Hospitalized Adult Care Clerkship
IDPT 7010

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-2017 Academic year for the Hospitalized Adult Care Clerkship Curriculum.

All course information will be found on the Hospitalized Adult Care Clerkship CANVAS site. The CANVAS site includes the learning materials and requirements.

Note: The sole purpose of this document is to provide an OVERVIEW of the Hospitalized Adult Care Clerkship. Specific course and curriculum requirements are housed on the Hospitalized Adult Care Clerkship CANVAS pages, which supersede any and all information included in this document.

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Disclaimer:

This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances.
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Welcome to the Hospitalized Adult Care Clerkship. During your 8 weeks of HAC, you will be expected to gain the basic knowledge, skills, and attitudes needed to provide medical care for hospitalized adult patients. You will learn to hone and refine your history taking, physical exam, and presentation skills while becoming an integral member of the patient care team. Direct patient care under the guidance and supervision of your intern, resident, and/or attending is the most important aspect of this rotation. The more responsibility you take for your patients, the more you will learn. Reading background articles pertaining to your patients, asking questions when you don’t understand something, and knowing your patients better than anyone else on your team will help to ensure your success during your time on HAC. If you have any questions or concerns before, during, or after your HAC experience, please contact us. We are here to assist you. Our goal is to give you the best possible learning experience to help you further develop the skills and knowledge you need to become an excellent physician. We look forward to seeing you!

Rationale and Expectations

**STUDENT’S CLINICAL RESPONSIBILITIES**

At all hospitals, you will be assigned to a team and you are expected to become an integral member of the team. Direct patient care under the guidance and supervision of your intern, resident and/or attending is the most important aspect of this rotation. The more responsibility you take for your patients, the more you will learn and the more you will be taught. Students are excused to attend conferences, Foundations of Doctoring preceptor sessions, TBL sessions, and Professor’s Rounds; otherwise you should be engaging in the care of your patients and the rest of the patients on your team.

At most hospitals, teams admit every day following a drip or rotation scheme. You will discuss with your resident which patients you will care for and you are expected to perform a complete medical evaluation, including a complete history, physical examination, and write-up. The resident and attending should encourage you to function as the primary physician for the patients you work up. You are responsible for evaluating the patient daily before attending rounds (i.e. pre-rounding), including the collection of overnight events, review of the chart, test results, and daily history and physical examination. You should assist the ward team with the daily management of the patient. You should try to arrange with any consulting services that you be present when the patient is discussed with the faculty consultant. You should try to attend subspecialty conferences at which your patients are discussed and any procedures that are performed on your patients.

**Write-ups (See pages 11-14 for a sample write-up)**
You will be expected to write up a complete history, physical examination, pertinent lab/diagnostic test data, and problem list (including differential diagnosis with justification, assessment and plan) in time for the first attending rounds for all patients you have admitted. Your resident or intern will be expected to review your findings with you before then. You must always sign your notes. Write-ups must be submitted to your clinical attending on the day of admission (i.e. they are your cosigner).

You should also write a daily SOAP note on all of your patients. You should write a brief discharge note on the day of discharge and an off-service note when you leave the team.
In addition, you are required to submit two formal History and Physical Write-Ups. These are due via Canvas no later than 5pm on the 2nd and 6th Fridays of the clerkship (the Canvas assignment closes to all submissions at 5 pm). Write-ups should be submitted in a .doc or .docx format. These notes should be completed using your site’s specific electronic medical record or note format then copy/pasted into a Word document for submission to Canvas. H&P write-ups should be modeled after the sample H&P write-up on pages 11-14. The write up should not be longer than 5 pages and should contain the chief complaint, history of present illness, past medical history and medication, family and social history and physical examination findings. A detailed problem list and a discussion should also be included. This discussion should demonstrate knowledge of the patient’s problems including differential diagnosis, assessment of most likely diagnosis and plan for further evaluation and management. Students will receive formative feedback on these write-ups from the faculty reviewer based on the rubric on page 15. Your reviewing attending will be expected to return your formal write-up to you with a critique within 5 days after she/he has received it.

**Oral Presentations on Rounds:** You will be expected to present all new patients to the attending when s/he first sees the patient post-call. You will also be required to present them on daily work rounds. (See blue laminated card in your orientation packet for the standardized presentation formats expected at all hospitals)

**On-Call Responsibilities** (if applicable)

You will take call with your team. Call duties are assigned by the resident. Every effort will be made to assign admissions to you as early as possible during the day to allow time for you to work up your patients. By admitting early in the day, you will also have time to read about your patients' problems and do your patient write ups. You should be excused no later than midnight on call nights so you can go home to sleep. Overnight call is NEVER required. However, you may take overnight call on Friday or Saturday night if 1) there is a call room available AND 2) there is an opportunity for an important learning experience (examples include: you have an ill patient and acute management is required that the student may participate in; patient will have an emergent procedure overnight; student is ready to take another admission and wants this added responsibility).

On the post-call day, you are expected to arrive at the hospital early enough to pre-round on your patients before meeting the team. You will then stay through the afternoon so you can participate in student didactic sessions and follow up with patients when the housestaff leave. On weekend days, if you stay overnight, you should leave the hospital with the interns at noon.

**Daily Clinical Care Schedule**

- Plan on being at the hospital to round with your team except on your days off.
- You should see your patients prior to morning housestaff work rounds and/or morning report. This involves getting to the ward around or before 6:00 am (site dependent). It takes most students approximately 20-30 minutes to pre-round on each of their patients, so plan accordingly. You should review the patient’s course over the preceding day (changes in therapy, new lab data or test results), review the chart for orders and consultations and perform a pertinent history and physical exam of your own.
- Work rounds with the ward team generally begin at 8 am (site dependent). Be prepared to review the patient’s course for the rest of the team at this time, including your assessment and plan. It is often helpful to review your plan with the intern or resident prior to work rounds to test your theories before presenting to the resident and/or attending.
- Attending Rounds generally begin around 8:30 or 9:00 am. Sometimes this occurs at the bedside, while other times, you may meet in a conference room. This is your opportunity to demonstrate your understanding of the patient and his/her plan of care to the attending.
- You should see your patients again in the afternoon. This last visit should be a more leisurely one, concentrating on the patient’s concern over the illness and the effects it is having on his/her life, family, etc.
The times you spend alone with your patients in quiet discussion are invaluable to you in understanding the whole patient.

- Afternoons are reserved for a combination of patient care, conferences and self-study.

Sample Schedule:*times vary based on the hospital.

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<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>6:00-8:00</td>
<td>Pre-Round</td>
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<td>8:30-10:00</td>
<td>Attending Rounds</td>
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<tr>
<td>10:00-11:00</td>
<td>Patient Care</td>
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<tr>
<td>12:00 - 1:00</td>
<td>Morning Report</td>
<td>Morning Report</td>
<td>Medicine Grand Rounds</td>
<td>Morning Report</td>
<td>Mortality and Morbidity conference</td>
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<tr>
<td>2:00 - 4:30</td>
<td>TBL Sessions on AMC campus</td>
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<tr>
<td>Variable times</td>
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<td>Professor’s Seminars or Foundations of Doctoring</td>
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<td>5:00-6:00</td>
<td>Return to hospital to complete any work/ check consults, etc and sign out to your intern/resident before leaving for the day</td>
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**Hospitalized Adult Care Clerkship**

**Sample H&P Patient Write-Up**

**CC:** Chest pain

**HPI:** 66 yo M w/ HTN, hyperlipidemia, and Type 2 DM who presents with chest pain. His pain began while carrying groceries up stairs to his home. When he got to the top of the steps, he was breathing heavily and felt pain that was 6/10 in severity. He reports his pain was worse with deep breathing. The pain was substernal with no radiation and lasted about ten minutes then subsided. He attributed his pain to GERD but his wife made him seek medical attention out of concern “that it could be my heart.” He presented to the ED for further evaluation. He has been pain free since presentation. He has felt any back pain, palpitations, or shortness of breath.

