

**INTRODUCTION TO THE CLERKSHIP IN INTERNAL MEDICINE
OF THE
F. EDWARD HEBERT SCHOOL OF MEDICINE**

Welcome to the Third-Year Internal Medicine Clerkship. We hope it will be one of the most valuable experiences you have in medical school.

The Third Year Clerkship in Internal Medicine occurs in eight of our teaching hospitals: Madigan Army Medical Center, Fort Lewis, WA; Malcolm Grow Air Force Medical Center, Andrews AFB, MD; National Naval Medical Center, Bethesda, MD; Naval Medical Center, Portsmouth, VA; Tripler Army Medical Center, Honolulu, HI; Walter Reed Army Medical Center, Washington DC; Wilford Hall Air Force Medical Center, San Antonio, TX; and Wright-Patterson AFB, Dayton, OH. Each student will do consecutive six-week rotations at two sites. The clerkship will include both ward and outpatient experience.

This handbook includes a discussion of the goals of the Clerkship and outlines key responsibilities and duties of the third year student. There are also descriptions of the schedules at the individual hospitals.

The Handbook outlines the goals and activities that are the basis for student orientation and evaluation. Included are course requirements and useful guides to meeting clerkship expectations. A copy of our student evaluation form is included. **Students are responsible for the contents of the Handbook and must read it thoroughly. Be sure to review the relevant sections at the start of each six-week rotation.**

The Handbook should help you navigate the Clerkship with more certainty and to become more comfortable in your role as third-year clerks. If you have any questions or problems, please contact us.

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PRINCIPLES AND BACKGROUND

Welcome to the Third-Year Medicine Clerkship. Regardless of what specialty you enter upon graduation from medical school, our clerkship helps provide you with an experience that will form a foundation for your life as a physician. The transition from the classroom academics to clinical medicine is not easy, and cannot be fully completed in twelve weeks; but the Clerkship can create a framework for consolidating and expanding your knowledge, skill, and critical thinking. The rewards of establishing a successful approach to patients and their care will remain with you throughout your career.

GOALS OF THE CLERKSHIP

The overall goal of the Third-Year Medicine Clerkship is **growing INDEPENDENCE**. An effective, confident physician successfully combines the personal qualities of compassion and commitment with an ever-evolving knowledge base to complement sharpened academic and clinical skills.

The M.D. degree confers great responsibility and implies that students who have earned it have learned to function with some independence in the care of patients. The 12-week clinical Clerkship in Medicine provides students with an intense opportunity to apply current fund of knowledge and basic history taking and diagnostic skills to multiple situations and settings. Although observing staff physicians and house officers is of benefit, most learning comes through personal experience. **You cannot be a bystander!** As students, most clinical situations are new to you and we understand that you will feel uncertain and make "mistakes". However, learning from mistakes and gaining confidence is an important part of your learning process. During this rotation, your willingness to challenge yourself with new experiences is part of your education, and will help turn the awkward into the familiar. You are expected to take risks and to tell us your ideas - a new, and more participatory, learning process compared to the "safety" of the basic science years.

We describe performance goals in the Clerkship using the progression of: Reporter, Interpreter, and Manager/Educator (or RIME). Each step is a synthesis of skill, knowledge and attitudes, and applies in both the clinic and on the ward.

REPORTER: You work professionally with patients, staff, and colleagues; accurately gather and clearly communicate the clinical facts on your patient and with the proper terminology. This takes basic knowledge of what is important, plus the skill, reliability, honesty, and hard work to do it consistently. Reporters answer the "What" questions about patients.

INTERPRETER: At a basic level, you must identify and prioritize new problems as they arise. The next step is to offer a differential diagnosis. Success is offering two or three reasonable possibilities for new problems and giving your reasons, applied to your patient. (You won't always have the "right" answer.) This step takes growing knowledge, skill in selecting clinical facts, and seeing yourself as part of the intellectual process. Interpreters answer the "Why" questions about patients.

MANAGER: This step takes even more knowledge, and more confidence, plus the skill to select among options with your own patient; to be "proactive" rather than simply "reactive". Generally, your diagnostic plan should include more than one appropriate test option and your therapeutic plan should consider the merits of all reasonable therapies. Always state your own preference (you don't have to be correct). Managers answer the "How" questions about patients.

EDUCATOR: Ultimately, your ability to help patients means openness to new knowledge and depends on your skill in identifying questions that can't be answered from textbooks. Are you able to site the evidence that new therapies and tests are worthwhile? Do you take an active role in educating yourself, your colleagues, and your patients?

You **must** know your own patients in necessary detail and follow them as if you were totally responsible for them. Be willing to "step-up" and accept that your role is not a passive one. You should no longer remain a by-stander, or simply report facts. During the Clerkship you must make a transition beyond a "reporter" to some evidence of being a reasonable "interpreter" of clinical information. This is the theme of the Clerkship. On Medicine, student opinion won't just be tolerated, it will be expected.

To further help you understand the goals of the Clerkship, we can look in more detail at three key areas:

1. Physician skills and methods;
2. Knowledge of principles and specifics;
3. Professionalism.

PHYSICIAN SKILLS AND METHODS

GOALS & OBJECTIVES: Major skill goals of the clerkship are that you become proficient in these areas on which patient management can be based:

- Obtain a complete and accurate history and physical examination.
- Learn to obtain and communicate focused H&Ps, in daily patient follow-up on the wards, or in the outpatient setting.
- Obtain/interpret basic laboratory tests.
- Recognize and prioritize issues needing attention in the form of a Problem List.
- Learn to analyze patient problems, to distinguish problems of diagnosis from those of management.
- Use medical literature to understand the natural history of diseases affecting your patient.
- Care for complex patients on the wards or in clinic, including minor procedures.
- Use medical literature to help plan therapy that addresses the relevant pathophysiology of your patient.
- Learn to communicate effectively in oral and written form, with proper nomenclature.
- Learn to use electronic systems for data retrieval and documentation.
- Organize your time to work efficiently.

Your own patients are the focus of developing these skills and your contact with them is your first priority and the center of your curriculum. Your progress will be assessed by your ability to obtain, record, analyze and communicate clinical information.

MEANS: To achieve the "skill goals" outlined above.

New Patients (Ward or Clinic)

- a. Work-up (seeing patient)
- b. Write-Up (writing an H&P)
- c. Analysis/plan
- d. Case Presentations (oral)

Current Patients/Follow-up Outpatient

- a. Focused assessment of on-going status
- b. Procedures and follow-up
- c. Progress notes
- d. Follow-up presentations

Students on inpatient rotations are expected to work up (interview, examine and obtain basic laboratory data), write up (i.e., document this basic information), and present two or three new patients each week. This may mean working up a new patient who was admitted several days previously if several patients are admitted at one time.

In the clinics, you may do one or more new patient evaluations per week, and will typically see at least fifteen "follow-up" patients per week, focusing on a major problem.

Students are required to keep a **patient log** documenting the age, gender and problems for each patient, as well as the setting in which they were evaluated. Unless otherwise directed, this will be done using the electronic clinical WebLog internet site (<http://cweblog.usuhs.mil/>). If you experience problems with WebLog execution you should speak with the On-Site Clerkship Associate or Assistant Director.

WRITTEN WORK-UPS

History and Physical (Data Base)

The basic H&P or "data base" includes:

- The written history,
- Physical,
- Initial pertinent lab data,
- A problem List,
- Statement of key questions.

New patient H&Ps shall take two forms:

(1) a comprehensive data base including all the facts needed for total care of the patient including a complete family history, review of systems and detailed exam covering all systems, even those not obviously involved in the current presentation (maximum 6 hand-written sides or 3-4 pages in CIS).

(2) a focused H&P which excludes routine data but includes all positives and negatives pertinent to the active problems (maximum 4 hand-written sides or 2-3 pages in CIS).

On the wards, every week students will write one work-up of each type on different patients. Please label your H&P as "comprehensive" or "focused". One H&P per week will be given to your resident and one H&P to your preceptor. Generally, a focused write-up is given to your resident, and a comprehensive H&P should be given to your preceptor. **In the outpatient setting, there is no distinction between focused and comprehensive write-ups.** You will write several patient H&Ps each week which will be tailored to both the patient's medical problems and to the particular focus of that visit.

Your written H&P should follow the official military form that is described in USUHS Form 6002 (you were given a copy of this last year and will be given another this year). Third year students on the Medicine Clerkship do their write-ups on progress note paper (even if a word processor is used). **If the CIS electronic record system is in use, follow the directions given at your specific site.** For a comprehensive H&P we ask that you try to limit yourself to the length outlined above for the basic data base (3-4 pages, not including the analysis) but this will depend on the complexity of the patient, and the wishes of the physician assigned as your preceptor.

On the Ambulatory rotation, students will write the clinic notes during the patient visit. The attending physician will review your note and make any needed changes. Specific ambulatory sites may require that you write your clinic notes in an electronic medical record. On the ward rotation, all student progress notes will be entered into the medical record, whether this is a computerized inpatient medical record (CIS) or a handwritten progress note, depending on the clerkship site. Students must have their notes reviewed and signed each day by the intern or resident. Further guidance about documentation and/or training may be provided at an individual clerkship site. Students will **not** copy their progress notes forward on CIS but will write a new progress note each day. Students **MUST** write a note each day to reflect the current status of the patient. A benchmark of legitimacy for progress notes is whether they are original. The importance of properly integrating the electronic record into patient care cannot be overstated. The system should enhance patient care and it must not erode accountability. Students who fail to legitimately update their progress notes have not met a basic requirement of "reporter" on their patients and therefore, have not met minimum Clerkship requirements.

Ward students will enter their focused and comprehensive H&Ps on CIS using a blank progress note (or a student H&P, if available), or on a paper progress note. Third year medical students do NOT write the official H&P for the chart—this is the intern's responsibility. Ward students should print an UNEDITED version of their H&P for review by the resident and/or preceptor. Ambulatory students should write their H&P during the clinic visit but may choose to rewrite this on a word processor if they are submitting this to the preceptor for review. **(See Patient Privacy note on p. 9)**

Often times, not all of the important information is available when you first encounter a patient, or they cannot recall the details you need to know. Make every effort to **obtain old charts** from the outpatient department, record room, CIS, or specialty clinic. If a written chart is not immediately available, contact the physicians who have been caring for the patient. When the old chart is obtained, it should be completely reviewed and relevant data can be added to the admission record, your initial H&P, as an "addendum", and appropriately dated.

Ordinarily, the H&P does not include data from the current hospital course subsequent to your receiving the patient. However, patients transferred to your team may be written-up and the write-up would include their hospital course to the point when you receive the patient.

PROBLEM LISTS

A complete Problem List belongs with all H&Ps (both comprehensive and focused, and on clinic notes). It enumerates all active diagnoses and abnormalities that need to be dealt with or remembered. Include a date of onset for the problem. You should define each problem as specifically as possible based on the data presented in your work-up: ask yourself - is there adequate evidence to support each diagnosis or am I making assumptions? More important problems are usually placed at the top of the list. The Problem List may include:

- A specific disease or syndrome if there is evidence to support it.
- A patient's symptom's
- A physical sign
- An abnormal laboratory or radiographic test
- Previously established diagnosis
- Any recent or important surgical procedure(s)
- Drug allergies

STATEMENT OF QUESTIONS

As a way of focusing your initial ideas about your patient, we want you to make a **brief, but explicit statement** about key issues in your patient. What do you need to look-up in this patient's old records? What do you want to look-up in a textbook? For example, in a patient with diabetes who presents with azotemia and pyelonephritis, you might write:

--Data Base questions: What was this patient's serum creatinine last admission? Did he have proteinuria?

--Diagnostic questions: Does my patient have renal failure? What is the reliability of tests for diagnosing pyelonephritis?

--Therapeutic questions: How does diabetes affect the choice of antibiotics? How does high BUN affect the dose of antibiotics?

There is no "right answer" here. There are many possible questions/issues you might list, both in general (to look up in texts) or specific to your own patient. The goal is to go beyond simply gathering the data, and to start analyzing. These "Clinical Questions" are the critical first step of practicing Evidence-Based Medicine. The Statement of Questions completes the initial work-up.

Remember, on the wards, you should complete a written initial H&P (see p. 5) within 36 hours of having a patient assigned. Give one H&P per week to your

ward resident. The resident should read your H&P for accuracy and completeness and then return it to you. When the resident finds the information basically correct, he/she should co-sign the H&P in CIS. The other (comprehensive) H&P will go to your preceptor with a written analysis (explained below).

When you are **in clinic**, the data base (H&P) will be written and revised by your attending before the patient leaves. The Statement of Questions will not be included in the patient's record but may still be a useful way of focusing your own reading on this patient.

ANALYSIS AND PLAN

Each week you will write an Analysis/Plan for a patient you have worked up. The purpose is to practice clinical problem solving, deciding the important questions to be answered and using medical literature to resolve the problems. When you write things down, you have to commit yourself! We want you to develop a rigorous method of critical thinking that you can apply to your future patients. The clinical situation is first taken apart (**analysis**) then put back together (**synthesis**) with a plan for management.

An analysis and plan includes a discussion of major problems on the Problem List. The focus of the analysis should be on the primary problem--the reason for the hospital admission or clinic visit. Other problems should be discussed as they relate to or impact the diagnostic or therapeutic approach to the patient. For an "unknown" problem, or one not firmly diagnosed, the discussion includes a differential diagnosis, and a diagnostic plan individualized to this patient. For an established or "known" diagnosis, the discussion focuses on the certainty of the diagnosis, natural history and prognosis, and a therapeutic plan. "Aspects of the Write-up" (pp. 12-13) contains helpful guidelines on expectations - discuss them with your preceptor.

Please label your plan and put it in a separate paragraph from the discussion; in general, you should put the specific items of your plan in a list.

Length:

An analysis and plan should not exceed six sides if handwritten (3-4 pages on word processor) in length (about four sides of discussion and one side of plan). Since this is not placed in the patient's permanent record, progress notepaper need not be used if done with a word processor. Please do not consume time and paper in paraphrasing a textbook discussion. Do not substitute length for thought. Textbooks, articles, and other sources must be used adjunctively as you produce an **original** discussion about your patient. You must list your references, and provide appropriate annotations in the analysis to specific references used.

