Alabama College of Osteopathic Medicine

INTERNAL MEDICINE I
DO CLIN 802
2017-2018

Clerkship Chair: Martin Clemmons, DO
(334) 944-4021
mclemmons@acomedu.org

Office Hours: By Appointment (via email only)

Grading: Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:
Beginning the Internal Medicine Clerkship Rotation requires the successful completion of Year 2 and COMLEX Part 1. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
Four weeks of training in clinic and hospital settings leading to a foundational understanding of general medical problems in the adult male and female patients. This precedes and represents a requirement for Internal Medicine II.

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adulthood.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.
- An understanding of the approach of internal medicine physicians to the health care of patients.
- An understanding of the influence of family, community, and society on the patient in health and disease.
- Development of communication skills that will facilitate the clinical interaction with patients and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of adult patients.
- Development of clinical problem-solving skills.
- Development of strategies for health promotion as well as disease and injury prevention.
- Development of the attitudes and professional behaviors appropriate for clinical practice.
Specific Learning Objectives:

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
- Build productive relationships with patients, families, and other health-care professionals regardless of their backgrounds.
- Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
- Demonstrate knowledge of the business side of medical practice, especially billing, scheduling, and referring.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- Effectively counsel and instruct patients and their families regarding specific diagnosis, treatment plans, and broader health maintenance.
- Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.
- Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
- Perform and document a complete history and physical examination appropriate for patient care.
- Perform routine basic clinical procedures using appropriate methods/instruments and common clinical rating scales.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations. Students will be available for any activities, such as night call, if asked by the preceptor. If the preceptor makes house calls, the student is expected to accompany him/her. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards, journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.

VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:

   - 100% attendance is required to all events defined by the preceptor and as listed below.
   - Absence excused by the preceptor is required to be reported to clerkship chair.
   - Students are expected to complete all reading assignments.
   - It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
   - The extent of student involvement in patient care activities will be determined by the preceptor.
   - Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. **The work week is limited to a minimum of 45 hours per week and**
maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.

- Students are to receive one day in seven free from clinical activities averaged over a four-week period.
- Any absence during scheduled clerkship rotation work hours, for any reason, must be approved by the Preceptor.
- An absence from a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the supervising physician. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.

2. **Required Textbook(s) & Equipment:**

- *Harrison’s Manual of Medicine, 18th Edition*
- *IM Essentials Text: A Medical Knowledge Self-Assessment Program (MKSAP) for Students* by American College of Physicians; Clerkship Directors in Internal Medicine. 2015
  - Print copy only. There is a copy at each core site, or it can be purchased online.
- *IM Essentials Questions: A Medical Knowledge Self-Assessment Program (MKSAP) for Students* by American College of Physicians; Clerkship Directors in Internal Medicine. 2015
  - Print copy only. There is a copy at each core site, or it can be purchased online.
- SIMPLE, a MedU resource
- Recommended Additional Readings:
  - Cecil’s, Dubin’s EKG, UpToDate, Access Medicine’s Pocket Guide to Diagnostic Tests
  - Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and a tuning fork at 512 decibels.
- *ACOM issued Apple iPad Mini, fully functional.*

3. **Assignments & Clinical Skills:**

- Learning Agreements
  - Students are required to meet with their preceptors on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on SEAMed. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on SEAMed. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.
  - Descriptions and requirements for participation in ACOM didactics specific to this clerkship rotation are described in the course shell on SEAMed. It is the student’s responsibility to review and follow all didactics requirements.
  - See Appendix B for Core Problems Necessary for Graduation

4. **Post-Rotation Exam**

The COMAT subject examination in Internal Medicine will be administered on-line on the last day of the Internal Medicine II clerkship rotation. The Clinical Site Coordinator or their designee at the core rotation site will proctor the exam in accordance with guidelines set by the NBOME. Students will receive instruction from the Site Coordinator regarding the time and place to report for the exam.

- Examination structure, content outline and practice examinations for COMAT exams can be found at [http://www.nbome.org/comatmain.asp?m=coll](http://www.nbome.org/comatmain.asp?m=coll)
5. Evaluations:
   o **Student Evaluation of Site; Student Evaluation of Preceptor**: Must be completed on-line and submitted at the end of the clerkship rotation.
   o **Mid-Rotation Evaluation**: At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor’s signature and keep the form for his or her records.
   o **Preceptor Evaluation of Student**: It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Sciences at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

VII. GRADING PROCEDURES: (The eight weeks of internal medicine are broken up into two four-week courses (IM I and IM II). Each has different grading requirements. Students are encouraged to review them prior to the clerkship rotation.)

