UNIVERSITY OF HAWAII
JOHN A. BURNS SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

THIRD-YEAR CLERKSHIP IN
INTERNAL MEDICINE

MEDICINE 531 (6B)
MEDICINE 532 (6L)

CLERKSHIP HANDBOOK

Revised 06/22/19
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TOP 10 WAYS TO EXCEL ON THE INTERNAL MEDICINE CLERKSHIP

1. Set clear expectations with your residents and attendings. Strive to exceed their expectations, and follow through on every assigned task.

2. Be actively involved in the care of your patients to the greatest extent possible. Go the extra mile. You will benefit as much as they will.

3. Always put forth your best effort for the team. Learning will follow. The more you put in, the more you will gain.

4. Read consistently and deeply about the problems your patients face. Raise what you learn in your discussions with your team and in your notes. Educate your team members about what you learn whenever possible.

5. Learn to deliver excellent presentations as early as possible. This will make you more effective in patient care and gain the confidence of your supervisors to allow you more involvement in patient care.

6. Ask questions when you don’t understand something, can’t figure something out, or feel lost or confused.

7. Speak up! Share your thoughts in teaching sessions, share your opinions about your patients’ care, constructively discuss how to improve the education you are receiving and the systems around you.

8. Actively seek feedback from ALL your supervisors and take time to reflect on your experiences.

9. Keep your goals focused on the right priorities, in the following order: patient care, learning, and personal satisfaction. Keeping your priority focused on patient care will actually help you to meet all three goals.

10. Always be enthusiastic. Be caring and conscientious, and strive to deliver outstanding quality to your patients as you learn as much as you can from every experience.

Download free of charge from: http://connect.im.org/p/cm/ld/fid=664
INTRODUCTION

Clerkship Goals
The goal of the Third-Year Clerkship in Internal Medicine is to introduce students to the breadth and depth of Inpatient and Ambulatory Internal Medicine, the foundation for all clinical specialties.

Students will refine their clinical skills and knowledge through patient encounters, develop effective oral and written communication, demonstrate professional and ethical behavior, learn their role in the care team and demonstrate life-long learning. It is the student’s responsibility to utilize this clerkship experience to accomplish these goals, and it is the Department of Medicine’s responsibility to assure that every graduate of the John A. Burns School of Medicine has obtained Graduation Level competency in Internal Medicine.

Under the direction of JABSOM clinical faculty members, students will experience “patient-based learning” which includes, but is not limited to, evaluating patients through history-taking and physical examinations, developing comprehensive assessments with appropriate differential diagnoses, generating diagnostic and therapeutic plans, providing care and follow up appropriate to the clinical setting.

Clerkship Design
MED 531 (6B) is 11 weeks and consists of 5.5–6 weeks of Inpatient Medicine (5.5 weeks in fall, 6 weeks in spring) and 5–5.5 weeks of Ambulatory Medicine. MED 532 (6L) consists of 6 weeks of Inpatient Medicine (mini block) and 22 half-days of Ambulatory Medicine clinics – approximately one half-day weekly.

Work Hours
The Internal Medicine Clerkship adheres to the JABSOM Statement of Student Workload:

“In recognition of the multiple expectations placed on students in all JABSOM clinical rotations, including the need to acquire knowledge and clinical skills, attend conferences, read about patients and research learning issues, it is important to support students in ways that will optimize their ability to accomplish the above. Therefore, at a minimum:

1. On-call and post-call hours will be limited to allow students to learn effectively the following day;
2. Adequate time will be allocated as designated study time in all required clerkships; and
3. All experiences, including clinical responsibilities, will be reviewed periodically to determine the educational value.”

All JABSOM clinical rotations will comply with the following guidelines:
1. Work hours are limited to 80 hours/week, averaged over the duration of the rotation;
2. Students are given at least one 24-hour period off every 7 days; and
3. Third year students are excused from their clerkships to attend Colloquia.

The IM Clerkship recognizes that an excessive workload and work hours do not promote well-being and may endanger students, their patients and others with whom they interact. Therefore, the Clerkship monitors students’ inpatient & ambulatory workload and inpatient work hours (see Inpatient Work Hours Log).
Safety in Numbers

All students are strongly advised to carpool to all clinical sites and to walk to and from the hospitals and clinics in groups, especially during the early morning hours when lighting is not ideal. It may be wise to bring a flashlight with you to illuminate your pathway. If you are unable to carpool, consider arranging for a drop-off and pick-up by family or friends. If needed, please contact hospital security for an escort to your vehicle.

Designated Study Time

Students are provided one (1) afternoon of "designated study time" per week, averaged over the course of the clerkship. Students should be aware that during busier weeks of Inpatient Medicine, there may not be one full afternoon per week available, so some weeks of Ambulatory Medicine may have multiple afternoons for study.

"Designated study time" is defined as time Monday through Friday and morning through afternoon away from patient care responsibilities that is devoted to studying. This includes reading, completing write-ups, preparing for required clerkship activities, etc. Time should be used for educational activities as described above, not for leisure activities. Study time is granted when patient care tasks and any required activities have been completed.

Students are advised to notify their team and/or preceptor(s) when they are leaving to study.

Academic action may be initiated against students who abuse the "designated study time," as determined by the Department of Medicine Student Education Committee. Likewise, sites that do not follow the guidelines on "designated study time" should be brought to the attention of the clerkship director.

The day prior to the NBME Exam is designated a full day of “designated study time” for clerkship students.

Days Off

Students must have at least one (1) day off per week, averaged over the course of the clerkship.

On Inpatient Medicine, there is one (1) day off each week, usually a Saturday or a Sunday. The day off will be determined by the site’s Hospital Site Coordinator and Chief Medical Resident.

On Ambulatory Medicine, there are usually two (2) days off each week, usually Saturday and Sunday. Days off will be determined by the Ambulatory Preceptor.

Holidays

Students will follow the holiday schedule that is observed at their training site.

Attendance

Attendance is mandatory for all Medicine Clerkship orientations, lectures, and exams.

Students may take time away from clinical responsibilities when needed to access health care without fear of academic penalty. The Clerkship Director must be notified in advance.

Absences

On each day you are absent, the Chief Medical Resident, Hospital Site Coordinator/Ambulatory Preceptor and Clerkship Coordinator must be notified. You will be required to make up any time missed unless otherwise informed.
If you are absent for more than three (3) days, totaled over the course of the clerkship, the clerkship is required to report this to the Office of Student Affairs.

Required make up for time missed must be completed by the end of Medicine Clerkship to receive Credit for the clerkship.

The Internal Medicine Clerkship adheres to the JABSOM Absentee Policy:

“Policy Regarding Missing Required Activities
Students who are late to or absent from a required session, must contact the course directors or faculty in charge of the session. The consequences will be decided by the course directors and may include: make-up session and/or supplemental assignment, counseling, notification of the Office of Student Affairs, discussion at the Evaluation, Review and Remediation Committee (ERRC), referral to the Student Standing and Promotion Committee.

The following will be considered in determining student referral to the Student Standing and Promotion Committee:

• review of past absences of individual with OME and OSA
• review of past behavior and professionalism issues with OSA

In addition, any unexcused absences from a required session may result in an “incomplete” grade until the make-up session and/or supplemental assignment has been completed, or a “no credit” grade for the course. The following will be considered excused absences: approved educational activities, approved research activities, approved absence for personal reasons, illness (with notification of course directors/faculty prior to the session), unavoidable circumstances with documentation (e.g., accidents, transportation failure, care for immediate family member). Approvals for foreseeable events (e.g. conferences, etc) are not guaranteed, and the request form must be submitted to course directors at least one month in advance. Factors involved in decision making include academic progress, type of event and the student role in the event, and what the faculty feel would be in the best interest of the student. Students may appeal the decision with the Directors of the Office of Student Affairs and Office of Medical Education, and those directors should consult the course directors in making their decision. Students should also notify OSA if they will be traveling off island.”
The IM Clerkship curriculum is adapted from the Clerkship Directors in Internal Medicine (CDIM)-Society of General Internal Medicine (SGIM) Core Medicine Clerkship Curriculum Guide Version 3.0. The Guide outlines thirty-three (33) Training Problems and seventeen (17) General Clinical Core Competencies that are aligned with the Accreditation Council for Graduate Medical Education (ACGME) general competencies. The training problems and general clinical core competencies can be found in the clerkship training problem handbook.

The curriculum has been reviewed by JABSOM’s Department of Medicine Student Education Committee (SEC) and is aligned with & fulfills JABSOM’s Graduation Objectives.

Learning Objectives

1. Refer to the training problem list and handbook.

2. Refer to the General Clinical Core Competencies in Internal Medicine

Learning Strategies

1. After seeing each patient, students should identify which Training Problems were addressed, read and study those Training Problems and assess whether they are able to meet the specific learning objectives for each (Appendix A).

2. Students should read and study the General Clinical Core Competencies in Internal Medicine and assess whether they are able to meet the specific learning objectives for each.

