

AY 2025-2026 Internal Medicine Clerkship

Clerkship Description

During your third year Internal Medicine Clerkship you will develop basic competencies in the evaluation and management of adult patients and will build a core knowledge of common diseases seen in Internal Medicine. The Internal Medicine Core Curriculum is designed to complement learning experiences in wards, clinics, conferences, and at noon report by providing a structured review of the basic disease processes seen in Internal Medicine.

The curriculum addresses basic disease processes organized by diagnostic groups: cardiovascular, respiratory, renal, infectious diseases, gastrointestinal, endocrine, hematology/oncology, rheumatology, neurology, and general medicine. The diagnostic groups are further broken down into disease categories with assigned reading and classroom discussions of patient simulations. The learning objectives and reading assignments for each class are given in the section on integrated core didactics.

Clerkship Objectives

Knowledge for Practice

Goal: The student will develop basic competencies in evaluation and management of adult patients and build a core knowledge of common diseases seen in Internal Medicine. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge in the care of patients.

Objectives:

- Evaluate a minimum of one real or simulated patient from the diagnostic categories for Internal Medicine disease processes, supported by revisiting the clinical presentation diagnostic schemes employed in years 1-2. (1.1, 2.1, 2.2)
- Demonstrate the ability to use epidemiological sciences and evidence based medicine and apply it to specific diagnoses including the behavioral sciences to identify and appropriately treat and provide preventative health measures to specific patients and populations. (2.4, 2.5)

Patient Care (PC)

Goal: Students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health as indicated in the institutional goals and objectives.

Objectives

- Demonstrate the ability to perform and accurately record a complete history and physical examination on hospitalized and ambulatory patients and develop diagnosis and management skills. (1.1, 1.2, 1.3, 1.4, 1.6)
- Demonstrate efficient use of diagnostic testing, including the understanding of basic procedures commonly performed on the internal medicine wards, and display the ability to provide information needed by the patient to provide informed consent for such procedures. (1.3, 1.8, 2.3)
- Maintain adequate written records on the progress of illnesses of each assigned patient and communicate effectively, both orally and in writing, with patients and their families. (1.7, 4.1, 4.4)
- Recognize when patients require an emergent transfer to higher levels of care such as the Intensive Care Unit and when to initiate the appropriate work-up and treatment for such patients. (1.5)

Interpersonal and Communication Skills (ICS)

Goal: Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates.

Objectives

- Communicate effectively with both colleagues and patients, including discussing with the patient (and family as appropriate) ongoing health care needs, using appropriate language, and avoiding jargon and medical terminology. (4.1, 4.2)
- Communicate effectively with patients and families who speak another language, with the support of trained interpreters as needed, maintaining professional and appropriate personal interaction. (4.1)

Professionalism/Ethics (PROF)

Goal: The student will demonstrate a commitment to meeting professional responsibilities and adherence to high ethical standards.

Objectives

- Demonstrate sensitivity and compassion to the diverse factors affecting patients and their health care beliefs and needs. (4.3, 5.1)
- Show respect for each patient's unique needs and background and how these factors affect the patient's concerns, values and health care decisions. (5.1, 5.6)
- Demonstrate demeanor, speech, and appearance consistent with professional and community standards. (5.1)
- Display dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. (5.1, 5.2, 5.3, 5.5)

Practice Base Learning and Improvements (PBL)

Goal: Student must be able to learn, investigate and evaluate his or her patient care practice, appraise and assimilate scientific evidence, and improve his or her patient care practices through continuous self-directed learning.

Objectives

- Utilize varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care. (2.2, 2.3, 3.1, 3.5)
- Demonstrate continuous efforts to improve clinical knowledge and skills through effective use of available learning resources and self-directed learning. (3.3,3.4)
- Accurately assess the limits of his or her own medical knowledge in relation to patients' problems, accept feedback from the faculty, and apply feedback to improve clinical practice. (3.3,3.4)

System Based Practice (SBP)

Goal: Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

Objectives

- Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (5.2, 6.1, 6.2)

- Understand and utilize ancillary health services and sub-specialty consultants properly. (6.3, 6.4)

Inter professional Collaboration (IC)

Goal: Demonstrate the ability to engage in an inter professional team in a manner that optimizes safe, effective patient and population-centered care.