He has had a few similar episodes in the past, mostly with extreme exertion such as biking uphill. All of these episodes have resolved spontaneously after he stopped the activity. His PMH is significant for GERD, well-controlled HTN, long-standing hyperlipidemia, and well-controlled DM on oral medications only. His brother had a MI requiring stenting at age 48. He currently feels well and denies any headache, N/V, diaphoresis, dyspnea, or abdominal discomfort.

**PMH:**
1. DM: Controlled DM-II on metformin only, recent A1C with PCP <8, no neuropathy/retinopathy
2. HTN: Reportedly well-controlled on lisinopril
3. Hyperlipidemia: Unsure of recent LDL but has been on a statin for many years
4. GERD: Long-standing, mild, worse w/ spicy foods
5. Gold Stage II COPD
6. BPH

**PSH:**
- Appendectomy as a child
- Prostate biopsy 2002, benign pathology
Medications:
- Lisinopril 40mg by mouth once daily
- Metformin 1000mg by mouth twice daily
- Albuterol MDI 1 puff inhaled as needed every 4 hours for shortness of breath or wheezing
- Tiotropium 1 puff inhaled twice daily
- Tamsulosin 4mg by mouth once daily
- Simvastatin 20mg by mouth once daily
- Ranitidine 150mg by mouth twice daily
- Aspirin 325mg by mouth once daily

Family History: Both parents had DM, mom had dementia. Brother with MI at age 48.

Social History: Married and lives with wife. 3 adult children. Works in sales for a large company. Remote tobacco, 1 PPD x 30 yrs (30 PYH), quit ~15 years ago. Occasional alcohol, <1 drink per week. No history of drug use. 110 last night and 126 in the ER today.

ROS:
Gen: No F/C or weight changes
Eyes: No recent vision changes, no diplopia
ENT: No dysphagia/odynophagia
CV: CP as per HPI, no hx of CAD or CHF
Resp: Mild dyspnea as per HPI, hx of COPD
GI: No N/V, no diarrhea or constipation
GU: Nocturia x3-4/night, no dysuria
Endo: Controlled DM, no thyroid probs
Heme: No bleeding/clotting d/o’s
Psych: No psych hx

Physical Exam:
Vital Signs:
BP 110/74, pulse 90 and regular while lying
BP 105/70, pulse 96 and regular while standing
Respirations 22 and shallow, temperature 97.8°F orally

General Appearance: Well-appearing male appearing his stated age, lying comfortably in bed, in no acute distress. Skin: A 2 x 1.5 cm brown, raised, crusted, rough patch on left upper back, non-tender, non-warm, with irregular borders, otherwise no rash, ecchymoses or petechiae
Head: Bi-temporal wasting, normocephalic, atraumatic
Eyes: Conjunctiva pink, sclerae anicteric, pupils 3mm equally round and reactive to light (PERRL), fundi demonstrate flat discs, normal vessels, without hemorrhages or exudates
Ears: External auditory canals normal, tympanic membranes intact, hearing grossly intact
Nose: Mucosa pink, no discharge or polyps
Mouth: Moist membranes, partial upper dentures, otherwise dentition normal for age, no oral lesions.
Throat: Non-injected
Neck: Supple, full range of motion (FROM), trachea midline, no a pulse thyromegaly, carotids 2/2 without bruits, no JVD or HR or abnormal pulses or bruits
Nodes: No cervical, submandibular, supraclavicular, axillary, or inguinal lymphadenopathy
Breasts: Normal male, no masses, discharge, or tenderness
Lungs: Normal chest diameter, unlabored breathing. No tenderness with palpation, lungs clear to auscultation bilaterally.
Heart: No apical heave or parasternal lift. PMI in the 4th intercostal space in the mid-clavicular line. No palpable heave, lift or thrill. S1, S2 normal; no splitting or loud P2; I/VI low- pitched early systolic murmur best heard at the lower left sternal border; no rubs or gallops
Pulses:

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No bruits

Abdomen: Abdomen flat, no scars, striae or dilated veins. Bowel sounds normal; no bruits. Soft, nontender; no guarding or rebound; Liver span 10 cm by percussion in the right midclavicular line; spleen not palpable; no masses.
Back: No spinal or costovertebral angle tenderness

Genitalia: Normal male, circumcised. Testes descended, no masses. No skin lesions.
Rectal: Good sphincter tone, no masses or tenderness. Prostate smooth, not enlarged, no masses. Stool guaiac-negative.
Extremities: No clubbing, cyanosis, or edema; no tenderness; joints have full range of motion; no subcutaneous nodules, no tophi.

Neuro: Awake, alert, fully responsive, oriented to person, place, and time. Normal affect. Motor strength and sensation to light touch intact in all 4 extremities. CN III-XII intact, CN II not formally tested.

Data:

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<td>------------------&lt; 97</td>
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<td>43.0</td>
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Neutrophil 45.7%
Lymph 38.8%
Monocyte 14.9%
Eosinophil 0.1%
Basophil 0.2%

AST 23 U/L  Bilirubin (total) 0.7 mg/dL
ALT 14 U/L  Alk Phos 57 U/L
Total Protein  7.0 g/dL   Albumin  3.8 g/dL

EKG (personally reviewed): NSR, nrml axis, no ST segment changes or TWI to suggest ischemia
CXR (personally reviewed): Midline airway, no boney abnormalities, mild aortic calcifications but no cardiomegaly, sharp costophrenic angles, no effusions or infiltrates

Assessment and Plan: 66 yo M w/ angina.

1. Chest pain: Substernal pain, onset with exertion and relived by rest. Most likely cardiac angina, concerning for ACS. Initial trop zero and EKG normal but TIMI 3 (Risk for 13% for unstable angina) for angina, risk factors (hyperlipidemia, HLD, family history), and daily aspirin use. No need for A1C or lipid testing given known DM and HLD. Possibly also related to pleurisy given worse pain with deep breathing. Differential includes GERD given history of such. Less likely COPD exacerbation given lack of URI sx or wheezing on exam. PE unlikely as Wells score of zero and no tachycardia, tachypnea, or hypoxia. No evidence of pneumonia, mass, or fracture on CXR. Symptoms and exam not consistent with dissection.
   • Cycle troponins and EKGs to ensure no active myocardial ischemia
   • If EKG changes or positive trop, will check coags and c/s cardiology for possible angiogram
   • If no EKG changes and negative troponins, consider inpatient or outpatient stress testing
   • Monitor on telemetry overnight
   • If pain returns, give NTG 0.4mg sublingually every 5 minutes for up to 3 doses
   • Decrease aspirin to 81mg by mouth daily
   • Continue simvastatin 20mg by mouth once daily
   • Change ranitidine to esomeprazole 20mg by mouth daily