3. Students should refer to the Recommended Resources for their further reading and studying.

Learning Environment

The learning environment for the Medicine Clerkship includes selected Inpatient and Ambulatory settings which promote life-long learning and development of appropriate professional behaviors in our students, residents, faculty, and staff at all locations. We encourage students’ ongoing feedback to identify and promptly correct any violations of professional standards. Any such concerns may be directed to Clerkship Director, at any time, and/or anonymously submitted via the end-of-clerkship survey forms.
EVALUATION IN THE THIRD-YEAR CLERKSHIP IN INTERNAL MEDICINE

General Guidelines

The clerkship uses a "competency-based" system to assess the 3 domains: Medical Knowledge, Clinical Skills and Professionalism.

For **Medical Knowledge**, competency is assessed throughout the clerkship by:
- Direct observation of student’s clinical performance
- Performance on the NBME Subject Examination in Internal Medicine at the end of the clerkship

For **Clinical Skills**, competency is assessed throughout the clerkship by:
- Direct observations of student’s clinical performance
- Performance on the Clinical Skills Exam (CSE)

For **Professionalism**, competency is assessed throughout the clerkship by:
- Direct observations of student’s clinical performance

Hospital Site Coordinators and Ambulatory Preceptors provide students mid-clerkship feedback on clinical performance. Students are also encouraged to seek feedback at least weekly from the residents and faculty. At the end of the clerkship, the SEC reviews each student's entire clerkship performance, including clinical performance (inpatient and ambulatory), CSE and NBME Exam scores to determine each student’s grade. For questions about clerkship grades, refer to JABSOM’s Academic Appeals Policy.

Credit

To earn Credit for MED 531/532, students must demonstrate **Clerkship Level Competency** (“meets expectations”) in all three domains of Medical Knowledge, Clinical Skills and Professionalism, as reflected by their Clinical Performance, CSE and NBME Exam.

On the CSE, students must achieve a score of **Pass** (exam is graded on a Pass/Fail basis).

On the NBME Exam, students must score **60** or higher.

Students who do not demonstrate Clerkship Level Competency in all three domains by the end of the clerkship may be required to repeat part or all the clerkship and/or retake the CSE and/or NBME Exam. Students will have up to two (2) opportunities to achieve this.

High Pass

The Department of Medicine has introduced a **High Pass** for the 2019-2020 academic year. To earn a High Pass, students must demonstrate **exceptional** performance in all three domains as listed above, be recommended for Honors by **both** Inpatient and Ambulatory Medicine and score **70** or higher on the NBME Exam.

Honors

To earn Honors, students must demonstrate **exceptional** performance in all three domains as listed above, be recommended for Honors by **both** Inpatient and Ambulatory Medicine and score **76** or higher on the NBME Exam.
MED 531/532 EVALUATION METRICS

The 3rd Year Clerkship in Internal Medicine assesses student performance in three major categories of knowledge base, clinical performance and professionalism, all of which encompass the graduation objectives. Final grades are based on the compilation of these evaluations and are assigned as: Honors, High Pass, Credit and Unsatisfactory. To allow for more standardized evaluations of students, the following rubric was created. When approaching assessment of your student, please consider how the student performs in comparison to ALL other students you have worked with, not just other students seen this academic year or even within a specific block.

<table>
<thead>
<tr>
<th>HONORS</th>
<th>HIGH PASS*</th>
<th>CREDIT</th>
<th>UNSATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBME score 76 or higher</td>
<td>NBME score 70 or higher</td>
<td>NBME score 60 or higher</td>
<td>NBME score &lt;60</td>
</tr>
<tr>
<td>Performs independent research on various clinical topics relevant to patient care on a consistent basis; incorporates evidence-based medicine or reviews guidelines in most/all write-ups</td>
<td>Performs independent research on various clinical topics relevant to patient care on a consistent basis; incorporates evidence-based medicine or reviews guidelines in most/all write-ups</td>
<td>Embodies self-directed learning by looking up new learning issues independently but may need occasional prompting to determine appropriate clinical questions and finding appropriate resources</td>
<td>Requires frequent reinforcement and/or prompting to look up clinical topics</td>
</tr>
<tr>
<td>Shows mastery of pathophysiology of straight-forward disease states and is able to expand on complex problems</td>
<td>Shows mastery of pathophysiology of straight-forward disease states and is able to expand on complex problems</td>
<td>Shows basic understanding of pathophysiology of straight-forward disease states</td>
<td>Struggles to develop clinical questions</td>
</tr>
<tr>
<td><strong>CLINICAL PERFORMANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passes IM CSE</td>
<td>Passes IM CSE, demonstrates Honors level clinical performance</td>
<td>Passes IM CSE</td>
<td>Does not pass CSE</td>
</tr>
<tr>
<td>Able to elicit a thorough &amp; organized history from a patient without missing any significant points or misses only minor details</td>
<td>Able to elicit a thorough &amp; organized history from a patient without missing any significant points or misses only minor details</td>
<td>Able to elicit a full history, may be missing a few minor details and/or 1-2 significant points</td>
<td>Has difficulty obtaining a complete history, misses significant elements (i.e. skips social history, family history, review of systems, etc)</td>
</tr>
<tr>
<td>Performs BPES head-to-toe without any missing elements</td>
<td>Performs BPES head-to-toe without any missing elements</td>
<td>Can perform BPES with a few minor mistakes (i.e. 1-2 branch steps out of correct sequence)</td>
<td>Poor organization</td>
</tr>
<tr>
<td>Independent and motivated for patient care tasks</td>
<td>Independent and motivated for patient care tasks</td>
<td>Organized and systematic</td>
<td>Unable to identify relevant issues</td>
</tr>
<tr>
<td>Comes prepared to clinic and wards, ready to take on patient care tasks without hesitation</td>
<td>Comes prepared to clinic and wards, ready to take on patient care tasks without hesitation</td>
<td>Able to adapt to most situations to maintain patient comfort</td>
<td>Unable to or does not perform the complete BPES for new patients</td>
</tr>
</tbody>
</table>
| *Please note that the “High Pass” grading option was added during the 2019-2020 academic year. This option is to distinguish students who performed Honors level clinically and professionally but did not meet the NBME score cutoff."
| CLINICAL PERFORMANCE (CONTINUED) | Assessments are complete and organized with little to no corrections  
- Captures all relevant and “zebra” diagnoses  
- Able to follow thought process clearly  
Notes submitted on time and complete with key information  
- Maintains organization and able to prioritize information without assistance  
Presentations organized, concise and easy to follow with key information  
Clear communication with families in “digestible” language  
Manages 3+ new patients in clinic each half-day  
Evaluates 2+ new patients per long-call day  
Formulates accurate diagnostic workup & basic treatment plans | Assessments are complete and organized with little to no corrections  
- Captures all relevant and “zebra” diagnoses  
- Able to follow thought process clearly  
Notes submitted on time and complete with key information  
- Maintains organization and able to prioritize information without assistance  
Presentations organized, concise and easy to follow with key information  
Clear communication with families in “digestible” language  
Manages 3+ new patients in clinic each half-day  
Evaluates 2+ new patients per long-call day  
Formulates accurate diagnostic workup & basic treatment plans | Assessments are complete and organized but may need minor corrections  
- May miss a few “zebra” diagnoses  
- Able to follow thought process clearly  
Notes submitted on time and complete with key information  
- May need minor help with maintaining organization or prioritization of information  
Presentations organized and easy to follow with key information, may need tips on being concise  
Clear communication with families in “digestible” language  
Manages 2-3 new patients in clinic each half-day  
Evaluates 1+ new patients per long-call day and manages 2-3 additional patients | Assessments are incomplete, disorganized and/or inappropriate  
- Insufficient or incomplete differential diagnoses  
- Missing explanations or thought process  
- Lack of or inappropriate diagnostic studies and treatment plan  
Notes submitted late, incomplete, inappropriate cutting/pasting or missing key information  
Presentations disorganized and missing key or accurate information  
Poor communication with patients and families  
- Frequent use of medical jargon  
- Insensitivity to patient needs and concerns  
Unable to manage more than 2 patients at once (inpatient medicine) |
| PROFESSIONALISM | Maintains professional attire  
On time, no missed clinics or makes up missed clinics  
Prepared to see patients  
- Engaged in learning  
- Incorporates feedback into workflow & shows improvement over rotation  
Ready and eager to see new patients  
Appropriate interpersonal skills, works well with team members | Maintains professional attire  
On time, no missed clinics or makes up missed clinics  
Prepared to see patients  
- Engaged in learning  
- Incorporates feedback into workflow & shows improvement over rotation  
Ready and eager to see new patients  
Appropriate interpersonal skills, works well with team members | Maintains professional attire  
On time, no missed clinics or makes up missed clinics  
Prepared to see patients  
- Engaged in learning  
- Incorporates feedback into workflow & shows improvement over rotation  
Ready and eager to see new patients  
Appropriate interpersonal skills, works well with team members | Unprofessional attire, frequently late or missing clinics, unprepared to see patients  
- Disengaged  
- Does not incorporate feedback into workflow  
- Lack of improvement over rotation  
Reluctant to see new patients, requires significant encouragement  
Has difficulty with interpersonal skills |
| FORMAL GRADING | Recommended for Honors by BOTH Inpatient and Ambulatory attendings/preceptors | Recommended for Honors by BOTH Inpatient and Ambulatory attendings/preceptors | May be recommended for Honors by one or more attending/preceptor |
**MS3 EXPECTATIONS**

The following scale was created to normalize expectations of students who rotate throughout the year, as students are anticipated to have gained skills and knowledge over time. Please refer to this chart when grading your student as this provides a general list of expectations.

