University of Nevada, Reno
School of Medicine

Syllabus:
Internal Medicine Clerkship, Reno

IMed 651

Clerkship Director – Dr. Lisa Calvo

Academic year 2016-2017
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Welcome and Course Rationale

Internal Medicine is one of the essential building blocks of medical student education. Because of this, our field is one of the longest core clerkships in all medical schools. You will learn about many disease processes during the clerkship and we hope you also learn how to think critically about patient problems. You will continue to work on the skill of developing a differential diagnosis. You will learn about EKG interpretation and Chest X-ray interpretation to name a few specifics.

To get the most out of this clerkship you need to read broadly and deeply, study question banks, ask your attendings questions and get involved in patient care as much as possible. We love having students in our offices and on our inpatient teams. We hope you enjoy your experience with us.

Dr. Calvo
Clerkship Director

Contact Information

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Course Objectives

Attitudes
Medical students must demonstrate respect for patients, health care professionals and other students. Students must also be able to communicate effectively with all members of the health care team: fellow students, residents, nurses, therapists, and secretaries. Patient confidentiality must be respected at all times. Students should be on time to all functions and dress and act in a professional manner (hospitals do not allow open toed sandals. It is a violation of hospital policy.)

University of Nevada, Reno School of Medicine institutional objectives P-5.3;P5.5;P5.4;P5.7

Skills
History and Physical Examination:
- Students should be able to elicit the patient’s chief complaint, history of present illness, past medical history, social, family, occupational histories and complete a review of systems. (PC-2.1)
- Perform a physical examination in a logical, organized and thorough manner. (PC–2.1)
- Demonstrate the ability to construct an assessment and plan for an individual patient organized by problem, discussing the likely diagnosis and plan of treatment. (PC-2.3)
- Demonstrate the ability to record the history and physical in a legible and logical manner. (ICS-4.4)
- Demonstrate the ability to write daily progress notes on the ward and appropriate outpatient progress notes. (ICS-4.4)

Case Presentation
- orally present a new patient's case in a focused manner, chronologically developing the present illness, summarizing the pertinent positive and negative findings as well as the differential diagnosis and plans for further testing and treatment. Reading your H&P is not an adequate case presentation! (ICS-4.3)
- orally present a follow-up patient's case, focusing on current problems, physical findings, and diagnostic and treatment plans. (ICS-4.3)

Diagnostic Decision Making
- formulate a differential diagnosis based on the findings from the history and physical examination. (MK-1.5)
- Use the differential diagnosis to help guide diagnostic test ordering and its sequence. (PC-2.2)
- participate in selecting the diagnostic studies with the greatest likelihood of useful results.
- recognize that tests are limited and the impact of false positives/false negatives on information. (PC-2.2; MK-1.4)

Test Interpretation
- Describe the range of normal variation in the results of a complete blood count, blood smear, electrolyte panel, general chemistry panel, electrocardiogram, chest X-ray, urinalysis, pulmonary function tests, and body fluid cell counts. (MK-1.1)
• Describe the results of the above tests in terms of the related pathophysiology. (MK-1.1 & 1.2)

• Understand the importance of personally reviewing X-ray films, blood smears, etc. to assess the accuracy and importance of the results. (SBP-6.4)

Therapeutic Decision Making

• Describe factors that frequently alter the effects of medications, including drug interactions and compliance problems. (MK-1.2; SBP-6.4)

• Formulate an initial therapeutic plan. (PC-2.3)

• Access and utilize, when appropriate, information resources to help develop an appropriate and timely therapeutic plan. (PBL-3.2)

• write prescriptions accurately.

• counsel patients about how to take their medications and what to expect when they take their medications, including beneficial outcomes and potential adverse effects. (ICS-4.2)

• monitor response to therapy. (SBP-6.3 & 6.4)

Core Problems and Objectives

It is the expectation of the internal medicine faculty that you should be exposed to the following core problems during the clerkship. Please look for opportunities during the clerkship to work with patients that have these disease states as experience is really the best teacher. Where applicable, understand the clinical features, differential diagnosis, evaluation and management of the following:

Acute Renal Failure / Acute Kidney Injury

Students should be able to describe, define and discuss:

1. The three major pathophysiologic causes of ARF – prerenal, intrinsic renal and post-renal

2. The initial history and evaluation of ARF

3. Indications for acute dialysis

4. The laboratory work up of ARF

5. Recognize that drug elimination is altered in ARF and adjust medications accordingly

6. Understand how to calculate a GFR and the limited utility of this in ARF

Recommended study resources:

• Harrison’s Principles of Internal Medicine, Chapter 279

• Internal Medicine Essentials for Students Chapters 60 + 61  (or another review text)

• SIMPLE case 33

Chronic Kidney Disease

Students should be able to understand and discuss:

1. The major etiologies of chronic kidney disease, including DM, HTN, glomerulonephritis, polycystic kidney disease, and autoimmune disease

2. The stages of CKD and significance of proteinuria

3. Indications for ACE-I and ARBs, possible adverse effects

4. Management of hyperparathyroidism and anemia in CKD
5. Basic principles of renal replacement therapy (hemodialysis, peritoneal dialysis) and their complications
6. Interpretation of electrolyte abnormalities commonly seen in CKD
7. EKG findings of hyperkalemia

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 280 and 281
- Internal Medicine Essentials for Students, Chapter 62
- SIMPLE case 23

Altered Mental Status
Students should be able to describe and understand:
1. The differentiation of delirium, dementia, and depression.
2. The pathophysiology, symptoms, and signs of the most common and most serious causes of altered mental status, including:
   - Metabolic causes
   - Structural lesions
   - Vascular causes
   - Infectious causes
   - Seizures / post-ictal state
   - Hypertensive encephalopathy
   - Low perfusion states
   - Medication induced
3. Understand the risk factors for developing altered mental status
4. Diagnostic evaluation including the role of lumbar puncture and head imaging.

