This is a brief summary of the Inpatient Medicine Clerkship discussion at the MEC meeting in March 2011. A formal vote with specific recommendations will be taken at the April 2011 meeting.

**General Clerkship Educational Mission and Goals (to apply to all clinical clerkships):**

The mission of each clerkship is to provide a general and broad introduction to that specific clinical discipline, in order to prepare every DMS graduate to be a complete and well trained generalist physician. More specific learning objectives include these:

- To provide each student with the opportunity to see patients with the most common and/or serious clinical conditions seen by practitioners of that discipline, so students can learn first hand about the presentation, diagnosis, clinical course, and treatment of those condition;
- To teach students the clinical skills most important to that discipline, as well as provide the opportunity for students to practice those clinical skills;
- To assist students in understanding approaches to patient care that may be unique to the discipline
- To provide broad educational experiences to enable each student to perform well on Step 2 and Step 3 exams of the USMLE exam sequence;
- To provide ongoing, constructive feedback to students regarding their performance;
- To provide a formal summative assessment of student knowledge learned and clinical skills mastered during the clerkship; and
- To provide students the opportunity, through close contact and mentoring relationships with resident and staff physicians, to consider whether they might wish to pursue future graduate training in this discipline or a related discipline.

(approved by MEC in January, 2011)

**Clerkship description:** Hugh Huizenga briefly introduced the clerkship. IM is a six week clerkship at three sites: DHMC, CPMC and VAMC. The students split the rotation evenly between two of the sites (where they become part of a “team”) and attend weekly didactic sessions. Besides education in the rotations, the clerkship strives to promote excellence in:

- Hx and Px
- Oral presentation skills
- Critical reasoning

A future goal for the clerkship administration is to reduce the didactics in favor of more small groups and hands-on experience.

**Scores and comments from student evaluations (AY 2009-10):** Erin Sullivan (DMS 4) provided a summary of the scores and comments provided by students last academic year. The overall score for this clerkship last year was 4.10 (very good), with a score of 4.72 for
the CPMC site. The clerkship score was a slight drop from 4.19 (2008-09), but the CPMC overall rose slightly from 4.67. Relatively strongest scores were in the areas of variety of dx (4.35), enthusiasm of attendings for teaching (4.26), and patient volume (4.22). The rest of the scores ranged from good to very good, with one score slightly lower than the “good designation (variety of pt cultural diversity at 2.25) The course directors and coordinator scored high with 4.00 a the lower end (coordinator) and 4.94 (bordering on excellent) at the higher end. In all, the students were extremely satisfied with the IM clerkship.

Narrative comments revealed these themes:

• Strengths:
  – Organized didactics with clerkship directors (Pinto-Powel, Brown, Dick, Huizenga, Jacobson)
  – Steep learning curve throughout 6 wks
  – Organization

• Weaknesses:
  – TOO SHORT
  – High attending turnover... inconsistent feedback
  – Unclear expectations of med students
  – Post-call at VA

• Mixed Reviews:
  – SIMPLE Cases
  – Acclimating to DHMC and VA in 3 wk blocks

On the whole, students rated this clerkship very highly – the best score out of eight clerkships rated.

Faculty appointments for teachers having substantial contact with students at every clerkship site: The clerkship is offered at 3 different sites: DHMC, VAMC, and CPMC. breakdown of faculty appointments for AY 2010-11 is as follows:

• At DHMC, all Medicine attendings have “regular line” faculty appointments
• At VAMC, all Medicine attendings have “regular line” faculty appointments
• At CPMC, the On-site Clerkship Director has been Dr. David Jacobson, and he has a DMS faculty appointment in the Regular Line
  • Others with considerable teaching should receive appointments in the Adjunct Line