2. DM: Controlled type-II, on metformin only as outpatient. Recent outpatient A1C <8, likely at goal. No history of retinopathy or neuropathy. Cr normal.
   • Check fasting glucose with AML tomorrow
   • Stop metformin given risk of contrast exposure
   • Glucose checks qAC/HS with lispro correction factor as needed

3. Htn: BP currently acceptable, on ACE-inhibitor given DM.
   • Continue lisinopril 40mg by mouth daily

4. Hyperlipidemia: On statin as an outpatient and last lipid panel at goal. Follows closely with PCP.
   • Continue simvastatin 20mg by mouth daily

5. GERD: Long-standing, fairly mild but possibly contributing to chest pain as above.
   • Ranitidine changed to esomeprazole as above

6. COPD: No evidence of acute exacerbation, no current wheezes.
   • Continue tiotropium 1puff inhaled twice daily with albuterol 1-2 puffs inhaled every 4 hours as needed for dyspnea/wheezing

7. BPH: Benign path on biopsy in 2002.
   • Continue tamsulosin.

8. OA: Prior knee scope, no current pain. Acetaminophen 650mg by mouth every 4 hours as needed for pain

9. FEN: Cardiac, diabetic diet
10. Ppx: Heparin 5000 units injected subcutaneously twice daily

11. Code: Discussed with patient and wife at bedside, he wishes to be FC/FT.

A COPY OF THE H&P FEEDBACK FORM CAN BE FOUND ON CANVAS.

CONFERENCE/SEMINARS

CORE CONFERENCES
- **Attending Rounds**: During daily rounds staffed by the attending and resident, students are taught about important medical illnesses and trained in skills in data collection, oral presentation and clinical reasoning.
- **Morning Report**: A case-based, interactive conference led by the chief medical residents for medical students and housestaff designed to increase clinical knowledge and diagnostic reasoning skills. Often is also at Noon, depending on site.
- **Noon Conferences**: these departmental conferences include Morbidity and Mortality (M&M), CPC and Grand Rounds and offer exposure to evidence-based approaches to core medical topics. Sessions are offered to medical students, housestaff and faculty and are delivered by regional, national and international experts in their field.
- **Student Case Conference/Professor’s Rounds**: A case-based conference specifically for students, where students present their own patients for discussion or review physical findings. The goal of this conference is to enhance presentation skills, develop clinical reasoning, and practice physical diagnosis skills. Conferences will be led by the course director, outstanding clinical teachers and site directors.
- **Team Based Learning Sessions (TBL)**: These interactive team based learning sessions will occur every week during the 8 week HAC clerkship. These sessions will occur every Thursday from 2:00-4:30pm on the Anschutz Medical Campus. Please see pages 22-24 for an explanation of TBL, a schedule of sessions, and a list of the required reading for each session.

Try to attend as many conferences as possible within the constraints of your patient care responsibilities. The care of your patients is your prime responsibility. Don’t expect to be able to attend all conferences, but try to be on time for those you attend. Top priority is attendance at TBL Sessions, Professor’s Rounds and Morning Report (at hospitals where students participate).

**Student Duty Hour Requirements**

In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:

1. Students will have no more than 80 hours a week of scheduled participation averaged over a course. This does not include time students should spend reading about their patients or doing patient write ups.
2. Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
3. Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over a course.
4. The Department of Medicine strongly supports the Foundations of Doctoring course. We expect students to leave the Internal Medicine service to attend Foundations of Doctoring preceptor sessions. Please communicate the dates of your preceptorship with the chief residents and your teams. If any questions or difficulties arise, please contact the Clerkship Director.
Core Clinical Conditions

Medical Knowledge and Clinical Care:

- Every student should understand the etiology, clinical manifestations and pathophysiology of common illnesses encountered during this rotation and as outlined below.
- Every student should be able to demonstrate consistent, complete and adequate data collection during history taking on the common illnesses encountered during this rotation and as outlined below.
- Every student should be able to develop the differential diagnosis for an appropriate assessment of and basic treatment plan for the following:
  - **CORE SIGNS AND SYMPTOMS:**
    - Chest pain
    - Dyspnea
    - Edema
    - Jaundice
  - **CORE CLINICAL ISSUES:**
    - Anemia
    - Cancer
    - COPD
    - Coronary artery disease
    - Congestive Heart Failure
    - GI bleed
    - DVT/ Pulmonary Embolism
    - Liver disease
    - Pneumonia
    - Renal failure
    - Substance abuse (tobacco, alcohol, illicit drug use)
  - **SECONDARY CLINICAL ISSUES (NOT REQUIRED BUT OFTEN COVERED AND MAY BE TESTED ON THE EXAMS)**
    - General Care of the Hospitalized Patient—Nutrition/diet, bowel care, sleep issues, activity levels, fluids and electrolytes, skin care, etc.
    - Pain Management
    - Infections
    - Cardiac Rhythm Disturbances
    - Sepsis/DIC/Shock
    - Hypertensive Crisis
    - Common Endocrine Problems
    - Delirium/Dementia

- Every student should be able to complete a comprehensive and focused history and physical examination for each of the clinical entities above.
- Every student should be able to correctly and thoroughly perform the following physical examination skills:
  - **PHYSICAL EXAM SKILLS:**
    - Cardiovascular Examination
    - Pulmonary Examination
- Every student should be able to interpret the results of the following diagnostic tests, identify appropriate times for ordering such tests, and apply them to the clinical care of a patient:
  - **DIAGNOSTIC TESTS:**
    - Basic chemistries including renal function and hepatic function studies
    - ABG

NOTE: You must see at least one patient or be present for or part of a discussion of a patient or patient case with each of the required signs and symptoms/core clinical issues. Please show these competencies to your resident and attending. Use the mid-point feedback session with your clerkship director to review your competency log and discuss strategies for ensuring that you have met each of these competencies by the completion of the block.
Course Objectives

During Hospitalized Adult Care, students are expected to gain the basic knowledge, skills and attitudes needed to provide medical care for hospitalized adult patients. It is expected that help from a more senior member of your team may be necessary for completion of these objectives at the beginning of Phase 3, but by the completion of Phase 3, students should be able to complete these skills with minimal to no assistance. More specifically, the clerkship is designed to help students achieve the following important competencies:

1. **MEDICAL KNOWLEDGE AND CLINICAL CARE:**
   - Every student should understand the etiology, clinical manifestations and pathophysiology of common illnesses encountered during this rotation and as outlined above.
   - Every student should be able to demonstrate consistent, complete and adequate data collection during history taking on the common illnesses encountered during this rotation and as outlined above.
   - Every student should be able to develop the differential diagnosis for, an appropriate assessment of and basic treatment plan for the core clinical issues listed above.

