks when a weekend break is scheduled, no additional days off will be taken.
- For weeks when no weekend break is scheduled, students will select one day off each week, with the input and approval of their supervising resident. Days off will not be taken on a call day. Weekend days are preferred so that students will not miss weekday lectures.
- Students may take one additional afternoon off during the rotation in order to complete their Senior Mentor assignment in Columbia. Students will round with their teams on that day as usual, and then may leave as soon as rounds are completed.
- Students are scheduled to work all holidays with their teams, with the exception of Thanksgiving Day if not on call. Residents and attendings may grant additional holiday time off as they feel appropriate.
Medical Student Duty Hours Policy
Providing medical students with a sound didactic and clinical education must be carefully planned and balanced with concerns for patient safety and medical student well being. While didactic and clinical education should have priority when it comes to the medical students' time and energy, this should not be at the expense of their physical/mental health or their ability to learn.

Duty hours are defined as all clinical and academic activities related to the education of the medical student; i.e., patient evaluation, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading time spent away from the clerkship or elective site. **Duty hours must be limited to 80 hours per week, when averaged over a 4 week period, inclusive of all in-house call activities.** See the Student Handbook to Clinical Rotations for more information.

Patient Encounter Record
Students must document all clinical interactions in the Patient Encounter Record in New Innovations. Clinical interactions will be reviewed with the clerkship director at the midpoint review session. The clerkship director, supervising resident, and inpatient attending physician will ensure that students experience all required interactions as listed on the Clinical Skills Attainment Document. Students not completing a Patient Encounter Record will receive a grade of Incomplete.

Clinical Responsibilities
a. New Admissions
Patients will be assigned to the student by the supervising upper level resident and evaluated together with the first-year resident. Students should assume responsibility for:

- **1 to 2 new patients on the first day of their rotation**
- **1 to 3 new patients each call night**
- **5 patients maximum census for ongoing care**

Upper level residents and attending physicians may reduce the patient load as needed based on student ability and patient complexity.

Together with the first-year resident, the student will evaluate all assigned patients as soon as possible after admission. The initial evaluation will include a complete medical history and review of medical records, a complete physical examination, and appropriate radiographic and laboratory studies. The assessment and plan must include a complete problem list, a systematic consideration of the differential diagnosis for each problem, and a discussion of possible diagnostic and therapeutic approaches. The assessment should, at the minimum, reflect a fund of knowledge available in a standard textbook of internal medicine. After formulating his/her initial assessment and plan, the student will discuss each admission with the first-year resident and the upper level resident, who will assist him/her in generating a complete problem list; refining a broad differential diagnosis; and formulating practical diagnostic and therapeutic strategies.

As soon as the student has completed his initial assessment, he/she should write admission orders, under the supervision of the first-year resident. All orders will require review and cosignature by the resident before implementation. The student will notify the patient's nurse of any STAT or urgent orders to allow immediate implementation.
The student will complete a written history and physical examination form for each new admission; however, this form will be used for educational purposes only and will not be part of the patient’s official medical record. 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. Therefore, the first-year resident will complete the official written and dictated history and physical examination for each new admission. Teaching physicians should refer to the Clerkship Policy section below for details.

The student will notify the supervising residents immediately for any decline in clinical status or clinical emergency in a new admission.

The student will notify the patient’s primary care staff or resident physician of the admission and keep the physician apprised of the clinical course.

b. Established Patients
The student will reevaluate each patient under his/her care each day, except on scheduled days off. An appropriate evaluation includes a review of vital signs, targeted patient interview, pertinent physical examination, review of the medication administration record, review of clinical data (including results of laboratory and radiology tests and specialty consults), and reassessment of diagnosis and therapeutic plan. The student will document care in the inpatient chart each day in a legible daily progress note, which must be written before required morning conferences and attending rounds begin. The note should provide an accurate and timely record of the clinical course, documenting new symptoms, new clinical events, new data, changes in decisions, refinements in diagnosis or plan, acknowledgment and documentation of action on consultants opinion, explanations of deviations from original plans, and contingency plans for possible complications.