Purpose:

The goal of the analysis and plan is for you to read, reflect, think critically about your patients, and commit yourself. We are interested in how you apply the knowledge you've gained from your reading to your specific patient. The analysis and plan should

never simply be textbook paraphrase of a problem, but should demonstrate how you integrate what you have read into what you think and how it helps you understand the care of a complex patient. While you will often find it quite easy to access electronic resources (including textbooks, journal articles, and commercial programs) to help you with your analysis and plans, do NOT "cut and paste" materials from these resources into your analysis and plans. Verbatim transcription from your resources, even if referenced, may not reflect sufficient progress toward independence as an Interpreter. As a result, any questions arising surrounding the independence of your academic work may be referred to the Department of Medicine Education Committee to determine your clerkship grade and/or other recommended actions.

Whether on the ward or in the clinic, each student is responsible for submitting one complete write-up (data base plus analysis/plan - see pages 5-11) to his or her preceptor in each of the last five weeks of each rotation. Any student who has been unable to meet this minimal requirement for each rotation has not met curricular requirements and will not receive a passing grade for the clerkship.

Patient Privacy: Written H&Ps that are turned in to residents and/or Preceptors for educational purposes (review, discussion, feedback) contain a patient's private health information. You **must** remove any and all patient identifiers from the H&Ps to protect patient confidentiality. You are **STRONGLY** discouraged from submitting H&Ps by email. Any H&P that is rewritten on a word processor prior to submission must not contain patient identifiers and must be deleted from the computer upon completion. Protect your patient's information as if it were your own.

ASPECTS OF THE WRITE-UP FOR THE MEDICINE CLERKSHIP

Virtues -- accuracy; completeness; conciseness.

HISTORY AND PHYSICAL (DATA BASE): (what is listed applies to a "comprehensive" H&P. Ambulatory students may need to use the outpatient medical record to achieve the necessary detail for the write-ups for their Preceptor).

CHIEF CONCERN

- Should contain: name, age, sex; source or referral of admission; specific reason for admission or clinic visit; patient's chief complaint
- Should be concise

HISTORY OF PRESENT ILLNESS

- Flow, continuity, sequence, chronology
- Focus on issues relevant to chief complaint

Description

- Symptomatology, amount and precision of detail, quantification as appropriate
- Detail for previously made diagnoses; supporting data to establish diagnosis; prior and/or current therapy; response to therapy; review of prior patient records

Differentiation

- Pertinent positives and negatives that refine differential diagnosis

Context

- Patient's Past Hx, problems that are background necessary to understand present problem
- Patient's expectations from admission or clinic visit
- For active duty patients, their responsibilities and impact of illness, must be recorded

PAST MEDICAL HISTORY

- In "positive" systems: supporting data, further detail, and current therapy (do not simply list the problems)

PAST SURGICAL HISTORY

MEDICATIONS (details; compliance)

ALLERGIES (and manifestations)

SOCIAL HISTORY/PERSONAL INFORMATION

- Patient's current activity/employment, relevant work/occupational exposure, Military history
- Family situation/responsibilities
- Family history*
- Personal habits: tobacco, alcohol, etc.
- Health Maintenance (may be in Review of Systems)*

REVIEW OF SYSTEMS

- Completeness, breadth, all systems probed; Sufficient routine data*
- Extra detail in positive systems (a mini H&P)

PHYSICAL EXAM

- Completeness, all regions/systems probed*
- Precision of detail, description, quantification
- Focus directed by history: more detail, pertinent negatives in positive systems

INITIAL LAB

- Labs indicated by H&P must be recorded (EKG should be interpreted as well)
- Detail (including pertinent negatives)
- Routine negative data may be omitted from written data base in "focused" H&P, whether on the wards or in clinic.

PROBLEM LIST

- Completeness: all abnormalities from data base are encompassed
- Prioritization given to important problems
- Duration of problem/diagnosis given (when known)
- Degree of resolution as specific as justifiable by data base (e.g., "anemia" vs. "microcytic anemia"; "chest pain" vs. "angina")
- "Lumps" or "splits" as appropriate

STATEMENT OF QUESTIONS - Provide a simple sentence summary of the patient

- List your initial thoughts on what you need to find out to help you make decisions in this patient's care - things to go back to the bedside to check, or in old records, or to look-up in a text or the library
- Data Base Questions
- Diagnostic Questions
- Therapeutic Questions

ANALYSIS AND PLAN

- Statement of the problem(s): is it (are they) diagnostic or therapeutic issues?
- For "unknowns" discuss differential diagnosis: apply differential to patient at hand; discuss use of tests in this patient
- For established diagnoses ("knowns") review: why diagnosis can be accepted in this -patient; principles of management/therapy (including alternatives) in this patient
- Provide a diagnostic plan and therapeutic plan specific to the patient at hand
- Length should **not exceed** five type-written sides

LEVEL OF ANALYSIS/SYNTHESIS

Basic Level of Performance

- Deal with major items on Problem List; if active duty, effect on readiness must be addressed

Higher Level of Performance

- Interrelate other items on Problem List with major issues
- Integrate biologic considerations with patient's personal situation (including military readiness, age, gender) and preferences
- What would be the impact of this illness on readiness?
- Cites "evidence" from literature supporting plan you recommend

LEVEL OF SCHOLARSHIP

Basic Level of Performance

- Show clear understanding of basic textbook material (list sources)

Higher Levels of Performance

- Use subspecialty texts/review articles (citing references)
- Apply primary literature to case
- Use journals "critically" (aware of limits or controversies)

OVERALL CONSIDERATIONS

- Promptness/Completeness (one write-up per week)
- Legibility (required)
- Clarity; use of punctuation, standard abbreviations, paragraphs to aid communication
- Conciseness, brevity/detail in proportion to importance
- Avoidance of unnecessary repetition
- Flexibility: no one outline applies to all cases

Timing is extremely important in our clerkship. You must learn to identify key issues in each patient's care within 24 hours; hence, the requirement for the H&P to be completed quickly. You must read on your patients' problems while they are being actively managed. In the clinic, an attending may occasionally write the note personally, allowing you 24-48 hours to read prior to submitting a note. You should not defer your reading until a "long weekend" or until "the day before" some examination (as was possible in the pre-clinical years). The requirement to hand your write-ups to the preceptor in five days will promote good pacing. The preceptors are aware of the time frame and will be able to help you develop reasonable expectations. We understand that significant unforeseen circumstances (e.g., illness, family emergencies) may impact on your ability to submit a write-up on time. Nevertheless, it is your responsibility to keep us informed of such matters. **Any delays in submitting your write-ups must be approved by your Preceptor and on site clerkship director.**

We place great emphasis on the written record. Patients are seen in many different clinics, in many different hospitals over a span of years. Care of your patients in the future may well depend on your ability to express yourself **legibly, with precision and accuracy** in their charts. Furthermore, in the large university teaching hospital many others will depend on your H&P and daily progress notes. Illegible, careless work may impair patient care and is not acceptable.

DAILY PATIENT ASSESSMENT - (Making the "transitions")

To develop independence in clinical thinking, you should assess your own patients each day **before** work rounds while on the wards, and prepare **before** clinics while on ambulatory. You will be expected to report important findings (history, physical, lab) related to their **active problems**. Accurate daily reporting is a basic level of performance expected in the clerkship. Additionally, you should offer your own opinion about the significance of what you have found. All students should be making a transition from merely reporting to interpreting during the clerkship. Offering **several possible explanations** of new findings -- as opposed to the "one right answer" -- is appropriate.

Consistency in offering reasonable interpretations is one criterion for "High Pass" performance in our clerkship (whether on morning rounds, in clinic, or as test results become available). Proceeding from interpretation to offering reasonable management suggestions is a final step in assessment. This is not required; for third year students, consistency in this area would be one criterion for "Honors" performance.

PROGRESS NOTES

Under the direction of housestaff and faculty, you are responsible for writing progress notes and clinic notes on your own patients. They are similar to **your** daily assessment but now incorporate the thinking of the team. Each active item on the problem list should be dealt with. (If a note will contain potentially controversial information, it should be discussed first with the intern or resident.) The notes of the student must be co-signed by the intern, resident, or staff physician. The student should enter all procedures performed by the student and all critical laboratory data in the progress notes. Progress notes must reflect the interval status of a patient (even if no new developments). Progress notes must be written daily and must be original. Do NOT use the Copy Note function on CIS.

Progress notes include:

- Current findings relevant to each problem (history/symptoms, physical exam, lab data);
- Assessment (do not simply restate the problem; interpret the situation);
- Plan (based on the assessment).

N.B. In a "**S.O.A.P.**" note, the terms "Subjective" and "Objective" (to refer to findings) may be misleading; "Symptoms" and "Observations" are preferable.

OTHER WRITTEN FORMATS

Communication skills are essential to a physician. In addition to H&Ps and progress notes, there are a variety of formats you will learn in the clinical years. Several of these are the responsibility of the third year student. (See "Formats")

WRITING ORDERS

Third year clerks do NOT have the responsibility for writing orders. Under certain circumstances students may be directed by housestaff or faculty to write orders. In this case the student transcribes the wishes of the doctor and this requires prompt co-signature. Order writing is NOT an appropriate place for student independence. Students who enter orders must do so in the presence of a physician who can immediately review, edit, and cosign the order(s).

PROCEDURES AND "SCUT WORK"

Management of ward patients requires skill in simple procedures, scheduling tests and tracking lab results. This is an important part of your daily routine and will prepare you for being a house officer.

On both the ward and ambulatory rotations, you can learn basic bedside techniques and skills: phlebotomy, placing intravenous lines and so forth. Develop confidence in these basic procedural skills so that patient discomfort is minimized.

Learn more than the manual skill; learn the reason for each procedure and the scientific rationale. When informed with understanding and performed with care and compassion, the "motions" of scut work become the actions of a physician.

ORAL PRESENTATIONS

You will be asked to "present" patients you have seen. A goal of our clerkship is that you learn to present a concise, relevant history on a new patient; this kind of presentation should take five minutes and be done with limited notes. You should be able to present a follow-up on a previously presented in-patient in one or two minutes without notes. The oral case summary is a skill which you will need throughout your career. Your ability to present quickly means that more time is available for discussion

with the attending physician. Often you are evaluated on this "public" communication skill, one element of your "reporting skills".

Practice your formal presentations. Thoughtful preparation and "practicing" what you want to say will help you deliver more effective presentations. Don't try to decide what to include or leave out as you present to the attending. Make that decision in advance as you look over your written H&P. As a "rule of thumb" include almost all of your History of Present Illness but no more than a third of the PMH/ROS/Exam/Lab in a comprehensive work-up. After you finish, ask "are there any questions on the H&P?"

Presentations on preceptor rounds may have a different purpose: to stimulate a discussion of differential diagnosis and pathophysiology. Your preceptor can help you learn the different formats and offer guidance as to their particular expectations.

PRECEPTOR MEETINGS

During each six-week rotation, whether on the inpatient or ambulatory rotation, students work with a Preceptor. A Preceptor is a faculty member (usually an Attending physician although Fellows may occasionally serve as Preceptors) who is designated to serve as a primary teacher (or Teaching attending physician) for the entire six weeks. The Preceptor meetings are typically held two days each week for approximately 2-3 hours each meeting. Depending on the clerkship site, there will be 2-4 students in each Preceptor group, and ward and ambulatory students may share the same Preceptor. Given the changes in the educational environment in recent years, your Preceptor may well have the most significant continuity with you during each six weeks.

The goal of the Preceptor sessions is to help students become detailed, critical thinkers—to make the transition from Reporter to Interpreter, or beyond. This will be accomplished through detailed case-based discussions of the patients you have been following; prepared talks on common and serious medical problems; bedside interaction with patients and observation of history and physical examination skills; and review of your written H&Ps and analyses as detailed previously. The Preceptor is assigned only to the third year medical students and has no teaching responsibilities for the housestaff. As such, Preceptor rounds should be a time for you to discuss aspects of patient care you find interesting, confusing, or simply to devote time to a detailed discussion of these problems—something that may not be possible with your ward team or ambulatory attendings.

The Preceptor meetings are MANDATORY, and take precedence over all other activities, including patient care. Any absences from Preceptor meetings must be approved in advance by the Preceptor and the On Site Clerkship Director.

SUMMARY OF WRITTEN "FORMATS" IN MEDICAL RECORD

3 = Written by MS-III's and by MS-IV

4 = Written by Subinterns

1. ADMISSION NOTE (for inpatients) [3,4]

A. Other terms: "H&P", "Data Base"

a. Contains: History (HPI and Routine), Physical and Lab available on admission

b. Purpose: To document admitting information and focus clinical thinking

B. Varieties

a. "RAN" - Resident Admission Note: Most of the essential findings with a thoughtful analysis and plan and rationale

b. Intern Admission Note: All the facts with a bottom line set of orders. (Usually written on official H&P form)

c. "Student H&P" = "Comprehensive": Listing of everything. "Focused": All that's pertinent (even if negative)

2. TRANSFER and OFF SERVICE NOTES [3,4]

A. Contains summary of admitting data plus hospital course and active plans

B. Purpose: to help the next intern

3. ACCEPTANCE NOTE and ON-SERVICE NOTE [4]

A. Contains a summary of hospital course to this point; today's findings

B. Purpose: to focus facts, thinking and plan to discharge

4. DISCHARGE NOTES [3,4]

A. Brief summary with problem list and current therapy/meds, pending lab/plan and disposition.

B. A copy is handed to the patient.

C. Discharge Summary: dictated/typed note for hospital records; same as note but with more detail (H&P, Lab, course) that will help most doctors subsequently seeing the patient (usually done by resident).

5. PROGRESS NOTE (Inpatient) and CLINIC NOTE ("encounter note") [3,4]

A. Record of updating patient's care (H, Phys, Lab for relevant problems) and documenting team's interpretation of data and plans. Often in "S.O.A.P." format

B. Purpose: Updating record; alerting others to change in patient status

6. PROCEDURE NOTE/OPERATIVE NOTE [3,4]

A. Name of procedure; indication for procedure; "operators" (including attending); technique used; findings; complications; OP note has "blood loss".