<table>
<thead>
<tr>
<th>Beginning MS3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Requires occasional prompting for history-taking; needs some assistance with organization and teasing out relevant issues</td>
<td></td>
</tr>
<tr>
<td>• Frequent researching of topics basic knowledge topics (i.e. gaps in basic knowledge) but uses appropriate resources</td>
<td></td>
</tr>
<tr>
<td>• Able to complete BPES but misses branch steps</td>
<td></td>
</tr>
<tr>
<td>• Able to generate simple/straightforward differential diagnosis list but lacks depth</td>
<td></td>
</tr>
<tr>
<td>• Assessment and recommendations very limited and/or needs significant assistance</td>
<td></td>
</tr>
<tr>
<td>• Notes take significant time and may be missing a few relevant data points, may be submitted late in the day</td>
<td></td>
</tr>
<tr>
<td>• Presentations may be difficult to follow, require prompting, reliant on notes and may miss a few key details</td>
<td></td>
</tr>
<tr>
<td>• Still learning to address all of patient’s concerns but shows genuine care for the patient, may miss a few emotional cues</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mid-year MS3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completes full history-taking accurately with occasional mistakes in more complex cases</td>
<td></td>
</tr>
<tr>
<td>• Requires researching more advanced topics for discussion but solid basic fund of knowledge and uses appropriate resources</td>
<td></td>
</tr>
<tr>
<td>• Able to complete BPES with few branch steps</td>
<td></td>
</tr>
<tr>
<td>• Generates detailed differential diagnosis list for training list/common problems &amp; able to prioritize the most likely diagnosis</td>
<td></td>
</tr>
<tr>
<td>• Has basic understanding of treatment concepts for straightforward problems and able to contribute to management plans</td>
<td></td>
</tr>
<tr>
<td>• Notes contain all relevant data, show reasonable synthesis and are submitted in timely fashion</td>
<td></td>
</tr>
<tr>
<td>• Presentations contain relevant data, are clearly organized and less reliant on notes</td>
<td></td>
</tr>
<tr>
<td>• Able to elicit and address patient’s concerns, acknowledges and reads emotional cues appropriately, working on communication with families</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Late MS3 (Soon-to-be MS4):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Completes full, organized and accurate history-taking for complicated patients</td>
<td></td>
</tr>
<tr>
<td>• Able to discuss advanced clinical topics with reasonable understanding (i.e. clinical guidelines, management of diseases/clinical presentations on training problem list)</td>
<td></td>
</tr>
<tr>
<td>• Able to complete BPES including branch steps for chief complaint and other relevant systems</td>
<td></td>
</tr>
<tr>
<td>• Generates comprehensive differential diagnosis list with appropriate prioritization and evidence</td>
<td></td>
</tr>
<tr>
<td>• Consistently creates accurate basic treatment plans, may need assistance with complex patients/problems</td>
<td></td>
</tr>
<tr>
<td>• Notes are well-organized, submitted on time/early, contain a well developed assessment and accurate treatment plan; may need some assistance with complex problems</td>
<td></td>
</tr>
<tr>
<td>• Presentations concise and clear, contain relevant data with minimal extraneous detail and require minimal to no notes</td>
<td></td>
</tr>
<tr>
<td>• Attune to patient’s needs and nonverbal cues, effectively communicates with patients and families</td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC REQUIREMENTS AND GUIDELINES: INPATIENT MEDICINE

Location
Site: Students will be assigned to Kuakini Medical Center (KMC), Queen’s Medical Center (QMC) or Tripler Army Medical Center (TAMC).

Orientation: Students will be oriented to the site by its Hospital Site Coordinator(s) (HSC) and Chief Medical Resident(s) (CMR).

Team Assignment: Students will be assigned to a medical team where an Upper Level Resident (ULR) will be directly responsible for the student’s supervision. Student will also work with the Intern(s) on the team. The assigned ULRs are expected to sign and adhere to the Resident Agreement Form.

Call
Students must take call every day that their team is on call, until 10 p.m. at the latest. Students may leave earlier with approval from the Upper Level Resident if their patient care responsibilities are complete.

Work Hours (See Work Hours, Dedicated Study Time and Days Off)
The earliest time students are permitted to arrive at the hospital is 5:00 a.m and to see patients is 5:30 a.m. (excluding emergency situations such as Code Blues). Work hours will be documented on the Work Hours Log and submitted weekly.

The Hospital Site Coordinators, Chief Medical Residents and Upper Level Residents are aware of these work hour guidelines. Students are advised to meet with the aforementioned individuals if they are unable to complete all work within these guidelines. If a student does not follow these work hour guidelines, the HSC, CMR and ULR are required to advise the student and notify the clerkship director.

Patient Assignment
The Upper Level Resident is responsible for assigning patients to the student. Patients should be selected for their ability to cooperate and communicate, as well as for their specific medical problems.

The student has a list of Training Problems upon which the Third-Year Clerkship in Internal Medicine curriculum and specific learning objectives are based. The student’s goal is to see at least one (1) inpatient patient with each of thirty-two (32) Training Problems. The Training Problem does not have to be the patient’s Chief Complaint, and a patient may present with several Training Problems (see Training Problems section).

Patient Census
The student should admit 1–2 patients per call day and actively follow an average of three (3) patients at all times (maximum 5 patients).
Patient Care Responsibilities

1. History & Physical: The student should complete an **independent** Initial History and Physical on each patient assigned. This includes a complete history-taking and BPES with branch steps as appropriate either independently (precepted) or while directly observed by an ULR or attending. If the student cannot complete the entire H+P at one time, it is permissible to return to the bedside to complete the task. Observation of a resident/attending or a “group” H+P does not qualify as the student’s own H+P, and he/she must return at another time to perform this independently.

2. Physical exam: The student should perform the Basic Physical Exam Sequence (BPES) as was taught in the pre-clinical years with branch steps as needed (the funduscopic exam is included in the BPES). The ULR or attending is responsible for ensuring proper supervision of the following parts of the physical exam which may be performed by the student if clinically indicated: female breast exam, female genital and/or pelvic exam, male genital and/or prostate exam, and female & male rectal exam. The student must be supervised by a physician (interns, upper level residents, chief residents or attendings) who is certified or has expertise to competently perform the exam in question.

3. Pre-Rounding: The student is expected to pre-round (see patients independently prior to rounding with the team) and write independent daily progress notes on all his/her assigned patients. The student is encouraged to seek out the Intern or ULR prior to formal team rounds to review daily patient care plans. The Intern or ULR should review the notes with the student, give constructive feedback and countersign but NOT attest notes. Any missed history or physical exam finding should be noted, corrected and demonstrated as needed.

4. Rounds: The student is expected to round with the team and take the lead in discussing his/her patients, including delivering an independent assessment of the patients’ problems and the student’s plans. In addition, the student is expected to have a general knowledge of the other patients on the team so that he/she can be included in the team’s discussions of and can assist in the care of all the team’s patients. The student is expected to actively participate in teaching attending rounds with the team.

5. Patient care: The student is expected to assume as much patient care responsibility as the team feels is appropriate for the individual student’s level of training and competence. The student is expected to participate in patient education and counseling; work with nursing staff, dieticians, respiratory therapists, physical and occupational therapists, social workers, hospital chaplains, etc; and to assist in discharge planning.

6. Procedures: The student may perform or assist in the performance of procedures that the team feels are appropriate for the student’s level of training and competence. The ULR is responsible for ensuring proper supervision of any procedure performed or assisted by the student. The student must be supervised by a physician who is certified or has expertise to competently perform the procedure in question, which includes interns, upper level residents, chief residents or attendings. There are no required procedures for third-year medical students to perform.

7. Orders: The student should learn how to write Orders on his/her assigned patients. The student will observe the residents entering orders electronically and should practice documenting orders in his/her Comprehensive Write-ups & daily Progress Notes (in the Plans section) The Hospital Site Coordinator and residents should review the student’s orders with the student and correct them as needed.
Comprehensive Write-ups

The student is required to submit 3 write-ups by the midpoint of the inpatient rotation (average of 1 per week, schedule to be determined by the Hospital Site Coordinator). The HSC read & review each write-up with the student and provide constructive feedback. The HSC will also decide whether these 3 write-ups are satisfactory: if they are deemed unsatisfactory, the student will be required to submit 1–3 additional write-ups, as determined by the Hospital Site Coordinator, up to a maximum of 6. Write-up #1 must be a traditional, Inpatient Medicine H&P.

Write-ups #2 and #3 will be an H&P printed directly from the inpatient site’s Electronic Medical Record. These write-ups will be reviewed in detail by the HSC to assess the student’s competency in using the EMR to document a patient history.