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. Therefore, the first-year or upper level resident and/or attending 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. For established patients, the first-year or upper level resident and/or the attending physician must also write a progress note in the medical record to document services rendered and substantiate insurance charges. Teaching physicians should refer to the Clerkship Policy section below for details.

The student will write new orders as soon as possible in the day, particularly if the order includes discharge plans. All orders must be cosigned by a physician before implementation. The student will notify the patient’s nurse of any STAT or urgent orders to allow immediate implementation.

Significant clinical events (including deterioration in patient’s status or unexpected test results) not included in the daily progress note will be immediately recorded an event note or progress note addendum in the inpatient chart.

c. Rounds

Resident Work Rounds/Prerounds: Before morning report or Grand Rounds, the student will reevaluate each established patient under his/her care, as outlined above. Students will need to adjust their start time for work rounds based on the number and complexity of patients on their service.
Morning Report: Attendance at morning report is required while on the Medical Teaching Service (but not on the Pulmonary Teaching Service). Students may miss morning report only if a true patient emergency exists. Morning report is held Mondays – Thursdays at 8:00 am in ERC 51. On the morning after call, the student should be prepared to present a five to ten minute history, physical, assessment, and plan of any new patient. This should be done with a minimum of notes. The student should obtain any instructive studies such as chest x-rays, EKGs, etc. for review during morning report. The student should be prepared to discuss the pathogenesis, differential diagnosis, and management of the patient’s disease process as well as any areas of controversy or uncertainty in the literature.

Attending Rounds: At 8:30 to 8:45 each morning (or at a time designated by the upper level resident or attending), the student will discuss each patient on his service with the attending physician. For new patients, the student should prepare a 5-10 minute summary of the history, physical examination, assessment, and management plan. For established patients, the student should summarize the past 24-hour events in a SOAP note format.

d. Discharges
The student will discuss anticipated discharges with the resident caring for the patient. Once discharge is approved by the resident and the attending physician, the student will write the discharge orders and write prescriptions for all medications the patient will need at home, which will be cosigned before implementation. The student may also (at the discretion of the residents caring for the patient) assist in preparation of a dictated discharge summary that includes a description of the reason for the patient’s admission, an outline of the patient’s hospital course, including any significant clinical events during hospitalization and diagnostic and therapeutic maneuvers which were undertaken, a discharge diagnosis, discharge medications, and follow-up of the patient. The student will notify the patient’s primary care physician of the planned discharge and coordinate follow-up care in the outpatient setting. The supervising resident will write the progress note for the day of discharge to provide necessary documentation for insurance charges for discharge planning.

e. Transfers
The student will discuss any potential transfers with the supervising resident. No patient will be transferred without the resident or attending physician’s approval. When a patient is transferred from the care of the student, (such as a transfer between medical teaching service and the critical care service, or when the student is rotating off-service), the student will write a transfer note or off-service note which summarizes the hospital stay to date and the current status of each of the patient's problems.

f. Deaths
If a student is called to evaluate the apparent cardiopulmonary arrest of a patient, he or she will immediately notify the supervising residents. Both will examine the patient and initiate cardiopulmonary resuscitation, if indicated, according to ACLS protocols. Students may participate in ACLS protocols as directed by the supervising resident.

For confirmed deaths, the supervising resident will declare the patient deceased and will sign the death certificate as the certifying physician and document events in the patient chart. The student may assist the resident in notifying the attending physician and in notifying the patient's next-of-kin, and requesting permission for an autopsy from the patient’s family, if felt appropriate by the resident and attending physician.
g. 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 supervising resident or attending physician. All procedures must be done under direct supervision of a resident or attending physician who is certified for independent performance of the procedure.