B. Operative Summary; dictated, for permanent record.

a. Purpose: to document procedure for record and provide facts for cross coverage team

7. CONSULT REQUESTS [3,4]

A. Define a specific question to be answered by consultant, or request a specific procedure.

8. CONSULTATION NOTES [4]

A. Document key findings in area of interest and offer a specific set of diagnostic and/or therapeutic recommendations.

THE AMBULATORY ROTATION

The Medicine Ambulatory rotation is designed to provide students with a critical opportunity to develop academic and clinical skills in an outpatient setting. Many of the student requirements and expectations are similar to the inpatient setting, but there are some singular and often subtle differences that merit attention to ensure that this is a fulfilling clerkship for each of you.

ORGANIZATION

There are currently seven sites providing an ambulatory rotation. All sites have the same basic clerkship structure, but each offers features unique to its own particular patient and provider practice.

The weekly schedule is divided into morning and afternoon clinics, with ample time at home to do independent study. There are never more than 6-7 scheduled clinics per week, but you may choose to spend some unscheduled time observing and/or participating in a procedure or specific conference or journal club. Each clinic should designate a fellow or staff attending to whom you are primarily responsible; if clinics are busy this may be a shared responsibility.

Your weekly schedule may include all general medicine clinics, a mixture of general medicine and subspecialty clinics, or a concentration of one or two specialty clinics rotating weekly with each other. Some sites may include adolescent medicine, ophthalmology, or dermatology; some have strictly procedural clinics (GI and Cardiology) as part of their clinic experiences. This is dependent upon the site and the available faculty, and requires a healthy sense of flexibility from both the student and the staff. Remember that the **process of learning** - thinking analytically and critically about patient evaluation - is not dependent upon what specialty clinics you have, but rather on the basic skills inherent to all physicians.

There are very few mandatory activities but they are critical - attendance at preceptor sessions and scheduled clinics are the most important. Junior Medicine Seminars are not optional and clinics will be appropriately scheduled to allow you to attend these. Student attendance and participation in morning report or specialty conferences is encouraged.

GOALS AND EXPECTATIONS

You are expected to be one of the principal patient providers in clinic, with the focus ranging from a complete patient evaluation to discrete specific problem identification. There are three critical elements in your role: Prepare, Focus, and Follow-up.

Prepare: Review a patient's chart and reading about the active problems before coming to clinic; this can be done by checking with the staff attending or scheduling clerks in the clinic on the day(s) prior to your patient's scheduled appointment. Clinics may be able to provide you with a detailed record about the patient or may have simply a

consultation sheet; CHCS can provide many clues to active diagnoses. If there is no patient information available, prepare by reading about problems unique to that particular specialty. Preparation is crucial to your success not only in Reporting but in helping you move toward Interpreter. You must begin to take responsibility for knowing and understanding the patients you will see.

Focus: You should play an active role in the patient's care, gathering the relevant data, organizing the oral and written presentation, and developing a problem list with differential diagnosis. In concert with your attending, you will then construct a diagnostic and/or therapeutic management plan to discuss with the patient. Time with patients in the clinic setting is often limited, so you will need to focus your attention, with guidance from your attending physician, on the goals for a particular visit.

Follow-up includes retrieval of ordered labs and consults, and any patient contact to provide further information, education or review of a medical problem. It also involves your own educational follow-up, pursuing literature and consultative sources to answer questions raised in your patient evaluation. It may require finishing an assessment and plan for the staff attending or preceptor, preparing a small talk, or educating another student. You should understand that "success" as a reasonable "interpreter" and/or "manager" often depends on what you do after the clinic session.

In order to allow sufficient time for you to independently evaluate and then research the problems of the patients you see, the clinic schedules are deliberately tailored to your needs. Time is set aside in your schedule to allow you to prepare and follow-up from clinics. Your attending should define your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. She/He should help you set reasonable time constraints to allow both thorough, but also efficient, patient evaluation and problem identification. Each clinic will have a slightly different format and emphasis, but all are centered on student learning. If you find that you are not actively participating in patient evaluation and management, please let your on-site clerkship director know.

Teaching techniques are designed to facilitate more direct patient interaction and self-directed learning. The emphasis will be on using the "teachable moment" - what is the key point about this patient's history or physical exam or lab work or therapy that you should focus on to learn more about **on your own time**. Structured discussions or presentations will often be scheduled at a time distinct from patient clinic time; completion of a patient's work-up or assessment may involve returning to your attending the following day or the next clinic.

An outline of student goals and expectations in the ambulatory setting is provided in your ambulatory reading CD, as well as the student evaluation form given to all of your attendings and preceptors. You may want to make a copy of this to orient yourself in those first frenetic days in clinic.

"OUT" VS "IN" PATIENT ROTATIONS

There are some distinct differences between the ambulatory and the ward medicine rotation. What is not different are the clerkship goals and expectations developed by the Department of Medicine; emphasis on knowledge, skills and professional behavior (attitudes) is consistent regardless of the site or setting. Each of

you must begin to make the transition from "reporter" to "interpreter" during this clerkship.

The most obvious differences are evident. There is minimal call and required responsibilities are rare on weekends or holidays. The hours are better and more predictable - a typical day is structured from 0700-1700.

The subtle differences may not be apparent initially, but often tend to cause most of the uncertainty and anxiety with the ambulatory clerkship. There is no "team" (i.e., resident, intern or student colleagues), so that students often feel without a "home", particularly early in the academic year. There may be a sense of simply wandering from clinic to clinic with preceptor sessions the only opportunity to work as a group. Most sites have tried to remedy this by trying to assign the same attending in consecutive clinics.

Working exclusively with senior and skilled staff physicians can be both intimidating and exhausting. There is very little "down time" in the clinic, with both patients and staff expecting you to be actively thinking all the time. Although the hours are better and the clinic schedule seems light at the beginning, most students are exhausted at the end of the day and never feel they can gain control of the knowledge they need - there is always another patient with a new problem. We have worked very hard to accommodate the clinic load to your level of learning, and have picked faculty eager to teach and receptive to mistakes (yours and theirs).

Although time demands in the Ambulatory setting are more predictable, there are more patients to see. On the ward, you take care of 3-4 patients at a time (often less) - in the clinic, you see 15-20 patients in a week (an average of 2-4 patients/half-day clinic). Your exposure to varied and complex medical problems can lead to a sense of being overwhelmed at times. The constraints of a 30-45 minute appointment seem to make it impossible to gather the necessary data to make an assessment or formulate a plan. This is why faculty tries to focus your learning to specific areas and why we deliberately allow more time for reading and preparation.

The ambulatory setting is an exciting place to learn and work. The tools you use to gather and synthesize patient information and plan management may need to be refined or adapted to concerns such as time, distance and the psychosocial concerns of the patient. We hope you will find the ambulatory setting to be a rewarding, educational and professional experience.

"WHAT DO YOU NEED TO KNOW?"

Use this format to quickly self-assess in practical terms your knowledge of important, common issues for your own patients as well as other patients on your ward team or those discussed during preceptor rounds.

"WHAT DO YOU NEED TO KNOW?" - ABOUT A DISEASE OR SYNDROME

I. DEFINITION

- Can you explain to another what the label means? What it includes/excludes?
- Diagnosis: Complete diagnosis, classification (Is there a further classification or "staging"?) How is the diagnosis made? (When can we be sure the patient has the "label" that is proposed?)
- Pathophysiology (NON-NEGOTIABLE information, you must know this).

II. CLINICAL PICTURE

- Symptoms, Signs, Lab (How does each reflect pathophysiology?)
- Who is at risk for this disease? How common is it? Can it be prevented?
- How do age, gender, race, ethnicity, affect prevalence and presentation?
- Differential Diagnosis (What else can look like this?)
- Natural history (What happens, if you do nothing, in most patients?)
- Complications (What's the worst, in how many patients?)
- Effect on deployability.

III. TREATMENT (Also see "About a Specific Therapy" below)

- Options for treatment: Medical/Lifestyle/Surgical/Radiation (Does treatment alter the pathophysiology? Mechanisms)
- Treated history - Is there a standard therapy? and how good is it compared to natural history? What should be followed?
- Safety (How "bad" is therapy, risk, costs and pitfalls?); alternate therapies?

"WHAT DO YOU NEED TO KNOW?" - ABOUT A SPECIFIC THERAPY

1. How does it work? (affecting the anatomy or physiology; if a drug, pharmacology; what are the indications?)
2. How good is it? (efficacy - short term, long term - are there relapses? how good is the evidence?)
3. How bad is it? (risks, side effects, costs; contra-indications); alternatives?

"WHAT DO YOU NEED TO KNOW?" - ABOUT A TEST (Again, there are three things)

- How does it work? (How does it address the physiology or anatomy? How will we use the result?)
- How good is it? (sensitivity, specificity, reproducibility; predictive value)
- How bad is it? (risk of the procedure, costs, financial and otherwise)
- What are the alternatives?

Reading for this basic information about diseases, syndromes and tests will have immediate rewards. You will understand better what is going on with your patients, and will be better "advocates" on their behalf; you will also have done much of the reading for your written analyses; you will be learning to separate important items from those that can be left out of a presentation on attending rounds.

The Junior Medicine Seminars: Interpreting Lab Tests are given at all sites. **ATTENDANCE IS MANDATORY.** Seminars are given on the use of basic laboratory tests in the interpretation of common illnesses. The Junior Seminar is intended to help you get the basics and to make a transition from reporting to interpreting lab data. Military relevant issues will be included. Sessions are given over the three months of the Clerkship. In addition, each Clerkship hospital also has its own conferences for students and housestaff.

In the Internal Medicine Clerkship, there is no explicit, prescribed textbook reading. Topics will be determined by the problems presented in your own assigned patients. As you encounter them, try to read in a major textbook on the common/serious **major "unknowns"**: chest pain, shortness of breath, syncope and coma, fever, weight loss, GI bleeding and so forth. Try also to read on the major, common/serious **syndromes**: heart failure, renal failure, hepatic failure, etc. Patients presented by other students should prompt reading in basic textbooks in areas that you recognize as common and serious. You should also strive to increase your fund of knowledge by examining the patients of other students, by attending conferences, and by participating in discussions on rounds.

FINAL EXAMINATIONS IN THE DEPARTMENT OF MEDICINE

Examinations will be Monday of the last week of the clerkship, and will comprehensively test some key aspects of the curriculum. Most of the day will be devoted to examinations, and we have chosen to use a day after the weekend. Students will not report to patient care activities before the examinations that morning.

The Department of Medicine uses the Internal Medicine Subject Exam of the National Board of Medical Examiners as a final examination. Students must pass this final examination in order to successfully complete the Clerkship. The examination score will be reported on the departmental final grade. The higher the exam score, the more points added to the grade calculated from the recommended grades of the clinical evaluators. A good score on the final exam may raise a grade to a higher level.

Students who fail the NBME Subject Examination must eventually retake and pass it to complete the Clerkship. All students who fail the NBME Subject Examination will be presented to the departmental Education Committee. For those students whose Clerkship performance met basic goals and expectations, our Education Committee may

assign a Clerkship grade of Incomplete after review, and the student would retake the examination at its next administration. If the student passes the retest examination, he/she will receive the grade calculated for his/her clinical performance and other test scores. A student who fails the examination a second time will receive a grade of D for the Clerkship and will still be required to pass the Subject Examination following additional clinical work in Internal Medicine.

If a student receives a failing grade on a final examination and has had difficulty during the Clerkship the student's record will also be reviewed by the Department of Medicine Education Committee; in general, this will result in receiving a grade of D (or F) for the Clerkship; the student must retake and pass the examination following additional experience in Medicine (at the third and/or fourth year level) during the fourth year. The exam will be taken at one of the regular quarterly times scheduled for third year students.

We use our own final examinations to assess Clerkship skill goals - including interpreting laboratory tests and clinical analysis. Neither examination has a minimal "passing" score. The "Lab" Exam includes, but IS NOT limited to, material from the Junior Medicine Seminars. The Department has introduced an innovative MultiStep Examination (MSX) to assess your ability to ask directed questions on H&P, to make a problem list, and to write a brief analysis and plan. The MSX presents a case on video tape and requires a three-step written response that is similar to your write-ups (H&P, Problem List, A&P). Presently, the MSX consists of a series of three cases. (It will be described further before the exam.)

"Professionalism is a Promise of Duty, and a Promise of Expertise."

EDMUND D. PELLEGRINO, MD, Professor Emeritus of Medicine
and Medical Ethics, Georgetown University Medical School

Medicine requires both the accumulation of scientific information and the ability to make decisions with anxious patients who need reassurance, comfort, and a hopeful environment. The importance of a positive outlook in patient care and in your dealings with colleagues and staff cannot be overstated. Cooperation, diplomacy, and the ability to look to the good in others will achieve much more than will hostile and cynical comments. With a positive attitude and a high level of enthusiasm, complemented by integrity, honesty, and compassion, you will be rewarded with greater respect from both your colleagues and your patients. As a physician-in-training you should take your work seriously and, when communication with the patient becomes difficult, remember that the patient is sick, not you.

Your education is largely in your own hands, guided by your faculty and housestaff. Residents should have your inpatient histories and physical examinations within thirty-six hours; the preceptor should have your complete write-up, including formulation, within a week. Submitting write-ups late, or several at one time, may pose a burden for your resident or preceptor. Further, it limits timely feedback, a powerful tool for anyone's performance improvement. Prompt completion of written work is a passing criterion in our clerkship.

Ward students are expected to be in the hospital daily, including weekends. Students will have one day off per week, as do the housestaff; these will vary from team to team and should be worked out with your resident and interns during the first few days of the rotation. You should plan to remain in the hospital on weekdays and weekends until your team's work has been completed and your patients have been signed out to the team on call. If you need advice about how to allocate your ward time, talk with your resident. If you need help with balancing your many activities, you may wish to discuss this with your preceptor or clerkship director on-site.

We expect that during the clerkship you will grow in ability to balance the time demands made on physicians, to prioritize your work and to maintain poise and compassion in dealing with patients. We know there can be personal and family crises: if you need help, speak with your resident, staff, or clerkship director on-site.