The grade for this clerkship rotation will be assigned by the ACOM Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation.

   o Evaluation from preceptor and staff (50%)
   o Rotation Didactics (50%)
   o Note well:
     o A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
     o COMAT exam: Students who are not successful in passing the COMAT exam will receive a failing grade and must take the COMAT again. Students who require subsequent COMAT attempts will receive a score of 70% for that exam and may be required to remediate the clerkship rotation at the discretion of the Clerkship Chair.
     o The cost of the COMAT subject exam will be covered by ACOM for each initial exam. If a student must retake the examination, he or she may be responsible for the cost ($35.00 per examination). To schedule a retake, students must contact the Clinical Sciences Coordinator.
     o You must pass Rotation Didactics in order to pass the course.
     o If you fail Rotation Didactics, you will be offered one opportunity to remediate with an assignment given by the clerkship rotation chair or his designee.
     o Successful remediation of a Rotation Didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

VIII. PROFESSIONALISM

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.
IX. VIDEO CONFERENCES

Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. **Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.**

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. **Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.**

The recorded video conferences will be available within 24 hours of the event.

X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the **Health Insurance Portability and Accountability Act (HIPAA)** with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XI. COPYRIGHT STATEMENT

The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see [http://libguides.acomedu.org/copyright/copyright](http://libguides.acomedu.org/copyright/copyright)

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIII. CHANGES TO THE SYLLABUS

This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Internal Medicine I Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ____________________________  Preceptor: ____________________________

Rotation Discipline: ____________________________  Site: ____________________________

Rotation Period or Specific Dates: ____________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation? (This section may be completed prior to meeting.)

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives? (rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

SIGNATURES

Student: ____________________________

Preceptor: ____________________________

Date: ____________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
## Core Problems/Diagnoses

Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

<table>
<thead>
<tr>
<th>1.</th>
<th>Abdominal Distension</th>
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<tbody>
<tr>
<td>1.1.</td>
<td>Bowel Distention</td>
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<td>Ascites</td>
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<td>1.3.</td>
<td>Other Causes</td>
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<td>2.</td>
<td>Abdominal Pain/Mass</td>
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<td>2.1.</td>
<td>Acute – Diffuse</td>
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<td>Chronic – Constant</td>
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<td>3.</td>
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<td>5.</td>
<td>Abnormal Serum Lipid Profile</td>
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<td>Witnessed Choking Spell</td>
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<td>Adrenal Mass</td>
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<td>9.1.</td>
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<td>9.2.</td>
<td>Malignant</td>
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<td>Allergic Reactions</td>
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<td>11.</td>
<td>Altered Level of Consciousness</td>
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<td>11.1.</td>
<td>Overall Approach to Altered Level of Consciousness</td>
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<td>11.2.</td>
<td>GCS ≤ 7</td>
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<td>12.</td>
<td>Anemia/Pallor</td>
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<td>12.1.</td>
<td>Overall Approach to Anemia</td>
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<td>Anemia with Elevated MCV</td>
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<td>Benign Prostatic Hypertrophy</td>
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<td>Coagulation Proteins</td>
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<td>Platelets and Vascular System</td>
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<td>20.1.</td>
<td>Infection</td>
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<td>Mass</td>
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<td>Gynecomastia</td>
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<td>20.3.1.</td>
<td>Increased Estrogen and Increased HCG</td>
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<td>20.3.2.</td>
<td>Increased LH and Decreased Testosterone</td>
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<td>Dementias</td>
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<td>Acute (Pediatric)</td>
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</table>
33.1. Acute
33.2. Chronic – Cardiac
33.3. Chronic – Pulmonary/Other
33.4. Pediatric

34. Ear Pain, Hearing Loss, Deafness
34.1. Hearing Loss
34.1.1. Conductive
34.1.2. Sensorineural
34.2. Otalgia
34.3. Tinnitus
34.3.1. Objective
34.3.2. Subjective

35. Electrolyte Disorders
35.1. Hypercalcemia
35.1.1. Low PTH
35.1.2. Normal/High PTH
35.2. Hypocalcemia
35.2.1. High Phosphate
35.2.2. Low Phosphate
35.2.3. High/Low PTH
35.3. Hyperkalemia
35.3.1. Intracellular Shift
35.3.2. Reduced Excretion
35.4. Hypokalemia
35.5. Hypernatremia
35.6. Hyponatremia
35.7. Hyperphosphatemia
35.8. Hypophosphatemia