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 25- Confusion and Delirium
- SIMPLE case 25

Chest Pain
Students should be able to describe:
1. The symptoms, signs, risk factors, diagnostic work-up and treatment for:
   a. Acute Coronary Syndrome (STEMI, NSTEMI, Unstable Angina)
   b. Pericarditis
   c. Aortic dissection
   d. Valvular heart disease
   e. Atypical or variant angina
   f. Various GI related disorders that can cause chest pain (esophageal disorders, ulcer, pancreatitis, biliary disease)
   g. Pulmonary disorders causing chest pain (pneumonia, pleurisy, pulmonary emboli, pneumothorax)
   h. Musculoskeletal causes (rib fracture, costochondritis, zoster)
   i. Psychogenic causes (panic disorder, hyperventilation, somatoform)
2. Be able to describe and interpret classic EKG findings for ACS and pericarditis.
3. Understand and define the indications for- echocardiogram, exercise stress test, stress thallium, coronary angiogram, spiral CT for PE.
4. Understand that the work up of chest pain must include the “cannot miss diagnoses” (in bold above)
5. Understand the indications and major side effects of the various cardiovascular medication classes including beta blockers, ACE inhibitor/ARBs, anti-platelet agents, nitrates, calcium channel blockers, antithrombotic therapy, lipid lowering agents, thrombolytic therapy

Recommended study resources:
- Internal Medicine Essentials for Students Chapters 1,2
- SIMPLE case 1

Acute Coronary Syndromes

Students should be able to describe, define and discuss:
1. The primary and secondary prevention of ischemic heart disease through the reduction of cardiovascular risk factors
2. The basic principles of the role of genetics in CAD.
3. Pathogenesis, signs, and symptoms of the acute coronary syndromes:
   a. Unstable angina.
   b. Non-ST-elevation myocardial infarction (NSTEMI).
   c. ST-elevation myocardial infarction (STEMI).
4. Atypical presentations of cardiac ischemia/infarction.
5. The typical clinical course of the acute coronary syndromes.
6. ECG findings and macromolecular markers (myoglobin, CK-MB, Troponin-I, Troponin-T) of acute ischemia/MI.
7. The utility of echocardiography in acute MI.
8. The importance of monitoring for and immediate treatment of ventricular fibrillation in acute MI.
9. Therapeutic options for acute MI and how they may differ for NSTEMI and STEMI
10. Pathogenesis, signs, and symptoms of the complications of acute MI, including arrhythmias, reduced ventricular function, cardiogenic shock, pericarditis, papillary muscle dysfunction/rupture, acute valvular dysfunction, and cardiac free wall rupture.

Recommended Study Resources:
- Harrison’s Principles of Internal Medicine, Chapter 244-245
- Internal Medicine Essentials for Students Chapters 1,3
- SIMPLE case 2

Common Cancers (skin, colorectal, lung, breast, cervical, prostate)

Students should be able to define, describe, discuss:
1. Current screening recommendations for these cancers
2. Basic methods of initial evaluation, including the sensitivity and specificity of basic diagnostic studies and indication for their use, including: indications for colonoscopy, breast biopsy, lymph node biopsy.
3. Principles of palliative and hospice care

Attitudes and Skills:
1. Understand principles of relieving pain and other symptoms at the end of life including managing narcotic side effects.
2. Be able to adjust treatment and diagnostic plans when goals of care change (i.e. hospice)
3. Have a framework for delivering bad news

Recommended Study Resources

- Internal Medicine Essentials for Students Chapters 73-79
- SIMPLE cases 13, 17
- Baile WF, Buckman R. SPIKES- A Six Step Protocol for Delivering Bad News… The Oncologist. 2000;5:302-311 (used in CRM class as well)

COPD

Students should be able to define, describe, and discuss:
1. The epidemiology, risk factors, symptoms, signs, and typical clinical course of the common forms of COPD, including chronic bronchitis and emphysema.
2. Common causes of acute exacerbations of COPD (AECOPD), including:
   a. Acute infectious bronchitis.
   b. Pneumonia.
   c. Pulmonary edema.
   d. Poor air quality (e.g. ozone, pollutants, tobacco smoke).
   e. Occupational exposures.
   f. Medical noncompliance.
3. The etiology, pathogenesis, evaluation, and management of hypoxemia and hypercapnia.
4. The epidemiology, risk factors, symptoms and signs and typical clinical course of asthma.
5. Pharmacologic therapy for COPD and asthma
6. Recommend indications for diagnostic testing and interpret correctly
   a. Pulse oximetry
   b. ABG
   c. CXR
   d. PFTs

Attitudes and Skills
1. Be able to counsel patients on smoking cessation
2. Understand judicious use of antimicrobial treatment

Recommended Study Resources:
- Harrison’s Principles of Internal Medicine, Chapter 260
- National Heart Lung and Blood institute guidelines. www.goldcopd.com
- SIMPLE case 28

Diabetes Mellitus

Students should be able to understand and discuss:
1. Diagnostic criteria for impaired fasting glucose and impaired glucose tolerance
2. Diagnostic criteria for type I and type II diabetes mellitus, based on a history, physical examination, and laboratory testing.
3. Pathophysiology, risk factors, and epidemiology of type I and type II diabetes mellitus.
4. The basic principles of the role of genetics in diabetes mellitus.
5. Presenting symptoms and signs of type I and type II diabetes mellitus.
6. Presenting symptoms and signs of diabetic ketoacidosis (DKA) and nonketotic hyperglycemic (NKH).
7. Precipitants of DKA and NKH.
8. Major causes of morbidity and mortality in diabetes mellitus (coronary artery disease, peripheral vascular disease, hypoglycemia, DKA, NKH coma, retinopathy, neuropathy—peripheral and autonomic, nephropathy, foot disorders, infections).
9. Non-pharmacologic and pharmacologic (drugs and side effects) treatment of diabetes mellitus to maintain acceptable levels of glycemic control, prevent target organ disease, and other associated complications.
10. The specific components of the American Diabetes Association (ADA) dietary recommendations for type I and type II diabetes mellitus.
11. Basic management of diabetic ketoacidosis and nonketotic hyperglycemic states, including the similarities and differences in fluid and electrolyte replacement.

Skills:
1. Be able to recommend and interpret common diagnostic tests in the work up and management of DM.
2. Be able to develop adequate treatment plans for DKA, NKH.
3. Counsel patients on behavior modification.