You will be responsible for a moderate amount of overnight work during your ward rotation. When you are on call you should expect to remain in the hospital overnight accepting new admissions and participating in assessment and management of patients.

Our teaching hospitals vary in daily schedule, required conferences, etc. Students will follow the expectations set by the clerkship director on-site. (See below).

The honesty of the medical record is an absolute expectation for medical professionals. You must always be honest and never knowingly offer false information on a patient, be it in verbal or written format. Any dishonesty in recording or reporting patient information, such as writing or copying patient notes without actually having seen or examined the patient, represents a failure in a core competency.

NOTE: Although students come to the third year clerkship with varying strengths and skill levels, all students must recognize personal integrity as essential in every aspect of their academic pursuits. The USUHS Honor System is, therefore, a fundamental element of the clerkship. The tenets of the Honor System, as adopted by the USUHS student body, are to be fully observed.

EVALUATION, "FEEDBACK" AND GRADING

Evaluation and Feedback Sessions:

During each six-week rotation, the On-Site Clerkship Director will sit down with your housestaff and/or faculty to discuss your progress at the midpoint and end of each 6-week block of the rotation. Each student is discussed individually. This is usually after a month (e.g. before the ward team rotates). Within a few days after the evaluation session, you will be expected to sit down with the On-Site Clerkship Director and discuss your progress. Areas of strength and areas that could use some improvement will be discussed. A copy of the evaluation form filled out by your teachers is included in this Handbook (Pages 61 & 62).

Grading:

We guide the faculty and housestaff in assessing how well you have met Clerkship goals. Their role is evaluation; final responsibility for grading rests with the Department. Your grade will be based on evaluations by faculty and housestaff from each site and your performance on the written examinations. The evaluation of your preceptor carries more weight than that of any other single grader, though less than the sum of the "clinical" teachers. Your performance during the second rotation will be weighed more heavily than your performance in the first six weeks. Separate grades are not given for the individual six-week rotations. Your final departmental evaluation will include a letter grade and a narrative. It will be based on your success in meeting the goals of the Clerkship in the three major areas outlined above - skills, knowledge, and professional growth - and your mastery at each level of performance: reporter, interpreter and manager/educator. Final examinations will be given during the last week of the Clerkship. (See above).

Interpretation of a Grade:

The Department of Medicine follows a policy of non-compensatory grading. All students must possess minimum competence in all areas to pass the Clerkship. (A passing grade requires more than merely a satisfactory exam score). Grades higher than pass reflect more rapid development, not ultimate potential. We try to use "criterion based" grading (see evaluation form at the end of the Handbook); there is no quota for the number of "Honors", "High Passes", and "Passes" which can be given during the year.

Grading Policy/Procedure:

Final grades are calculated using a point system giving more weight to the resident than the intern, more to the preceptor than the ward attending. For a student on the ambulatory rotation, total clinic scores are equal to that of a ward team or teams. The second six-week rotation is given more weight than the first. The NBME, MultiStep, and the Lab Test scores are converted to a point scale (all positive). The final grade is determined by combining clinical and exam points, where the clinical points provide the majority of the points available (approximately 70% clinical, 30% examinations, subject to annual Departmental review). Thus, a student's final grade depends on teacher recommendations and examination performance. As required by the registrar, the final

grade is expressed as a letter (A, B, C, etc), although the Department may append "+" and "-" to reflect the continuum of performance.

For the very few students who have not clearly met Clerkship goals, a final grade will not be calculated. The entirety of the student's record will be reviewed by the Department of Medicine Education Committee, which will recommend the final grade to the Clerkship Director and the Chairman, Department of Medicine.

An unacceptable rating in any area of performance, a grade of "Fail" from an evaluator, or multiple evaluations of "Low Pass" or "Needs Improvement" can result in failing the Clerkship. A student who completes the Clerkship with a marginal performance in any key area, who receives a low pass from an evaluator, or who fails the final examination in addition to cited concerns about Clerkship performance, will generally receive a grade of "D" and be expected to have additional medicine in senior year.

After receiving your grade and narrative, questions may arise. If so, contact me (Dr. Hemmer). Any request for a specific teacher to reconsider a recommended grade should go through the On-Site Clerkship Director.

Feedback to Help Us:

At the end of each six weeks the students will be expected to complete forms evaluating the rotation and their faculty to assist in improving the clerkship. This feedback has led to many changes in how we implement our clerkship goals. These "critiques" of faculty and the program are never shared with faculty until their evaluations of you have been submitted.

We recognize that students are not always comfortable sharing difficult experiences with faculty who are seen as part of the evaluation process. If circumstances arise that you are uncomfortable with or you feel you can only report in confidence, you can speak with the Office of Student Affairs or your class student representative or make an appointment with me (Dr. Hemmer).

At any time during the Internal Medicine Clerkship you should feel free to speak with me (Dr. Hemmer), or any member of the Department of Medicine. We encourage you to show the same initiative in your education as you would in seeking out answers to questions of patient care.

Paul A. Hemmer, M.D., MPH
Lt Col, USAF, MC
Clerkship Director

Louis N. Pangaro, M.D.
COL (Ret), MC, USA
Vice-Chairman for Educational
Programs

Robert E. Goldstein, M.D.
Professor and Chair
Department of Medicine

Gerald Dodd Denton, M.D., MPH
CDR, MC, USNR
Deputy Clerkship Director
Ambulatory Director, NMMC

ATTENDANCE

The Department of Medicine policy regarding student absences during third year clerkships and fourth year electives and subinternships is based on the concept that a physician cannot fulfill responsibilities toward his/her patients and members of the team and for his/her own education without spending full days in the hospital.

1. When ill, students should call-in sick on a daily basis. (Call your housestaff or the day's clinic attending.) If students are away for more than 48 hours because of sickness, they must be seen either at the Student Health Service or by an appropriate physician at the hospital in which they are rotating.

2. Informing the housestaff of absence because of sickness or other reasons is necessary but not sufficient. Any student who will miss a duty day should contact Dr. Denton's/Dr. Myers' office (NNMC, 301-295-5790), Dr. Hemmer's office (WRAMC, 202-782-4923), Dr. Carnahan's office (WHMC, 210-292-5341), Dr. DeMott's office (WPMC, 937-257-1559/9655), Dr. MacKrell-Gaglione's office (NMCP, 757-953-2040), Dr. Cooper's office (MGMC, 240-857-8841), Dr. Heetderks' office (TAMC, 808-433-1262), Dr. Pettit's office (MAMC, 253-968-0843/0208), depending on your Clerkship site.

3. The Department of Medicine will allow a student to be away from a Clerkship, elective or subinternship for important personal reasons. Questions about absences should be referred to the On-site Clerkship Director. Students should not presume they may be excused from Clerkship duties.

4. For a prolonged absence (generally more than a week), the Department of Medicine Education Committee (DOME) will review a student's record to determine if a grade of I (Incomplete) is warranted, and how it should be resolved.

5. Failure to be in the hospital at the expected times, including nights and weekends, without sufficient explanation will result in a grade of Fail.

6. You may leave town for weekends provided you have no hospital responsibilities. It is your responsibility to clear this with your residents and with your On-Site Clerkship Director. You do not need to take official leave, but do need to be certain you can be reached by USUHS, if necessary. You must provide a phone number or other appropriate way you can be contacted/reached to the Commandant's Office at USUHS.

DEPARTMENT OF MEDICINE FACULTY TELEPHONE NUMBERS

CHAIRMAN AND PROFESSOR

Robert E. Goldstein, M.D.
Staff Assistant – Julie Holmes
NNMC - (301)295-2010

VICE-CHAIRMAN FOR EDUCATIONAL PROGRAMS

Louis N. Pangaro, M.D.
Coordinator - Marilyn Rives
WRAMC - (202)782-4923

CLERKSHIP DIRECTOR

Paul A. Hemmer, M.D.
Lt Col, USAF, MC
phemmer@usuhs.mil
Coordinator - Marilyn Rives
WRAMC - (202)782-4923 mrives@usuhs.mil

ASSOCIATE CLERKSHIP DIRECTOR-WPMC

Chad DeMott, M.D.
Capt, USAF, MC
Chad.demott@wpafb.af.mil
WPMC - (937)257-1559/9655
Coordinator: Pat Hochdoerfer - (937)257-9655
Patricia.hochdoerfer2@wpafb.af.mil

WARD DIRECTOR-WRAMC

Paul A. Hemmer, M.D.
Lt Col, USAF, MC
Coordinator - Marilyn Rives
WRAMC - (202)782-4923

ASSOCIATE CLERKSHIP DIRECTOR-NMCP

Margaret MacKrell Gaglione, M.D.
NMCP - (757)953-2040
MEGaglione@mar.med.navy.mil
Coordinator - Mrs. Anderson
NMCP - (757)953-2271/2266
FAX: (757)953-9666

ASSOCIATE CLERKSHIP DIRECTOR, AMBULATORY DIRECTOR-WRAMC

Lisa K. Moores, M.D.
LTC, MC, USA
lmoores@usuhs.mil
Coordinator - Marilyn Rives
WRAMC - (202)782-4923

ASSOCIATE CLERKSHIP DIRECTOR-WHMC

David H. Carnahan, M.D.
Major, USAF, MC
David.Carnahan@lackland.af.mil

DEPUTY CLERKSHIP DIRECTOR, AMBULATORY DIRECTOR-NNMC

Gerald Dodd Denton, M.D.
CDR, MC, USN
gdenton@usuhs.mil
Coordinator – Kathryn Bomysoad
NNMC - (301)295-5790

ASSOCIATE CLERKSHIP DIRECTOR-WHMC

Thomas C. Grau, M.D.
Col (sel), USAF, MC
Thomas.Grau@lackland.af.mil

Coordinator – Linda Licon
Hermelinda.Licon@lackland.af.mil
WHMC-(210)292-5341 / DSN 554-5341

ASSOCIATE CLERKSHIP DIRECTOR, WARD DIRECTOR-NNMC

Janet N. Myers, M.D.
LCDR, MC, USN
jmyers@usuhs.mil
Coordinator – Kathryn Bomysoad
NNMC – (301)295-5790

ASSISTANT CLERKSHIP DIRECTOR-MGMC

Barbara A. Cooper, M.D.
Maj (sel), USAF, MC
MGMC – (240)857-8841
Barbara.Cooper@mgmc.af.mil

ASSOCIATE CLERKSHIP DIRECTOR-MAMC

Theron M. Pettit, M.D.
MAJ, MC, USA
Theron.Pettit@nw.amedd.army.mil
MAMC – (253)968-0843
Coordinator – Jolene Meng
MAMC – (253)968-0208

ASSOCIATE CLERKSHIP DIRECTOR-TAMC

Peter W. Heetderks, M.D.
MAJ, MC, USA
TAMC – (808)433-1262
Peter.Heetderks@haw.tamc.amedd.army.mil

GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP

AT

WALTER REED ARMY MEDICAL CENTER (WRAMC)

ORGANIZATION

The Department of Medicine at Walter Reed is divided into specialty and general medical services.

Students on the Ward Rotation will work on the General Medical Service on one of five teams. Each team will take call every fifth night. Most new patients will be worked up by one of the students, who will also follow that patient for the duration of his or her stay. The number of students per team may vary. Georgetown University medical students will join the ward teams.

Students on the Ambulatory Rotation will work in various subspecialty and General Medicine clinics. Additionally, some students will be expected to drive to Ambulatory clinics at other medical treatment facilities in the greater Washington area.

WRAMC CLERKSHIP SCHEDULE

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
<u>ALL STUDENTS</u>			
Mon	1200-1300	Residents' Lecture Series*	Optional
Tues	1130-1300	Junior Medicine Seminars	MANDATORY;
Wed	1130-1230	Management Conference*	<i>Strongly encouraged</i>
Fri	1200-1300	Grand Rounds*	<i>Strongly encouraged</i>
Mon-Fri	1300-1500	Preceptor Sessions	MANDATORY (2-3 times weekly, as specified). May be evenings or Saturday for Ambulatory students.

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
<u>WARD STUDENTS</u>			
Mon-Sun	0600-0700	Student patient assessment	Mandatory ; time needed varies
Mon-Sun	0700-0800	House Staff Work Rounds	Mandatory
Mon-Fri	0800-0900	Morning Report	Strongly encouraged
TBA	1015-1130	Attending Rounds	Mandatory ; start at approx. 0830 on Saturday

AMBULATORY STUDENTS

Mon-Fri	0700-0800	Chart/Laboratory Review	Mandatory
Mon-Fri	0800-0900	Morning Report	Strongly encouraged if no clinic
Mon-Fri	0800-1130	Clinics as assigned	Mandatory
Mon-Fri	1300-1630	Clinics as assigned	Mandatory

TEACHING PROGRAM

In a busy university hospital, there are many conferences, rounds, and chores to be integrated into a student's schedule each day. Often the requirements of patient care and the student's education seem to come into conflict and a choice between two important events must be made. **Presence at preceptor sessions is mandatory** and takes precedence over any other activity. Except in emergencies, **attendance on work rounds and attending rounds takes priority over other activities, as does attendance at the weekly Junior Medicine Seminars.**

REPORTING

First rotation: WRAMC students will have general clerkship orientation and PreTest at USUHS (Building A) at 0730. Orientation to WRAMC will begin at 1300, (Ward 73, Conference Room 7317). All students must read their CHCS EMAIL each day.

Second rotation: Orientation will begin at 0800, Ward 73, Conference Room 7317.

ADDITIONAL COMMENTS

CHCS, CIS, and ICDB

To participate in patient care students must be trained in the hospital computer systems (Composite Health Care System, Computer Integrated System, and Integrated Clinical Database). It is the student's responsibility to achieve this if scheduled classes are missed.

It is necessary for you to read your email at least twice a week. Every time you log on the CHCS to check lab results, you will see a message if you have new electronic mail. Unfortunately, some of this will be "junk" mail and of no consequence to you. To read *all new mail*, enter the mailman menu (MA, enter), then enter "N" at the Select Mailman Option. To read mail *selectively*, enter "L" for List New Mail at the first prompt in the mail menu. You will then see a list of your accumulated mail, with the subject and sender; and, you can note down the number(s) of the message(s) you want to read.