Objectives

- Understand the student's role and the role of other healthcare professionals in an attempt to provide safe and effective care as a member of the healthcare team. (7.1, 7.2)
- The ability to function as a leader and as a member of the healthcare team and become flexible to the needs of the healthcare team. (7.3)
- Demonstrate appropriate response to conflict amongst peers and other members of the healthcare team. (7.4)

Personal and Professional Development (PPD)

Goal: Demonstrate the qualities required to sustain lifelong personal and professional growth.

Objectives

- Recognize when to work independently and when to seek assistance. (8.1)
- Understand how to initiate self-employed learning when faced with new challenges. (8.3. 8.4, 8.5)

Integration Threads

Integration Threads represent topics that can arise in more than one clerkship or year of the curriculum. As such, they represent topics that may address horizontal integration (between more than one clinical specialty) or vertical integration (e.g. revisiting the basic science areas).

X Geriatrics	X Patient Safety	X Communication skills
X Basic Sciences	X Pain Management	X Diagnostic Imaging
X Ethics	X Chronic Illness Care	X Clinical Pathology
X Professionalism	X Palliative Care	X Clinical/Translational Research
X Evidence Based Medicine	X Quality Improvement	

- Geriatrics: In patient daily rounds discussions, Noon Conference discussions, Geriatrics didactic session
- Basic Science: Clinical rotation, Didactics
- Ethics and Professionalism: In-patient bedside rounds discussions , Noon Conference discussions as a part of resident didactics, Observed History and Physical
- Evidence Based Medicine: Noon report case presentations with EBM assignment, One on one student interaction with librarian, OSCE
- Patient Safety: Live didactic session by Dr. Francis, Inpatient bedside rounds
- Pain Management: Didactic session on pain management by FM, Clinical rotation
- Chronic Illness Care: Geriatrics live didactic lectures, In-patient daily rounds, shared topic discussion (During didactics combined with FM and Psychiatry clerkships.)
- Communication Skills: Discussed in orientation presentation, In-patient bedside rounds, Observed history and physical, OSCE
- Clinical/Transitional Research: Seminar by Research personnel from Department of IM

- Quality Improvement: Healthcare Matrix
- Clinical Pathology: Clinical rotations

Internal Medicine Selectives

Available specialties are:

- Cardiology
- Dermatology
- Gastroenterology
- Hematology/Oncology
- Nephrology
- Primary care
- Infectious Disease- San Angelo

The 1 week selective in Internal Medicine subspecialties with mostly inpatient experiences. The activities would vary according to the subspecialty. Each subspecialty will have a faculty or a coordinator as the contact person who will manage the schedule and specifics of the rotations. Each student will have an ambulatory experience in Internal Medicine Primary care clinic.

Examples of some activities in various subspecialties include:

Subspecialty	Activities	Supervisor/Evaluator
Cardiology	Clinics/In patient Consults Outpatient angiography Diagnostic studies such as stress tests, ECGs and Echocardiography	Faculty/ Fellow
Dermatology	Clinics	Faculty

Gastroenterology	Clinics / Inpatient Consults Endoscopies Gastric emptying studies and gastric pacing	Faculty/ Fellow
Hematology/Oncology	Clinics / Inpatient Consults	Faculty
Nephrology	Clinics / Inpatient Consults Inpatient dialysis unit rounds	Faculty/Fellow
Primary care	Clinics (Part of Ambulatory experience)	Faculty/Senior Resident
Infectious Disease	Clinic/In Patient Consults	Faculty

Clinical Components and Assignments

All activities are mandatory requirements unless otherwise specified. Unexcused absence will result in a “needs improvement” in the competency of professionalism.

Topic/Activity	Objectives
Orientation to Internal Medicine Clerkship	- Identify Department of Internal Medicine key personnel involved in the clerkship training program. - Describe the sequence of events involved in the case of an absence during the clerkship. (5.7) - Summarize the distinction between business and professional ethics. (5.5) - Describe the goals and objectives for the clerkship rotation to include the numbers and types of real or simulated patients each student is expected to evaluate. (5.7) - Describe the function of the diagnostic categories table. (5.7) - Maintain an up to date log book containing data on all patients evaluated by the student during the clerkship including their age, gender, location of visit, diagnoses or problems addressed at the time of the encounter, procedures (if any), and your level of participation. (5.7) - Describe the Mid-Rotation Evaluation process and identify the student’s responsibilities prior to the scheduled meeting with the Clerkship Director. (3.1, 3.3)