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 supervising resident will dictate a formal procedure note covering the above in more detail. 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. Teaching physicians should refer to the Clerkship Policy section below for details.

Required and recommended procedures are listed on the CSAD. After successful completion of a procedure, the attending or resident physician should initial the CSAD.

h. Sign-Out and Cross-Cover
Students must have a strong sense of personal responsibility. Obligations to patients are not discharged at any set time. In no case should the student go off duty until the proper care and welfare of the patients under his/her care are assured. On non-call nights, at the end of the scheduled workday, after the student has evaluated and stabilized all the patients under his/her care, the student will discuss all patients with the supervising resident and together sign out care of the patients to the on-call intern. The sign-out should include the patient’s name, medical history number, working diagnosis, advance directives (category status), major coexisting medical problems, current treatment plan, any needed monitoring or intervention overnight, and any anticipated complications and contingency plans. Any studies or results that must be checked overnight should be noted along with an approximate time at which studies will become available, and the student will write an order in the patient’s chart instructing the hospital staff to notify the intern on call when the results are available.

III. AMBULATORY CLINICS

Clinic Schedule
Students will work one afternoon per week in the Internal Medicine Clinic, on the same day as their supervising resident. Students have the option of seeing continuity patients with their supervising resident or seeing sick work-in patients with the "episodic" resident. Clinic begins at 1:15 pm in the Medical Center Clinic.

Patient Encounter Record
Students must document all clinical interactions in the Patient Encounter Record in New Innovations. Clinical interactions will be reviewed with the clerkship director at each Friday feedback session, and again at the midpoint review session. The clerkship director will ensure that students experience all required interactions as listed on the Clinical Skills Attainment Document. Students not completing a Patient Encounter Record will receive a grade of Incomplete.
Clinical Responsibilities

a. Patient Care
Students will evaluate 1 to 2 continuity or acute patients per clinic session. Students should discuss the schedule with their supervising resident or clinic attending to decide which patients are appropriate for their evaluation.

Students will perform a problem-oriented assessment targeted toward the relevant clinic problem, rather than performing a standard inpatient H&P. Students will review the medical record to obtain background information, conduct a focused interview and physical examination lasting about 20 minutes, and formulate a mental assessment and plan. Students will then present the case to the resident and together they will refine the assessment and plan. The resident will return with the student to the bedside to confirm the details of the history and examination, and to observe the student as he outlines the final assessment and plan to the patient. The student will complete the discharge or admission paperwork, write all necessary orders and prescription, and document the information in the medical record in a SOAP note format, all under the resident physician’s supervision. All orders or prescriptions must be cosigned by the resident before implementation. The resident will review and correct the student’s note and add additional documentation before it becomes part of the medical record. 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. Teaching physicians should refer to the Clerkship Policy section below for details.

b. Admissions
Acute care patients are often quite ill and may require admission, which can be a lengthy process; students should notify their resident as soon as possible if they feel admission is indicated.

c. 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 supervising resident or attending physician. All procedures must be done under direct supervision of a resident or attending physician who is certified for independent performance of the procedure. 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 supervising resident or attending will write or dictate a formal procedure note covering the above in more detail. 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. Teaching physicians should refer to the Clerkship Policy section below for details.

Required and recommended procedures are listed on the CSAD. After successful completion of a procedure, the attending or resident physician should initial the CSAD.
IV. SUPERVISION

Clinical Care
Students will assume leadership for patients assigned to their care, commensurate with their abilities and under appropriate supervision of the resident and the attending physician, who bear 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 resident and the attending physician. The student will inform the resident and attending physician of all significant developments occurring in patients under his/her care. The student must report accurate, complete, and timely medical information to the resident and attending physician and must faithfully implement their instructions. The student will not perform any medical procedures without the specific consent and appropriate supervision of the supervising resident and/or attending 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 a physician before implementation. If the student is unavailable and the need for intervention is urgent, the supervising resident or attending physician may write an order or prescription for a patient and then communicate his action to the student in a timely manner. New orders will be written as soon as possible in the day, particularly if the order includes discharge plans.