H&Ps

Originals must be entered directly in the patient's chart via CIS using a blank MD progress note within 36 hours. **Third year medical students do not write the official H&P for the chart.** This is the responsibility of the intern and cannot be delegated to a third year student. Printouts of unedited H&Ps are given to residents or preceptors.

Order Writing

This is a responsibility of interns (or sub-interns) and is not a requirement of the clerkship. Residents may authorize students to write orders in preparation for co-signature by housestaff. Orders written by a student should be discussed prior to being entered in CIS; orders should be "signed" by the student (including "MS-III's") and be immediately co-signed by a physician. Orders should not be submitted to nursing service unless already co-signed.

Dress

All students must wear white coats and clearly visible name tags while in the hospital. BDUs are not authorized for every day use. Hospital policy for military personnel on weekends or holidays allows civilian attire (Civilian students must also wear white coats while on the ward; men must wear neckties.) When meeting a patient, please introduce yourself as a third year student.

Procedures

You are encouraged to perform procedures under supervision such as venipuncture, starting IV's, bone marrow aspiration, etc. when your patient needs any of these. However, subclavian and jugular venous punctures are not to be performed by third year students. Consent forms (when required) must be filled out by a physician who will supervise the procedure, and must specify who will actually do the procedure.

Requests for consultations may be written by the student, but must be signed by a physician.

Team assignments and sharing of desks and assignment of lockers will be discussed at the WRAMC orientation.

Call Schedule and Time Off

Students on each ward team (USUHS and Georgetown) will be on call every fifth night. We expect students will average one day off per week. Note: "days off" do not excuse students from preceptor sessions or Junior Seminars.

Paul A. Hemmer, M.D., MPH
Lt Col, USAF, MC
Clerkship Director
Ward Director - WRAMC

Lisa K. Moores, M.D.
LTC, MC, USA
Associate Clerkship Director
Ambulatory Director – WRAMC

GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP
AT
NATIONAL NAVAL MEDICAL CENTER (NNMC)

ORGANIZATION

The Department of Medicine at NNMC is composed of four inpatient ward teams (three General Medicine, one Cardiology) and multiple specialty outpatient clinics. Each third year student is assigned to either a General Medicine inpatient ward or an ambulatory rotation involving 5-6 clinics. Additionally, outpatient sites at other medical treatment facilities are often used for the ambulatory rotation.

WARD STUDENTS

An inpatient ward team includes a resident, two interns, often a sub-intern, and one or two third year clerks. The ward resident is your immediate supervisor. A staff attending physician is responsible for overseeing patient care and education of the housestaff and students. There is also a Chief of Residents who works closely with both the housestaff and the faculty.

Each ward team admits patients on call every fourth day, from 2100 one night to 2100 the next night. The on-call team consists of a senior resident, a junior resident, two interns and one or two students. USUHS students should plan to be on call with their team every three days. Overnight call is only on weekends. Students should plan to take overnight call approximately every 6th night with their team. A medical student call room is available in Room 4026. The intern call room 4008 is also available to share. Medical students, sub-interns, and interns should arrange gender-specific sleeping quarters as the need arises. There is a night float team without a student assigned. Any student on call should be present at sign out rounds so that he/she will be included in the on-call activities.

Lockers for students' use are located on the wards in the red and yellow team rooms; please bring your own lock.

Students should evaluate and present at least two new patients per week; be prepared to present PM admissions on AM work and attending rounds. Turn in a copy of the written history and physical to the team resident within 24 hours of the patient's admission (so that he/she can give you feedback) and place a copy in the patient's chart within 48 hours. Observe and perform procedures such as venipunctures, IV line placement, arterial blood gas sticks, thoracentesis, paracentesis, arthrocentesis, and NG tube or urinary catheter placement. Order writing is not a requirement of the clerkship, but may be authorized by your resident in preparation for his/her co-signature. Always discuss orders to be written with your resident prior to entering them in the chart. Any orders written by a student must be promptly co-signed by the intern or resident.

AMBULATORY STUDENTS

Students in the ambulatory rotation will have 6 scheduled half-days of clinic per week. Students are expected to prepare for, independently evaluate, and follow-up the patients they see in clinic. A designated staff physician will always be available to discuss every patient seen.

Since there is no "team" concept in the outpatient setting, the on-site coordinator and your preceptor will be your primary contacts. If there are any questions or concerns, please speak with one of them as soon as possible.

NNMC CLERKSHIP SCHEDULE - WARDS

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
Daily	0630-0730	Student patient assessment	Mandatory; time varies
Daily	0830-1100	Housestaff/Attending Rounds	Mandatory
M-F	0730-0815	Morning Report (Pulmonary-ID Conference Room)	Optional but encouraged
M-W-F	1200-1300	Housestaff Core Lecture Series (Pulmonary-ID Conference Room)	Optional
M-F	1700	Check-Out Rounds (Med Conf Rm)	Encouraged when on call
Tues	1200-1330	Junior Medicine Seminars (Cardiology Conference Room)	Mandatory
Thurs	1200-1300	Grand Rounds (NNMC Auditorium)	Mandatory
Tues & Thurs	1330-1530	Preceptor Sessions (at mutually arranged site)	Mandatory

Sunday and holiday rounds are variable depending on the call schedule, size of service, etc.

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NNMC CLERKSHIP AMBULATORY SCHEDULE

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
Mon-Fri	0730-0815	IM Morning Report	Strongly Encouraged
Mon-Fri	0830-1130 1300-1630	Clinics as assigned	Mandatory
M/W/F	1200-1300	Housestaff Core Lectures	Optional
Tues	1200-1330	Junior Medicine Seminar	Mandatory
Thurs	1200-1300	Grand Rounds	Mandatory
Tu/Thurs	1300-1500	Preceptor Rounds	Mandatory

(or as scheduled)

**Students may have one scheduled clinic at an off-site location. These include the USNA Medical Clinic in Annapolis, MD, the Army Family Health Center in Fairfax, VA, and the Medical Clinic at Quantico Marine Base. Points of contact and directions will be provided when reporting for your clerkship.

TEACHING PROGRAM

In a busy hospital, there are numerous conferences, rounds, and administrative tasks integrated into a student's schedule each day. Sometimes the many requirements of patient care and the student's education seem to conflict and a choice must be made between two important events. *Presence at Preceptor sessions and the Junior Medicine Seminars is mandatory and is a priority over any other activity.* Except for compelling reasons of patient care, attendance at attending rounds, work rounds, and Grand Rounds, is required. Student attendance and participation in morning report and the daily noon housestaff core lecture is encouraged, though not mandatory.

Ability to use the hospital computer system (Composite Health Care System, CHCS), Integrated Clinical Database (ICDB), and Clinical Information System (CIS) is critical to actively participate in patient care. All students must be able to utilize these systems and will be trained in their use; user codes will be issued on the day of orientation by ITCS (ask for the Nursing Menu).

REPORTING to NNMC

Odd Rotations: General Clerkship orientation and PreTest at USUHS (Building A) at 0730 hours. Orientation to NNMC will begin at 1300 hours in Building 1, Internal Medicine Department, Room 1626, (Kathryn Bomysoad).

Even Rotations: Orientation will begin at 0830 hours in Building 1, Internal Medicine Department, Room 1626 (Kathryn Bomysoad).

UNIFORM

Fatigues or BDU's are not authorized at NNMC. The policy on scrubs should be reviewed with the team resident. Scrubs are not to be worn to Morning Report. Unless participating in a procedure or working after hours in the ED, there is no indication for scrubs on the ambulatory rotation. If you have any questions about any aspect of your clerkship at NNMC, please contact our office (301) 295-5790.

Gerald Dodd Denton, M.D., MPH
CDR, MC, USNR
Deputy Clerkship Director
Ambulatory Director – NNMC

Janet N. Myers, M.D.
LCDR, MC, USNR
Associate Clerkship Director
Ward Director – NNMC

GUIDE FOR THE INTERNAL MEDICINE CLERKSHIP

AT

WILFORD HALL MEDICAL CENTER (WHMC)

ORGANIZATION

The medical service beds (approximately 200) are divided between general medicine and cardiology services. The types of problems found on the General Medicine Service are diverse, reflecting the large referral area for WHMC. We see both common and unusual medical disorders because of our role as a primary and tertiary care center. Each third year USUHS medicine clerk is assigned to one of five General Medicine Service ward teams which each consist of an attending and resident, two interns, and one to three medical students. Each team admits during a long (overnight) call every fifth night. Students are expected to be on call with the team and stay in the hospital.

TEACHING PROGRAM

Wilford Hall is a very busy teaching institution, providing approximately 40 conferences and rounds weekly in the Department of Medicine. Medical students are invited to attend these when possible, although commitments to patient care on the wards frequently leave little spare time.

The staff at WHMC are very busy with clinic and ward responsibilities, making scheduling a bit difficult. This has sometimes resulted in students being scheduled for more than one "mandatory" activity at the same time. To help prevent conflict and anxiety for the student, the following is a list of mandatory meetings in descending order of priority, in case of simultaneous scheduling (which we will make every attempt to avoid):

1. Preceptor rounds
2. Junior Medicine Seminars
3. Attending rounds
4. Friday Grand Rounds

To aid the students, Ms. Linda Licono will post a weekly schedule for students in the USUHS office each Monday afternoon. The overall schedule framework is as follows:

WHMC CLERKSHIP SCHEDULE

<u>Days</u>	<u>Hours</u>	<u>Title</u>	<u>Comments</u>
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Ward Students

Mon-Sun	0700-0815	House staff Work Rounds	Mandatory
Post Call	Variable	Attending Rounds	Mandatory

Ambulatory Students

Tues-Fri	0730-0815	Lecture series	Mandatory
Mon-Fri	0800-1130	Clinics as assigned	Mandatory
	1300-1600	Clinics as assigned	Mandatory

All Students

Mon-Fri	0830-0915	Morning Report	Optional, very popular
Mon-Thurs	1200-1300	Noon Conference	Optional, very good

<u>Days</u>	<u>Hours</u>	<u>Title</u>	<u>Comments</u>
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Tues/Wed	1130-1300	Junior Medicine Seminars*	Mandatory
Fri	1200-1300	Grand Rounds	Mandatory
Preceptor Sessions**			Mandatory

*Please see the USUHS weekly schedule for location of Junior Medicine Seminars, and refer to your resident or intern for the location of departmental conferences.

**About 4.5 hours per week over 2 or 3 sessions, arranged by preceptor

RESIDENT

For inpatient students, your immediate supervisor is your resident. Your resident is responsible for you and will work with the on-site USUHS Clerkship Office to solve any problems which might develop.

WARD SCHEDULE

Long call takes place every fifth night. If your team is on call the first day of the rotation you will be expected to take call with your team. Weekend schedule, other than for call days is determined by the resident. Days off follow the same guidelines as those for the residents: an average of one day off per week over the course of a rotation.

TEAM WORK

Due to superb support from nursing and ancillary services, ward "scut" is reduced to a minimum. In order to be valuable members of the team, students must be

more informed about their patients than any other team member. This includes reading about problems and being able to contribute to diagnostic and therapeutic planning. Please note that "scut" is work done on patients other than your own when directed. You should not have to be asked to do something for your own patient because you should be deciding and discussing what should be done, then doing it.

REPORTING AND DEPARTURE

The first day of each rotation begins with a general clerkship orientation. Students will report to the Clerkship Coordinator (Ms. Linda Licona) promptly at 0745 at the WHMC Clinic entrance lobby with one copy of their orders. The WHMC On-site Clerkship Director will then provide an orientation to the Medicine Clerkship. For rotations during the first six weeks of the Internal Medicine Clerkship, a pretest will also be administered on the first day.

All students rotating at Wilford Hall during the second six weeks of the clerkship will take the final examination on Monday morning of the last week. Students on call Saturday or Sunday will take an abbreviated call day, picking up a minimum of one new patient, but leaving the hospital by 1800.

The rotation for all students concludes on Friday afternoon the sixth week of the rotation, after work and attending rounds and a final meeting with the WHMC On-site Clerkship Director; students whose ordinary call night falls on the last day of the rotation (Friday) will not be expected to take call with their team. No student will be permitted to begin the rotation late or terminate it early without written permission from Dr. Hemmer and the WHMC On-site Clerkship Director, and then only for cases of exceptional personal need. **No other faculty member or house officer at Wilford Hall may give a student permission to leave prior to Friday afternoon.**

HOUSING

Every effort has been made to provide you with lodging on base at the VOQ (the only credit card accepted is the government VISA). **Please call the VOQ (210) 671-4277/2556/0047 before your arrival and give them your credit card number to hold your reservation.** Infrequently, one or more students may be temporarily lodged in the La Quinta Hotel (just outside the gate from Wilford Hall) or in the VOQ at Medina Annex. Our office will assist as necessary to resolve any difficulties. Residence off base is permitted in special circumstances only and will require consent from USUHS. We are unable to provide lodging facilities for students traveling with family members or pets.

MEALS

The hospital cafeteria is available to you for three meals a day. In addition, you will be able to eat at the Officers Club, Golf Club, and other facilities located on or near the base.

TRANSPORTATION

Getting around the Lackland AFB area may be somewhat of a problem (a lot of walking). The VOQ is about a mile from the hospital and other facilities (BX, theaters, etc.) are scattered. The base operates a shuttle bus and a schedule of its runs will be

provided. Several students have opted to rent bicycles, and there is a place on base to do this (approximately \$40/month). The city is well served by an efficient and convenient bus system for those wishing to visit downtown San Antonio. The WHMC Security Service (Phone 292-7135) will escort hospital personnel at night, but only to the parking lot. Students traveling at night are encouraged to go in groups.

ILLNESS

If a student becomes ill, he or she should contact both the ward team and Linda Licona in the clerkship office. The student will see either a physician available in the Family Medicine Clinic or a physician arranged by the WHMC On-site Clerkship Director for appropriate management.

UNIFORM

In addition to the usual uniform, **each student should take one set of BDUs to Wilford Hall for wear on every Wednesday, which is WHMC BDU day.** Scrubs are only allowed while on long call. Hospital policy for military personnel on weekends or holidays allows civilian attire. When not in uniform and present in the medical center to perform any patient contact a neat, professional appearance will always be maintained.