36. Elevated Liver Enzymes

37. End-of-Life/Palliative Care

38. Excessive Daytime Sleepiness

39. Eyes/Vision
39.1. Acute Vision Loss
39.1.1. Bilateral
39.1.2. Unilateral
39.2. Chronic Vision Loss
39.2.1. Anatomic
39.3. Amblyopia
39.4. Diplopia
39.5. Pupillary Abnormalities
39.5.1. Isocoria
39.5.2. Anisocoria
39.6. Red Eye
39.6.1. Atraumatic
39.6.2. Traumatic
39.7. Strabismus
39.7.1. Ocular Misalignment
39.8.1. Visual Field Defects

40. Falls in the Elderly

41. Fatigue

42. Fever/Chills
42.1. Acute Fever
42.2. Fever of Unknown Origin/Chronic Fever

43. Fractures
43.1. Pathologic/Fragility Fractures
43.2. Fracture Healing
43.3. Pediatric Fractures
43.3.1. Salter Harris Physeal Injury Classification System

44. Gait Disturbance

45. Gastrointestinal Bleeding
45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
45.2. Lower Gastrointestinal Bleed

46. Genetic Disorders

47. Genital Lesion

48. Hair Loss (Alopecia)
48.1. Diffuse
48.2. Localized (focal)

49. Headache
49.1. Primary
49.2. Secondary with Red Flag Symptoms
49.3. Secondary without Red Flag Symptoms

50. Heart Failure
50.1. Left-Sided
50.2. Right-Sided

51. Hematuria

52. Hemiplegia
52.1. Upper Motor Neuron Weakness

53. Hemoptysis

54. Hepatomegaly

55. Hirsutism
55.1. Hirsutism and Virilization
55.1.1. Androgen Excess
55.1.2. Hypertrichosis

56. Hyperglycemia/Diabetes Mellitus

57. Hypertension
57.1. Pulmonary
57.2. In Pregnancy

58. Hyperthyroidism
59. Hypoglycemia

60. Hypothyroidism

61. Hypoxemia

62. Immunocompromised/Immunodeficiency
62.1. Fever in the Immunocompromised Host

63. Infertility and Contraception
63.1. Female
63.2. Male

64. Jaundice
64.1. Adult
64.2. Infant and Neonatal

65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
   65.5. Vascular Joint Pain

66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute

67. Leukocytosis/Leukopenia

68. Liver Mass

69. Lung Nodule

70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized

71. Mechanisms of Pain

72. Mediastinal Mass

73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding

74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap

75. Metabolic Alkalosis

76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
      76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)

77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric

78. Movement Disorders
   78.1. Hyperkinetic
   78.2. Tremor
   78.3. Bradykinetic

79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
      79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
      79.3.1. Benign and Stenotic
      79.3.2. Valvular and Other

80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
      80.2.1. Clubbing

81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)

82. Neck Mass

83. Nephrolithiasis

84. Neutrophilia

85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia

86. Numbness/Tingling/Paresthesia/Painful Limb

87. Osteoporosis

88. Ovarian Mass

89. Pap Abnormality

90. Pelvic Mass/Pain
   90.1. Acute
   90.2. Chronic

91. Pelvic Organ Prolapse

92. Peripheral Weakness
   92.1. Weakness
   92.2. Sensory Changes
      92.2.1. Objective Lower Motor Neuron Weakness

93. Pigmentation Disorders
   93.1. Hyperpigmentation
   93.2. Hypopigmentation

94. Pleural Effusion

95. Polycythemia

96. Pregnancy/Delivery/Newborns
   96.1. Antenatal Care
   96.2. Bleeding in Pregnancy
      96.2.1. < 20 weeks
      96.2.2. 2nd and 3rd Trimesters
   96.3. Growth Discrepancy
96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
96.3.2. Large for Gestational Age
96.4. Intrapartum Factors that may affect Fetal Oxygenation
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
   96.5.1. Variability and Decelerations
   96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
   96.8.1. Physiologic Changes
   96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
   96.10.1. Adequate Calorie Consumption
   96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
   96.13.1. Respiratory
   96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)

