

Welcome!

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- Assessments and Grading
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- Absences and sickness
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Goals

- Appreciate the amount of learning you will do in this formative year
 - Third year of medical school
 - Internship
 - 1st year as attending

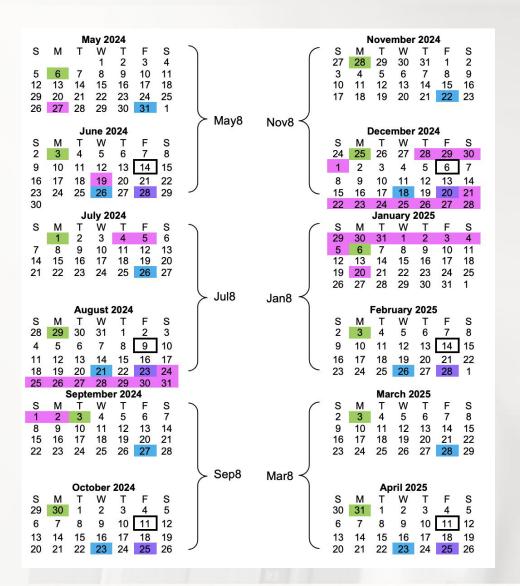


Expectations and How to Succeed

- Be on time and dress appropriately
- Be proactive
- Be a team-player
- Be flexible
- Have a positive attitude and be kind
- Ask for feedback and show you are working to apply the feedback
- Be interested, ask questions, and participate in decision-making
- Read extensively and share your knowledge with the team
- Stay focused on patient care



Schedule





Schedule

- 2 blocks (1 4 week block and 1 4 week block)
 - 2 inpatient rotations
 - General medicine or subspecialty services
 - Loyola and Hines VA
 - 1 outpatient rotation and 1 inpatient rotations
 - Loyola (Hines)
 - Multiple outpatient sites



Daily Activities

- Inpatient
 - 6:00 AM: Preround (with house staff)
 - 9:00 AM-11:00 AM: Attending rounds
 - 12:00 PM: Conferences
 - 1:00-5:00 PM:
 - Follow-up with patients
 - Complete notes
 - Call and follow-up consults
 - Procedures



Daily Activities

- Outpatient
 - 8:00 AM 12:00 PM: Morning clinic
 - 12:00 PM 1:00 PM: lunch and commuting
 - 1:00 PM-5:00 PM afternoon clinic



Didactics

Lectures

- Occur in person on Tuesday afternoons
- Handouts accessible on website
- Mandatory
- Attendance with QR code

Case discussions

- Occur in person at Loyola and Hines
 - Outpatient may join or can review independently
- Student guides accessible on website
- Answer guides posted at weeks 4 and 7
- Mandatory

Aquifer

- 36 online, interactive cases
- Cases and link listed on website



Required Patient Encounters

- Required patient encounters
- Alternate ways to complete
- Patient log cards



Direct Observation

- Required across clerkships
- Completed by attending or resident
- Track in mylumen
- Must complete by end of clerkship
- 1 observed history
- 3 observed lung and cardiovascular exam



Health Systems Science Integration

- IHI module PS 102 From Error to Harm
 - Complete early in clerkship
- Paired activity:
 - Review instructional material on Incident Report (powerpoint slides)
 - Work with a resident or attending to submit an Incident Report OR at least discuss the process with them
 - Do NOT file an Incident Report without <u>direct</u> <u>supervision</u>
- Attestation on Sakai
 - Indicate if you participated in a submitting an Incident report under supervision OR you did not have a safety event and so did not submit one



Educational Resources

- Pocket Medicine
- Step-Up To Medicine
- Harrison's Principles of Internal Medicine and Harrison's Manual of Medicine
 - Updated links on website for all objectives
- Up-to-date
- Primary literature



- NBME shelf examination 30%
- Free-text exam 10%
- OSCE and Clinical Reasoning Exam 10% (50% for each component)
- Clinical Performance 35%
 - 2 week evaluation 8.75%
 - 4 week evaluation 8.75%
 - 6 week evaluation 8.75%
 - 8 week evaluation 8.75%
- Radiology presentation 5%
- Clinical Question Conference presentation 5%
- 2 Graded H&Ps 5% (each 2.5%)
- Final grade determined as follows:
 - Honors: > mean + 0.8 SD
 - High pass: < mean + 0.8 SD to mean 0.2 SD
 - Pass: < Mean 0.2SD
- Year end assessment → shift cut points to achieve 30% H, 40% HP, 30% P



- NBME Shelf Examination
 - Occur on last day of clerkship
 - Pass is 58 (5th percentile nationally)
- Free-text examination
 - 5 short answer questions
 - Assess clinical knowledge and application
 - 1 hour and 15 minute examination occurring right before your OSCE during week 6



- OSCE and Clinical Reasoning Examination
 - OSCE
 - 30 minutes for standardized patient encounter
 - Brief feedback with standardized patient
 - Clinical Reasoning Examination
 - Occurs directly after the SP encounter
 - Completed on computer in SDL room
 - 30 minutes
 - Document short patient history, physical exam
 - List up to three diagnoses and associated history/exam findings to support them
 - List up to six diagnostic tests you would like



- Clinical Performance Evaluation
 - Inpatient:
 - Self-evaluation completed and given to team
 - Team evaluation, should be reviewed with you personally
 - Outpatient:
 - Self-evaluation completed and given to anchors
 - 2 week eval: primary care anchors ONLY, grades will be averaged
 - 4 week eval: primary care anchors AND specialists
 - 50% average of primary care anchors
 - 50% average of specialists
 - Physicians should review with you
 - Faculty development
 - Likert scale
 - 50%, 62.5%, 75%, 87.5%, 100%



- Radiology presentation
 - Randomly assigned Tuesday afternoon
 - During an inpatient month
 - Power-point format, 5-10 minutes long, deidentified imaging
 - Consult a radiologist
 - Review evaluation form
 - Clerkship director will grade



- Clinical Question Conference presentation
 - Will occur throughout the clerkship at Loyola and Hines
 - Complete student form and use this as a guide to your presentation
 - May use power-point but not required
 - Review evaluation form
 - 5-10 minutes long
 - Graded by 2 faculty graders (scores will be averaged)
 - Should be attended by all students at the site



H&P write-ups

- 4 required H&Ps or progress notes
 - 2 MUST be H&Ps to be graded but all four can be H&Ps
- Do not wait until end to complete
- Review with residents and/or faculty
- Turn in to Vivian
- Select 2 to be graded for your assessment
 - Validated assessment tool
 - 1 graded by CD and 1 graded by ACD



SMART goal

- 1 required per clerkship
- Complete form and upload to Sakai by end of 1st week
- Will be reviewed at mid-clerkship meeting



Absences and Sickness

- Any absence must be reported to the school, Vivian, myself, and your team/attending
- Preapproved requests
- If sick you MUST notify all the above and report to Student Health



COVID Rules

- Okay to provide direct in-person care of covid+ patients
- If concerning exposure in or out of the hospital notify Vivian, student health, and me
 - Do not report to work until you are directed to
- Universal surgical masks in patient care areas
- May wear scrubs
- Social distance when possible
- Frequent handwashing
- Review of donning/doffing PPE video



Contacts and Troubleshooting

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 - Pager
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