All reviewed/edited comprehensive write-ups must be submitted to the clerkship coordinator.

Patient Narrative

The student is required to submit 1 narrative by the end of week 2 that tells a meaningful “story” of one of their patients. An extended social history interview is conducted and transformed into a written piece to be shared with and read by the inpatient team; the patient selected should be able and willing to provide sufficient answers to open-ended questions (or have family that is able to do so). This is inspired by the “My Life, My Story” Project being conducted at the Wisconsin VA in hopes of promoting patient-centered care.

Required Clerkship Activities specific to Inpatient Medicine

1. Bedside Clinical Skills
   a) All students on Inpatient Medicine attend Bedside Clinical Skills 1-2 times weekly.
   b) Each week, 1-2 students prepare and may be asked to formally present a memorized case presentation of one of their patients with reproducible exam findings that are ideally not known to other students in the group. After presenting, the group will meet the patient, and the Bedside Clinical Skills attending will clarify/review the pertinent physical exam findings.
   c) The student is expected to obtain the patient’s consent and determine that the patient will be available for bedside teaching ahead of time.
   d) The Bedside Clinical Skills attending may meet individually with the student who presented to give constructive feedback on the presentation (Case Presentation Evaluation Form) and may use the Small Group Learning Experience Evaluation Form to evaluate other students in the group.

2. Chief Medical Resident Rounds
   a) All students on Inpatient Medicine attend weekly Chief Rounds with the CMR to give students the opportunity to specify topics they would like to learn about in a small group setting.
   b) The CMR and ULR are responsible for ensuring that students are instructed in, but not limited to, the following:
      o Case presentations
c) The CMR may use the Small Group Learning Experience Evaluation Form to evaluate the students in the group.

3. HIPSTER (Hawaii InterProfessional Simulation Training for Emergency Response)

4. PBL tutorial

   a) Kuakini students meet 4 times with Dr. Travis Nakamura to supplement the patient care experience. One student prepares and formally presents a memorized case presentation based on one of their patients at each session; the presenter should bring all pertinent data (i.e. labs, EKG, imaging, etc). Ideally the case should be unknown to other students, and leaning issues will be generated based on the case that address Training Problems. The Learning Issues from the previous week will be presented & discussed at the following week’s tutorial.

   b) The PBL Tutor will meet with the student who presented to give constructive feedback via the Case Presentation Evaluation Form and may use the Small Group Learning Experience Evaluation Form to evaluate the other students in the group.

Evaluations and Feedback to Students

The student is expected to routinely (at least once a week) ask for feedback on his/her performance and progress from his/her residents and attendings. This feedback should identify the student’s strengths and weaknesses so the student knows what to work on to continue improving.

The Hospital Site Coordinator will also complete a Mid-Clerkship Feedback Form and review it with the student. The HSC will indicate whether the student’s progress to date is satisfactory or unsatisfactory, identify the student’s strengths & weakness and suggest a remediation plan if necessary (see Mid-Clerkship Feedback Form).

Interns, ULRs and Attendings who work with the student for one (1) week or more are expected to evaluate the student by completing independent written evaluations submitted to the CMR or HSC. The HSC will summarize all evaluations and complete a final Student Evaluation Form which is submitted to the clerkship office (see Student Evaluation Form).

The student will be formally observed performing Observed Focused History and Physical Sections. It is the student’s responsibility to arrange for a time when the student and CMR (or HSC or ULR) are available to observe the student. The observing faculty member or ULR will complete the evaluation form and provide immediate feedback. If the student’s performance is not satisfactory, the student must repeat the section until his/her performance is satisfactory.

The student will have opportunities to present patient cases at hospital rounds and conferences. After the presentation, the student should ask the physician who is supervising the rounds or conference for feedback via the Case Presentation Evaluation Form.
SPECIFIC REQUIREMENTS AND GUIDELINES: AMBULATORY MEDICINE

Location

Ambulatory Medicine sites include Queen Emma Clinics, Waikiki Health, VA Clinics, community health clinics, Kaiser Permanente and private physician offices. Although each site has unique features, the clerkship’s goal is to provide students with as uniform a learning experience as possible based on identical learning objectives, while allowing students the opportunity to take advantage of the strengths of each site.

MED 532 students on Oahu are required to attend all clerkship activities while on the Ambulatory portion of the 3rd year. MED 532 students assigned to neighbor island sites may be required to attend clerkship activities during Inpatient Medicine. A schedule will be sent out at the beginning of the rotation. For questions regarding this, please contact Dr. Izutsu.

Patient Assignment

Ambulatory preceptors are responsible for assigning patients to the student. Patients should be selected for their ability to cooperate and communicate, as well as for their specific medical problems, with the goal of evaluating at least one (1) ambulatory patient with each of the thirty-three (33) Training Problems. The Training Problem does not have to be the patient’s Chief Complaint, and a patient may present with several Training Problems (see Training Problems section).

Patient Census

The student should evaluate a minimum of two (2) patients each half day.

Patient Care Responsibilities

The student may see new or returning patients for complete examinations or problem-focused visits. Ideally, the student will see patients in continuity when they return for follow-up visits.

After reviewing the patient’s chart as necessary, the student will perform an appropriate history and physical examination. The student will present the case to the preceptor who should correct and demonstrate any missed history or physical exam findings and review the student’s assessment & plans.

The student will write an appropriate History & Physical or Progress Note in a timely manner, as specified by the preceptor. The preceptor should review the write-up with the student and give constructive feedback.

The student is expected to carry out the patient care responsibilities his/her preceptor feels is appropriate for the student’s level of training and competence. The student should try to assume as much responsibility as is appropriate and possible. The student is expected to participate in patient education and counseling, work with office/clinic staff, and to assist in follow-up planning. If the student’s patient requires any consultations or procedures, the student is highly encouraged to be present if the patient agrees. If the student’s patient is hospitalized, the student is highly encouraged to follow the patient during the hospitalization.
Comprehensive Write-ups

MED 531 students are required to complete one (1) comprehensive write-up each week for a total of 5 over the course of the Ambulatory Rotation. MED 532 students are required to complete one (1) comprehensive write-up each month for a total of 5 over the course of the Ambulatory portion. These comprehensive write-ups may be slightly shorter than Inpatient write-ups but should still contain all of the elements of a complete History + Physical. Students may include content from any of their EMR documentation on their Ambulatory patients and expand on any problem(s) in the Assessment and Plan as Learning Issues. These learning issues require additional reading and thought. Students should aim to hand in 1 write-up during their first week to their Site Coordinator so early feedback can be provided and expectations for the write-ups clarified by the Site Coordinator.

The Ambulatory Preceptor should read, correct and review each comprehensive write-up with the student and give verbal and written (in the form of corrections written directly on the writeup) constructive feedback. All reviewed/edited write-ups must be submitted to the clerkship coordinator.

Evaluation and Feedback to Students

The student is expected to regularly seek feedback from the Ambulatory Preceptor on his/her performance and progress, ideally weekly for MED 531 students and monthly for MED 532 students. This feedback will give the student the opportunity to correct mistakes & omissions and to improve skills.

Midway through the Ambulatory portion, the student should provide the ambulatory preceptor with a Mid-Clerkship Feedback Form to complete and review with the student. The preceptor will indicate whether the student’s progress to date is satisfactory or unsatisfactory, identify the student’s strengths & weakness and suggest a remediation plan if necessary (see Mid-Clerkship Feedback Form).

During the last week of the Ambulatory portion, the ambulatory preceptor will complete a Student Evaluation Form. The preceptor should review the completed form with the student. The student must sign the form, then submit it to the clerkship office.

The student is required to be formally observed counseling a patient and/or family on two separate occasions and be evaluated with the Observed Patient Counseling Evaluation Form. Together, the student and preceptor should choose a counseling activity that is appropriate for the clinical scenario.
MISCELLANEOUS CLERKSHIP INFORMATION
GUIDELINES FOR APPROPRIATE APPEARANCE AND ATTIRE

These guidelines are intended to contribute to your overall professional development as students in training to become physicians. The Third Year Clerkship in Internal Medicine expects students to appear and dress in a professional manner. Your appearance and attire should reflect respect towards faculty, staff, classmates, patients and the general public.

It is recognized that different attire will be necessary for different settings, depending on factors such as student activities and responsibilities, training sites, patient and public contact. Student attire should always be appropriate and not interfere with the activities and responsibilities expected of them.

General guidelines for all Medicine Clerkship students:

- Students should wear:
  - JABSOM name tag with photo ID
  - University of Hawaii-issued white medical coat
  - Closed-toe footwear
- Students should maintain an optimum level of personal hygiene and grooming
- Strong odors and fragrances should be avoided
- Clothes, hair, fingernails and footwear should be clean and neat
- Clothing should not be suggestive, revealing or tight-fitting
- Clothing should not have offensive images or language

Site-specific (inpatient and ambulatory) guidelines for Medicine Clerkship students:

- Students should adhere to the dress code/policy in place at their training site
RECOMMENDED RESOURCES

Highly recommended clerkship guidebook:

Online resources:
Internal Medicine Essentials for Clerkship Students - online materials such as photographs, tables, screening tools and other instruments – access free of charge at http://www.acponline.org/acp_press/essentials/

UpToDate – access available at some training sites, or students may purchase individual subscriptions directly from UpToDate.com.