Medical Documentation
Students will document clinical interactions and procedures in the medical record under the direction of the resident or attending physician. The resident or attending physician will review the documentation, make any corrections or additional comments as needed, and countersign the note to indicate it was reviewed. Under Medicare guidelines, the information obtained and documented by a student may not be used to determine the level of billing for the patient. Teaching physicians should refer to the Clerkship Policies section below for details.

V. METHODS OF INSTRUCTION

Supervised Clinical Interaction
Supervised clinical interaction and case-based discussion provide the majority of the learning experience on the Medicine Clerkship. At the time of each clinical encounter, the student will discuss (as time permits) with the residents and/or 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 residents and/or 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 supervising resident and/or 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
Student learning is supplemented with the required conferences, which include lectures, informal discussions, and bedside rounds.

a. Grand Rounds (Friday, 7:45 am, GMH Auditorium)
Students will attend Grand Rounds every Friday morning in the Greenville Memorial Hospital Auditorium. **Attendance is required**; absences may result in reduction of the final grade.
b. Inpatient Morning Report (Mon – Thurs, 8:00 am, ERC 51)
Students will attend inpatient Morning Report while on the Medical Teaching Service, unless a true patient emergency exists. **Attendance is required**; absences may result in reduction of the final grade. Morning report is NOT required while on the Pulmonary Teaching Service.
c. M-III Lecture Series (Days, times, locations vary—see schedule)
Students will attend the M-III Lecture series as listed on the attached schedule. Students must personally sign in to document attendance. **Attendance is required**; absences may result in reduction of the final grade.
d. Resident “Noon” Conference (Mon – Thurs, 12:15 pm, CC-3)
Students are encouraged to attend resident conference with their team unless a conflicting student lecture is scheduled. Lunch is served on Wednesdays!

<table>
<thead>
<tr>
<th>Conference</th>
<th>Room</th>
<th>Day</th>
<th>Time</th>
<th>Required?</th>
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<tbody>
<tr>
<td>Grand Rounds</td>
<td>Auditorium</td>
<td>F</td>
<td>7:45 am</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient Morning Report</td>
<td>ERC 51</td>
<td>M - Th</td>
<td>8:00 am</td>
<td>Yes, on MTS</td>
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<tr>
<td>M-III Lecture Series</td>
<td>See schedule</td>
<td>Varies</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Resident “Noon” Conference</td>
<td>CC3</td>
<td>M - Th</td>
<td>12:15 pm</td>
<td>No</td>
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Patient Bedside Rounds
On most Thursday afternoons, students will meet with resident or faculty members to examine patients at their bedsides, focusing on eliciting and understanding the physical manifestations of disease. Students may also practice listening to heart sounds on the Harvey cardiac simulator in the Simulation Center. Students are asked to identify patients on their services who have interesting examination findings for discussion with the group.

Thyroid Ultrasound
Students will learn the basic skills of thyroid ultrasound under the supervision of Dr. Bruce Latham. In clerkship orientation, students are provided the educational goals and reference articles and they are expected to review these materials before the exercise. Students will generally practice the examination on each other, but students may choose not to be examined personally if that is their preference, and there is absolutely no penalty for opting out. Students choosing to participate in the examination should wear clothing that allows access to the thyroid gland. The date and time of this exercise are listed on the M-III Lecture Series handout. If any incidental thyroid abnormalities are identified during the examination, Dr. Latham and Dr. Watson will direct students to the appropriate medical resources.
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.

Student are also expected to supplement reading of basic texts with literature searches targeted to answer specific questions regarding diagnosis or management, especially in areas of medical controversy, using electronic references such as *Scientific American*, *UpToDate*, and on-line literature search resources such as Ovid and PubMed.