Students’ evaluations on AAMC Graduate Survey Class of 2010: The seniors who graduated in 2010 had taken IM during 2009-10. Students scored all eight required clerkships (they were not asked about geriatrics), on a score from 1 (poor) to 4 (excellent). Concerning the overall quality of the educational experience during the clerkship, DMS seniors in 2010 ranked Inpatient Medicine as a 3.6 (good), slightly higher than the national mean (3.5) and last years score (3.5). Of the seven clerkships scored by DMS students, IM’s score of 3.6 placed it in a tie for second place out of the eight that were scored.
Six more detailed questions were asked about each clerkship as well, using a scoring system from 1.0 (strongly disagree with positive statement) to 5.0 (strongly agree with positive statement). On these six questions, the mean DMS response for IM ranged from 4.2 to 4.6. For each item, the mean DMS score was greater than the mean national score and the DMS scores from the year before. Students gave the highest score (4.6) as response to the item “I had an opportunity to follow a variety of patients (with different medical conditions).

Results on NBME Shelf Exam, AY 2009-10: During AY 2009-10 the mean DMS score was 78.6, compared to a national mean score of 75.4. Most clerkships nationally lasted 6 or 12 weeks. DMS students scored higher than the national average in all ten areas specifically assessed.

Results on USMLE Step 2 CK: We looked at mean DMS scores on Step 2 CK in the area of IM for students taking the exam from AY 2001-02 through 2009-10. Over the past three years, the mean DMS score was 0.10 SD above the national mean score. For that 3-year period, results in the IM component of Step 2 CK were in the mid-range of the clerkship areas reported.

Career choice in Medicine (categorical or primary care): For the classes of 2008, 2009, and 2010, an average of 13.8% of DMS seniors matched to a residency in Medicine, comparable to a national average figure of 17.9% over those three years.

Specific competency tasks taught and assessed during clerkship: Dr. John Dick has turned in a complete grid for Medicine that states which specific competency tasks are taught during their clerkship, and how they then assess whether or not students have achieved the necessary level of mastery in each of those tasks.

Suggested “Essential” clinical skills to be practiced (learning targets) and formally assessed for competency by end of clerkship: The leaders of the medicine clerkship suggested 16 essential clinical skills, each with a specific learning target. Those clinical skills, the learning target in place during AY 2010-11, (learning target proposed), and the mean number recorded by DMS students during the first half of AY 2010-11 are as follows:

<table>
<thead>
<tr>
<th>#</th>
<th>Area</th>
<th>Skill</th>
<th>Target 2010-11</th>
<th>Mean 10-11 thus far (all)</th>
<th>Mean 10-11 at CPMC</th>
<th>Suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interview</td>
<td>HPI relevant to this clerkship</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15***</td>
</tr>
<tr>
<td>2</td>
<td>PE</td>
<td>Complete PE</td>
<td>0</td>
<td>10.7</td>
<td>9.4</td>
<td>8***</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Cardiac exam</td>
<td>8</td>
<td>19.9</td>
<td>18.2</td>
<td>16***</td>
</tr>
</tbody>
</table>
### Internal Medicine Clerkship, Essential Clinical Skills

This clerkship has proposed, and the MEC has approved, 16 “essential” clinical skills that you must practice during the clerkship, and then demonstrate your competence to perform the skill prior to completion of the clerkship. Your final grade will be based in part on how well you meet these learning targets for practicing these skills, and whether you have demonstrated an acceptable level of competence in performing these clinical skills by the end of the clerkship. These core clinical skills (and the learning targets for each) are:

- **Interview**
  - HPI relevant to this clerkship (Target = 15)
- **Physical Exam**
  - Complete PE (Target = 8)
  - Cardiac exam (Target = 16)
  - Extremity exam (Target = 8)