Recommended Study Resources:
- Harrison’s Principles of Internal Medicine, Chapter 344
- Simulation activities, SIMPLE cases 7,8
- Internal Medicine Essentials for Students, chapters 9, 10

**Dyspnea**

Students must:
1. Understand the major organ systems/pathologic states causing dyspnea and their pathophysiology, including:
   a. Cardiac.
   b. Pulmonary
   c. Anemia/hypovolemia
   d. Acid-base disorders and other metabolic derangements
   e. Neuromuscular weakness
   f. Central neurologic derangements.
2. Understand the symptoms, signs, and laboratory values associated with respiratory failure and ventilatory failure.
3. Understand the common causes of acute dyspnea, their pathophysiology, symptoms, and signs, including:
   a. Pulmonary edema.
   b. Pulmonary embolism.
   c. Pneumonia.
   d. Acute exacerbation of COPD.
   e. Asthma.
   f. Cardiac ischemia.
   g. Pneumothorax.
   h. Anxiety.
4. Understand the common causes of chronic dyspnea their pathophysiology, symptoms, and signs, including:
   a. Congestive heart failure
   b. COPD.
   c. Pulmonary parenchymal disease.
   d. Pulmonary vascular disease.
   e. Anemia.
   f. Neuromuscular weakness.
5. Know basic treatment options for the common causes of acute and chronic dyspnea.
6. Understand the basic laboratory and other diagnostic tests useful in evaluating dyspnea including the interpretation of CXR.
7. The utility of supplemental oxygen therapy and the potential dangers of overly aggressive oxygen supplementation in some pathophysiologic states.
8. Students must be able to perform a history and physical that distinguishes among the various etiologies of dyspnea and be able to develop a prioritized differential diagnosis.

Recommended study resources:
- Review text book for specific diseases that contribute to dyspnea
- Harrison’s Principles of Internal Medicine, Chapter 33
- Simulation activities, SIMPLE cases 4, 28, 30

Fluid, Electrolytes and Acid-Base Disorders
Students should be able to define, describe and discuss:
1. The pathophysiology of:
   a. Hypo- and hypervolemia.
   b. Hypo- and hypernatremia.
   c. Hypo- and hyperkalemia.
   d. Hypo- and hypercalcemia.
   e. Simple and mixed acid-base disorders.
   f. Hypo- and hyperphosphatemia.
   g. Hypo- and hypermagnesemia.
   h. Respiratory acidosis and alkalosis.
   i. Metabolic acidosis and alkalosis.
2. Presenting symptoms and signs of the above disorders.
3. The importance of total body water and its distribution.
4. The differential diagnosis of hypo- and hypernatremia in the setting of volume depletion, euvolemia, and hypervolemia.
5. How to distinguish hyponatremia from pseudohyponatremia.
6. How to identify spurious hyperkalemia or acidosis-related hyperkalemia.
7. Risks of too rapid or delayed therapy for hyponatremia.
8. The most common causes of respiratory acidosis, respiratory alkalosis, metabolic acidosis and metabolic alkalosis.
9. How to calculate the anion gap and explain its relevance to determining the cause of a metabolic acidosis.
10. The types of fluid preparations to use in the treatment of fluid and electrolyte disorders.
11. Laboratory interpretation: Students should be able to recommend when to order diagnostic and laboratory tests and be able to interpret them.

12. Students should be able to develop an appropriate evaluation and treatment plan for patients that includes:
   b. Writing appropriate orders for replacing sodium, potassium, calcium, phosphates, and magnesium.
   c. Writing appropriate orders for correcting hyperkalemia, hypercalcemia, hyperphosphatemia and hypermagnesemia.

**Recommended study resources:**
- Relevant pages in Pocket Medicine
- Harrison’s Principles of Internal Medicine, Chapter 45
- Internal Medicine Essentials for Students Chapter 64
- SIMPLE cases: 25,26,28

**Gastrointestinal Bleeding**
Students should be able to understand and discuss:
1. The common causes for and symptoms of upper and lower gastrointestinal blood loss, including:
   a. Esophagitis/esophageal erosions.
   b. Mallory Weiss tear.
   c. Peptic and duodenal ulcer disease.
   d. Esophageal/gastric varices.
   e. Erosive gastritis.
   f. Arteriovenous malformations.
   g. Gastrointestinal tumors, benign and malignant.
   h. Diverticulosis.
   i. Ischemic colitis.
   j. Hemorrhoids.
   k. Anal fissures.
2. The distinguishing features of upper versus lower GI bleeding
3. The indications for inpatient versus outpatient evaluation and treatment
4. The principles of stabilization and treatment of acute massive GI blood loss.
5. The role of contributing factors in GI bleeding such as H. pylori infection;
6. NSAIDs, alcohol, cigarette use, coagulopathies; and chronic liver disease.

**Skills:**
1. Students must be able to perform a focused history and physical exam for a patient with a GI bleed.
2. Initiate a diagnostic work up for a patient including ordering appropriate tests and interpreting them.
3. Understand the role and indications of IV fluids and blood products in GI bleeding

**Recommended Study Resources**
- Harrison’s Principles of Internal Medicine, Chapter 41
- Internal Medicine Essentials for Students Chapter 23
- Simulation exercises, SIMPLE case 10
**Dyslipidemia**

Students should be able to define, discuss and describe:
1. Screening recommendations for dyslipidemias
2. The current National Cholesterol Education Program guidelines for risk factor assessment, diagnosis and management of DLBasic management of the common dyslipidemias, including diet, fiber, exercise, and risk/benefits/cost of drug therapy (statins, fibrates, ezetimide, nicotinic acid, resins)
3. Diagnosis and implications of the metabolic syndrome
4. Be able to recommend when to order diagnostic testing and be able to interpret them, including
   a. Fasting Lipid Profile
   b. TSH
   c. Fasting glucose, electrolytes, BUN/Cr
   d. Hepatic panel
   e. CPK

**Recommended Study Resources**
- Harrison’s Principles of Internal Medicine, Chapter 356
- Adult Treatment Panel 3 from the NCEP – executive summary