LOCAL TRAVEL, EMERGENCY LEAVE

While you are at Wilford Hall you are expected to remain in the San Antonio area, although short trips on weekends are acceptable if you are not on call. Always make sure that your resident knows your destination. **It is important that we know where you are and how to reach you at all times.** If a personal emergency requires that you leave San Antonio, you must contact the WHMC On-site Clerkship Director (Pager 0793) or office (292-5341), or Dr. Hemmer's office (202) 782-4923. While at Wilford Hall, federal holidays and Sundays are to be treated by you as the house staff treats them. For any questions consult the WHMC On-site Director or your resident about this.

Mail can be forwarded to you at:

759TH MDOS/MMIMU (USUHS)
MEDICINE CLERKSHIP OFFICE
STUDENT'S NAME AND RANK
2200 BERGQUIST DR., SUITE 1
LACKLAND AFB, TX 78236-5300

Mail is slow, so anticipate this.

MISC

Lockers are available at Wilford Hall. For security reasons, you should bring your own lock. Please remove the lock on the last day of the rotation. Students should bring their Harrison's textbook to use during the Multi-Step Test, which is given in conjunction with the NBME exam.

TELEPHONE NUMBERS

USUHS Clerkship Office - Commercial (210) 292-5341 - DSN 554-5341
Directorate of Education - Commercial (210) 292-7441 - DSN 554-7441

David H. Carnahan, Maj, USAF, MC
Assistant Professor of Medicine, USUHS
Associate Clerkship Director-WHMC
Office (210) 292-5341 Pager 0793
Fax: (210) 292-6834

Thomas C. Grau, Col (sel), USAF, MC
Assistant Professor of Medicine, USUHS
Associate Clerkship Director-WHMC
Office (210) 292-5341 Pager 0164

GUIDE FOR INTERNAL MEDICINE CLERKSHIP
AT
WRIGHT-PATTERSON USAF MEDICAL CENTER (WPMC)

ORGANIZATION

Wright-Patterson is the military referral medical center in the North Central United States, servicing a 7-state geographical region. Located near Dayton, Ohio, Wright-Patterson AFB is approximately one-hour driving distance from Cincinnati and Columbus.

Clinical clerks will be assigned to one of the four ward teams that cover the Inpatient Medicine Service at WPMC. A ward team consists of a staff attending physician, a resident, an intern, and one student. Each team admits during a long (overnight) call every fourth night. Students are expected to be on long call with the team and stay in the hospital.

Clinical clerks will be assigned to the ambulatory portion of the Internal Medicine Clerkship at WPMC. Each student will rotate through general and subspecialty clinics. The faculty and preceptor with whom you will work will serve as your evaluators. Students on the Ambulatory portion of the Clerkship will not be required to take call or work on weekends and national holidays.

Outpatient care is a challenging and rewarding experience with unique demands on time management and decision making skills. The goal is to develop and refine each student's ability to gather and synthesize patient data in the environment in which most of clinical medicine is practiced. To take full advantage of this setting, students must **prepare** in advance for each clinic, be on time, **focus** the encounter as appropriate and **follow-up** on all laboratory and radiographic tests.

TEACHING PROGRAM

The goal of the clerkship is to strengthen your clinical skills, medical knowledge, professionalism and compassion. To this end, conferences, rounds, and patient encounters are integrated into the student's schedule each day. Presence at preceptor sessions is mandatory and takes precedence over other activities. Except in emergencies, attendance in clinics, on work rounds, attending rounds, and the weekly Junior Medicine Seminars is required. Please see Clerkship Activities tables.

WPMC Clerkship Activities: Wards

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
Daily	0800	Student Patient Assessment	Ward and ICU patients
M-F	0800-0830	Morning Report (3E Conf. Room)	Required
Daily	0830-1200	Housestaff Work Rounds/Attending Rounds	Required
M-F	1200-1300	Noon Conference (3E Conf. Room)	Required
M, W	1300-1500	Preceptor Sessions	Required
Thurs	1315-1445	Junior Medicine Seminar (IMC-A Conf Room)	Required
M-F	1630-1645	Check-Out Rounds (IMC-A Conf Room)	Required

WPMC Ambulatory Clerkship Activities

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Comments</u>
M-F	0700-0800	Clinic Preparation and Follow-up	Essential
M-F	0800-0830	Morning Report (3E Conf. Room)	Required
M-F	0830-1200	Clinics as assigned	Required
M-F	1200-1300	Noon Conference (3E Conf. Room)	Required
M, W	1300-1500	Preceptor Sessions	Required
Thurs	1315-1445	Junior Medicine Seminar (IMC-A Conf Room)	Required
Tues	1300-1630	Clinics as assigned	Required

PATIENT LOGS

All inpatient and outpatient clerks will enter their patients into the Clinical WebLog via the USUHS Web Page on a regular basis. Computers are accessible 24 hours/day in the Medical Library.

REPORTING AND DEPARTURE

On the first day of each rotation report to the Education Coordinator NLT 0730. The office is located in Internal Medicine Clinic A. Please call the Education Coordinator (937) 257-9655 if you need any additional information prior to the start of the rotation (e.g., on-call assignments). The Associate Clerkship Director will provide an orientation to the Medicine Clerkship, administer a PreTest (on the first day of the Clerkship), take the students on a tour of the facility, introduce you to the ward teams or orient you to the

clinic as appropriate, and provide or arrange for training on CHCS, CIS (inpatient electronic record), and MDIS (digital radiology imaging system). **It is very likely that one student will be assigned to overnight call on the first night.**

The rotation concludes at 1200 hours after rounds and clinic the sixth Friday of the rotation. All students will take their final examinations at WPMC on Monday of the last week of the second rotation six-week block. No student will be permitted to begin his or her rotation late or terminate it early without written permission from Dr. Hemmer and the WPMC Associate Clerkship Director, and then only for cases of exceptional personal need. No other faculty member or house officer at WPMC may give a student permission to leave WPMC.

HOUSING

Every effort has been made to provide you with lodging in the VOQ, located just a short walk from the medical center. Lockers are available in the call rooms; bring your own lock.

UNIFORM

On wards and in the clinic, the uniform will be the usual duty uniform for each respective service. Each student should bring at least one set of BDUs, as BDUs are the uniform of the day on Fridays. Wearing of scrubs is authorized only in the evening on overnight call. Civilian attire is authorized on weekends and holidays.

MEALS

The hospital cafeteria dining room hours are **limited**. Dining room hours are: 0730-1400 hours, M-F. **Carryout** food is available during limited hours, three times a day, seven days a week. A snack bar, mini-BX, and vending machines are available to you. You may bring your own meals as well; refrigerators and a microwave are available. You will not receive lunch at noon conferences.

LOCAL TRAVEL EMERGENCY LEAVE

While you are at Wright-Patterson you are expected to remain in the Dayton area, although trips on weekends are perfectly acceptable if you are not on call and provided you have no hospital responsibilities. It is your responsibility to clear this with your residents and with the Associate Clerkship Director - WPMC. You do not need to take official leave, but do need to be certain you can be reached by USUHS, if necessary. **You must provide a phone number or other appropriate way you can be contacted/reached to the Commandant's Office at USUHS.**

MAIL

Until you have a local VOQ address, mail can be forwarded to you at:

Student's name (USUHS)
Attn: Education Coordinator, 74th MDOS/SGOMI
4881 Sugar Maple Drive
Wright Patterson AFB, OH 45433-5529

TELEPHONE NUMBERS

USUHS Clerkship Office (Education Coordinator)
Commercial: (937) 257-9655
DSN: 787-9655

Chad DeMott, Capt, USAF, MC
Associate Clerkship Director – WPMC
Phone: (937) 257-1559
FAX: (937) 257-1529
EMAIL: chad.demott@wpafb.af.mil

Pat Hochdoerfer
Education Coordinator
Phone: (937) 257-9655
Fax: (937) 257-1529
EMAIL: patricia.hochdoerfer2@wpafb.af.mil

GUIDE FOR AMBULATORY MEDICINE CLERKSHIP

AT

NAVAL MEDICAL CENTER PORTSMOUTH (NMCP)

ORGANIZATION

Naval Medical Center Portsmouth services one of the largest tri-service military operational bases in the world, with its accompanying dependent and retired populations. We function not only as a tertiary care center for outlying medical treatment facilities, but also provide the critical day to day "bread and butter" medicine that is the framework of ambulatory care. The Department of Medicine has a staff of approximately 40 general and sub-specialty internists with 39 house officers in training.

Each third year clinical clerk will be integrated into the ambulatory clinic schedules of various Medicine specialties. Since there is no "team" concept in the outpatient setting, the Clerkship Director and your preceptor will be your primary contacts. The goal of the ambulatory rotation is to strengthen your academic and clinical skills in a setting where most of today's health care is provided, and where the tools you implement to gather and synthesize patient data may need to be refined or adapted to concerns such as time, distance and social concerns.

TEACHING PROGRAM

The weekly schedule has been deliberately tailored to allow each clerk sufficient time to independently evaluate and research the problems of the patients she/he sees in each clinic. There are very few mandatory activities but they are critical - attendance at preceptor sessions and in your clinics are the most important. **Be on time to clinic! Patients are scheduled specifically for you, and preceptors often want to discuss a patient prior to your interaction with the patient.**

Junior Medicine Seminars are also mandatory - if you have a Friday clinic, make sure your schedule will allow your attendance at the Seminars. Morning Report and Noon Conference are **MANDATORY** parts of your schedule. Many interesting topics and patients are discussed at these sessions. If you have any questions, please contact the Associate Clerkship Director (Dr. MacKrell-Gaglione).

The week's schedule is divided into morning and afternoon clinics, with ample time to do independent study. There are 5 scheduled clinics per week but you may choose to spend some time observing procedures or participating in sub-specialty rounds/conferences. Each student will have a major "focus" in General Internal Medicine with 3 additional sub-specialty clinics. Students may also be assigned to work one afternoon per week with a senior Medicine resident in the Emergency Room. Students will assist in the evaluation of acutely ill medicine patients. Students may also get the chance to perform some procedures and interpret diagnostic studies.

Feedback should be provided informally during each clinic by the clinic attending. The Associate Clerkship Director will meet with each student individually to provide formal mid-point feedback and evaluation.

The focus of the clinical encounters will range from a complete patient evaluation to more focused attention on selected medical problems. Your attending will direct your level of involvement prior to the patient encounter and provide follow-up confirmation of your evaluation. If you find you are not actively participating in patient evaluation and management, please let the Associate Clerkship Director know. This is meant to be an active learning process. You are strongly encouraged to take "ownership" of the patients you see by following-up on diagnostic studies and where appropriate calling the patients with results. Remember, the best learning is self-directed learning, so take advantage of this rotation to read and research as much as you can about your patients! Preparation prior to clinic is the key to getting the most out of the outpatient experience. Many clinic attendings and clinic secretaries can tell you who is coming into clinic the next day. It is expected that the student will read and prepare PRIOR to clinic.

Ambulatory medicine is inherently different than inpatient medicine. You will be expected to do an appropriately focused history and physical for many of the patients you see in the General Medicine Clinic and specifically in the subspecialty clinics. Be mindful of why the patient is being seen and tailor your history and physical to what is appropriate for the consultation or clinic. It is entirely appropriate for you to ask the attending prior to seeing the patient for assistance in this area.

Preparation for your Clinics

When you read about these topics CONSIDER the following:

- What syndrome includes the illness about which you are reading (i.e. viral hepatitis is just one of the hepatitises).
- Think about how a patient with the condition might present, what would be the cardinal and key features, what other conditions might be similar in presentation
- What is the pathophysiology of that disease? Can you visualize what you are reading?
- How do you confirm the diagnosis?
- How do you treat the diagnosis?
- What is the long term outcome?

GENERAL MEDICINE:

Hypertension
Hyperlipidemia
Preventive Medicine
CAD, DM, COPD, GERD, Headache

PULMONARY

Asthma
Dyspnea on exertion without any primary cause
COPD
sarcoidosis

HEMATOLOGY/ONCOLOGY

Anemia work-up,
lymphoma,

bleeding disorders,
hypercoag workups

RHEUMATOLOGY

Lupus
Rheumatoid Arthritis
Spondylarthropathies (Reactive, Psoriatic, Ank Spond, IBD Associated)
Sjorgens Syndrome
Fibromyalgia

NEPHROLOGY

diabetic nephropathy
refractory +/- secondary HTN
newly-discovered GN (aka proteinuria +/- hematuria evals)
chronic kidney disease (pre-dialysis)

CARDIOLOGY

chest pain, both typical-angina-cad and atypical i.e. consult for stress test particularly emphasizing the importance of risk factors and hx taking
palpitations-benign vs. worrisome
abnormal ecg
CHF

NEUROLOGY

mononeuropathies-CTS, ulnar neuropathy
radiculopathy
MS
seizures/LOC

GASTROENTEROLOGY

eval of abnl lft
irritable bowel/inflammatory bowel
colon cancer screening
GERD/Dysphagia

INFECTIOUS DISEASE

HIV
Osteomyelitis
Hepatitis C
FUO

ENDOCRINOLOGY

Hyperthyroid states
Hypothyroid states
Thyroid nodule and cancer
Diabetes 1 and 2
Pituitary disease (mostly tumors)
Adrenal disease
PCOS/hirsutism

PRECEPTOR SESSIONS

Preceptor sessions will be held on Monday, Wednesday and Friday afternoons.
The week's educational activities do not conclude until after any scheduled Friday afternoon preceptor sessions. The associate clerkship director will meet with you most Thursday afternoons.

REPORTING

First Rotation: NMCP ambulatory students will have a general clerkship orientation and PreTest in **Bethesda** at USUHS (Building A) at 0730 on the first day of the rotation. **DO NOT REPORT TO NMCP PRIOR TO TAKING THE PRETEST AT USUHS.** This orientation ends at noon allowing students ample time to drive to Portsmouth that afternoon (approximately driving time 4 hours). Orientation at Portsmouth begins on Tuesday morning at 0730 with in-processing at the Graduate Medical Education (GME) Office, located in Building 1 (oldest hospital, white building) on the second floor (across the hall from Professional Affairs, phone 953-5109). After checking in with the GME Office, students should meet Dr. MacKrell Gaglione, Associate Clerkship Director, in her office at **0800** (2nd Floor of the Charette Health Care Center - Nephrology Clinic, Office 35). She will provide a brief orientation to the ambulatory clerkship and then introduce you to the respective specialty clinics.