2. **COMMUNICATION:**
   - Every student should be able to obtain and convey medical information with patients, their families and professional colleagues including but not limited to:
     - Complete written communications that are organized, accurate, complete, concise, and incorporate prioritization and analysis of medical issues
     - Perform oral presentations that are organized, accurate, complete, concise, and include prioritization and analysis of medical issues
     - Create rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring
     - Discuss advanced directives and DNAR orders with patients and families in the inpatient setting
     - Deliver difficult news including information regarding diagnosis and prognosis in life-threatening conditions
     - Demonstrate collaborative decision making
     - Obtain a medical consultation from subspecialty colleagues; communicate effectively with consultants
     - Perform peri-discharge education for a patient including indications for admission, red flags to watch for, use of medications and indications, appropriate necessary follow-up

3. **PROFESSIONALISM:**
   - Every student should be able to:
     - Demonstrate a commitment to carrying out professional responsibilities in a timely and efficient manner
     - Interact respectfully with ALL members of the health care team, consultants and fellow physician providers
     - Adhere to ethical principles at all times
     - Demonstrate sensitivity to a diverse patient population and culturally competent care by being sensitive to patient differences (race, culture, gender, socioeconomic status) and preferences
4. **SYSTEMS-BASED PRACTICE:**

✓ Every student should be able to:

- Demonstrate understanding of the importance of interdisciplinary team members, consultants and health care resources for the benefit of the patient
- Develop skills in team-based care, including an understanding of the skills and knowledge provided by consultants, nurses, PT, RT, OT, lab staff, discharge planners, etc through active participation in multidisciplinary rounds
- Understand some of the costs of an inpatient hospitalization and the role that physicians play in incurring these costs
- Understand the resources available to patients upon discharge from the hospital as they continue to recover from their illness and how insurance and financial constraints may impact the care you provide/recommend on discharge
- Understand the common pitfalls associated with transitions in medical care from one setting to another
- Understand and educate patients on the 4 pillars necessary for successful transition to an outpatient environment including:
  1. Patient activation (education on reasons for hospitalization; understanding of medical illness)
  2. Medication self-management
  3. Red flags regarding their condition
  4. Follow up needs
- Complete a medication reconciliation

5. **PRACTICE-BASED IMPROVEMENT:**

✓ Every student should be able to:

- Describe quality core measures for common hospital conditions
- Understand their own limitations and seek help when needed
- Review the literature to find answers to questions that occur in the course of patient care and educate the team to benefit both the team and the patient

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**Course format and timeline**

**Scheduling within block:** This block consists of one 8 week course. It is divided into two 4-week segments with 1 intra-session day held on the Friday of the 4th week.

<table>
<thead>
<tr>
<th>Week 1 Monday</th>
<th>Weeks 1-4</th>
<th>Intra-session 12:30-4:30 4th Friday</th>
<th>Week 5 Monday</th>
<th>Weeks 5-8</th>
<th>Last Friday of the block</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Orientation 7:30-10:45</td>
<td>Clinical Duties</td>
<td>½ day clinical work and ½ day didactics</td>
<td>Site Orientation</td>
<td>Clinical Duties</td>
<td>Written Exam 2 hours 45 minutes</td>
</tr>
<tr>
<td>Introduction to CXRs, Individualized Learning Goals 11:00-12:00</td>
<td>Site Orientation 1:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Communication: Most of our clerkship communication is done via email. It is the students’ responsibility to check email daily for clerkship updates.

INTRA-SESSION: Intra-session will be held on Friday afternoon of the 4th week of the block. Topics covered during this experience include Non-Pain Symptom Management in Advanced Illness, Advance Care Planning and Discussion of Resuscitation Preferences. All sessions are interactive and clinically focused. A schedule of the sessions and required reading can be found on Canvas.

CLINICAL TRANSFORMATIONS: During the clerkship, you will be assigned an afternoon to attend a simulation session at the CAPE called Clinical Transformations. This session is approximately four hours and will include a brief overview of the principles of effective communication and teamwork, followed by two inter-professional team simulation cases. You will be part of a simulated care team which may include students from nursing, pharmacy, dental, physical therapy, and physician assistant programs. Attendance for this session is mandatory and substitutes for one preceptor visit within the Foundations of Doctoring Curriculum. This session takes precedence over noon conference or any other afternoon student activities that are specific to your site.

The session will take place at the CAPE from 1:00-5:00pm. Please arrive at the CAPE by 12:45pm to check in. You will be sent an email one week prior to your scheduled date with specific instructions relating to the session.

PLEASE CONFIRM RECEIPT OF THIS EMAIL!

There are very few dates during the clerkship set aside for these sessions and make-up dates are difficult to schedule, so please show up on time on your scheduled date. If you are sick or have an emergency and you will not make it to your session, please contact Angie Duet immediately at 303-724-1790.

Team-Based Learning Sessions: There will be eight TBL sessions occurring during the 8 week HAC clerkship. These sessions will occur every Thursday from 2:00-4:30pm on the Anschutz Medical Campus.

TBL Background
The effectiveness of team-based learning (TBL) as an instructional strategy is based on its ability to allow learner groups to be not only familiar with key concepts, but to learn how to use those key concepts. The process involves students collaboratively working with other students to learn how to use and apply this knowledge, ultimately helping to develop clinical reasoning. Compared with traditional lecture, students participating in TBL are more likely to rate their experience as engaging, fun, and interactive.

Before Each Session
Required work before each TBL session (2 components):

1. **Pre-Session Reading**: Before each session you need to complete the required pre-session reading (see page 24), which is generally 2-4 chapters from “Internal Medicine Essentials” unless otherwise noted. This reading will provide the building blocks of knowledge that you will need to complete the iRAT as well as to participate in the application exercise during the TBL session itself.

2. **Complete iRAT through Canvas**: After completing the assigned reading, you need to complete the Individual Readiness Assurance Test or iRAT through the UC Denver Canvas website. These brief quizzes are designed to be quick and are generally no more than 10 questions. iRATs are closed-book.
During Each Session

TBL sessions are held on Thursday afternoons at the Anschutz Medical Campus and last for 2 ½ hours (2:00-4:30pm). **Session attendance is mandatory and it is important to be on time.** Attendance will be taken at the start of each session. Each TBL session will follow the same general format:

1. **Complete paper tRAT:** Teams will complete an additional brief, readiness assessment exercise at the beginning of each session. Like iRATs, tRATs are closed-book exercises, but intra-group discussion is highly encouraged.
2. **Appeals Process:** During this step, students are given the opportunity to restore credit for missed questions on the team test by making a successful appeal. Appeals will be reviewed outside of class and an appeal decision will be communicated to all team members by email prior to the following week’s session.
3. **Application Exercise/Case:** The bulk of TBL session time will be devoted to completing “application exercises,” clinical cases designed around key common complaints and diagnoses encountered in the inpatient adult-care setting. Cases are designed to be very interactive, discussion between and among groups will be encouraged, and focus will be spent on clinical reasoning and higher level concepts. Cases will be completed during the session and no additional work will be required to complete them outside of class.

Outside of Sessions

Peer feedback is essential to the integrity of the TBL process and students are required to **anonymously** provide formative feedback to their team members at the clerkship mid-point through the New Innovations system. Feedback will be used to make sure each team member is contributing to the process, has reliable attendance, positive contributions during team discussions, and values and encourages input from fellow team members.

Students will receive their own individual feedback gathered from teammates during clerkship Week 5. Peer feedback will also be gathered at the end of the clerkship. While you will not be graded on the feedback you give or receive, all students are required to complete all peer evaluations.