Textbooks:
Internal Medicine Essentials for Students, American College of Physicians (ACP) and Clerkship Directors in Internal Medicine (CDIM), c2011

Kochar’s Clinical Medicine for Students, Lippincott Williams & Wilkins, c2016, 6th edition

Cecil Essentials of Medicine, Elsevier, c2015, 9th edition

Bates’ Guide to Physical Examination and History, LWW, c2013, 11th edition

Reference textbooks:
DeGowin’s Diagnostic Examination, McGraw-Hill, c2014, 10th edition

Spiral bound books and pocket guides:
Pocket Medicine, Lippincott Williams & Wilkins, c2017, 6th edition

Ferri’s Practical Guide to the Care of the Medical Patient, Elsevier, c2011, 8th edition

Washington Manual of Medical Therapeutics, Lippincott Williams & Wilkins, c2019, 36th edition

Washington Manual of Outpatient Internal Medicine, Lippincott Williams & Wilkins, c2015, 2nd edition

The Sanford Guide to Antimicrobial Therapy, c2019, 50th edition

Highly recommended self-assessment program:
MKSAP (Medical Knowledge Self-Assessment Program) for Students (Book and Digital), American College of Physicians (ACP) and Clerkship Directors in Internal Medicine (CDIM) – discount offered for ACP student members at http://www.im.org/Publications/PhysiciansInTraining/Pages/MKSAPforStudents.aspx
U.H. John A. Burns School of Medicine
Third-Year Clerkship in Internal Medicine

REQUIRED EQUIPMENT

1. White coat
2. JABSOM nametag
3. Stethoscope
4. Ophthalmoscope and otoscope
5. Penlight
6. Reflex hammer
7. Tuning fork 128 Hz for vibratory exam
8. Tape measure
9. Visual acuity card
10. Small magnifier lens
11. Disposable tongue blades
12. Cotton-tipped swabs for sensory exam
13. Watch with second and minute marks to record vital signs, etc.

All the above listed equipment, except for the JABSOM nametag and watch, are available for purchase at the Medical School Bookstore.

Students are expected to have ALL the equipment and bring everything to their assigned training sites daily. The equipment should be readily accessible (i.e. worn, carried in a bag or in/on a white coat).

All students on Inpatient Medicine are required to carry ALL the listed equipment ALWAYS while on the wards.

Students on Ambulatory Medicine may find their assigned sites have some, but not all, of the listed equipment available for student use. If the listed equipment is NOT readily accessible at the site, it is the student’s responsibility to carry the equipment AT ALL TIMES.

The possible consequences of not having required equipment are (1) being immediately sent to the medical bookstore to purchase items (requiring the student to make up the missed time) and (2) receiving unsatisfactory evaluations in the areas of (a) Clinical Skills – physical examinations and (b) Professionalism – dependability, professional appearance and attire.
EXPOSURE TO BLOOD/BODY FLUIDS PROTOCOL

1. IMMEDIATELY following the exposure:
   a. Flush the exposed skin or mucous membrane with water or saline. If exposure to the eyes has occurred, use wash station or nearest sink to flush eyes with water for at least 5 minutes.
   b. Wash any needle stick, puncture, cut or abrasion with soap and water.
2. Initiate the host agency protocol for hazardous exposure to blood/body fluids by following the instructions outlined in the table below.
3. If the exposure is in a non-hospital setting (for example, ambulatory site not associated with a hospital, in a JABSOM lab, class, or other non-hospital-based exposure), you or your preceptor/supervisor can call Queens ED (547-4311) to review current protocol for immediate needs in such a circumstance, and begin the process, (AFTER #1). You may go to an Emergency Department, or during open hours, contact the University Health Services (Manoa Campus) 956-8965, and ask for immediate attention.

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CONTACT or GO TO</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castle Medical Center</td>
<td>Report incident to supervisor. Obtain care from Employee Health Coordinator or hospital supervisor who will assist in filing incident report. Contact JABSOM OSA to report incident.</td>
<td>263-5159 or hospital supervisor 263-5329 (5 pm-8 am)</td>
</tr>
<tr>
<td>HOME Clinic</td>
<td>Notify attending physician and complete incident report. Call Dr. Jill Omori to report exposure.</td>
<td>221-0685</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center</td>
<td>Report incident within 2 hours of exposure. Call operator in house “0” and ask for infection control personnel on duty.</td>
<td>432-0000</td>
</tr>
<tr>
<td>Kapiolani Medical Center</td>
<td>Report to Employee Health. Go to Emergency Dept, if EH closed, also call on-call Employee Health Coordinator, 983-6000.</td>
<td>983-8525</td>
</tr>
<tr>
<td>Kuakini Medical Center</td>
<td>Occupational Health Services. When closed, go to ED, and also notify Nursing Supervisor (through Operator, dial “O”).</td>
<td>547-9531</td>
</tr>
<tr>
<td>Pali Momi Medical Center</td>
<td>Employee Health during regular work hours or Emergency Department when exposure occurs after hours. Notify supervisor. Report incident Work Injury Line.</td>
<td>535-7200</td>
</tr>
<tr>
<td>The Queen’s Medical Center</td>
<td>Employee Health/PEP Team</td>
<td>547-4004</td>
</tr>
<tr>
<td>Straub Clinic and Hospital</td>
<td>Employee Health during business hours, go directly to ED after business hours.</td>
<td>522-3481</td>
</tr>
<tr>
<td>Tripler Army Medical Center</td>
<td>Let care team know of exposure. Report to the ER. Report exposure to, or go to, Occupational Health the next business day.</td>
<td>433-6235</td>
</tr>
<tr>
<td>VA Clinic</td>
<td>Contact EHU during business hours. Go to TAMC ER after hours.</td>
<td>433-0091</td>
</tr>
<tr>
<td>Wahiawa General Hospital</td>
<td>Go to ER; also notify Nursing Supervisor (through operator) of exposure.</td>
<td>621-4230</td>
</tr>
</tbody>
</table>

You may also seek care and information from University Health Services (956-8965), your personal physician, or any emergency department, but seek immediate evaluation and counseling. All follow-up care after immediate evaluation services are the responsibility of the student.

4. Report exposure to;
   a. Your supervising faculty member and course/clerkship director
   b. Medical School Office of Student Affairs @ 692-1000;
   c. For URGENT after hours needs, call 692-0912, ask for Dr Smerz or Administrator on-call

5. Students should be knowledgeable about their health insurance coverage, and should know what their plan will cover related to occupational exposures. Remind anyone billing for follow-up that it is NOT an Occupational Exposure, but medical follow-up, or the insurer may not want to pay for services.

JABSOM’s Affiliation Agreement with Health Care Facilities (HCF) state:

“Environmental exposure. In the event a medical student is exposed to an infectious, environmental, or occupational hazard at the HCF, the HCF shall be responsible for providing immediate evaluation and counseling as with employees of the HCF. Follow-up after the initial evaluation and counseling will not be the responsibility of the HCF, and will proceed according to University student health policies.”
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HIV MEDICINE
2:00 – 5:00 p.m.
MEB

All students in the Third-Year Clerkship in Internal Medicine are scheduled to attend one of the upcoming HIV Medicine sessions (except neighbor island 6L students).

This is a required clerkship activity.

How to prepare for the HIV Medicine session:
1. Read the 4 chapters on HIV at:

2. Read about the Clint Spencer Clinic at:
   http://www.hawaii.edu/hacrp/csc.html

3. Read about HACRP (Hawaii AIDS Clinical Research Program) at:
   http://www.hawaii.edu/hacrp/

If you are on inpatient medicine, please notify your team and chief resident of your scheduled absence to attend this required clerkship activity. Likewise, you should discuss with them whether you are expected to return to the hospital after this session.

What to bring to the HIV Medicine session:
1. White coat
2. JABSOM nametag
3. Temporary parking pass

After attending the HIV Medicine session:
1. Log HIV as an “S” (Special” patient encounter) on your Training Problems List
2. Log patient(s)
3. Evaluate teaching attending(s)
MEDICINE T-RES INSTRUCTIONS

General
• Logging all your patients is required for JABSOM accreditation and for your clerkship grade.
• Failure to log properly and on a timely basis may lead to serious consequences for JABSOM and for you.
• Log your patients every workday so you don’t forget and fall behind.
• Sync your patient log regularly – at least once a week, ideally on the same day each week.

T-Res Data Fields
Complete all data fields (except 2nd Diag which is not always needed).

Date:
• In the Inpatient setting, the date is when you first saw the patient regardless of date of admission.
• In the Ambulatory setting, the date is when you see the patient. If you see a patient again for a follow-up visit, the patient should be logged again using the date of the follow-up visit.