Second Rotation: NMCP ambulatory students will receive a preliminary orientation package prior to the start of this rotation. Formal on-site orientation will take place at 0800 at NMCP the first Monday of the rotation. Plan to arrive in Portsmouth on Sunday. After checking in with the Graduate Medical Education (GME) Office (location mentioned in above paragraph), students should meet Dr. MacKrell Gaglione in her office at **0800** (2nd Floor Charette Health Care Center - Nephrology Clinic, Office 35).

The rotation for all students concludes at 1200 hours after clinic, the Junior Medicine Seminar, and a final meeting with the Associate Clerkship Director on Friday morning of the sixth week of the rotation. All students will take their final examinations at NMCP on Monday of the last week of the second rotation. No student will be permitted to begin his or her rotation late or terminate it early without permission from Dr. Hemmer and Dr. MacKrell Gaglione, and then only for cases of exceptional personal need.

HOUSING

Students will be lodged in the BOQ Naval Amphibious Base at Little Creek, 1350 Gator Boulevard, Norfolk, VA - phone (757)464-1183, Ext. 5311. Students on all USUHS clerkships will be housed together, in an agreement developed through the USUHS Registrar's Office.

UNIFORM

For the Navy students, the khaki uniform is always an acceptable working uniform, but typically Fridays are designated for either service dress blue or whites (season appropriate). The winter working blue uniform is also authorized in this area. Dates for uniform changes are different than Washington DC so it is best to check ahead if you are coming in the spring or fall.

LOCAL TRAVEL EMERGENCY LEAVE

While you are at Portsmouth you are expected to remain in the area during the week, but weekend travel is perfectly acceptable. Take advantage of the beach and the Outer Banks, and let the Associate Clerkship Director know if you are interested in talking with or visiting some of the GMO's stationed at operational units in the Tidewater

area. This is an excellent opportunity to become familiar with the many facets of the military health care system. If a personal emergency requires that you leave the Tidewater area, you should contact the Associate Clerkship Director and Marilyn Rives at WRAMC.

MAIL

You can have mail forwarded to either BOQ Naval Amphibious Base at Little Creek or

Student's Name (USUHS)
Attn: Margaret M. Gaglione, M.D.
Department of Internal Medicine
Naval Medical Center
Charette Health Care Center
2nd Floor Internal Medicine Clinic
620 John Paul Jones Circle
Portsmouth, VA 23708-5000

TELEPHONE NUMBERS

USUHS Department of Medicine (NMCP Mrs. Anderson)	(757) 953-2271/2266
NMCP Graduate Medical Education (GME)	(757) 953-5109
USUHS Clerkship Office (Marilyn Rives)	(202) 782-4923
NMCP Associate Clerkship Director (Dr. MacKrell-Gaglione)	(757) 953-2040 (voice mail)

Margaret MacKrell-Gaglione, M.D.
Associate Clerkship Director - NMCP
(757)953-2040 / FAX#(757)953-9666
e-mail: megaglione@mar.med.navy.mil

GUIDE FOR AMBULATORY MEDICINE CLERKSHIP

AT

MALCOLM GROW USAF MEDICAL CENTER

ORGANIZATION

The 89th Medical Group at Malcolm Grow Medical Center, Andrews AFB, MD, is located southeast of Washington, D.C. and serves as one of the referral centers in the region and as a busy community based hospital. The Internal Medicine Clinic, currently referred to as the "Silver Team," is composed of 12 internists. There are subspecialist in Cardiology, Endocrinology, Pulmonology, Infectious Disease, Gastroenterology, and Hematology/Oncology. There are also two active duty Neurologist who are involved with patient teaching.

Each third year clerk will rotate through general and subspecialty clinics. The faculty and preceptor with whom you work with will serve as your evaluators. Students will not be required to take call or work on weekends and national holidays.

TEACHING PROGRAM

The weekly schedule for the clerkship has been deliberately tailored to allow students to spend sufficient time with different internist and subspecialist. The clerk will be given sufficient time to independently evaluate and research the patients and problems seen in each clinic. The mandatory activities for this clerkship include morning report, junior medicine seminars, clinic, and preceptor sessions. **Be on time!** Patients are often scheduled specifically for you, and Attendings often want to discuss the patient with you before your interaction. We would like students to develop a "feel" for the process of outpatient evaluation. These evaluations include follow up of a complicated medical patient and acute evaluations. To do this, students will work with physicians in seeing follow-up visits, routine new consults, and acute appointments.

There will also be limited time for the students to participate in treadmill testing, and echocardiography to give them an understanding of the indications for, utility of, and limitations of these tests. We encourage the students to take an active role in eliciting the history of the chest pain or other symptoms for which the treadmill is being done, and to listen to hearts and carotid arteries as indicated by history. This often yields a wealth of history from which it becomes easier to assess the PreTest probability of coronary disease. To make some of this easier, we have cardiac auscultation tapes that the students may listen to in their free time.

MGMC Clerkship Ambulatory Schedule

<u>Day(s)</u>	<u>Hour</u>	<u>Title</u>	<u>Location</u>
Mon-Thursday	07:30-08:20	Morning Report	CP Conference Room
Friday	08:00-09:00	Grand Rounds	Variable Location
Mon-Thursday	08:20-1630	Clinic	As Assigned
Friday	0900-1200	Clinic	As Assigned
Friday	1200-1330	Junior Medicine Seminar	CP Conference Room
Friday	1330-1630	Prepare, Follow-up Time	
Variable days	1300-1630	Preceptor Rounds	Variable Location

PATIENT LOGS

All students are required to enter patient data and procedures observed or performed in WebLog. You may also enter data on your Palm and download to WebLog.

REPORTING

First Rotation: General Clerkship orientation and PreTest at USUHS, Building A, at 0730. Report at 1300 hours that afternoon at the MGMC Internal Medicine Clinic (in the basement across from the cafeteria), JB-42 Dr. Cooper's office.

Second Rotation: Report to MGMC Internal Medicine Clinic (in the basement across from the cafeteria), JB-42 Dr. Cooper's office at 0800 on the first day.

UNIFORM

The uniform will be the usual duty uniform for each respective service. On Fridays, BDU are authorized for wear if you choose. White coats and scrubs will not be authorized for wear out of the hospital.

LIBRARY

MGMC has an excellent medical library in the basement of the hospital. The library provides computer access and a quiet area to study. It also holds many journals and textbooks for references.

STUDENT AREA

You will share a desk located in JB55. You can use this area for storage of personal belongings. There is one computer and phone on the desk to be used for the clerkship. Please remember to lock all personal belongings when you are not present.

MEALS

The cafeteria is located across from the silver team for meals. There is also a coffee bar located within the dining area for snacks and gourmet coffee drinks. In the BX area of the base are fast food restaurants.

ILLNESS

If a student becomes ill, he or she should contact the clerkship coordinator. The clerkship coordinator will determine what further evaluation is needed.

PROCEDURES

Students should be actively involved in all procedures on their patients. All procedures will be supervised with direct supervision of an attending physician.

MISC

A final word: Clinic is oftentimes a bit intimidating at first, and certainly different from the wards. Our appointments are 20-30 minutes for a follow-up in patients with many problems. Our goal is for students to thoroughly enjoy the experience of chronic care of the adult. Preparation is a key element in helping the student get the most out of the visit. Most attendings can tell you who is coming the next day. We expect students to find out who is coming before the appointment and coordinate with the attending to see which patients he or she should study for and what specific questions are being addressed in the evaluation.

Barbara A. Cooper, M.D.
Major (sel), USAF, MC
Assistant Clerkship Director - MGMC
(240) 857-8841

GUIDE FOR THE INTERNAL MEDICINE INPATIENT CLERKSHIP

AT

TRIPLER ARMY MEDICAL CENTER (TAMC)

Tripler Army Medical Center (TAMC) is the military tertiary referral center for the Pacific Rim. Patients are air evacuated from throughout Southeast Asia and the Pacific Islands for definitive care and treatment. Tripler is a 236 bed hospital, which cares for the 50,000 active duty Army, Navy, Air Force, Marine and Coast Guard soldiers, and their families, stationed on Hawaii. Tripler is responsible for over 70 countries, covering 14 time zones and 50% of the earth's surface. TAMC is the primary inpatient facility for Veterans Administration patients from the Hawaiian Islands, and also cares for Trust Territory patients from the Pacific Islands. In addition, Tripler is dedicated to providing care for the Medicare age retiree population in both the outpatient and inpatient setting. We are located on Moanalua Ridge overlooking the Pacific Ocean, Waikiki and Pearl Harbor.

Each third year USUHS medicine clerk is assigned to one of three General Medicine ward teams which consists of an attending and resident, two interns, one to two USUHS third year clerks, and occasionally a fourth year medical student. Each team admits on non-post call days and on call every third night. Students are expected to be on call every sixth night.

TEACHING PROGRAM

Our goal at Tripler is to provide the third year medical student a challenging rotation with emphasis on increasing independence, acquisition of medical knowledge, and fostering qualities of compassion and dedication.

STUDENT RESPONSIBILITIES

There are many educational and clinical responsibilities that must be met during the clerkship. Every effort is made to schedule required conferences to avoid conflict. However, if a conflict does occur, the following should guide students in priority (in descending order):

1. Junior Medicine Seminars (Greatest Priority)
2. Preceptor rounds
3. Attending rounds
4. Morning report and conference
5. Discharge planning (Lowest Priority)

CLERKSHIP SCHEDULE (All of the following are MANDATORY activities):

<u>Days:</u>	<u>Hours:</u>	<u>Activity:</u>
Mon-Fri	0600-0630	Student patient assessment (variable time)
Mon-Fri	0630-0730	Housestaff Work Rounds
Mon-Fri	0730-0815	Morning Report (4G212)
M/W/F	0815-0900	Core Lecture Series (4G212)
Thursday	1200-1300	Grand Rounds/Visiting Professor
Tues	1300-1430	Junior Medicine Seminars (TBA)
M/W/F	1300-1430	Preceptor Rounds

FINAL EXAMINATIONS

Final examinations will be given on the Monday of the last week of the 12-week clerkship. Report to the 10th Floor, Room 120, at 0730 and bring a pen, #2 pencil and a copy of *Harrison's* textbook.

REPORTING

On the first day of the rotation, students will report to Internal Medicine Morning Report located on the 4th Floor, G Wing (Room 4G212). After morning report and conference, students will proceed to the Graduate Medical Education Office at Room 9A010 with one copy of their orders to begin in-processing. The first day of the rotation will consist of a general orientation, in-processing, PreTest and CHCS/MDIS indoctrination if needed.

The rotation will end on the Thursday of the sixth week after a final meeting with the Assistant Clerkship Director. Students whose ordinary call night falls on the last day of the rotation will not be expected to take call with their team. No student will be permitted to begin his/her rotation late or terminate it early without written permission from Dr. Hemmer and the TAMC Assistant Clerkship Director, and then only for cases of exceptional personal need.

HISTORY AND PHYSICALS

Students will complete at least one comprehensive H&P (to your preceptor) and one focused H&P (to the resident) per week. (See *Handbook* section on written work-ups for details.)

WEBLOG

All students are required to enter patient data and procedures observed or performed in WebLog. A bookmark to the USUHS Web Page and WebLog link is located on the student PC and on many of the ward PCs. You may also enter data on your Palm and download to WebLog.

ORDER WRITING

Orders will be placed in CHCS with the help of your resident and intern. An intern or resident must countersign all orders.

PROCEDURES

Students should be actively involved in all procedures on their patients including venipuncture, IV placement, arterial blood gases, paracentesis, arthrocentesis, lumbar puncture, etc. All procedures other than venipuncture and IV placement will be undertaken with the direct supervision of a certified housestaff. The nursing staff is happy to assist you with routine venipuncture and IV placement to improve your skills.

LIBRARY

Tripler has an excellent medical library and staff on the 11th floor of the hospital. The library provides quiet areas to study, excellent medical resources, and sweeping views of the island.

COMPUTER ACCESS

Both PC and Mac computers are pervasive throughout the department and on the wards. Scanner, color printer, zip drive access, digital camera, are available for use. T1 Internet access is available on every desktop computer. MDIS is used exclusively in Radiology and provides film access directly from the medicine wards. STUDENTS SHOULD READ THEIR CHCS EMAIL DAILY, AND SELF ENROLL IN THE "IMSTUDENT" MAIL GROUP. WHEN A BEEPER IS ASSIGNED, THE STUDENT SHOULD ENTER THEIR BEEPER NUMBER IN CHCS BY TYPING "MDL" – "BEEP".

LODGING

Every effort has been made to provide you with lodging adjacent to the hospital in the Tripler Guest House. On arrival to the island report to the Tripler Guest House which is mountainside of the hospital to check in. Any housing difficulties should be taken to the TAMC Assistant Clerkship Director. Our office will assist as necessary to resolve any difficulties. Residence off base is permitted in special circumstances only and will require consent from USUHS. A gym, tennis courts, track and pool are in walking distance from the Guest House.

FOOD

The hospital cafeteria is available for three meals a day. There is also the American Eatery, Robin Hood Sandwich Shop, mini PX, and espresso bar.

DRESS

Appropriate summer weight military uniform should be worn to and from the hospital. BDUs are authorized at any time. Department of Medicine scrubs will be issued to you, to use while at Tripler. Scrubs are worn in the evening on call and should not be worn to conferences. Casual, but professional civilian attire is traditionally worn for rounds on the weekend or holidays. White coats and scrubs will not be worn out of the hospital. Identification badges should be worn at all times. The climate in Hawaii is predictable with temperatures in the 70s-80s and cool trade winds.

ILLNESS

If a student becomes ill, they should notify their resident and the TAMC Assistant Clerkship Director. The Assistant Director will determine what further evaluation is needed.