**HIV**

Students should be able to define, describe, discuss:
1. Symptoms and signs of acute HIV seroconversion.
2. CDC AIDS case definition.
3. Specific tests for HIV (e.g. HIV ELISA, confirmatory western blot, quantitative PCR) and their operating characteristics.
4. Relationship of CD4 lymphocyte count to opportunistic infections as well as relationship between CD4 lymphocyte count and viral load to overall disease progression.
5. The basic principles of highly active antiretroviral therapy (HAART), including the different classes of antiviral medications and their use, as well as common side effects and drug-drug interactions.
6. Vaccination recommendation for patients infected with HIV.
7. Pathogenesis, symptoms, signs, typical clinical course, and management of HIV-related opportunistic infections with a recognition of which are most common:
   a. *Pneumocystis jiroveci*.
   b. Candidiasis (oral, esophageal, vaginal).
   c. *Cryptococcus neoformans*.
   d. *Cryptosporidium parvum*.
   e. Cytomegalovirus infection (gastrointestinal, neurologic, retinal).
   f. Varicella-zoster virus.
   g. *Isospora belli*.
   h. Microsporidiosis.
   i. *Mycobacterium avium complex*.
   j. *Mycobacterium tuberculosis*.
   k. *Toxoplasma gondii*.
Skills:
1. Advising patients regarding HIV transmission prevention.
2. Appreciate the sometimes severe social stigma of HIV infection and AIDS.

Recommended Study Resources:
- Harrison’s Principles of Internal Medicine, Chapter 189
- Internal Medicine Essentials for Students Chapter 54
- SIMPLE case 20

Heart Failure
Students should be able to describe and understand:
1. The various etiologies of heart failure (ischemic, valvular, hypertrophic, inflammatory, infiltrative, etc.)
2. The basic pathophysiology and mechanisms of heart failure including systolic dysfunction, diastolic dysfunction, and ventricular remodeling
3. Factors leading to symptomatic exacerbation of heart failure
4. Key signs and symptoms of heart failure including dyspnea, fatigue, edema, orthopnea, paroxysmal nocturnal dyspnea, etc.
5. Assessing the functional capacity of patients, including understanding the New York Heart Association Classification
6. Key physical exam elements and expected findings in heart failure
7. Indications for and interpretation of key laboratory and diagnostic tests, including BNP & other biomarkers, electrocardiogram, echocardiogram, etc.
8. The pharmacologic and non-pharmacologic management of heart failure, including indications and side effects of commonly used agents such as diuretics, beta-blockers, ACE-inhibitors, angiotensin receptor blockers, aldosterone antagonists, digoxins, etc.
9. Indications for cardiac resynchronization therapy and implantable cardioverter defibrillator placement

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapters 234 Heart Failure and Cor Pulmonale & 237 Valvular Heart Disease
- Internal Medicine Essentials for Students, Chapter 7
- SIMPLE case 4
- Simulation cases

Hypertension
1. The etiologies and relative prevalence of primary and secondary hypertension.
2. The basic principles of the role of genetics in hypertension.
3. The definition of hypertensive urgency and emergency, citing examples of both.
4. The difference between essential (primary) and secondary hypertension.
5. Symptoms and signs of the following disorders associated with secondary hypertension:
   - Renovascular hypertension.
   - Renal failure.
   - Polycystic kidney disease.
   - Cushing’s disease or syndrome.
- Hyperaldosteronism.
- Hyperthyroidism.
- Hypercalcemia.
- Medication, alcohol, and illicit drug use.
- Coarctation of the aorta.
- Sleep apnea

6. The manifestations of target-organ disease due to hypertension.
7. Classification of blood pressure (SBP and DBP for all age 18 or older).
8. Basic approaches to the pharmacological management of acute and chronic hypertension, including the physiologic basis and scientific evidence supporting these approaches, and causes for lack of responsiveness to therapy.

9. Prevention strategies for reducing hypertension (including lifestyle factors, such as dietary intake of sodium, weight, and exercise level), and explain the physiologic basis and/or scientific evidence supporting each strategy.
10. Steps in management of patients with a hypertensive emergency.
11. Perform a relevant focused history and physical for a patient’s initial visit with HTN.
12. Recommend and interpret basic diagnostic and laboratory tests for HTN.
13. Recommend a specific treatment or medication for an individual patient’s HTN understanding the risks and benefits of various treatments.

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 247 Hypertensive Vascular Disease
- Internal Medicine Essentials for Students, Chapter 41
- SIMPLE case 6

Liver Disease

Students should be able to understand and discuss:
1. The differential diagnosis and workup of hyperbilirubinemia, conjugated and unconjugated
2. The laboratory evaluation of a patient with suspected liver disease and the interpretation of abnormal serum liver markers (AST, ALT, GGT, alk phos), as well as markers of liver function (bilirubin, albumin, coags)
3. The common causes of liver disease, including steatosis, hepatitis, cirrhosis, infiltrative, and cholestasis
4. The various etiologies of hepatitis and their clinical presentations
5. The causes of cirrhosis, as well as the clinical manifestations and typical clinical course, including hepatic encephalopathy
6. The evaluation and treatment of a patient with spontaneous bacterial peritonitis
7. Indications for paracentesis and ascitic fluid analysis
8. Genetic causes of liver disease (hemochromatosis, Wilson’s disease, Gilbert’s, alpha-1 antitrypsin deficiency)
9. Indications for Hepatitis A & B vaccination
10. The interpretation of hepatitis serologies
11. The etiologies of and typical features of cholecystitis, cholelithiasis, and ascending cholangitis
12. Indications for hepatobiliary imaging (US, CT, MRI, MRCP, ERCP)
   Skills:
   1. Describe the key elements of the history and exam that should be included when evaluating a patient with possible liver disease

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapters 42, 301-308
- Internal Medicine Essentials for Students, Chapters 17, 18, 24, and 25
- SIMPLE case 11 and 36

Obesity
Students should be able to understand and discuss:
1. The definitions of obesity and overweight using BMI
2. The etiology of obesity including metabolism, caloric intake, genetic predisposition
3. The differential diagnosis of obesity, including associated conditions (HTN, DM) and endocrine causes of obesity (hypothyroidism, Cushing’s syndrome)
4. The complications of obesity
5. Treatment options for obesity and how to counsel patients on diet and lifestyle modifications
6. Principles of behavior modification and their role as a physician in helping patients make changes

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 78
- Internal Medicine Essentials for Students, Chapter 35
- SIMPLE case 16