Topic/Activity	Objectives
	• Recognize common mistakes 3rd year medical students make and describe how to avoid them. (3.3, 8.2, 8.3) • Describe the medical student's responsibilities as a part of an inpatient ward team. (5.7) • Pursue an educational experience in which the patient is the central focus for learning clinical medicine. (2.5)
Information Access/PubMed/EBM <i>Assessment: Direct Observation</i>	• This is a one on one session with the librarian and student following the students EBM assignment (2.3) • Identify an information requirement relevant to a current patient management problem (3.1) • Develop a focused clinical question to address the information requirement (8.5) • Perform a computerized literature search using Ovid, the National Library of Medicine PubMed, or similar database to find information, e.g., journal articles, literature reviews, etc., pertinent to the clinical question. (2.3) • Identify evidence on which to base an answer to the focused clinical question. (2.3) • Determine the validity of a study based on evidence hierarchies. (2.3) • Describe the MeSH hierarchy and explain its use in searching, the "mapping" of terms in PubMed, and when to select sensitivity or specificity in searching. (2.3) • Develop a strategy to determine whether a proposed therapy is in keeping with current evidence-based guidance. (2.2, 2.3) • Use current best evidence in making decisions about the care of individual patients. (2.2, 2.3)
Inpatient Ward Rotation in Internal Medicine Observation and evaluation of patients with different clinical conditions in Internal Medicine Inpatient Wards to develop clinical competencies outlined in clerkship objectives Student is assigned to 1 of 5 ward teams at UMC, 1 of 3 teams at WBAMC, or 1 of 2 ward teams at	• Students to develop core competencies by observation and evaluation of patients with different clinical conditions (2.3-2.4, 1.1, 1.3) • Student to demonstrate interpersonal and communication skills by interaction with patients, ward, team and family of patient (4.1, 4.2, 4.3) • Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.33, 5.5, 5.7) • Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.1)

Topic/Activity	Objectives
Transmountain Hospitals of Providence or Hospitalist at Shannon Medical Center, San Angelo, TX where they become part of the team and get patients assigned for evaluation, f/u and management while patient is in the hospital.	• Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3) • Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2) • Student to understand and utilize ancillary health and consultants properly (6.1, 6.2)
Student obtains, writes and presents at least one patient evaluation to the team after each call.	
Student documents a minimum of 10 patient evaluations using the “Guidelines for History and Physical Examination Write-Ups” typed either up or in EMR. These complete H & P’s will be annotated by either the attending faculty or senior resident and then uploaded to Elentra for filing in the student’s clerkship portfolio.	
Student documents a minimum of 4 patient Admission orders using the sample found on Elentra. These complete order sets will be annotated by either the attending faculty or senior resident and then uploaded to Elentra for filing in the student’s clerkship portfolio.	
Student documents a minimum of 4 patient sign out (transition of care document) using the sample found on Elentra. These complete forms will be annotated by either the attending faculty or senior resident and then uploaded to Elentra for filing in the student’s clerkship portfolio.	

Topic/Activity	Objectives
Student receives documented feedback from faculty and residents Student participates directly in the evaluation and management of patients assigned and participates actively during rounds Student gets to observe and perform under supervision basic diagnostic and therapeutic procedures commonly performed on the IM wards <i>Assessment: Direct Observation, NBME, OSCE, Evaluations</i>	
Selective rotations in Internal Medicine. (cardiology, gastro-enterology, primary care, dermatology, pulmonology, infectious disease, nephrology) Student will follow the attending in clinic or in patient consults. They will present at least 1 patient per day to faculty. Student documents a minimum of 4 clinic/consultation notes which are annotated and signed by faculty. Student receives documented feedback from faculty, residents and fellows.	• Students to develop core competencies by observation and evaluation of patients with different clinical conditions appropriate to the subspecialty assigned (2.3-2.4) • Student to demonstrate interpersonal and communication skills by interaction with patients, consult/ clinic, team and family of patient (4.1, 4.2, 4.3) • Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.3, 5.5, 5.7) • Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.5) • Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3) • Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2) • Student to understand and utilize ancillary health and consultants properly (7.1, 7.2, 6.1, 6.2)