Presentation of Selected Topic
To meet the CSAD requirement for Presentation of Selected Topic, students must identify and research a clinical question regarding diagnosis or management, using electronic references such as *Scientific American*, *UpToDate*, and on-line literature search resources such as Ovid and PubMed. Students should educate themselves and their colleagues with a brief (1-3 minute) summary of their findings, presented during rounds or morning report. The attending or resident observing this presentation will initial the CSAD card to indicate completion of the requirement. Although only one formal presentation is required, students are encouraged to perform this exercise routinely on all clinical questions that arise in patient care, as internal medicine residents and faculty do.

History and Physical Examinations (Patient Write-ups)
Students will perform an in-depth written evaluation (different from the written H&P on the preprinted form) on at least 8 patients during their clerkship. This averages to about one new patient per assigned call night. Students may choose to evaluate new admissions to the service or patients who are already admitted to the service but “new” to them. Student should consult with their upper level resident, who will select patients appropriate for their educational goals and level of training.

Students will record their history and physical examinations (H&Ps) on plain or progress note paper for review by their attending physician. These H&Ps are not to be dictated or placed on the patient chart; they are for educational purposes only and are not to become part of the patient’s medical records. The student H&P cannot substitute for the official H&P. H&Ps should follow the standard format as reviewed by Dr. Watson at the start of the clerkship. H&Ps must be completed and turned in to the attending physician as soon as possible after call, but at least within 3 days. For example, if a student takes call on Monday night, his write-up is due at least by Thursday morning. The attending will review the write-up and provide feedback, which students should incorporate into their next H&P. Students should discuss this process with the attending physician at the start of the rotation and work out a system that meets both their needs.

Students will turn in all written H&Ps to the Clerkship Coordinator. You may turn these in as you go instead of waiting to the end of the rotation if you prefer. After this is done, Dr. Watson will certify the History and Physical Examination entry on the CSAD.

Observed History and Physical Examination
During the clerkship, students will perform a complete H&P under the observation of their attending physician. The orientation packet includes an M-III History and Physical Evaluation form that students should use as their outline for this exercise. Students will perform a medical interview and physical examination in the standard format, then summarize the case for the attending, including a list of the problems identified. Students are not required to complete a written summary. Students must complete the observed H&P before the end of the rotation, and the attending must certify on the CSAD that the exercise was completed in a satisfactory manner. Students should discuss this exercise with their attending as soon as possible and select a date that works for both their schedules.

Revised 29 Aug 2011
Page 11
CXR Conference
Students will obtain focused experience in interpreting CXRs during their Medicine Clerkship, through faculty-led discussions and self-study. Students will review a teaching file of CXR films with Dr. Michael Fuller in the early part of the M-III Lecture Series. Before this lecture, students should review the articles “Basic Chest Radiology” and “Chest X-ray Interpretation”, which are included in the orientation materials. During the lecture with Dr. Fuller and through self-study over the course of the clerkship, students must complete an assessment of each CXR in the study file using the standardized forms provided in the orientation packet (the same forms they will use on the final OSCE). During the 7th week of the clerkship, Dr. Watson will meet with students to review their assessments and certify on the CSAD that students have met the criteria for Interpretation of Basic CXR Findings, providing that students have completed their evaluations in a satisfactory and timely manner.

EKG Conference
Students will obtain focused experience in interpreting EKGs during their Medicine Clerkship, through faculty-led discussions and self-study. Students are provided an EKG study notebook and a loaned copy of Rapid Interpretation of EKGs by Dr. Dale Dubin in their orientation materials. Students should review all sample EKGs and assess 10 representative EKGs of their choosing using the standardized forms provided (the same forms they will use on the final OSCE). Students will also discuss EKG interpretation with one of our Cardiology physicians during their M-III Lecture Series Students; students are advised to complete the study packet and read the EKG text before this lecture. During the 7th week of the clerkship, Dr. Watson will meet with students to review their assessments and certify on the CSAD that students have met the criteria for Interpretation of Basic EKG Findings.