Pneumonia
Students should understand and be able to discuss:
1. The etiology, clinical presentation, and treatment of community-acquired, nosocomial, and aspiration pneumonia
2. Recognize the common pathogens of various types of pneumonia in immunocompetent versus immunocompromised patients
3. Radiographic findings of pneumonia
4. The indications for thoracentesis and pleural fluid analysis
5. Indications for influenza and pneumococcal vaccination
6. Quality measures of community acquired pneumonia treatment

Skills:
1. Perform a detailed pulmonary examination, identifying signs of consolidation, effusion, and abnormal breath sounds
2. Judicial use of antimicrobial therapy

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 257
- Internal Medicine Essentials for Students, Chapters 55 and 57
- SIMPLE case 22

Common Rheumatologic Problems
Students should be able to understand and describe:
1. The approach to the patient with joint pain, including the distinguishing features of intra-articular versus extra-articular sources of pain and inflammatory versus non-inflammatory types of arthritis
2. Recognizing patterns of arthritis and the differential diagnosis for each (monoarticular, oligoarticular, polyarticular; symmetric versus asymmetric; small versus large joints; etc)
3. The indications for arthrocentesis and synovial fluid analysis
4. The management of osteoarthritis
5. The etiology and treatment of septic arthritis
6. The management of gout, including complications and side effects of medications
7. Rheumatologic manifestations of systemic disease (endocrine disorders, etc)

**Recommended study resources:**
- Harrison’s Principles of Internal Medicine, Chapters 331 and 336
- Internal Medicine Essentials for Students, Chapters 88, 91, 92
- SIMPLE cases 31 and 32

**Smoking Cessation**

Students should be able to understand and describe:
1. The pharmacologic effects of nicotine and withdrawal symptoms
2. Strategies physicians can use to help patients quit smoking
3. The long term risks of smoking and the effects of quitting on future risk

**Skills:**
3. Be able to counsel patients on smoking cessation

**Recommended study resources:**
- Harrison’s Principles of Internal Medicine, Chapter 395
- Internal Medicine Essentials for Students, Chapter 34

**Sepsis**

Students should be able to define and understand:
1. The definitions of systemic inflammatory response syndrome (SIRS), sepsis, severe sepsis and septic shock.
2. The epidemiology, common causes and pathophysiology of sepsis
3. The differential diagnosis of shock, including septic shock, cardiogenic, hypovolemic, anaphylactic, neurogenic, obstructive shock and adrenal crisis.
4. The concept of early goal directed therapy and the Surviving Sepsis Campaign.
5. The indications for and interpretation of various diagnostic tests including ABG, lactate, and electrolytes.
6. The indications for and pharmacology of vasopressors used to treat sepsis.

**Skills:**
1. Be able to assess patient’s condition and severity, as well as criteria for ICU admission

**Recommended study resources:**
- Harrison’s Principles of Internal Medicine, Chapter 271
- Internal Medicine Essentials for Students, Chapter 50
- SIMPLE case 21
Syncope
Students should be able to understand and discuss:
1. The clinical features and etiology of syncope.
2. The differential diagnosis of syncope, including cardiac, neurocardiogenic and orthostatic causes.
3. The judicious diagnostic evaluation of a patient with syncope, including the indications for and interpretation of EKG, orthostatics, echocardiogram, stress testing, tilt table testing and other electrophysiologic studies.
4. The management and treatment of syncope based on the individual cause.
Skills:
1. Be able to perform a focused history and exam evaluating a patient with syncope.
2. Be able to perform and interpret orthostatic vital signs.
Recommended study resources:
• Harrison’s Principles of Internal Medicine, Chapter 20
• Internal Medicine Essentials for Students, Chapter 29
• SIMPLE case 26

Thyroid Disease
Students should be able to understand and discuss:
1. The normal thyroid physiology, including interactions between thyroxine, triiodothyronine, thyroid-stimulating hormone and thyroxine-binding globulin.
2. The epidemiology, etiology and clinical features of hyperthyroidism, hypothyroidism, thyrotoxicosis, and myxedema coma.
3. The laboratory evaluation and interpretation of thyroid disorders.
4. Associated conditions and complications of thyroid disorders, including osteoporosis, cardiac disease, graves ophthalmopathy, etc).
5. The treatment of hypothyroidism and hyperthyroidism, including indications for ablation and surgery.
6. The diagnostic evaluation of a thyroid nodule, including indications for and interpretation of thyroid ultrasound and functional imaging.
Recommended study resources:
• Harrison’s Principles of Internal Medicine, Chapter 341
• Internal Medicine Essentials for Students, Chapter 12

Venous Thromboembolism
Students should be able to understand and describe:
1. Risk factors for DVT/PE, including genetic factors
2. The clinical presentation of and natural course of DVT/PE
3. The differential diagnosis of DVT, including other causes of unilateral leg pain and swelling (lymphedema, cellulitis, venous stasis, postphlebitic syndrome, superficial thrombophlebitis, ruptured popliteal cyst, arterial occlusion).
4. The differential diagnosis of PE (MI/USA, CHF, pericarditis, costochondritis, pulmonary hypertension, etc)
5. The judicious use of labs and studies in the work up of DVT/PE, including the indications for and interpretation of ABG, D-dimer, duplex US, V/Q scan, CTA chest, pulmonary angiography, echocardiogram.

6. Management of DVT/PE, including medications, and indications for IVC filter and thrombolytics

7. Indications for and efficacy of the various methods of DVT prophylaxis

Skills:
1. Be able to assess the severity of the patient and indication for ICU placement

Recommended study resources:
- Harrison’s Principles of Internal Medicine, Chapter 262
- Internal Medicine Essentials for Students, Chapter 87
- SIMPLE case 30

Student goals / objectives during Outpatient block of Internal Medicine
- Be able to understand and explain the basic principles of screening tests
  - Read Symptoms to Diagnosis, Chapter 2
  - Know the recommended screening tests from the US Preventative Task Force
- Know the general work-up (history, physical, testing, management) for the following common chief complaints in general internal medicine
  1. Diabetes, type 2
  2. HTN
  3. Dyslipidemia
  4. Fatigue
  5. Abdominal pain
  6. Lower back pain
  7. Cough
  8. Joint pain
  9. Dizziness
  10. Headache

Good resources to use for this can be found on the one45 site under Handouts. (JNC 8, ACA Cholesterol guidelines, Symptoms to Diagnosis text). Also, many of the SIMPLE cases are outpatient focused.