Topic/Activity	Objectives
Student participates directly in the evaluation and management of patients assigned. Student gets to observe and perform under supervision basic diagnostic and therapeutic procedures commonly performed on their assigned subspecialty selective. <i>Assessment: Direct Observation & Evaluations</i>	
Resident's Noon Conference (Optional) (During UMC IM Wards & Selectives) ***Note: Attendance to resident's noon conference at UMC is <u>no longer mandatory</u>. Students may attend resident's noon conference at UMC on a voluntary basis. Report takes place at noon Monday through Friday. Students, residents, and faculty discuss different patients admitted to ward teams for discussion of clinical presentation and management. Students may present at Resident noon Report if assigned by their ward team or participate in discussion of cases presented by residents. Various faculty and residents from the school and the community come to give presentations on relevant topics for IM. Journal Club presented by residents &	• Student will develop skills to demonstrate the ability to perform and present a complete history and physical exam. (1.1-1.2-1.6) • Student will participate in presentations and discussions of patients and discuss schemes reviewed during their MS 1 and MS 2 years to develop skills in communication with colleagues. (4.2, 4.3) • Students will develop knowledge and understand the organization of health care delivery system by discussion and observation of cases presented in noon report. (6.1, 6.2) • Student will develop medical knowledge and better understanding of common diseases seen in Internal Medicine. (2.2, 2.3, 2.4) • Student will learn to apply principles of evidence based medicine and epidemiological sciences in understanding and management of various diseases seen in Internal Medicine by Journal club and tumor board presentation. (2.3, 2.4)

Quality Improvement discussion

Topic/Activity	Objectives
Tumor Board <i>Assessment: Direct Observation, NBME, OSCE, Evaluations</i>	• Student will demonstrate a basic understanding of quality improvement principles and their application to patient care during QI discussion. (3.2) • Student will understand the importance to incorporate cost effective patient care by observing tumor board case discussions. (6.3)
“Student Bedside Rounds or Student noon report” (during IM Wards @ UMC usually. Might be scheduled at off-site wards if needed) Tuesday and Friday of every week, students present patients during bedside- rounds using a “31 things in 3 minutes” worksheet. Students come up with a clinical question which is approved by faculty and then complete the Evidence Based Medicine (EBM) research review with the guidance and supervision of library personnel. Also complete a health matrix form following the presentation of their patient. <i>Assessment: Direct Observation, NBME</i>	• Student utilizes various methods of self-directed-learning and information technology to acquire information in the basic and clinical sciences needed for patient care (PBL 2, 3, 5) • Student develops skills in evaluating physical findings and psychiatric evaluation, when appropriate. (PC 1, 2, 6) • Conduct EBM search and present to the rest of the students. (PC 1.2) • Complete a health matrix focusing on the multidisciplinary care of their patient. (PC 1.4, ICS 2, 3)
Observed H and P Exercise Mandatory and assigned while on IM wards at UMC or THOP or San Angelo. Student is observed and evaluated by assigned faculty Student presents to faculty and receives feedback <i>Assessment: This is graded. Faculty directing Observed H and P exercise</i>	• Student will develop skills to demonstrate the ability to perform and accurately record a complete history and physical examination (1.1, 1.2, 1.7) • Student communicates effectively with patient (4.1, 4.3) • Student demonstrates demeanor, speech and appearance consistent with professional and community standards (5.7)

Topic/Activity	Objectives
<i>deems if the student need to repeat this exercise based on their performance. >70% needs to be scored to pass this activity. If not, student needs to repeat this.</i>	
Residents as Teachers sessions in didactics Students will be given a formal didactic session on high yield topics on their NBME exam and frequently seen presentations in medicine by IM residents.	Students will become proficient in the basics of the following topics: Syncope, stroke, COPD/ asthma exacerbation, PFT interpretation, pleural effusion, diarrhea, atrial fibrillation. (2.1,2.2,2.3,2.4,2.5, 2.6)

Student Performance Objectives

Internal Medicine Scheduling

The Internal Medicine Clerkship in this block consists of the following:

- Internal Medicine In-patient ward (5 weeks): Rotation sites:
 - UMC El Paso
 - THOP Trans mountain Campus
 - William Beaumont Army Medical Center
 - Shannon Medical Center, San Angelo, TX
- Sub-specialty selective (1 week block)
- Ambulatory experience in IM clinics

Ward Weekly Schedule Guidelines

- Students should not be scheduled for on-call or patient-care activities in excess of 80 hours per week.
 - Students should not be scheduled for more than 16 continuous hours.
 - Students must have a minimum of 10 hours free between shifts.

Medicine and the Mind

- Students should have at least one day off each week averaged over a one-month period.
- Students are scheduled for didactics on Wednesday afternoon but should attend clinical duties on Wednesday mornings.