Site:
• In the Inpatient setting, select the hospital (KMC, QMC, TAMC)
• In the Ambulatory setting:
  o If you are working in a clinic, select the clinic (QEC, VA, Kaiser, Kaiser-Waipio, etc)
  o If you are working in a physician’s office, select Medicine – Other Amb (Do not select Private Outpatient).
• Do not select Other

Setting:
• For the Inpatient block: Select Inpatient or Special (Do not select Other):
  o Inpatient is the patient for whom you performed a history and physical exam and wrote daily progress notes (participated in the care of this patient, see Training Problems List).
  o Log each patient only 1 time during the patient’s hospitalization. For example: If Mr. S was hospitalized for 3 days, although you wrote progress notes daily, log him only one time. If Mr. S. was discharged and then is readmitted and returns to you, log him again as a new patient encounter. If, however, Mr. S. left the hospital AMA and then comes back with the same problem, do not log him as a new patient encounter. If, however, Mr. S. left the hospital AMA and then comes back with a different problem, log him as a new patient encounter.
  o Special is any patient that contributed to your education in the setting of conferences, rounds, procedures, etc (you only Observed (O) or participated in Other educational activity (O), see
Training Problems List). Note: Special is also a patient on whom you wrote a couple of progress notes to help out your team (but not on a daily basis).

- For the Ambulatory block: Select Ambulatory or Special (Do not select Other):
  - Ambulatory is the patient for whom you performed a history and physical exam and wrote a note. Every visit, including follow-up visits, should be considered a new patient encounter and logged.
  - Special is any patient that contributed to your education in the setting of conferences, rounds, procedures etc (you only Observed (O) or participated in Other educational activity (O), see Training Problems List)

Supervisor:
- In the Inpatient setting, select last name MEDICINE + first name Inpt-KMC, Inpt-QMC-UHS or Inpt-TAMC.
- In the Ambulatory setting, select the attending physician from the menu - except for the following situations:
  - If you are at QEC, select MEDICINE, QEC
  - If you are at VA Honolulu, select MEDICINE, VA
  - If you are at another VA, select your attending physician
- If the setting is Special, select MEDICINE, Special
- Do not select Other

Birth Date:
- Enter 1/1/ “patient’s year of birth”. For example: if the patient’s date of birth is 6/7/71, enter “1/1/71”.

Sex:
- Select the patient’s gender

Problems:
- Select up to 5 Training Problems that apply to the patient
- If none of the Training Problems apply to the patient, select None

Prim Diag:
- Select the primary diagnoses that you addressed for this patient. You may enter up to 5 diagnoses.
- If the diagnosis is not listed or if you have a more specific diagnosis than is listed, you can write in the diagnosis by choosing Other.
2nd Diag:
• Use this field if the patient has more than 5 diagnoses. You may enter up to 5 additional diagnoses, for a total of 10.

Printed Reports
• Print an activity report according to the following schedule:
  o Mid-inpatient feedback meeting
  o Mid-ambulatory feedback meeting
  o End of the inpatient block
  o End of the ambulatory medicine block

• At the end of the inpatient block and at the end of the ambulatory block, your printed reports must reviewed, signed and dated by your Hospital Site Coordinator or Ambulatory Preceptor, respectively, and then turned in to the clerkship.

• Your Hospital Site Coordinator or Ambulatory Preceptor may request that you report additional handwritten information on your printed report (to help identify patients). However, the signed reports that you turn in to the clerkship should be copies without any additional handwritten information.

• Instructions for generating and printing your T-Res Medicine Activity Report:
  o Login to the T-Res web site: www.t-res.net
  o Select Lists under Reports in the left column
  o View report 038c – Activity Export Details for Hawaii Pediatrics
  o Activity Type: Internal Medicine, then View Report
  o Select Export as Acrobat (PDF) File

You can save a copy if you wish, otherwise select Open, then print the report
Please complete an evaluation on each of the following individuals with whom you interacted during your inpatient or ambulatory rotation:

**INPATIENT MEDICINE**
- Clerkship Director - Dr. Izutsu
- Hospital Site Coordinator
- PBL Tutor
- Bedside Clinical Skills Teacher(s)
- Chief Medical Resident
- Upper Level Residents
- Interns
- EBM - Dr. Kasuya
- HIV Medicine Teacher(s)
- HIPSTER - Dr. Ganitano
- Neurology - Dr. Yee

**AMBULATORY MEDICINE**
- Clerkship Director - Dr. Izutsu
- Ambulatory Preceptor(s)
- ECGs – Dr. Azuma
- Interns, if at VA or QEC
- Upper Levels, if at VA or QEC
- HIV Medicine Teacher(s)
- HIPSTER - Dr. Ganitano
- Neurology - Dr. Yee

In addition, you are also encouraged to complete evaluations on any other individuals to help the Department of Medicine recognize our most outstanding teachers as well as identify those who may need further training to improve their teaching.

These evaluations are anonymous. Your honest and thoughtful feedback is integral in helping the Department of Medicine and its teachers improve students’ educational experiences. Your assistance is greatly appreciated. Thank you!

**INSTRUCTIONS**

Please go to [https://uhdom.wufoo.com/forms/ms3-evaluation-of-teacher-20192020/](https://uhdom.wufoo.com/forms/ms3-evaluation-of-teacher-20192020/) to complete the evaluations.

Complete the evaluation form and then click submit.

You will be directed to a confirmation message. Please save it as a PDF or take a screenshot of this page.

Email the confirmation message to Erika as proof of your submission.
INSTRUCTIONS:
- Observed History and Physical Sections should be performed during the clerkship on appropriate patients.
- The Chief Medical Resident, Site Coordinator or any other Faculty Physician may observe student.
- The student should receive on-the-spot feedback on their performance. Observer may require student to repeat a Section if further experience is felt to be necessary in performing the skill.
- The student must turn in all of their completed Observed History and Physical Sections Evaluation Form to the Hospital Site Coordinator by the end of the Inpatient portion.

OBSERVED FOCUS HISTORY-TAKING SKILLS

Medical Interviewing (Circle S=satisfactory, M=marginal, more practice needed)
- Student introduces self and explains his/her role correctly S M
- Elicitis the History of Present Illness systematically and completely S M
- Delineates major symptoms systematically and completely (location, duration, radiation, quality, intensity, setting, onset, frequency, aggravating/alleviating factors, associated manifestations, functional impairment, etc) S M
- Facilitates accurate collection of a patient's history including PMHX, MEDS, ALL, FamHx, SocHx, ROS. S M
- Effectively uses questions/directions to obtain accurate information needed S M
- Responds appropriately to non-verbal cues S M
- Demonstrates effective listening skills S M
- Shows respect, compassion, empathy and establishes trust S M
- Attends to a patients needs of comfort, modesty, confidentiality and information S M
- Uses language that patient understands S M

Physical Examination :

HEENT (examine sitting)
- Follows efficient, logical sequence S M
- Balances screening/diagnostic steps for problem S M
- Sensitive to a patient's modesty and comfort S M

HEAD/EYES
- Inspect face and scalp S M
- Test visual acuity for each eye S M
- Inspect lids, conjunctivae, sclerae, corneas S M
- Test Extraocular Muscle movement S M
- Test pupillary responses to light and accommodation  
- Inspect cornea, lens, retina of each eye with opthalmoscope

**EARS**
- Test for auditory acuity bilaterally  
- Inspect and palpate auricles and mastoids  
- Inspect canals and tympanic membranes with otoscope  
- Palpate nose and sinuses for tenderness  
- Inspect nasal passages with speculum

**NECK**
- Inspect neck veins  
- Inspect/palpate for posterior auricular, cervical, submandibular and supraclavicular nodes  
- Palpate parotid glands  
- Inspect and palpate thyroid (each lobe and trachea) with swallowing  
- Evaluate for Acanthosis Nigricans  
- Assess neck circumference

**MOUTH**
- Palpate TMJ; evaluate for tenderness or subluxation  
- Evaluated Lips and oral mucosa  
- Evaluate Dentition and Gums  
- Evaluate airway patency/Mallampatti score

**EXAMINER COMMENTS:**

**EXAMINER SIGNATURE_____________________________________ DATE:_____________

I have received feedback on my performance (student signature): __________________________

**Physical Examination** : Thorax, Cardiovascular, and pulmonary
• Follows efficient, logical sequence                  S M
• Balances screening/diagnostic steps for problem     S M
• Sensitive to a patient's modesty and comfort        S M

THORAX/PULMONARY (sitting)
• Inspect posterior thorax with respiration            S M
• Inspect anterior thorax with respiration             S M
• Inspect/palpate spine                                S M
• Percuss costovertebral angles for tendernesses       S M
• Percuss posterior thorax bilaterally and symmetrically S M
• Percuss diaphragmatic excursion                      S M
• Auscultate posterior lung fields bilaterally         S M
• Auscultate lateral lung fields bilaterally           S M
• Auscultate anterior lung fields starting with supraclavicular area  S M

