

INTERNAL MEDICINE 3RD YEAR CLERKSHIP
LOMA LINDA UNIVERSITY
STUDENT ORIENTATION

Welcome to Internal Medicine at Kettering Medical Center! Internal Medicine can be both rewarding and challenging.

The information in this handout is an outline of the IM clerkship at Kettering Medical Center. Please read this thoroughly to acquaint yourself with the specific requirements of the rotation. If you will follow these four “Golden Rules” you will succeed in your Internal Medicine rotation.

1. Be prompt to all conferences and rounds
2. Be prepared – read on your patients and practice your presentations
3. Be a team player
4. Be curious – don’t be afraid to ask questions

I. Clerkship Structure and Assignments

A. Inpatient General Internal Medicine Services

At Kettering Medical Center and Sycamore Hospital the inpatient General Internal Medicine Services, called ACI – Acute Care Internists are structured in teams of one senior resident, 2 interns and 2 medical students. All teams care for patients with both general medical and subspecialty medical problems across the age range from 16 years of age and up. In addition we have open ICU’s and take care of our patients there as well. The services are staffed by full time faculty from the Internal Medicine Residency Program and full time Hospitalist Internists from Acute Care Consultants. The patient base comes from referrals Family Physicians, Internists and Subspecialists in the community. Rounds are conducted formally at the bedside with the Attending daily. The students or housestaff present care to the Attending bedside and aspects of history taking skills and physical exam findings are demonstrated. Often there is a daily teaching case which the Attending will lead an interactive discussion for 40-50 minutes.

The medical student is responsible for writing daily notes and for performing histories and physicals on their assigned cases. They will present these patients on rounds daily. They will also attend a weekly conference with the 3rd year clerkship director where they will present a case for discussion. Students are also asked to present 1-2 topics to the team during the month.

B. Ambulatory Medicine

This rotation takes place at the Sycamore Primary Care Center, a site developed for the resident's continuity experience. This is a 6 year old full service state of the art ambulatory facility. The students rotate at this site and will see patients with the Internal Medicine resident doing their 3rd year ambulatory block for that month. The student then presents the patients to the faculty preceptor who will go to the bedside for further teaching. An outpatient lecture series will be part of this rotation.

II. Principle Teaching/Learning Activities

A. Conferences

1. Subspecialty session will occur Monday, Tuesday or Wednesday afternoons, in the Department of Internal Medicine. These will be 1 ½ - 2 ½ hours. Reading material is provided and if additional reading material is provided it will be distributed one week prior to the session.
2. Topical Seminars – there will be 4 (EKG, CXR, PFT, Acid Base).
3. Inpatient Conferences
 - Daily morning report at 7:45 am is mandatory. Noon conference Monday – Friday which includes Medical Grand Rounds on Fridays.
4. Daily Rounds on Inpatient Services
5. Case presentations with the 3rd year clerkship director occurs weekly. The purpose of this format is to give feedback on case presentation, the iterative process and organization.

B. Exams

There will be the NBME shelf exam on the final day of the rotation at LLU.

III. Reading Assignments

The latest Edition of either Cecil's or Harrison's are the required textbooks. Readings will be assigned from these textbooks.

IV. Core Information

A. During inpatient month the following is expected:

1. Work up and follow at least 3 new patients each week. Daily notes on your patients, countersigned by house staff.
2. Keep log on all patients seen – list only one diagnosis (reason for admission). “R/O MI” is not a diagnosis.
3. Round with team weekdays. Weekends expect to round one day, stay for rounds next day if on call Saturday.
4. Night call every 4th night in house with your resident or as assigned.
5. H&P write-ups as assigned – there should be 2 per call
 - Emphasize:
 - 1) accurate, complete data (cc, HPI, PMH, ROS, PE, Lab/X-ray, etc.)
 - 2) assessment should include differential diagnosis – including factors favoring or mitigating against each diagnosis.
 - 3) Plan should be discussed with housestaff

B. During Ambulatory Month

Read “Ambulatory” section in curriculum folder completely:

The following is expected:

1. Read through the ambulatory learning modules
2. Bi-weekly discussions with appropriate faculty on the Ambulatory topics
3. See patients assigned to you and present them to the resident and Attending for discussion and teaching
4. Ethics presentations and EBM curriculum

V. Grades

A. Written evaluations

1. Residents, attendings and associate clerkship directors will use the following scale in evaluating you.
 - 1 = unsatisfactory: performance is unacceptable for a third year medical student at this time of the academic year.
 - 2= marginal performance with specific weaknesses identifiable.
 - 3= satisfactory: acceptable performance for a third year a medical student at this time of the academic year (meets basic requirements)
 - 4= exceeds basic requirements with identifiable strengths.
 - 5= superior: student's performance is outstanding (well above that expected of a third year medical student at this time of the academic year).
2. Some variability
 - Attendings look at case presentations, evidence of outside reading and correlation of pathophysiology.
 - Residents look at diligence, responsibility, attentiveness to patient problems.

B. Written Exam

1. NBME shelf exam
2. Other

VI. Evaluation

This is a 2-fold process:

1. You evaluate us, the site and the overall clerkship experience formally, anonymously in writing
2. We evaluate you with the standard form from LLU

VII. Core Faculty

FACULTY

Stephen McDonald, MD, FACP	Program Director Internal Medicine Residency Endocrine/Geriatrics
Robert Smith, MD, FACP	Medical Director Medical Education Internal Medicine
John Shrader, MD, FACP	Program Director Transitional Year Residency Program Associate Program Director Internal Medicine Residency Internal Medicine/Geriatrics
Lyndi Schwartz, MD, FACP	Associate Program Director Internal Medicine Residency Internal Medicine/Geriatrics
Bob Hawkins, MD	Associate Program Director Internal Medicine Residency Rheumatology
Allen Cline, MD	Associate Director Internal Medicine Residency Endocrine/Geriatrics
George Burton, MD	Pulmonary Medicine
Brian Schwartz, MD, FACP	Director Cardiology Rotation Southwest Cardiology Interventional Cardiology
Gary Paul, MD, FACP, FACC	Southwest Cardiology Cardiology