Grades: TBL comprises 15% of the overall HAC grade. This 15% consists of the following:

- 5%: Cumulative iRAT score
- 5%: Cumulative tRAT score
- 5%: Completion of peer feedback through New Innovations

A COPY OF THE TBL SESSION SCHEDULE CAN BE FOUND ON CANVAS.

Standards for Medical Professionals

**Students, House Officers, Fellows, and Faculty Practicing Within the Core Health Systems of the CU School of Medicine**

I. A professional consistently transmits respect for patients by his/her performance, behavior, attitude and appearance.

   A. **Respect for privacy and confidentiality.**
      1. Knock on door before entering room.
      2. Appropriately drape patient during examination.
      3. Do not discuss patient information in a public area; including elevators, and cafeterias.
      4. Keep noise levels low when patients are sleeping.
      5. Patient confidentiality includes following HIPAA rules regarding appropriately accessing patient files, including electronic files.

   B. **Respect for self-autonomy and the right to be involved in care decisions.**
1. All professionals introduce themselves to patients and patient’s families and explain their role in the patient’s care.
2. All professionals wear name tags clearly identifying their names and roles.
3. Time is taken to assure patient and family understanding, and informed consent, of medical decisions and progress.

C. Once a healing relationship is initiated a professional never abandons a patient.
   1. A professional assures continuity of care by clearly documenting who will provide care after a patient is discharged from a hospital, and informing the patient of how that caregiver can be reached.
   2. A professional responds promptly to phone messages and pages.
   3. A professional is responsible for providing reliable coverage through colleagues when he/she is not available.

D. Present a professional appearance.
   1. All professionals shall comply with acceptable standards of dress as defined by the institutions in which they work.

II. A professional consistently transmits respect for peers and co-workers.
   A. Respect is demonstrated by effective communication.
      1. Primary care providers will be informed of their patient’s admission, the hospital content, and discharge plans.
      2. Consulting physicians will be given all data pertinent to providing a consultation.
      3. Medical records will be kept legible and up to date; including dictating discharge summaries within approved guidelines. (Dictations done by housestaff and attendings, not students)
      4. All non-medical professionals who are part of the care team will be kept informed of patient plans and progress.
      5. Continuing verbal and written communication will be given to referring physicians.
      6. By understanding a referring physician’s needs and concerns about their patients.
   B. Respect is demonstrated for diversity of opinion, gender, and ethnicity.
      1. The work environment must be free of harassment of any sort.
      2. The opinions of all professionals involved in the care of patients must be respected.

III. A professional is responsible for his/her own education.
   A. One must be a motivated self-directed learner
   B. We must recognize the limits of our knowledge or skills and ask for help when appropriate.

Attendance Policy

**Attendance, Sick Leave, Vacations, Holidays and Leaves of Absence**

1. Attendance on clinical rotations and Intra-session is required. **Rotations end on the last Friday afternoon of each rotation.** The written exam is given on the last Friday morning of the 8 week clerkship. **Students should expect to be done with the exam at approximately 11:00 a.m. and make any travel plans accordingly.**

**Involuntary Absences**- Students are allowed two involuntary absences during the course of the 8 week HAC clerkship. **Involuntary absences include serious illness, family illness, emergencies, jury duty, and academic difficulties.** Any involuntary absence lasting longer than two days will be discussed with Student Affairs by the course director and a remediation plan will be developed in conjunction with the student.
If students have an illness or emergency, they must contact their attending and/or resident, the site director or chief resident at their site, as well as the course coordinator (Angie Duet) and the course director prior to missing any time. Failure to communicate absences to the aforementioned clerkship personnel will result in initiation of the SOM Professionalism Feedback process.

**Voluntary Absences:** absences from required clerkship activity such as weddings, travel, and local or national board meetings are generally not permitted, but unique circumstances may be discussed with the Clerkship Director. In the rare instances when accommodations can be made, the student must make up the days missed without violating the duty hour requirements. Requests must be put in writing and sent to Student Affairs first for approval before asking the course director.

2. **Holidays** - Days off are dependent on team call schedules. **Students should not assume they will have University holidays off.** The rule is: if your team is working, then so are you.

3. **Students will have approximately one day off per week of clinical duty with the vast majority of days off falling on weekends.** However, this will depend on the call schedule. If the student’s team is on-call/post-call on a Saturday/Sunday, the day off should be assigned in discussion with the team resident. **Students should never expect to have 2 days off in a row during their clinical time. Students are granted Saturday and Sunday off after the Intra-session.**

**Accommodations**

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs, who need special accommodations in this course, are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

**First day reporting section**

**Orientation:** Occurs on the first day of the clerkship from 7:30am-12:00 pm. During orientation, students are introduced to the course objectives and required project work. Orientation includes an introductory session covering interpretation of chest radiographs. This is followed by the Individualized Learning Goals session, a session dedicated to optimizing self-directed and lifelong learning. This is followed by a site-specific orientation delivered by the Chief Medical Resident or Site Director at each site to orient students to the location, team structure and schedule. This is immediately followed by clinical care duties. A second site-based orientation is delivered on the first day at the new site (Monday of week 5).
The Individualized Learning Goals session creates a framework to assist with the development of lifelong learning, goal setting, and making the most of feedback. Multiple short “check-in” sessions have been created to assist students with improvement on their goals.

Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas http://ucdenver.canvas.com, and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book” (http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site: http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx

Security, student safety, and disaster preparedness as well as relevant contact information for all core clinical sites will be provided to students at individual clerkship orientations and on the Canvas Phase III course location.

Recommended Resources

Success in achieving the clerkship goals will depend on a positive attitude, a continuing desire to learn, willingness to work hard, and a desire to seek and accept constructive criticism. The raw materials are provided: patients, colleagues with experience, library and online resources. It is your responsibility to use all these materials to teach yourself medicine. Self-directed learning is crucial to the development of a knowledgeable physician. Your success in achieving these goals will be evaluated by the faculty and housestaff.

You will find you retain best the subject matter related to patients you care for. Second-choice objects to which to tie your reading are: other patients of the ward team, those patients discussed at Morning Report, Professor’s Rounds, and Team Based Learning sessions, and subject matter covered in other conferences. Emphasis should be on pathophysiology and the natural history of disease, differential diagnosis, evaluation and treatment. Though difficult to accomplish, nightly reading is a valuable routine.

Texts/Web Resources:

We have a required text for this clerkship. The text is: Internal Medicine Essentials: Text. Please go to the following link for ACP to order: acponline.org. Student members of ACP receive a
$15.00 discount and student membership is free. When ordering the hardcopy, you will also receive access to the online text and questions.

We will also use the website: http://www.nelsonsekgsite.com/ekgbook.htm for ECG readings in the TBL curriculum.

Other choices to use that are not required are: Current Topics in Medicine; Rapid Interpretation of EKGs by Dubin; and IM Essentials Questions can be helpful in preparing for the written exam.

On-line texts such as Up to Date or MD Consult are recommended to provide additional details pertinent to the problems encountered in your patients. However, this should not be your primary or only source of information.

Assignments

**Individual Learning Goals:**
You are required to submit two formal Individual Learning Goals. **These are due via Canvas on the 1st and 5th Fridays of the clerkship.** Please use the ILG form found on Canvas. You will submit a **final reflection on your 1st ILG (2nd page of learning goal) due on the 4th Friday of the Clerkship** to detail progress made towards your goal. You will also submit a **final reflection on your 2nd ILG due on the last Friday of the Clerkship** relaying progress made on your goal.