CARDIOVASCULAR (supine)
• Inspect neck veins                                    S M
• Auscultate carotid arteries for bruits               S M
• Inspect precordium                                   S M
• Palpate PMI and precordium for lifts/heaves/thrills S M
• Auscultate with diaphragm at aortic, pulmonic areas, LSB and apex S M
• Auscultate for splitting of S2 in pulmonic area       S M
• Auscultate with bell at apex (supine and LL decubitus positions) S M
• Inspect extremities for cyanosis, clubbing, venous varicosities, and edema S M
• Palpate distal pulses: Radial, Dorsalis Pedis, Posterior Tibial if unable to feel Dorsalis Pedis pulse) S M

EXAMINER COMMENTS:

EXAMINER SIGNATURE_____________________________________ DATE:_____________

I have received feedback on my performance (student signature): _______________________________

Physical Examination: Abdomen (supine, hips/knees flexed)
• Follows efficient, logical sequence
• Balances screening/diagnostic steps for problem
• Sensitive to a patient's modesty and comfort
• Alert patient to abdominal exam
• Inspect abdomen
• Auscultate epigastrum and aortic area for bruit
• Auscultate all 4 abdominal quadrants for bowel sounds
• Palpate superficially and deeply in all 4 quadrants
• Palpate and percuss for liver
• Palpate for aorta
• Palpate for spleen (supine and R lateral decubitus position)
• Palpate for inguinal nodes and femoral pulses bilaterally

EXAMINER COMMENTS:

EXAMINER SIGNATURE_____________________________________ DATE:_____________

I have received feedback on my performance (student signature): _______________________________

Physical Examination : Neurological

• Follows efficient, logical sequence
• Balances screening/diagnostic steps for problem
• Sensitive to a patient's modesty and comfort
• Examine muscles for atrophy, asymmetry, fasciculation
• Examine CN II (optic nerve): visual acuity, pupillary light reflex
• Examine CN III, IV, VI: extraocular movements, nystagmus, accommodation
• Examine CN V (trigeminal): light touch in 3 divisions of trigeminal nerve, muscles of mastication (clench jaw)
• Examine CN VII (facial nerve): raise eyebrows, frown, close eyes tightly and resist opening, smile, puff cheeks
• Examine CN VIII : finger rub for hearing
• Examin IX and X: gag reflex, visualizing uvula deviation
• Examine XI: shrug shoulders with resistance
• Examine Deep Tendon Reflexes at biceps, triceps, brachioradials, patella, ankle S M
• Check for clonus and Babinski reflex S M
• Examine Gait (if possible) S M
• Examine muscle strength (flexion/extension against resistance in upper and lower extremities) S M

EXAMINER COMMENTS:

EXAMINER SIGNATURE_____________________________________ DATE:_____________

I have received feedback on my performance (student signature): _______________________________
Complete 2 during ambulatory medicine and turn in to your Ambulatory Preceptor.

Student: __________________________      Site: ________________        Date: __________

Setting: _____ Inpatient    Counseling was directed at: _____ Patient
     _____ Ambulatory          (check one or both)       _____ Patient’s family

Counseling:   ___ Explain diagnoses
              ___ Explain tests, procedures or surgery
              ___ Review results of tests, procedures or surgery
              ___ Review medications (indications, dosing, side effects, etc.)
              ___ Review diets, exercise or other lifestyle changes
              ___ Discuss smoking cessation
              ___ Discuss alcohol use
              ___ Discuss compliance (medications, follow-up, etc.)
              ___ Review discharge instructions
              ___ Other (specify) ___________________________

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student used clear and understandable language.</td>
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<tr>
<td>Student adapted to patient’s/family’s readiness to learn.</td>
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<tr>
<td>Student adapted to patient’s/family’s comprehension level</td>
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<tr>
<td>All pertinent information was presented accurately.</td>
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<tr>
<td>Student demonstrated empathy and compassion.</td>
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<tr>
<td>Patient’s/family’s comprehension was assessed.</td>
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</table>

Evaluator Comments:

Evaluator’s name _________________________      Evaluator’s signature _______________________

Student’s signature ________________________

I received constructive feedback on my Observed Patient Counseling (circle):  Yes  No
CASE PRESENTATION Evaluation Form

Before presenting, the student should give this form to the attending or resident leading rounds. Afterwards, the student should turn the form in to the Hospital Site Coordinator.

Student: _______________________________ Date: ____________

Rounds:
___ Attending Rounds
___ Bedside Clinical Skills
___ ICU Rounds
___ Morning Report
___ PBL Tutorial
___ Other Rounds/Conference __________________

Major problems/diagnoses of case presented:
1. ______________________________
2. ______________________________
3. ______________________________

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Very Competent</th>
<th>Competent</th>
<th>Marginal</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>Presentation was clear</td>
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<tr>
<td>Presentation was organized</td>
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<td>Presentation was memorized</td>
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<td>All pertinent history was presented accurately</td>
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<td>All pertinent physical findings were presented accurately</td>
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<td>All pertinent labs were presented accurately</td>
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<td>All pertinent problems were correctly identified</td>
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<tr>
<td>Assessment was appropriate for level of training</td>
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<tr>
<td>Plan (diagnostic, therapeutic, education) was appropriate for level of training</td>
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</table>

Comments:

Evaluator:
Print ______________________________
Signature __________________________
U.H. John A. Burns School of Medicine
Third-Year Clerkship in Internal Medicine
SMALL GROUP LEARNING EXPERIENCE
Evaluation Form

Student: ____________________    Date: _________      Activity: ____
____ PBL Tutorial
____ Bedside Clinical Skills
____ Chief Rounds
____ Other: ___________

Check appropriate box on this Rating Scale:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Exceptional</th>
<th>Very Competent</th>
<th>Competent</th>
<th>Marginal</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>Participates actively</td>
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<tr>
<td>Shares knowledge</td>
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<tr>
<td>Respects opinions and learning needs of others</td>
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<tr>
<td>Asks thoughtful questions</td>
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<tr>
<td>Facilitates group process</td>
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<tr>
<td>Demonstrates appropriate fund of knowledge for MS3</td>
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<tr>
<td>Demonstrates appropriate clinical skills for MS3</td>
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<tr>
<td>Is properly prepared for this activity</td>
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</table>

Evaluator Comments:

Evaluator’s name: ___________________   Evaluator’s signature: _____________________

Student’s signature _________________
U.H. John A. Burns School of Medicine  
Third-Year Clerkship in Internal Medicine  
MID-CLEKSHIP FEEDBACK FORM

Student’s name: ___________________________________________________

Considering the three domains of Medical Knowledge, Clinical Skills and Professionalism,

This student’s STRENGTHS are:

This student NEEDS TO WORK AND IMPROVE ON:

Overall, this student’s progress to date is:

___ Satisfactory
___ Unsatisfactory

Evaluator’s name: ___________________________ Signature: _____________________________

Student’s signature: __________________________    Date reviewed with student: _______________

Please make a photocopy of this form after it is completed, reviewed and signed by both the Evaluator and the Student.

Instructions for the Student:
Keep a photocopy of this form after your Hospital Site Coordinator or Ambulatory Preceptor completes and reviews it with you. You should actively work on and improve the areas identified above. You will be instructed on how to turn in the completed form at the end of your inpatient block and at the end of your ambulatory block.

Instructions for the Evaluator:
Please keep a copy and include the information in your final Student Evaluation Form. Specifically, if you identified any areas to work on and improve, please comment on whether the student successfully responded to your feedback and improved by the end of the block.
**Life-Long Learning Skills**

<table>
<thead>
<tr>
<th>Description</th>
<th>Exceeded Expectations</th>
<th>Met Expectations</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searches for, critically appraises, and applies biomedical information</td>
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<tr>
<td>appropriately to patient care.</td>
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<td>Evaluates the knowledge base supporting good patient care and recognizes</td>
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<td>the gaps between prevailing and best practice; demonstrates self-directed</td>
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<tr>
<td>learning.</td>
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</tbody>
</table>

**The Biological Sciences**

<table>
<thead>
<tr>
<th>Description</th>
<th>Exceeded Expectations</th>
<th>Met Expectations</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows the various causes of illness and the ways in which they operate on</td>
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<tr>
<td>the body (pathogenesis)</td>
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<tr>
<td>Knows the altered structure and function (pathology and pathophysiology)</td>
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<tr>
<td>of the body and its major organ systems.</td>
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<tr>
<td>Applies the biological sciences to diagnosis and therapy.</td>
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<tr>
<td>Patient Care</td>
<td>Exceeded Expectations</td>
<td>Met Expectations</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
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<tr>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>Approaches each patient with an awareness and sensitivity to the non-biological determinants of health.</td>
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<tr>
<td>Demonstrates clinical reasoning, critical thinking, and problem-solving skills.</td>
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<tr>
<td>Performs a complete or focused history and physical exam appropriate to the presenting complaint.</td>
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<tr>
<td>Formulates a problem list and differential diagnosis.</td>
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<tr>
<td>Plans appropriate diagnostic tests.</td>
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<tr>
<td>Accurately interprets patient responses, physical findings, and diagnostic test results.</td>
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<tr>
<td>Develops an appropriate therapeutic plan.</td>
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<tr>
<td>Educates patients, families, and other healthcare providers about health, illness, and disease prevention.</td>
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</table>

<table>
<thead>
<tr>
<th>Oral and Written Communication Skills</th>
<th>Exceeded Expectations</th>
<th>Met Expectations</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greets patients warmly and using rapport-building techniques.</td>
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<tr>
<td>Presents cases clearly and concisely.</td>
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<tr>
<td>Writes notes (write-ups and progress notes, etc.) in a systematic, organized and thorough manner that is accurate, legible and appropriate for the clinical setting.</td>
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<tr>
<td>Professionalism</td>
<td>Exceeded Expectations</td>
<td>Met Expectations</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
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<tr>
<td>Presents a professional appearance and demeanor.</td>
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<tr>
<td>Treats patients with compassion; respecting patient confidentiality and preserving patient dignity.</td>
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<tr>
<td>Completes assignments and fulfills responsibilities promptly and with a positive attitude</td>
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<tr>
<td>Interacts with peers, patients, residents, faculty, and staff members in an ethical manner.</td>
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<tr>
<td>Works effectively with peers.</td>
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<tr>
<td>Works effectively with Nurses and Ancillary Staff.</td>
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<tr>
<td>Works effectively with Attending Staff.</td>
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<td>Works effectively with Residents.</td>
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<td>Works effectively as a team member.</td>
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<td>Open to feedback.</td>
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<tr>
<td>Proactive, has initiative and motivation.</td>
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</table>

Please provide detailed comments regarding this student's overall performance below.