- Practice SOAP style notes (either in the EMR or on paper if EMR is not student ready)
- Practice filling out prescriptions


Course Experiences

You will accomplish the course objectives through a variety of experiences.

1) Experiential learning at the bedside, inpatient and outpatient
2) Clerkship workshops and didactics
3) Independent reading and online assignments

Format of experiential learning:

Inpatient Internal Medicine

You will spend approximately 8 weeks on a ward service at Renown and the VA Medical Center. Your ward team will usually consist of an attending physician, a senior resident, one – two interns and occasionally a 4th year subintern. Goals of this rotation include: become an integral part of the team, improve your interpersonal and communication skills, develop your history taking and physical exam skills, expand your medical knowledge, strengthen your differential diagnoses & assessments/plans, as well as perfect your presentation skills.

- **Patient Load:** you should be following 3-5 patients each day, ideally one more than you’re comfortable with, but will be able to manage as in-depth as internal medicine requires. You are expected to admit 2-3 patients when your team is on call. If your patient census falls below 3, then ask your attending or senior resident which additional patient would be appropriate for you to follow. You are expected to know each of your patients better than any other member of the team.

- **Presentations:** Try to be thorough, but concise. Be sure to include all the key elements of a history and physical, including chief complaint, HPI, past medical history, past surgical history, family history, social history, medications, allergies, review of systems, physical exam, labs/studies, and your assessment and plan organized by problem. A good oral presentation can often be done in 5 minutes or less. When presenting follow-up patients, be sure to start with an opening line (i.e. this is our 56 yo M admitted yesterday with pneumonia and acute renal failure), then complete your presentation in the SOAP format. You will record daily progress notes utilizing a problem-oriented format. Your notes will be read, corrected and signed by the senior resident or attending.

- **Rounds:** you should pre-round with your interns and residents every day before attending rounds (aka work rounds). This is your chance to discuss the patient’s findings, assessment and plan for the day. I encourage you to review articles related to your patients, and bring them to rounds to discuss (even if not assigned to do so). It is important to share your knowledge with the rest of the team. During bedside rounds, you should be allowed and encouraged to perform focused physical examinations under the direct observation and guidance of the attending physician.

- **Duty Hours:** As a student, you are not allowed to work more than 80 hours each week (averaged over 4 weeks). In addition, you may not work more than 16 hours consecutively. If you are in jeopardy of violating these duty hours, please discuss with your team and Dr. Calvo right away.
• **Days Off**: while on inpatient wards, you will have four weekend days off each month. This usually means one weekend day off per week.

• **Holidays**: In general, you will work on any holidays during your inpatient rotation; however, this may vary depending on your individual team and attending.

• **Call**: You will take “call” about 11-12 times over the course of 8 weeks, but are excused from the hospital at 9 pm. While on call, you should admit 2-3 new patients and discuss each patient in detail with your intern and resident. After you have completed your admissions, you should follow the interns and residents to get additional experience regarding cross-coverage calls, codes, and other admissions until 9 pm.

• **Morning Report**: While on inpatient wards, you are expected to attend morning report each day.

• **Conferences/Workshops**: You are required to attend some didactic sessions during the clerkship. In addition, you will be scheduled for one Simulation Center session per month during the clerkship.

• **Clerkship Workshops and Didactics**
  Mandatory didactics
  - Radiology lecture - Dr. Ahmed
  - Simulation experiences – Dr. Bronander and other faculty

  Optional (**highly recommended**) didactics- (patient care takes precedence)
  - Dr. Graves and other faculty reviews as requested – please let me know if interested!
  - Heart Murmur lecture – Dr. Bronander
  - EKG interpretation series – Dr. Bronander
  - Student Instructor (SI) workshops
  - Noon conference series

**Outpatient Internal Medicine**
Four weeks of the clerkship will be an ambulatory experience in the general internal medicine and subspecialty clinics setting. You may rotate at the University of Nevada, Reno School of Medicine Internal Medicine Clinics, and/or private clinics in the community. Each student will receive their individual assignments the week prior to their outpatient rotation.

• **Patient Experiences**: You should be seeing most of your patients independently, and then presenting to your attending. Please let Dr. Calvo know if your experience is mostly “shadowing.”

• **Days Off**: You will have all weekends and holidays off while on outpatient internal medicine. If your preceptor is going on vacation, please let Dr. Calvo know.

• **Study time**: while on outpatient internal medicine, you will have most afternoons off to attend the mandatory and optional lectures as well as private study time. Use this time wisely to study for the NBME subject exam or complete your SIMPLE cases.

**SIMPLE:**
Simulated Internal Medicine Patient Learning Experience (SIMPLE) cases are interactive computer based cases. You will utilize these cases in the CRM course as well. You will
learn a lot from these cases but they do take effort (each one should take about 45 minutes to complete.) You must complete at least the following fifteen cases (note that underlined cases are more outpatient focused):

Case 1: 49 year old man with chest pain
Case 2: 60-year-old woman with episodic chest discomfort
Case 3: 44-year-old woman with syncope
Case 4: 67-year-old woman with shortness of breath and leg swelling
Case 6: 45 year old male with hypertension
Case 7: 28 year old woman with lightheadedness
Case 10: 48-year-old woman with diarrhea and dizziness
Case 16: 45-year-old man with obesity
Case 19: 42 year old woman with anemia
Case 20: 48 year old woman with HIV
Case 21: 78 year old man with fever, lethargy and anorexia
Case 25: 75 year old woman with altered mental status
Case 27: 65 year old man with bone pain
Case 28: 70 year old man with shortness of breath and leg swelling
Case 33: 49 year old woman with confusion

(7 must be done by the midpoint meeting). You may do additional cases if you find them helpful. The cases can be found at [http://www.med-u.org/](http://www.med-u.org/). Click on the SIMPLE logo and register using your medicine.nevada.edu address.

Testing
You will take two mandatory tests during this clerkship
- The NBME Internal Medicine Subject Exam. This is also known as the “Shelf” exam. It is very difficult. It is worth 25% of your overall final evaluation.
- Key Features exam. This is a computerized examination that will test your ability to diagnose and manage key internal medicine complaints. It is a difficult test and different than your classic multiple choice test. I am sure you have never taken a test quite like it, but it will be used more frequently in the future. The results of the test may be used if a student is borderline between two grade levels in the final evaluation.