<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
<th>Count</th>
<th>Target (Actual)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Extremity exam</td>
<td>0</td>
<td>14.2</td>
<td>12.3</td>
</tr>
<tr>
<td>5</td>
<td>HEENT exam</td>
<td>8</td>
<td>17.5</td>
<td>16.0</td>
</tr>
<tr>
<td>6</td>
<td>Pulmonary exam</td>
<td>8</td>
<td>19.6</td>
<td>17.6</td>
</tr>
<tr>
<td>7</td>
<td>Counseling, Disease issues</td>
<td>0</td>
<td>4.6</td>
<td>3.2</td>
</tr>
<tr>
<td>8</td>
<td>Discharge planning</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>DNR status</td>
<td>2</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td>10</td>
<td>Medications</td>
<td>2</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>11</td>
<td>ECG</td>
<td>0</td>
<td>4.1</td>
<td>3.7</td>
</tr>
<tr>
<td>12</td>
<td>Chest x-ray</td>
<td>5</td>
<td>7.8</td>
<td>7.6</td>
</tr>
<tr>
<td>13</td>
<td>Oral presentation, inpatient admission</td>
<td>0</td>
<td>10.3</td>
<td>11.9</td>
</tr>
<tr>
<td>14</td>
<td>Oral presentation, inpatient progress</td>
<td>0</td>
<td>11.8</td>
<td>11.9</td>
</tr>
<tr>
<td>15</td>
<td>Written note, inpatient admission</td>
<td>0</td>
<td>10.2</td>
<td>12.0</td>
</tr>
<tr>
<td>16</td>
<td>Written note, inpatient progress note</td>
<td>0</td>
<td>11.8</td>
<td>12.2</td>
</tr>
</tbody>
</table>
• (Physical Exam) HEENT exam (Target = 8)
• (Physical Exam) Pulmonary exam (Target = 16)
• (Counseling) Disease issues (Target = 4)
• (Counseling) Discharge planning (Target = 4)
• (Counseling) DNR status (Target = 4)
• (Counseling) Medications (Target = 4)
• (Diagnostic Tests) ECG (Target = 5)
• (Diagnostic Tests) Chest x-ray (Target = 5)
• (Notes & presentations) Oral presentation, inpatient admission (Target = 10)
• (Notes & presentations) Oral presentation, inpatient progress (Target = 10)
• (Notes & presentations) Written note, inpatient admission (Target = 10)
• (Notes & presentations) Written note, inpatient progress note (Target = 10)

Approved by the Medical Education Committee, April 2011

Suggested “Essential” conditions and diagnoses to be seen and learned about: A similar process was established to solicit input from the leadership of the medicine clerkship to develop new essential conditions and diagnoses that should be seen and learned about by all students, on all teaching services, in this clerkship. The final list of 17 essential conditions and diagnoses agreed upon is listed below, along with suggested learning targets, and average volume recorded by students during the first half of AY 2010-11:

<table>
<thead>
<tr>
<th>#</th>
<th>Area</th>
<th>Condition/Diagnosis</th>
<th>Target 2010-11</th>
<th>Mean 2010-11 All sites</th>
<th>Mean CPMC</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Systemic conditions</td>
<td>Chest pain (Dx unclear)</td>
<td>3</td>
<td>2.2</td>
<td>2.2</td>
<td>2**</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Shortness of breath</td>
<td>3</td>
<td>3.8</td>
<td>3.5</td>
<td>2**</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Syncope, presyncope</td>
<td>1</td>
<td>1.3</td>
<td>1.1</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Fever (source unknown)</td>
<td>2</td>
<td>1.8</td>
<td>1.7</td>
<td>1**</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Bacteremia or sepsis</td>
<td>1</td>
<td>1.6</td>
<td>1.1</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Cardiovascular system</td>
<td>Arrhythmia (atrial fib or other) (new aggregation)</td>
<td>1</td>
<td>2.4</td>
<td>1.6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>CHF</td>
<td>2</td>
<td>2.3</td>
<td>2.1</td>
<td>1**</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>-----</td>
<td>-----</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Endocrine, metabolism</td>
<td></td>
<td>DM (Type I or II)</td>
<td>0</td>
<td>1.4</td>
<td>1.0</td>
</tr>
<tr>
<td>9</td>
<td>Hyperlipidemia</td>
<td></td>
<td></td>
<td>1</td>
<td>1.2</td>
<td>1.3</td>
</tr>
<tr>
<td>10</td>
<td>Fluid and Electrolyte</td>
<td>8</td>
<td>7.7</td>
<td>7.4</td>
<td>5**</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>GI system</td>
<td></td>
<td>4</td>
<td>10.1</td>
<td>9.5</td>
<td>5**</td>
</tr>
<tr>
<td>12</td>
<td>Hematology/Oncology</td>
<td>Anemia</td>
<td>1</td>
<td>1.7</td>
<td>1.7</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Cancer (unspecified)</td>
<td>1</td>
<td>1.5</td>
<td>1.3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Kidney/Urinary Tract</td>
<td>Renal failure, acute</td>
<td>0</td>
<td>1.0</td>
<td>0.6</td>
<td>1**</td>
</tr>
<tr>
<td>15</td>
<td>Renal failure, chronic</td>
<td>0</td>
<td>1.0</td>
<td>1.0</td>
<td>1**</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Respiratory System</td>
<td>COPD/emphysema</td>
<td>2</td>
<td>2.5</td>
<td>1.9</td>
<td>1**</td>
</tr>
<tr>
<td>17</td>
<td>Neurology</td>
<td>Delirium</td>
<td>1</td>
<td>1.4</td>
<td>1.3</td>
<td>1</td>
</tr>
</tbody>
</table>