Additionally, submission of this evaluation certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs to discuss the matter.
Name of MS3 ___________________________________________________________________________

1. The upper level resident (ULR, Level 2 or 3) is responsible for the third-year medical student’s inpatient medicine experience. At the beginning and throughout the student’s inpatient experience, the ULR should set clear expectations for the student.

2. The earliest time that the student is permitted to arrive at the hospital is 5:00 a.m. The earliest time that the student is permitted to see patients is 5:30 a.m.

3. The student must take every call with his/her team throughout his/her inpatient block, until 10 p.m. at the latest. The student may leave earlier than 10 p.m. if his/her patient care responsibilities are complete, with the Upper Level Resident’s approval. If the student’s team is not on call, the student should assist his/her team until after the team signs out. There is no overnight call.

4. The UL is responsible for assigning patients to the student (see Training Problems List). The student will admit 1 - 2 patients per call. The student should actively follow an average of 3 patients at all times (maximum 5 patients).

5. The student must interview and examine patients on his/her own. The student may observe the Intern and/or ULR obtain the history and physical, but this observation does not qualify as the student’s history and physical.

6. The student must pre-round and write daily Progress Notes on all his/her assigned patients before the Intern and/or UL write their notes. The UL should review the Progress Notes with the student, give constructive feedback and countersign the note.

7. The UL is responsible for ensuring proper supervision of the following parts of the physical exam performed by the student: female breast exams, pelvic exams, rectal exams and prostate exams. The supervision must be provided by a physician (such as Interns, ULRs, CMRs or Attendings).

8. The UL is responsible for ensuring proper supervision of any procedure performed by the student. The supervision must be provided by a physician (such as Interns, ULRs, CMRs or Attendings) who is certified or has expertise to competently perform the procedure in question. There are no required procedures for students.

9. The UL should assist the student in preparing case presentations at hospital rounds or conferences at a level that is appropriate for the student’s training. Whenever a student’s patient will be presented, the student is expected to be the one presenting the patient.

10. The student must have one (1) day off per week, either a Saturday or a Sunday. At Kuakini, the day off should be on Sunday - unless the student has call on Sunday, in which case the student will take Saturday off.
11. The student must inform the ULR of the student’s activities and whereabouts at all times. Specifically, the student must notify the UL whenever leaving the hospital, including leaving to attend required 3rd year or clerkship activities or to study, and should discuss if or when he/she needs to return.

12. When the ULR is absent or off, the Intern should assume the ULR’s role and responsibilities, including all those listed above, in supervising the student.

13. The Intern and ULR should discuss medical student issues and problems with the Chief Resident and/or Hospital Site Coordinator as soon as possible.

1st Upper Level Resident:
Name _______________________ Signature ______________________ Date _________
(Required by end of MS3’s 1st week)

2nd Upper Level Resident:
Name _______________________ Signature ______________________ Date_________
(Required by end of UL’s 1st week)
**Third-Year Clerkship in Internal Medicine**

**INPATIENT WORK HOURS LOG**

Student ___________________________  Inpatient site (circle) KMC QMC TAMC

**Week ____ beginning ___/____/201_**

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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<tbody>
<tr>
<td>On Call?</td>
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<tr>
<td>Other Activities?</td>
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</tbody>
</table>
| # New Patients  
(admissions, transfers) |   |         |           |          |        |          |        |
| # Old Patients |     |         |           |          |        |          |        |
| TOTAL # PATIENTS |     |         |           |          |        |          |        |
| For KMC,  
# ICU Patients |     |         |           |          |        |          |        |
| Time In |        |         |           |          |        |          |        |
| Time Out |         |         |           |          |        |          |        |
| TOTAL # HOURS |     |         |           |          |        |          |        |

**TOTAL # HOURS FOR THE WEEK:**

- Please log your hours daily – otherwise it’s difficult to remember.
- You should log only the hours that you are "working" which includes patient care and required 3rd year, hospital and clerkship activities such as Colloquia, rounds, conferences, PBL Tutorials, Bedside Clinical Skills, Chief Rounds, CV PE, EBM, EKG, HIV Medicine, METS Sim Session, Neuro, etc.
- It's ok to include meals in the middle of your "work day" (as long as it's not a 1 hr lunch!) – it’s too much trouble to clock out for lunch and then clock in afterwards.
- You should not include meals at the hospital before/after your "work day" or reading at the hospital before/after your "work day."
- You should not include writing your Comprehensive Write-ups and LIs – even if done at the hospital - since that is "home" work.
- You should work no more than **80 hours per week**, averaged over the course of the entire clerkship.
- You should have **1 day off per week**, usually a Sat or Sun.
- You should follow the holiday schedule observed by your site, since this varies by site.
- On Call? If relevant, please specify Short, Long, or Overnight.
- Other Activities? Please specify off-campus activities. Ex: Colloquia, HIV Medicine, HIPSTER, etc.
- # Patients is the # of patients (counted at the end of each day) that you are actively following - that is, pre-rounding on, writing notes on and presenting.

**ULR SIGNATURE:** _________________________________

(Please have them sign the following Monday)
You are **required** to see **at least 1 patient** with each of the listed **Training Problems** during this clerkship. This is the **minimum requirement**. Your goal, however, should be to see at least **1 inpatient patient** and **1 ambulatory patient** with each of the Training Problems; the more patients you see, the more you will learn. The Training Problem does **not** have to be the patient’s Chief Complaint. In fact, a patient may present with many Training Problems.

Keep track of your patient encounters in the log below and in T-Res. Indicate which encounters you are:
- **Precepted (P)** – you evaluated the patient independently then staffed the patient with an attending/upper level resident
- **Observed (O)** – were observed evaluating a patient by an attending or upper level resident
- **Special activity (S)** – participated in a patient activity that does not count towards either of the above categories

It is your responsibility to ensure that you have fulfilled the Training Problems requirement by the **end of the clerkship**. You are advised to see your Upper Level Resident, Chief Medical Resident and/or Hospital Site Coordinator (Inpatient Medicine) or Ambulatory Preceptor (Ambulatory Medicine) **as soon as possible** to assist in finding appropriate patients.

Please refer to the Student Handbook for the **Specific Learning Objectives** for each Training Problem. Your study of Internal Medicine in this clerkship should be guided by these Training Problems and their Specific Learning Objectives.

Complete the **Inpatient** half of this 2 page chart **by your last day of inpatient medicine**, including your Hospital Site Coordinator’s signature, and then turn in to Erika Klimecki.

Complete the **Ambulatory** half of this 2 page chart **by your last day of ambulatory medicine**, including your Ambulatory Preceptor’s signature, and then turn in to Erika Klimecki.
### TRAINING PROBLEMS LIST (continued)

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<th>Inpatient</th>
<th>Ambulatory/Outpatient</th>
<th>1. Healthy Patient</th>
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<td>Health promotion, disease prevention and screening</td>
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<td>(i.e. annual or routine physical exam)</td>
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Patients with a symptom, sign or lab abnormality:

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- **Abdominal pain**
- **Altered mental status**
- **Anemia**
- **Back pain**
- **Chest pain**
- **Cough**
- **Dyspnea**
- **Dysuria**
- **Fever**
- **Fluid, electrolyte & acid-base disorders**
- **GI bleeding**
- **Knee pain**
- **Rash**
- **Upper respiratory complaints**
- **Acute MI**
- **Acute renal failure & chronic kidney disease**
- **Common cancers**
- **COPD & Obstructive airways disease**
- **Diabetes mellitus**
- **Dyslipidemias**
- **Heart failure**
- **HIV infection**
- **Hypertension**
- **Liver disease**
- **Major depression**
- **Nosocomial infections**
- **Obesity**
- **Pneumonia**
- **Rheumatologic problems**
- **Smoking cessation**
- **Substance abuse**
- **Venous thromboembolism**