Patient Logs
Students are required to maintain an electronic patient log as part of the clerkship experience and One45 provides a module called Patient Log that allows students to maintain a database of patient encounters. Students may enter patient log data into the One45 database on any computer with Internet access or by using smartphone applications available from One45.

Independent Learning:
You will need to read extensively on medical problems you encounter and on general medical problems outlined in the objectives. The following are possible resources.
Learning Materials

Texts
†Harrison’s Principles of Internal Medicine – Classic general text book.
†Current Medical Diagnosis and Treatment – General text updated yearly, less pathophysiology.
Pocket Medicine: The Massachusetts General Hospital Handbook – excellent handbook for inpatient problems
†Symptoms to Diagnosis – symptom based text on how to approach some very common symptoms.

Review Books
Step Up To Medicine – general review text. Popular with students.
Internal Medicine ESSENTIALS Text for Clerkship Students – written by clerkship directors for students. Readable and at student level. This is a companion text to MKSAP for students 5 which is highly recommended.

Question banks
IM Essentials - Questions - Excellent test bank. Highly recommended study resource. We will loan this to you for the clerkship. You must return it at the end of the clerkship.
USMLE World Question bank

†On Line Resources - Available through Savitt Library
   Clinical Key – Brief (but good) descriptions of diseases in a searchable database. Good for quickly looking something up on the wards. Locate under the “Databases” tab at Savitt
   DynaMed – another brief overview of multiple diseases and conditions with practical information on diagnosis and treatment. Available on smart phones.
   AccessMedicine – library of online texts including Harrison’s and Current Dx and Tx
   Journal database – Pub Med – Free access to multiple journals.

Available at the VA and Renown
   UpToDate – excellent online text book updated frequently. Available free at the VA and Renown. If you sign up at Renown you can access from home for a month at a time. You must log-on each month at Renown to maintain access

†Available at Savitt, online
Assignments

1. **Patient Encounter Log**

You must keep track of your inpatient and outpatient clinical encounters in your patient log using one45. An incomplete or absent log will result in an “incomplete” for the course and possibly a failing grade if the log cannot be reconstructed adequately.

2. **Mini CEX (Observed encounters with attending)**

During the Internal Medicine clerkship it is mandatory that you complete at least three of the Mini – CEX forms with attendings. These are directly observed components of patient care such as history taking, physical exam, counseling etc. It is your responsibility to remind your attendings and get these finished.

3. **SIMPLE cases:** complete the cases as mentioned above. Complete at least 7 before the midpoint.

4. Complete all evaluations. It is mandatory that you complete (or suspend if you didn’t work with someone) all the evaluations we send you.

5. Meet with the clerkship director at the midpoint and end of clerkship.

6. Attend mandatory lectures/ workshops/simulations
Assessment criteria

Your performance during the Internal Medicine clerkship will be evaluated by attendings and senior residents you work with, and by a written, standardized shelf examination. Final grades will be honors, high pass or pass. Individual evaluations will be according to a ‘consistently exceeds expectations, meets expectations, sometimes meets expectations, or consistently below expectations system.’

75% of your overall clerkship grade is based on your clinical evaluations (25% for each month), and 25% is based on your shelf exam performance based on percentile rank during the academic quarter that you take the exam.

Evaluation Scoring (25% for each month of rotations, 75% total)
For each individual evaluation, points will be assigned to each item and an average score will be calculated. Evaluations will then be weighted by the time spent with each evaluator.

- Consistently exceeds expectations = 4 points
- Meets expectations = 3 points
- Sometimes meets expectations = 2 points
- Consistently below expectations = 1 point

Shelf Exam Scoring (25% of final grade)

<table>
<thead>
<tr>
<th>Percentile Range</th>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>85 – 100 percentile</td>
<td>Honors</td>
<td>4 points</td>
</tr>
<tr>
<td>75 – 84 percentile</td>
<td>Honors</td>
<td>3.75 points</td>
</tr>
<tr>
<td>70 – 74 percentile</td>
<td>Honors</td>
<td>3.5 points</td>
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<tr>
<td>65 – 69 percentile</td>
<td>High Pass</td>
<td>3.25 points</td>
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<tr>
<td>60 – 59 percentile</td>
<td>High Pass</td>
<td>2.9 points</td>
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<tr>
<td>50 – 49 percentile</td>
<td>Pass</td>
<td>2.5 points</td>
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<tr>
<td>40 – 39 percentile</td>
<td>Pass</td>
<td>2 points</td>
</tr>
<tr>
<td>30 – 29 percentile</td>
<td>Marginal Pass</td>
<td>1 point</td>
</tr>
<tr>
<td>1 – 4 percentile</td>
<td>Fail</td>
<td>must retake</td>
</tr>
</tbody>
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* must score at least 70th percentile or above to qualify for Honors for clerkship
* must score at least 15th percentile or above to qualify for High Pass for clerkship
* must pass the shelf exam to pass the course

Final Grade Calculation

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>Honors</td>
<td>3.50 – 4.0 points + an NBME exam score of ≥70th percentile</td>
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<tr>
<td>High Pass</td>
<td>2.90 – 3.49 points + an NBME exam score of ≥15th percentile or &gt;3.5 points with an NBME score of &lt;70th percentile</td>
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<tr>
<td>Pass</td>
<td>2.1 – 2.89 points</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt; 2.1 points or failure of the shelf exam (&lt;5th percentile)</td>
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</tbody>
</table>

*The Clerkship Director reserves the right to adjust your final grade based on factors including overall performance, professionalism, key features exam, and timely completion of assignments.
To complete the clerkship and receive a grade, you also must
- Turn in all loaned material
- Complete all One45 evaluations
- Complete your patient log
- Complete your required CEXs
- Complete assigned SIMPLE cases
If these are not completed, you will be given an “incomplete” for the clerkship until they are satisfactorily completed.

**Failing Grade**
Failure of any single component of the clerkship (including the shelf) will result in failure of the course. If you do not pass the shelf exam (score <5th percentile), you may retake it one time. If it is failed a second time, the entire clerkship must be repeated, including a third try at the final exam. If the test is failed the third time you will have failed the clerkship and will be referred to the SPCC for further action, including possible dismissal from medical school. Other grounds for failure would include: not showing up for required lectures and conferences, neglecting patient care responsibilities, or having unprofessional behavior. Marginal performance will result in remedial work. The type and amount will be determined by the Clerkship Director with approval by the Department Chair.