Department Exam and Review
Students will also complete a Department Exam and Review halfway through the rotation. This practice examination is conducted to assess student knowledge base and identify areas of weakness, so students may address these deficiencies before the NBME Medicine Subject Examination. The Department Exam does not count towards the final grade. The time and date is listed on the M-III Lecture Series schedule.

Nutrition Self-Study
Students are required to complete an online nutrition case study during the Medicine Clerkship. More information is provided in the orientation materials. Students must complete the case study and receive a passing grade before completion of the Medicine Clerkship.

Senior Mentor Assignment
During this clerkship, students will complete their Senior Mentor Geriatric Fall Risk Assessment. Additional materials are provided in your orientation packet. Students may take one afternoon off during the rotation in order to complete their Senior Mentor assignment in Columbia. Students will round with their teams on that day as usual, and then may leave as soon as rounds are completed.

Revised 29 Aug 2011
VI. EVALUATION AND GRADING OF STUDENT PERFORMANCE

Feedback
In order to perform their best on any rotation, students need to understand the expectations of the residents and 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 residents and/or the attending physicians at the start of the rotation. At each clinical interaction or teaching session, students should ASK the residents and attendings 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 four 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 on MTS or PTS, students will provide their supervising residents and attendings with an evaluation form. The residents and attendings will provide input about the students’ performance and complete the evaluation forms to record this feedback. Completed forms will be forwarded to the Clerkship Coordinator.

Components of Grade
In order to pass the clerkship, students must obtain a satisfactory rating on all components of the Department of Internal Medicine Curricular Activities (the front of the CSAD), complete all required clinical interactions (the back of the CSAD), complete their Patient Encounter Record and online standardized evaluation, and receive passing grades on the clinical evaluations, on the OSCE, and on the NBME Medicine Subject Examination. Unexcused absences may result in a grade penalty and may require remediation. Failure to complete the Patient Encounter Record or online evaluation will result in a grade of Incomplete until this is accomplished. 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 Skills Attainment Document (CSAD)
Demonstration of mastery of minimum clinical skills is required for successful completion of this clerkship. Each student is required to obtain a satisfactory rating on all components of the Department of Internal Medicine Curricular Activities (the front of the CSAD card) and obtain experience in all required clinical interactions (the back of the CSAD) before completion of the Medicine Clerkship.

Completed cards should be turned in to the Clerkship Coordinator on the last Wednesday of the clerkship. Failure to complete the required curricular activities and to turn in the completed CSAD card at this time will result in a grade of Incomplete.
b. Patient Encounter Record
Students must document all clinical interactions in the Patient Encounter Record in New Innovations. Clinical interactions will be reviewed with the clerkship director at each Friday feedback session, and again at the midpoint review session. The clerkship director, supervising resident, and inpatient attending physician will ensure that students experience all required interactions as listed on the Clinical Skills Attainment Document. Students not completing a Patient Encounter Record will receive a grade of Incomplete.

c. Clinical Evaluation
Evaluation forms are included in the orientation packets. Students should give one form to each resident (interns and senior residents) and each attending physician on the rotation. At the end of each rotation, raters should review these completed forms with the student and the raters should return these evaluation forms to the Medical Student Coordinator.

Students must obtain an average numerical grade of 65 or better 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. Caroline Powell (USC Medicine Clerkship 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.

c. NBME Medicine Subject Examination
Maggie Wentzky will administer the examination in Greenville on the last Friday of the rotation. There will be 100 questions, and students will have 2 hours and 30 minutes to complete the exam. Students may prepare for the exam at the NBME website http://www.nbme.org/PDF/NBME2008SubjExams.pdf

NBME examination scores are converted to a standard (1-100) numerical score by the USC Clerkship Director for use in calculation of the final clerkship grade. To pass the examination, students must achieve a score of the 5th percentile or greater. Failure of the NBME Medicine Subject Examination will require retesting. Retesting will occur in December for Periods 1 and 2, and in June for Periods 3, 4, and 5, and in August for Period 6. Students failing the NBME Medicine Subject Examination a second time will be required to repeat the clerkship in its entirety.