**Internal Medicine Clerkship, Essential Clinical Conditions and Diagnoses**

This clerkship has proposed, and the MEC has approved, 18 “essential” conditions or diagnoses that you must see, learn about, and help manage during the clerkship. Your final exams will test your knowledge about these conditions at the end of the clerkship. Your final grade will be based in part on how well you meet these learning targets. These essential conditions and diagnoses, and the learning targets for each one, are:

- (Systemic conditions) Chest pain (Dx unclear) (Target = 2)
- (Systemic conditions) Shortness of breath (Target = 2)
- (Systemic conditions) Syncope, presyncope (Target = 1)
- (Systemic conditions) Fever (source unknown) (Target = 1)
- (Systemic conditions) Bacteremia or sepsis (Target = 1)
- (Cardio-vascular system) Arrhythmia (atrial fib or other) (Target = 1)
- (Cardio-vascular system) CHF (Target = 1)
• (Endocrine, metabolism) DM (Type I or II) (Target = 1)
• (Endocrine, metabolism) Hyperlipidemia (Target = 1)
• (Fluid and electrolyte) Aggregated (Target = 5)
• (GI system) Aggregated (Target = 5)
• (Hematology/oncology) Anemia (Target = 1)
• (Hematology/oncology) Cancer (unspecified) (Target = 1)
• (Kidney/urinary tract) Renal failure, acute (Target = 1)
• (Kidney/urinary tract) Renal failure, chronic (Target = 1)
• (Respiratory system) COPD/emphysema (Target = 1)
• (Respiratory system) Pneumonia (Target = 1)
• (Neurology) Delirium (Target = 1)

Approved by the Medical Education Committee, April 2011

Action items to be voted on:

1. Approve essential clinical skills and learning targets (to be placed on card prepared by the MEC): discussed and approved unanimously, with several minor changes

2. Approve essential conditions and diagnoses, and learning targets, (to be placed on card prepared by the MEC): discussed and approved unanimously

3. Require clerkship directors to formally assess “comparability” of all three teaching services (DHMC, VAMC, CPMC) at end of AY 2010-11, in terms of the following key indicators, as developed during earlier review of the Neurology clerkship:

   • documented practice of essential clinical skills (on DMEDS)
   • demonstrated ability of students to acquire expected level of competency of these essential clinical skills (checked off at end of clerkship)
   • documented instances of seeing/caring for patients with essential conditions/diagnoses (as documented in DMEDS)
   • ratings by students of overall clerkship experience by site (may be aggregated in some way as selected by clerkship leadership)
   • performance by students on NBME shelf exam about common psychiatric conditions and diagnoses
   • final grades of students

4. Recommend that clerkship directors, with help from their Chair and faculty colleagues, attempt to remediate specific items in the clerkship that received relatively low student ratings, including:
• Work with sites to provide more continuity in attendings/residents. Students feel they are not getting continuous attention
• Work with sites to provide more observation and feedback
• Instruct residents and attendings on expectations of medical students
• Consider adding more time to the clerkship. Many students felt that six weeks was not enough