**H&P Write-Up:**
You are required to submit two formal History and Physical Write-Ups. **These are due via Canvas no later than 5pm on the 2nd and 6th Fridays of the clerkship.** Write-ups should be submitted in Word format (.doc or .docx file).

**Evidence Based Medicine Project:**
You will present an EBM presentation at morning report, noon conference, or to your attending. EBM presentation format varies according to site. After you give your EBM presentation, have your attending or site director complete the form (page 25) and return it to you. This will need to be turned in via Canvas by Intra-session.

**Midpoint Logger and End of clerkship Final Competency Logger:**
You must bring a copy of your midpoint logger to your midpoint meeting with the Clerkship Director. This midpoint logger should be uploaded into Canvas. Your final Competency Logger for the entire eight weeks needs to be submitted to Canvas by the final exam. To log into your competency logger, please refer to Canvas.

**Evaluations in New Innovations:**
You will have two weeks from the last Friday of the first four weeks to complete your evaluations in New Innovations. You will evaluate your team members (attendings, residents, and interns) and your site. You will also evaluate your TBL team members. **Completed and turned in by the end of the clerkship (at exam)**

ALL FORMS CAN BE FOUND ON CANVAS
Direct Observation & Mid-Point Review Feedback Forms

Direct Observation Form
Once weekly with the exception of the 4th week (Mid-point), you are required to have your supervising resident, intern, attending, site director, or chief resident observe you during a patient interaction, performing a component of a brief history and physical, or giving an oral presentation. Two direct observation forms should be completed directly related to your individualized learning goal, one in the first half of the clerkship, one after the mid-point. Your observer should then give you feedback on your clinical skills using this form as a tool. It is the student’s responsibility to collect these forms and turn them in via Canvas by the Mid-Point Feedback Session with the clerkship director (first 4-weeks) or the written exam (second 4-weeks). Three observations must be completed by the mid-point of the clerkship. A total of seven observations must be completed by the end of the clerkship.

Mid-Point Review Form
During the fourth week, you will be assigned a time to meet with the clerkship director for mid-point feedback. Your Mid-point Feedback Form must be completed by an attending physician. During this meeting, you will go through this form together and will discuss your progress thus far and what you would like to improve on during the second half of the block. You will turn this in via Canvas along with your Competency Log. To log into your competency logger, please refer to Canvas.

Examinations

Shelf Exam: We use the NBME Internal Medicine Shelf Examination. Students must achieve a score of 59% or higher in order to pass the written exam. You must achieve the national mean (73%) or better on the exam in order to qualify for a grade of Honors.

When there are requests to delay block/clerkship examinations, a delay should be granted when it is consistent with the absence policy. In the event of an examination failure or when a delay is granted, students may take exams on the following Mondays: fall break, winter break, and Monday immediately after the last Phase III ICC. Exams may also be taken when they are administered at Denver Health during the LIC. In addition, exam retakes will take place on the following Saturdays: 8/13/16, 10/22/16, 12/10/16, 2/4/17 and 4/1/17. Fees may apply.

Evaluations and Grading

Overview of Grading: The student’s clerkship grade includes the following components:

- Clinical Grade 65%
- Written Exam 15%
- TBL Sessions 15%
- Professionalism 5%
Clinical Grade: The clerkship director will review all medical student evaluation forms for inconsistencies and appropriateness of ratings. Evaluations which appear to be incongruent with the student’s expected level of performance (either better or worse) will be discussed with the evaluator (attending or resident) and changes in the evaluation will be made as dictated by that discussion.

Ultimately, the clerkship director reserves the right to assign the final grade based on all the information available. This grade will not be dictated solely by the clinical evaluation form ratings, but rather will include a broad assessment of a student’s achievement on all the required competencies described in the clerkship description.

The weighting of the evaluations is as follows:
- Attending: 50%
- Resident: 33%
- Intern: 17%

Shelf Exam: We use the NBME Internal Medicine Shelf Examination. Students must achieve a score of 57% or higher in order to pass the written exam. You must achieve the national mean (73%) or better on the exam in order to qualify for a grade of Honors.

When there are requests to delay block/clerkship examinations, a delay should be granted when it is consistent with the absence policy. In the event of an examination failure or when a delay is granted, students may take exams on the following Mondays: fall break, winter break, and Monday immediately after the last Phase III ICC. Exams may also be taken when they are administered at Denver Health during the LIC. In addition, exam retakes will take place on the following Saturdays: 10/17, 12/12, 2/27 and 4/23. Fees may apply.

TBL Sessions: TBL comprises 15% of the overall HAC grade. This 15% consists of the following:
- 5%: Cumulative iRAT score
- 5%: Cumulative tRAT score
- 5%: Completion of peer feedback through New Innovations

Professionalism: Five percent of your overall grade will be tied to professional behavior throughout the clerkship. This includes being on time to all required sessions (TBL, orientations, etc.), submitting all requirements on time including your 2 H&P write ups and your mid-point requirements, and working professionally within the hospital and with the clerkship leadership. If for any reason students do not fulfill the professionalism requirements or are otherwise deemed to have had unprofessional behavior during the clerkship, this 5% will be taken away at the discretion of the clerkship director and coordinator.

Grading Committee: At the end of the block, a committee from the Department translates the combined evaluation into a grade. This committee consists of the course director, Dr. Christopher King, representatives of affiliated hospital sites and the chief medical residents. A grade of Honors is awarded to approximately the top 20% of students. A description of the grades follows:

H-Student demonstrates advanced level of performance/competency in course requirements
HP - Student demonstrates above expected level of performance/competency in course requirements

P - Student demonstrates expected level of performance/competency in course requirements

F - Student does not demonstrate expected level of performance/competency in course requirements.

PR - Student demonstrates expected performance/competency in the course requirements after remediation.

IP - Student is unable to complete requirements for a block due to illness or extenuating experiences

I - Student is unable to complete requirements with a less than passing grade at the completion of the block.

Qualification for Honors: You must meet the national mean on the exam to qualify for Honors. If the rest of your performance on HAC is at the Honors level and you do not meet the mean, you will receive a High Pass as your final grade.

Qualification for High Pass: You must pass the exam on the first attempt. Any student needing to repeat the exam will receive a maximum score of Pass for the block.

Multiple Exam Failures: If you fail the exam more than one time, you will need to meet with the course director to discuss your remediation. Depending upon the rest of your performance during HAC, you may have to repeat 4 or more weeks of the clerkship in addition to passing the exam.

All grades remain permanently on the student’s transcript except IP and I, which are replaced with the appropriate grade after the student has completed the course.

Grade Appeals Policy: We make every effort to ensure that your evaluation is fair and accurate. Students who believe there is an error in their grade calculation or comments may submit a written appeal via email to the course director within three weeks of receiving their final grade explaining why they believe the grade is unfair. All appeals will be reviewed by the course director and the grading committee and a final decision will be made at the next grading session, after which students will be informed of the result. Please note that a grade changes can go in either direction. That is, if upon further review, we believe your grade to be too high, we can lower your grade.

Grade Submission: Student assessments will be available/ submitted no later than 4 weeks after the course is completed.