Most students find the NBME Medicine Subject Examination to be difficult. Students are encouraged to avoid last minute panic and begin preparations NOW through a disciplined program of self-directed reading. Copies of Cecil Essentials of Medicine, MKSAP for Students, and the Internal Medicine Clerkship guide are loaned to each student at orientation to help in preparation.

d. Observed Structured Clinical Examination (OSCE)
The OSCE will be given in Greenville on the last Thursday of the rotation. An information sheet is included in the orientation packet that lists the date, time, location, and details of the examination. Students should bring their stethoscopes and reflex hammers. Other tools will be provided if necessary.
The OSCE score is converted to a standard (1-100) numerical score by the USC Clerkship Director for use in calculation of the final clerkship grade. Failure of the OSCE will require remediation, with the method and time of remediation determined by Dr. Watson, Dr. Caroline Powell (USC Medicine Clerkship 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.

**CALCULATION OF FINAL GRADE**

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>COMMENT</th>
<th>% TOTAL</th>
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<tbody>
<tr>
<td>Clinical Evaluation</td>
<td></td>
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</tr>
<tr>
<td>Attendings 30%</td>
<td></td>
<td>50%</td>
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<tr>
<td>Residents 20%</td>
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</tr>
<tr>
<td>NBME Examination</td>
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<td>30%</td>
</tr>
<tr>
<td>OSCE</td>
<td></td>
<td>20%</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>100%</strong></td>
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<table>
<thead>
<tr>
<th>GRADE</th>
<th>SCORE</th>
<th>COMMENT</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B+</td>
<td>85 - 89</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>80 - 84</td>
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<td>C+</td>
<td>75 - 79</td>
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<tr>
<td>C</td>
<td>70 - 74</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>65 - 69</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>below 65</td>
<td>Or failure of any 1 of 3 components listed above</td>
</tr>
</tbody>
</table>

**USC GRADE APPEAL POLICY**

Students have the right to be graded in an equitable manner, free from arbitrary bias or capriciousness on the part of faculty members. 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.
VII. EVALUATION OF EDUCATIONAL PROGRAM

We want the Medicine Clerkship to be an enjoyable learning experience. If students, residents, or faculty encounter problems or have suggestions for improvement, they are requested to contact the Medical Student Coordinator or Dr. Watson at the contact numbers listed on the front of this handout. With early feedback, we can ensure this rotation is as efficient and productive as possible.

Students will provide feedback on the M-III Lecture Series. Students will complete an anonymous evaluation form after each lecture and turn the form in directly to the Clerkship Coordinator. After completion of the clerkship and calculation of student grades, the confidential feedback will be used to provide faculty feedback and to improve the learning experience.

At the end of the rotation, students will evaluate the performance of the faculty and residents and the quality of the educational experience using:

1. Handwritten evaluation forms, which Dr. Watson will provide immediately after completion of the final OSCE
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 clerkship) or students will receive a grade of Incomplete. Ms. Johnson may be reached at (803) 216-3613 with questions.

VIII. RESIDENT / STUDENT MENTOR PROGRAM

The M-III Medicine Clerkship can be physically and mentally taxing. While the collegial support of your inpatient resident team 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.

IX. CLERKSHIP POLICIES

Blood and Body Fluid Exposures
Contact Infection Control at pager 290-3386 for any blood or body fluid exposure.

Absences
For this 8-week rotation, a maximum of four excused absences will be allowed. Any excused absences beyond the maximum of four may result in a grade penalty. As part of their personal and professional responsibility, students must inform their attending physician, supervising resident, 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 rounds, 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. 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