**Professional Expectations**

Professionalism is the application of morals and ethics to our profession. You can imagine that people differ on what is professional behavior. Here are some expectations I have of students on this rotation. Remember that it is not enough to have excellent knowledge and problem solving skill if you do not have moral character to go with it. You can fail this rotation by breeching professional expectations even if you ace the rest of the course!

- Honesty – in your interactions with other students, faculty, staff and patients act truthfully
- Integrity – Do what you know is right even if no one is looking.
- Patient confidentiality – always protect your patient by not discussing their case outside of the care team. Destroy documents with patient names. Do not take pictures of patients without permission and only for educational purposes.
- Duty – maintain appropriate doctor – patient relationships with patients. Go the extra mile for your patient. Take ownership of your patient’s care.
- Competence – strive for excellence in knowledge and skills.
- Dress – when polled most patients prefer doctors to dress conservatively. Your appearance is not about you, rather your appearance should serve the interest of your patients. If your dress is a distraction to them you will not be serving your patients.
  - Students should be well groomed and clean at all times. Beards and mustaches should be closely trimmed and neat in appearance.
  - Perfume and cologne are discouraged as many patients have allergies to strong scents.
  - Clothing should not be low cut or expose parts of the body inappropriately.
- Undergarments should not be exposed.
- Piercings should be hidden or discrete. Visible naval piercings are inappropriate.
- Closed top shoes are to be worn at all times (OSHA mandate).
- Scrubs should not be worn on this rotation since there is no overnight call.
- You should wear your student white coat and name badge in all patient care activities. Patients and staff should be able to identify you as a student.

- Treat patients and families with dignity and respect.
- Complete assignments and evaluations in a timely manner
- Respond to emails or phone calls in a timely manner
Grading Calculations
IM Clerkship, Reno

Student: ____________________________

Points from evaluations
- Consistently exceeds expectations = 4 points
- Meets expectations = 3 points
- Sometimes meets expectations = 2 points
- Consistently below expectations = 1 point

From Syllabus
75% of grade is evaluation score (25% of which is derived from residents)
25% of grade is shelf score

Mandatory components
- CEX completed (3)
- Adequate patient log
- SIMPLE cases completed (15)
- Finished evals

VA or Renown block attending evals
<table>
<thead>
<tr>
<th>Attending(s)</th>
<th>avg score</th>
<th>x</th>
<th>%time spent</th>
<th>= total points</th>
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AVG points ___________

Renown inpatient attending evals
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<th>Attending(s)</th>
<th>avg score</th>
<th>x</th>
<th>%time spent</th>
<th>= total points</th>
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AVG points ___________
Clinic evals

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<th>Attending(s)</th>
<th>avg score</th>
<th>%time spent</th>
<th>total points</th>
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Avg Attending evals _______ + _______ + _______/3 = ________

Resident evals

<table>
<thead>
<tr>
<th>Resident</th>
<th>avg score</th>
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Avg Resident points__________________

Overall points

Attending Eval Avg _______ x 0.75 = _______ points
Resident Eval Avg _______ x 0.25 = _______ points

Total eval points _______ x 0.75 = ________

Shelf exam score ______, percentile ______ = _______ points x 0.25 = ________

Total points ______________

Clerkship director comments and SIMPLE Key Features Exam results:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Final Grade : ________________
Course Calendar

This will be distributed on the orientation morning.
Your calendars will consist of:

1. A block schedule – the inpatient site and teams you will work with and outpt site and attendings.
2. A call schedule – notes the nights you must stay until 9 PM
3. A lecture / workshop schedule – includes timing for most didactics and is updated throughout the clerkship as scheduling occurs.

Policies/ Responsibilities

Absences: This clerkship is a mandatory clerkship and you are expected to be present everyday except for illness or approved rare events (i.e. funeral of family member, childbirth, etc.) These events must be discussed with and approved by the clerkship director and excused absences are at her discretion. Students may not attend specialty conferences (i.e. ACOG, ACS), unless they are presenting a paper or poster at the conference.

Remediation
Remediation may be necessary if a student receives a marginal evaluation or an evaluator concern appears on an evaluation or if there are noted problems with any component of the evaluative process. The clerkship director will meet with the student to develop a plan for remediation that may include:

1. Additional readings
2. Additional computer cases
3. Additional simulator cases
4. Other individualized work at the discretion of the clerkship director.

If substantial progress is not made the student may be referred to the Student Promotion and Conduct Committee and reports may go to the Associate Dean for Admissions and Student Affairs.

Academic Success Services
Optional Supplemental Instruction (SI) sessions will be available throughout the clerkship rotation. The Learning Specialist can also provide additional resource materials, and assistance with study strategies, time management skills and USMLE and NBME exam preparation. Please visit the following website for more information: http://www.medicine.nevada.edu/dept/asa/students/LC/learningcenter.htm

If you have any questions please contact our Learning Specialist, Ranna Nash by email: rannan@medicine.nevada.edu or telephone: 775-682-8355.
Academic dishonesty
Students are expected to be familiar with the school’s policy regarding academic dishonesty. Statements are in the UNR Catalog at http://www.unr.edu/stsv/acdispol.html and University of Nevada, Reno School of Medicine Student Handbook.

Policy for student non-cognitive criteria governing promotion

Policy for reporting of faculty/other non-professional behavior
Students should contact their Clerkship Director to notify him of any problems. If the student is not comfortable with this he/she may contact the Dean of Students office to report any issues.

Statement of Disability Services
The School of Medicine retains the right to review and approve or decline any or all requests for accommodation. If you have a disability that necessitates accommodation to meet the School of Medicine’s Essential Functions, then you must provide, at your own expense, appropriate documentation from a qualified professional describing the disability and setting forth any reasonable accommodations necessary to ensure that you are able to meet the essential functions.

Adjunct Syllabus
Please refer to the CDIM (Clerkship Directors in Internal Medicine) website for an additional syllabus and clerkship expectations.
www.im.org/Resources/Education/Students/Learning/Documents/OnlineCDIMCurriculum.pdf