See SOM Clerkship Grading Policy for further details.
Completion of the course and faculty evaluations is vital to the ongoing improvement of the clerkship. We take your suggestions for improvement very seriously. Furthermore, faculty truly respects your input on how to improve their teaching skills. Please be constructive in your evaluations.

Hazard Exposure/Needle stick

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:

- University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw.
- Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.

On the CUSOM website at: Needle-Stick & Bodily Fluid Exposures

Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

- **Logger Requirements**
  - Update the Logger at least once weekly, including duty hours for the week.
  - Only required to log a required clinical condition once during the block in which it is required.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

- **Duty Hour Requirements**
In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:

- Students will have no more than 80 hours a week of scheduled participation averaged over a course. This does not include time students should spend reading about their patients or doing patient write ups.
- Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
- Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over a course.

- **Clerkship Directors or their Designee will:**
  - Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
  - Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

**Students not completing their requirements will face the following consequences:**

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.

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**Professionalism**

*The Department of Medicine supports the professionalism policies of the School of Medicine. Throughout the entire clerkship, students are expected to:*

- Contact appropriate clerkship faculty and chief medical residents for all voluntary and involuntary absences.
- Check email regularly for communication about clerkship activities and updates. Respond within 24 hours to all clerkship emails requiring individual student response.
- Attend all clerkship conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluations.
- Ensure all patient documentation is original and updated daily.
- Use smart phones and electronic tablets with discretion.
- Wear professional dress with white coats.
Academic Honesty Statement

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code. [http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx](http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx)

Students are also expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tablets with discretion
- Wear professional dress.

Reporting issues of professionalism of others:

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may
differ in how they want to address this issue, and we seek to provide a wide array of reporting options. Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning.

http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx

Communication

**Most of our clerkship communication is done via email.** It is the students’ responsibility to check email daily for clerkship updates.

**Canvas:** You can find copies of all Clerkship forms (Direct Observation, EBM feedback, Learning Goal Worksheet, Mid-point feedback form) on Canvas. You will also take your quizzes for TBL and upload all assignments in Canvas. Your TBL case content and Intrasession materials are also on Canvas.

**Laptop and Mobile Device Usage:** You are REQUIRED to bring a laptop/tablet with you to Orientation and all TBL sessions. There will be online content you will need to be able to access.

Attire

Wear professional dress with white coats.

Hospital sites

**MAJOR TEACHING SITES:**
We are fortunate to have 5 major teaching sites. All sites have had outstanding (greater than 4.0 on a 5 point Likert scale) site evaluations by students for many years. The hospitals and the patient populations served by them are described below:

**Denver Health (DH)**
As a large public hospital, patients with severe and often late presentations of illness from around the world and locally present to this hospital designed to care for the underserved. Students are vital members of a team consisting of an attending, a resident, an intern, and one or more sub-intern.

**Exempla Saint Joseph’s Hospital (ESJH)**
ESJH is a private hospital admitting Kaiser managed care and private patients with generally common medical illnesses. Teams consist of private and teaching faculty, residents and interns from the ESJH residency program, and sub-interns from UCD.

**Presbyterian Saint Luke’s Medical Center (PSL)**
PSL is a private hospital with a highly motivated teaching faculty of hospital-based physicians, who work on a team with residents and interns from the UCD Department of Medicine. Students admit community patients with common medical illnesses and co-manage them with both their teaching team (teaching attending, resident, interns and often a sub-intern) and
private attendings. PSL’s unique rounding structure also emphasizes interdisciplinary care, quality improvement, and patient safety.

**University of Colorado Hospital/AIP (UCH)**
University Hospital is a tertiary care as well as community hospital. Patients have both common and unusual medical conditions. Students are an integral member of the medical team, which will generally consist of an attending, a resident, an intern and often a sub-intern.

**Veteran’s Affairs Hospital (VA)**
The VA cares for a primarily male population with multiple common and severe medical illnesses. Again, students are key members of a medical team that includes an attending, a resident, two interns and frequently a sub-intern.

**SITE COMBINATIONS**
Each third year student will be assigned to two different hospitals. Because of the greater level of patient responsibility, students will spend at least one of the months at DHMC, UCH or the VAMC.

List all responsibilities and information for each of the hospital sites your clerkship utilizes.

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**Course Calendar:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Fri Apr 29, 2016</td>
<td>Individual Learning Goal #1</td>
<td>due by 11:59pm</td>
</tr>
<tr>
<td>Thu May 5, 2016</td>
<td>Hyponatremia Quiz</td>
<td>due by 2pm</td>
</tr>
<tr>
<td>Fri May 6, 2016</td>
<td>1st H&amp;P</td>
<td>due by 5pm</td>
</tr>
<tr>
<td>Thu May 12, 2016</td>
<td>Altered Mental Status Quiz</td>
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<td>Thu May 19, 2016</td>
<td>Pneumonia Individual Quiz</td>
<td>due by 2pm</td>
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<tr>
<td>Fri May 20, 2016</td>
<td>Direct Observation 1</td>
<td>due by 11:59pm</td>
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<tr>
<td></td>
<td>Direct Observation 2</td>
<td>due by 11:59pm</td>
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<tr>
<td></td>
<td>Direct Observation 3</td>
<td>due by 11:59pm</td>
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<tr>
<td></td>
<td>Evidence Based Medicine Project</td>
<td>due by 11:59pm</td>
</tr>
<tr>
<td></td>
<td>ILG #1 Final Reflection</td>
<td>due by 11:59pm</td>
</tr>
<tr>
<td></td>
<td>Midpoint Feedback Form</td>
<td>due by 11:59pm</td>
</tr>
<tr>
<td>Date</td>
<td>Details</td>
<td>Due Time</td>
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<tr>
<td>Thu May 26, 2016</td>
<td><strong>Midpoint Logger</strong></td>
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<tr>
<td>Fri May 27, 2016</td>
<td><strong>Pain Individual Quiz</strong></td>
<td>2pm</td>
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<tr>
<td>Thu Jun 2, 2016</td>
<td><strong>Individual Learning Goal #2</strong></td>
<td>11:59pm</td>
</tr>
<tr>
<td>Fri Jun 3, 2016</td>
<td><strong>Chest Pain Individual Quiz</strong></td>
<td>2pm</td>
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<tr>
<td>Thu Jun 9, 2016</td>
<td><strong>2nd H&amp;P</strong></td>
<td>5pm</td>
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<tr>
<td>Thu Jun 16, 2016</td>
<td><strong>Renal Failure Quiz</strong></td>
<td>2pm</td>
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<tr>
<td>Thu Jun 16, 2016</td>
<td><strong>Anemia Individual Quiz</strong></td>
<td>2pm</td>
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<tr>
<td>Fri Jun 17, 2016</td>
<td><strong>Direct Observation 4</strong></td>
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<tr>
<td></td>
<td><strong>Direct Observation 5</strong></td>
<td>11:59pm</td>
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<tr>
<td></td>
<td><strong>Direct Observation 6</strong></td>
<td>11:59pm</td>
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<tr>
<td></td>
<td><strong>Direct Observation 7</strong></td>
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<tr>
<td></td>
<td><strong>Final Logger</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>ILG #2 Final Reflection</strong></td>
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<tr>
<td></td>
<td><strong>Shelf Exam</strong></td>
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**Advising System:**

*Medicine Sub-Internship*

*Students who plan to apply for internship in internal medicine should do a Medicine or Hospital Medicine Sub-internship.* A sub-internship during the summer or early fall of your fourth year may help us to predict your performance in such an internship more confidently and thus to provide you with a more positive endorsement. The Department recommends sub-internships in Medicine in the fourth year as excellent preparation for internship in all disciplines (e.g., internal medicine, surgery, psychiatry, obstetrics and gynecology) and is likely to decrease the stress of an internship. Senior electives on internal medicine subspecialty services are also recommended.