97. Preventive Health Care
   97.1. Vaccinations
   97.2. Cancer Screening
   97.3. STI Screening

98. Prolonged PT (INR)
   98.1. Prolonged PTT
   98.2. Normal PTT

99. Prolonged PTT, Normal PT (INR)
   99.1. Bleeding Tendency
   99.2. No Bleeding Tendency

100. Proteinuria

101. Pruritus
   101.1. Primary Skin Lesion
   101.2. No Primary Skin Lesion

102. Pulmonary Disorders
   102.1. Spirometry

103. Pulmonary Embolus

104. Pulse Abnormalities

105. Renal Cancer

106. Renal Failure
   106.1. Acute
   106.2. Chronic

107. Renal Mass

107.1. Solid
107.2. Cystic

108. Respiratory Sounds
   108.1. Noisy Breathing
      108.1.1. Wheezing (Pediatric)
      108.1.2. Stridor (Pediatric)

109. Scrotal Mass/Pain

110. Seizures/Spells
   110.1. Epileptic Seizure
   110.2. Secondary Organic Seizure
   110.3. Other
   110.4. Pediatric Seizure
      110.4.1. Unprovoked
      110.4.2. Provoked
      110.4.3. Spells

111. Sellar/Pituitary Mass

112. Sexual Dysfunction
   112.1. Erectile Dysfunction

113. Shock/Hypotension

114. Skin Lesions
   114.1. Primary Skin Lesion
   114.2. Secondary Skin Lesion

115. Skin Rash
   115.1. Eczematous
   115.2. Papulosquamous
   115.3. Pustular
   115.4. Reactive
   115.5. Vesiculobullous

116. Skin Ulcer by Etiology
   116.1. Physical
   116.2. Vascular
   116.3. Hematologic
   116.4. Neoplastic
   116.5. Neurological
   116.6. Infectious
   116.7. Metabolic
   116.8. Drugs

117. Skin Ulcer by Location
   117.1. Genitals
   117.2. Head and Neck
   117.3. Lower Legs/Feet
   117.4. Oral Ulcers
   117.5. Trunk/Sacral Region

118. Smell Dysfunction

119. Soft Tissue
   119.1. Septic
   119.2. Aseptic

120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion

121. Speech/Language Abnormalities
   121.1. Dysarthria
   121.2. Aphasia
| 121.2.1. Fluent | 126. Thrombocytopenia |
| 121.2.2. Non-Fluent | 127. Thrombocytosis |
| 121.3. Hoarseness | 128. Tumor |
| 121.3.1. Acute | 128.1. Metastatic |
| 121.3.2. Non-Acute | 128.2. Primary |
| 122. Stature | 129. Urinary |
| 122.1. Short | 129.1. Urinary Incontinence |
| 122.2. Tall | 129.2. Increased Urinary Frequency |
| 123. Stroke | 129.3. Dysuria |
| 123.1. Intracerebral Hemorrhage | 129.4. Urinary Tract Obstruction |
| 123.2. Ischemia | 129.5. Enuresis (Pediatric) |
| 123.3. Subarachnoid Hemorrhage | |
| 124. Substance Abuse/Drug | 130. Vaginal Discharge |
| Addiction/Withdrawal | 131. Vascular Lesions |
| 125. Syncope | 132. Weight Gain/Loss |

The Portfolio Process: Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Procedures: Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slip lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, PAP Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomic
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
o Remove sutures or staples
o Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
o Skin Lesion Excision
o Stress Testing
o Surgical Assist (specify type in notes section)
o Suturing, extremities (indicate type of anesthesia in notes section)
o Suturing, Face (indicate type of anesthesia in notes section)
o Suturing, Hand/digits (specify type of anesthesia in notes section)
o Thoracentesis
o Thoracostomy, Tube or Needle (specify in notes section)
o Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
o Ultrasound, Other than FAST (specify in comments section)
o Urinalysis by Dipstick
o Urinary Catheter Insertion
o Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
o Vaginal Delivery, Spontaneous
o Venipuncture
o Vision Screening
o Well Child Development Exam
o X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
APPENDIX C: NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE PROCEDURE

NEEDLE-STICK AND BLOOD-BORNE PATHOGEN EXPOSURE

A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility’s emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility’s emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the Needle-Stick Policies & Procedures libguide, which provides helpful information regarding site-specific protocols. Students may also access the CDC guide for Post-Exposure Prophylaxis (PEP) as needed.