Sample Ward Schedule

Day	Activities
Sunday	07:30 AM – 05:30 PM If team is on long call or post long call Free Day <u>IF</u> not on long call or post long day.
Monday	7:30 AM – 12:00 PM Morning Rounds 12:00 – 1:00 Noon Conference Afternoon: complete follow up activities assigned by team
Tuesday	7:30 – 12:00 PM Morning Rounds 12:00 – 1:00 Noon Conference Afternoon: complete follow up activities assigned by team
Wednesday	7:30 AM – 12:00 PM Morning Rounds 12:00 – 1:00 Noon Conference or Bedside rounds 1:00 – 5:00 PM – IM/ Psych/FM/Neurology Didactic
Thursday	7:30 AM – 12:00 PM Morning Rounds 12:00 – 1:00 Noon Conference or Bedside rounds Afternoon: complete follow up activities assigned by team
Friday	7:30 AM – 12:00 PM Morning Rounds 12:00 – 1:00 Noon Conference or Bedside rounds Afternoon: complete follow up activities assigned by team
Saturday	07:30 AM – 05:30 PM If team is on long call or post long call Free Day <u>IF</u> not on long call or post long day.

Selective Sample Weekly Schedule at UMC

	Monday	Tuesday	Wednesday	Thursday	Friday
AM activities	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity
12:00 -1:00PM	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty
PM activities	Clinic or other clinical activity	Clinic or other clinical activity	IM/FM and Psychiatry Didactics	Clinic or other clinical activity	Clinic or other clinical activity

Assignment Summary/ Portfolio Contents for IM Clerkship:

Documentation of each student's experience during the Internal Medicine component of the combined Internal Medicine, Family Medicine, Psychiatry, Emergency Medicine and Neurology Clerkship is contained in an individually assigned student portfolio in Elentra.

The portfolio is thus used to document student progression towards the learning objectives of the clerkship experiences.

Failure to turn in the following assignments prior to the end of the rotation or assigned due date will result in a "needs improvement" in the competency of professionalism.

Refer to Internal medicine Quick Guide (Appendix B in Elentra)

Op Log Expectations

Please see Appendix C for a complete list of required patient encounters for the Internal Medicine Clerkship. Please monitor your Op Log Dashboard to ensure that you are on track to complete his requirement. If you do not log a required encounter, you will need to complete an alternate assignment. Your progress will be reviewed at your mid-clerkship meeting.

You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Mid clerkship evaluation, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

Assessment:

Assessment forms used throughout the block are in Appendix D. Honors for professionalism MUST be accompanied by comments describing exceptional behavior or the grade will revert to a Pass.

Mid-Clerkship Review (see form in Appendix D)

The mid-clerkship evaluation is a face to face one-on-one 15-20 minute session with the clerkship director. It is an opportunity for students to receive feedback to better improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

The session will be scheduled after the first Internal Medicine ward rotation. Students will be notified regarding their assigned time by the clerkship coordinator in an email.

Items that should be included in the student's portfolio by this session is included in Internal medicine quick guide (Appendix B). Failure to have these minimal items completed by the session may lead to a "needs improvement" in the professionalism competency. See Appendix D for a sample mid-clerkship assessment which will be completed by the clerkship director.

Internal Medicine Final Assessment:

1. Knowledge for Practice

- Grade: “Needs improvement, pass or meets expectations, honors or exceeds expectations”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

2. Patient Care and Procedural Skills

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

3. Interpersonal and Communication Skills

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

4. Practice-based Learning and Improvement

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

5. Systems-Based Practice

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

6. Professionalism

- Grade – “Needs improvement, pass, honors”
- Source
 - IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective
 - Complete all of the clinical requirements as outlined in the syllabus, for example, medical student morning report, H&Ps and observed H&P.
 - Adhere to all requirements of the clerkship, including
 - Duty hours reported
 - Op log completion as outlined in the common clerkship requirements and syllabus
 - Timeliness to activities

Medicine and the Mind

- Compliance with clinical setting rules
- EMR desktop cleared by end of rotation
- Proper appearance and dress code
 - Please refer to the Student Handbook available at:
<https://el Paso.ttuhsc.edu/som/studentaffairs/student-handbook/default.aspx>
- Completion of background clearance if assigned to rotate at William Beaumont Army Medical Center or Shannon health at San Angelo or THOP

7. Inter professional Collaboration

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

8. Personal and Professional Development

- Grade: “Needs improvement, pass, honors”
- Source: IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

9. Boxes at the bottom for:

- NBME score
- OSCE
- MSPE comments
- General Comments (Optional and not for MSPE)
- Final grade for Clerkship – Honors, Pass, Fail