*Residency Advisors for students considering Internal Medicine Residency training*
Students who are considering a residency in Internal Medicine or a preliminary year in Internal Medicine should contact Dr. Adam Trosterman at 720-848-6327 or Angie Duet at 303-724-1790. Students who are unsure about their future residency choice and wish to discuss their options are welcome to meet with Dr. Trosterman as well. It is our desire that you choose the right specialty FOR YOU and we recognize that most, if not all, students will experience some confusion when choosing an area of specialty. Such a discussion will have absolutely NO impact on your future chances of matching in Internal Medicine or matching at University of Colorado Hospital for residency.

A residency advisor will be assigned for students applying to three-year internal medicine residency training programs. Our Student Advising Group consists of specific faculty members who are responsible for advising students regarding their residency application. These advisors have been on our Internship Selection Committee and are familiar with internal medicine training programs around the country. They will (1) discuss material ranking the quality and difficulty for acceptance in internal medicine training programs around the country; (2) correlate this information with the student's academic records; and (3) on the basis of #2 and other factors or needs of the students such as geographic choice, make recommendations for specific internships. They will also write the Departmental (Chairman's) letter. The departmental letter is an evaluative letter, which focuses on the student's performance in internal medicine. This counts as one of the required letters of recommendation.

**Members of the Student Advising Group:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eva Aagaard, M.D.</td>
<td><a href="mailto:Eva.Aagaard@ucdenver.edu">Eva.Aagaard@ucdenver.edu</a></td>
<td>303-724-1789</td>
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<tr>
<td>Dennis Boyle, M.D.</td>
<td><a href="mailto:Dennis.Boyle@ucdenver.edu">Dennis.Boyle@ucdenver.edu</a></td>
<td>303-436-5905</td>
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<tr>
<td>Dan Bessesen, M.D.</td>
<td><a href="mailto:Daniel.Bessesen@ucdenver.edu">Daniel.Bessesen@ucdenver.edu</a></td>
<td>303-436-5910</td>
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<tr>
<td>Tom Campbell, M.D.</td>
<td><a href="mailto:Thomas.Campbell@ucdenver.edu">Thomas.Campbell@ucdenver.edu</a></td>
<td>303-724-4929</td>
</tr>
<tr>
<td>Lisa Cyran, M.D.</td>
<td><a href="mailto:Elizabeth.Cyran@sclhs.net">Elizabeth.Cyran@sclhs.net</a></td>
<td>303-837-7878</td>
</tr>
<tr>
<td>Stuart Linas, M.D.</td>
<td><a href="mailto:SLinas@dhha.org">SLinas@dhha.org</a></td>
<td>303-436-5905</td>
</tr>
<tr>
<td>Rick Miranda, M.D.</td>
<td><a href="mailto:RMiranda@coloradohealth.org">RMiranda@coloradohealth.org</a></td>
<td>303-839-6253</td>
</tr>
<tr>
<td>Joe Schuller, M.D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelly White, M.D.</td>
<td><a href="mailto:Kelly.White@ucdenver.edu">Kelly.White@ucdenver.edu</a></td>
<td>720-848-2363</td>
</tr>
<tr>
<td>Brian Wolfe, M.D</td>
<td><a href="mailto:Brian.Wolfe@ucdenver.edu">Brian.Wolfe@ucdenver.edu</a></td>
<td>720-848-4289</td>
</tr>
<tr>
<td>Eric Young, M.D.</td>
<td><a href="mailto:Eric.Young@ucdenver.edu">Eric.Young@ucdenver.edu</a></td>
<td></td>
</tr>
<tr>
<td>Nichole Zehnder, M.D.</td>
<td><a href="mailto:Nichole.Zehnder@ucdenver.edu">Nichole.Zehnder@ucdenver.edu</a></td>
<td>720-848-4289</td>
</tr>
</tbody>
</table>

Some students may wish to speak with a confidential advisor. These faculty members do not write Department Letters, but do have a strong interest in students and an understanding of residency selection around the country. Please feel free to contact these people directly:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeannette Guerrasio, M.D.</td>
<td><a href="mailto:Jeannette.Guerrasio@ucdenver.edu">Jeannette.Guerrasio@ucdenver.edu</a></td>
<td>303-266-1889</td>
</tr>
<tr>
<td>Rita Lee, M.D.</td>
<td><a href="mailto:Rita.Lee@ucdenver.edu">Rita.Lee@ucdenver.edu</a></td>
<td>303-266-6267</td>
</tr>
<tr>
<td>Andy Fine, M.D.</td>
<td><a href="mailto:AF@draf.us">AF@draf.us</a></td>
<td>303-703-8583</td>
</tr>
</tbody>
</table>

**HINTS FOR SUCCESS:**

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Feedback

You are responsible for getting feedback from your attendings and housestaff including suggestions about how to improve your performance. Please use the midpoint feedback form and the Medical Student Clinical Examination (Mini-Cex) for this purpose. If you are having trouble getting adequate feedback on your performance, please contact the Chief Medical Resident, Site Director or Clerkship Director to help you.

Suggestions for doing a good job on the clerkship

- Early in the clerkship (first 1-3 days), ask your supervising resident and attending what they expect of you; then periodically ask for feedback to ensure that you are meeting their expectations.
- See your patients frequently - as directed under Students Clinical Responsibilities.
- Be a “team player” and a "willing worker". If you are available and willing, you will be involved. Many ward tasks seem menial and trivial, but can be crucial to the patient’s overall course.
- "The early bird catches the worm" - If you get test results before the intern, the joy of discovery and initial analysis will be yours. If you write your progress notes after the intern, the task will seem repetitive and boring to you.
- Be a self-directed learner- read about the conditions your patients have. Start with a general source such as a textbook or Up-To-Date, and then go to the literature to review recent meta-analyses, systematic reviews, or RCTs addressing therapy for these conditions.
- Be enthusiastic
- Understand and accept that there is some subjectivity to the grading process
- Identify role models, both positive and negative and learn from their strengths and weaknesses
- Have goals for every clerkship, regardless of what field you choose
- Remember that the patient is the most important one to impress

Problems

Any problems you have as individuals should be dealt with openly, promptly and directly by discussion with the most directly concerned members of your team. This will usually solve the problem, but if it doesn’t, please consult the Chief Resident, Site Director, or Clerkship Director. All of these people have a strong and sincere commitment to helping you.

The Hospitalized Adult Care Clerkship is a demanding experience, which may be stressful. The stress of the Clerkship may revive dormant personal problems or uncover new ones. Should personal problems arise, please discuss them with one of the people on your team or one of the other resource people listed above. All of them have had personal problems of their own and will want to help you to cope with yours.

For any questions or concerns, please contact Angie Duet, clerkship coordinator, at 303-724-1790 or come by Academic Office 1, Room 8513.