LOCAL TRAVEL/EMERGENCY LEAVE

We encourage all students to take advantage of the Hawaiian Islands if they are not on call and do not have patient care responsibilities for a weekend. If you are traveling to another island for the weekend, please inform the TAMC Assistant Clerkship Director or your resident and leave an address and number where you may be reached. If a personal emergency requires that you leave Hawaii, you should contact the TAMC Assistant Clerkship Director (808)433-5831/6641 (pager 574-9778) or Program Director (pager 577-7545), Dr. Hemmer or Marilyn Rives (202-782-4923).

MAIL

Mail may be forwarded to you at:

Student's Name and Rank
ATTN: Peter Heetderks, M.D.
Department of Medicine-MCHK-DM
Tripler Army Medical Center
1 Jarrett White Road, Room 4G201
Honolulu, HI 96859-5000

Your mail will be placed in your box located in the Department of Medicine.

TRIPLER WEBSITE www.tamc.amedd.army.mil

TRIPLER PHONE NUMBERS

Graduate Medical Education (808)433-6992 - Point of contact is Gladys Nakamura.
Tripler Guest House (808)839-2336
Department of Medicine (808)433-4049

Peter Heetderks, M.D.
MAJ, MC, USA
Assistant Professor of Medicine, USUHS
Associate Clerkship Director - TAMC
Office (808)433-1262
Pager (808)577-7545

GUIDE FOR INTERNAL MEDICINE CLERKSHIP

AT

MADIGAN ARMY MEDICAL CENTER (MAMC)

ORGANIZATION

Madigan Army Medical Center is the military tertiary referral center for the Northwest region of the United States, servicing Alaska, Oregon, Washington, and portions of Idaho. Madigan also delivers primary care to over 50,000 active duty service members, their family members, and retirees.

The third year medical student outpatient internal medicine rotation at Madigan is designed to reflect the changing role of internal medicine in the Army Health Care System. Students will spend their six-week rotation dividing time between the Internal Medicine Clinic and several medical subspecialty clinics.

The attending staff physician will supervise all medical student evaluations. The staff physician will evaluate the student regarding history taking, physical exam skills, documentation, data synthesis, case presentation skills, work habits, fund of knowledge, and enthusiasm for learning.

REQUIRED CONFERENCES

These conferences are required and take precedence over other scheduled activities. Direct patient care may obviously infringe on scheduled activities from time to time on rare occasions.

M – F: 0730-0815:	Medicine Morning Report (Cosio Conference Room)
M & F: 0815-0900:	Teaching Conference (Cosio Conference Room)
M: 1300-1500:	Preceptor Meeting
F: 1300-1500:	Preceptor Meeting
M: 1100-1200:	Chief Resident Meeting (Chief Resident's Office, 5 th Floor)
W: 1145-1245:	Junior Medicine Seminar (lecture series)
F: 1200-1300:	Department Grand Rounds (Cosio Conference Room)

Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
0730-0900	am report lecture	am report prep time	am report prep time	am report prep time	am report Firm
0900-1100	prep time	IMC or subspecialty clinic	IMC or subspecialty clinic	IMC or subspecialty clinic	prep time
1100-1130	CMR				
1130-1200			lunch	lunch	
1200-1300	lunch	Lunch	Jr Medicine Seminar	lunch	Grand Rounds
1300-1500	preceptor	IMC or subspecialty clinic	IMC or subspecialty clinic	IMC or subspecialty clinic	preceptor
1500-1700	prep time				prep time

* each student gets four 1/2 days in IMC, usually with the 2-4 attendings over the six weeks

* each student gets two 1/2 days in subspecialty clinics

INTERNAL MEDICINE CLINIC: The IMC is a busy outpatient clinic, delivering primary care to over 16,000 adult patients of all ages. Our 24 staff providers include internists, nurse practitioners, and physician’s assistants. Madigan Internal Medicine residents also see continuity patients on Tuesdays, Wednesdays, and Thursdays.

SUBSPECIALTY CLINICS: Medical students will spend two half-days working with subspecialty providers in the following clinics: Cardiology, Endocrinology, Hematology-Oncology, Nephrology, Rheumatology, and Pulmonology.

Each Tuesday/Wednesday/Thursday morning and afternoon, each student will be paired with a staff internist or subspecialist. The student will perform, record, and report a history, physical exam, and concise problem list on approximately six patients per day.

In contrast to the inpatient ward experience, the outpatient clinics require a focused, problem-oriented approach. The student will spend one hour per patient (30 minutes for H&P and generating a problem list, 5-10 minutes to present the case, 5-10 minutes with the staff physician, and the remainder to complete documentation). There is not a specific curriculum for this rotation, since the patient's medical problems will provide ample opportunity for self-directed learning.

REPORTING

Report to Ms. Jolene Meng, Department of Medicine Graduate Medical Education Coordinator, at 0800 on the first Monday of your rotation. Her office is on the 5th floor of the Nursing Tower. She will orient you to the hospital and connect you with our GME office staff for in-processing issues. If this is the first medicine rotation you do, you will take the USUHS Medicine Clerkship Pre-test on your first afternoon. If this is your second medicine rotation, you will take the USUHS Medicine Clerkship Post-test on the last week of your rotation. Ms. Meng will be your point of contact for illness or other unanticipated absences (253-968-0208).

HOUSING

Billeting is reserved for you at the Madigan BOQ. It is recommended that you confirm your reservations at (253) 964-0211 prior to your arrival.

MEALS

The Madigan Dining Facility is open daily from 0615-0900, 1100-1400, and 1600-1830. Additionally, there is a small Express Dining Facility with extended hours and a small PX in the hospital basement (open from 0900-1700 M-F).

Theron M. Pettit, M.D.
MAJ, MC, USA
Associate Clerkship Director – MAMC
Office: (253) 968-0843
Pager: (253) 552-0356 or www.cookpaging.com
theron.pettit@nw.amedd.army.mil

MEDICINE CLERKSHIP EVALUATION FORM

Student Name: _____ Dates: From _____ TO: _____

Site: _____

For each area of evaluation, please check the appropriate level of ability. Qualities should be cumulative as rating increases, e.g. an outstanding rating for physical exam skills assumes that major findings are identified in an organized, focused manner AND that subtle findings are elicited. Indicate the level at which the student is consistent.

OUTSTANDING ABOVE AVERAGE ACCEPTABLE NEEDS IMPROVEMENT UNACCEPTABLE

DATA GATHERING

Initial History/Interviewing Skill					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Resourceful, efficient, appreciates subtleties, insightful	<input type="checkbox"/> Precise, detailed, appropriate to setting (ward or clinic), focused.	<input type="checkbox"/> Obtains basic history. Identifies new problems. Accurate gathering.	<input type="checkbox"/> Incomplete or unfocused. Inconsistent data gathering.	<input type="checkbox"/> Inaccurate, major omissions, inappropriate. Unreliable reporter.	

Physical Examination Skill					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Elicits subtle findings	<input type="checkbox"/> Organized, focused, relevant	<input type="checkbox"/> Major findings identified	<input type="checkbox"/> Incomplete or insensitive to patient comfort	<input type="checkbox"/> Unreliable	

DATA RECORDING/REPORTING

Written Histories & Physicals					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Concise, reflects thorough understanding of disease process & patient situation	<input type="checkbox"/> Documents key information, focused, comprehensive	<input type="checkbox"/> Accurate, complete, timely reporting.	<input type="checkbox"/> Often late; poor flow in HPI, lacks supporting detail, labs, or incomplete problem lists	<input type="checkbox"/> Inaccurate data or major omissions. Unreliable reporting, recording.	

Progress Notes/Clinic Notes					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Analytical in assessment and plan	<input type="checkbox"/> Precise, concise, organized	<input type="checkbox"/> Identify on-going problems & documents plan	<input type="checkbox"/> Needs organization, omits relevant data	<input type="checkbox"/> Not core or inaccurate data	

Oral Presentations					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Tailored to situation (type of rounds); emphasis and selection of facts teaches others key points	<input type="checkbox"/> Fluent, focused; good eye contact; fluent reporting; selection of facts implies interpreting.	<input type="checkbox"/> Maintains format, includes all basic information; minimal use of notes	<input type="checkbox"/> Major omissions, often includes irrelevant facts, rambling	<input type="checkbox"/> Consistently ill-prepared	

KNOWLEDGE

In General					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Understands therapeutic interventions, broad-based	<input type="checkbox"/> Thorough understanding of diagnostic approach, can move to interpreter	<input type="checkbox"/> Demonstrates understanding of basic pathophysiology	<input type="checkbox"/> Marginal understanding of basics, struggles to interpret data for others'	<input type="checkbox"/> Major deficiencies in knowledge base	

Relating To Own Patients					If Not Observed, Check Here <input type="checkbox"/>
(check as applicable) <input type="checkbox"/> Broad textbook mastery <input type="checkbox"/> Directed literature search <input type="checkbox"/> Educator of others	<input type="checkbox"/> Expanded differential diagnoses, can discuss minor problems; sufficient to suggest management	<input type="checkbox"/> Knows basic differential diagnoses of active problems in patients	<input type="checkbox"/> Inconsistent understanding, insufficient to interpret consistently on own patients	<input type="checkbox"/> Lacks knowledge to understand own patients' problems; rarely sufficient to interpret	

DATA INTERPRETATION

Analysis				
<input type="checkbox"/> Understands complex issues, interrelates patient problems	<input type="checkbox"/> Consistently offers reasonable interpretation of data	<input type="checkbox"/> Constructs problem list, applies reasonable differential diagnosis	<input type="checkbox"/> Frequently reports data without analysis; problem lists need improvement	<input type="checkbox"/> Cannot interpret basic data

Judgment/Management				
<input type="checkbox"/> Insightful approach to management plans	<input type="checkbox"/> Diagnostic decisions are consistently reasonable	<input type="checkbox"/> Appropriate patient care, aware of own limitations	<input type="checkbox"/> Inconsistent prioritization of clinical issues	<input type="checkbox"/> Poor judgment, actions affect patient adversely

MANAGEMENT SKILLS

Patient Care Activities					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Functions at senior level, negotiates with patients, coordinates health care team	<input type="checkbox"/> Efficient & effective, often takes initiative in follow-up (clinic or ward)	<input type="checkbox"/> Monitors active problems, maintains patient records	<input type="checkbox"/> Needs prodding to complete tasks; follow-up is inconsistent	<input type="checkbox"/> Unwilling to do expected patient care activities; unreliable	

Procedures					If Not Observed, Check Here <input type="checkbox"/>
<input type="checkbox"/> Unusually proficient and skillful	<input type="checkbox"/> Careful, confident, compassionate	<input type="checkbox"/> Shows reasonable skill in preparing for and doing procedures	<input type="checkbox"/> Awkward, reluctant to try even basic procedures	<input type="checkbox"/> No improvement even with coaching, insensitive	

PROFESSIONAL ATTITUDES

Reliability/Commitment

<input type="checkbox"/> Unusual dedication to education & patient care	<input type="checkbox"/> Seeks responsibility as manager	<input type="checkbox"/> Fulfills responsibility	<input type="checkbox"/> Often unprepared, not consistently present, not reporting accurately	<input type="checkbox"/> Unexplained absences, unreliable
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Response to Instruction

<input type="checkbox"/> Continued self-assessment leads to further growth	<input type="checkbox"/> Seeks and consistently improves with feedback	<input type="checkbox"/> Generally improves with feedback	<input type="checkbox"/> Inconsistent improvement	<input type="checkbox"/> Lack of improvement
--	--	---	---	--

Self-Directed Learning (knowledge and skills)

<input type="checkbox"/> Outstanding initiative, consistently educates others	<input type="checkbox"/> Sets own goals; reads, prepares in advance when possible	<input type="checkbox"/> Reads appropriately	<input type="checkbox"/> Frequent prompting required	<input type="checkbox"/> Unwilling, lack of introspection
---	---	--	--	---

PROFESSIONAL DEMEANOR

Patient Interactions

<input type="checkbox"/> Preferred provider, seen as care manager by patient	<input type="checkbox"/> Gains confidence & trust	<input type="checkbox"/> Sympathetic, develops rapport	<input type="checkbox"/> Occasionally insensitive, inattentive	<input type="checkbox"/> Avoids personal contact, tactless
--	---	--	--	--

Response to Stress

<input type="checkbox"/> Outstanding poise, constructive solutions	<input type="checkbox"/> Flexible, supportive	<input type="checkbox"/> Appropriate adjustment	<input type="checkbox"/> Inflexible or loses composure easily	<input type="checkbox"/> Inappropriate coping
--	---	---	---	---

Working Relationships

<input type="checkbox"/> Establishes tone of mutual respect & dignity	<input type="checkbox"/> Good rapport with other hospital staff	<input type="checkbox"/> Cooperative, productive member of own team	<input type="checkbox"/> Lack of consideration for others	<input type="checkbox"/> Antagonistic or disruptive
---	---	---	---	---

COMMENTS: (Written comments are also required. **What's the "next step" for this student?** Thanks.)

Please check each step the student has consistently reached: Reporter Interpreter Manager Educator

Recommended Grade: _____

Have you discussed this report with the student? _____

Printed Name

Signature

Date

Intern Resident Attending Preceptor

Our System is Based on Performance Criteria Rather Than Percentages. Please Use These to Describe Current Level of Student Work

PASS: (Reporter) Satisfactory performance. Obtains and reports basic information accurately; is beginning to interpret; professional qualities are solid. Distinctive personal qualities should be recognized in descriptive comments.

HIGH PASS: (Interpreter) Clearly more than typical work in most areas of evaluation. Proceeds consistently to interpreting data; good working fund of knowledge; an active participant in care. Consistent preparation for clinics.

HONORS: (Manager/Educator) Outstanding ratings in most major areas of evaluation. Fourth-year level of patient care, actively suggesting management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships, and able to the lead with patients/families/professionals on solutions.

LOW PASS: Performs acceptably in some areas but clearly needs improvement in others. Has shown evidence of steady progress and should be able to perform satisfactorily as a physician with additional experience in Medicine during Fourth Year without having to repeat the third year clerkship.

FAIL: Overall inadequate performance or unacceptable performance in any major area of evaluation. Little improvement with guidance. A grade of Fail will require repeating the clerkship.

June 2004