Alabama College of Osteopathic Medicine

PRE-INTERNSHIP: MEDICINE ELECTIVE
DO CLIN 959
2017-2018

Clerkship Chair: Stephen J. Miller, DO, MPH, FACOFP
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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 Pre-Internship: Medicine Elective Clerkship Rotation requires the successful completion of Year 3. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions, and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
During this clerkship rotation, students will choose four sub-specialties from the list below to spend one week in each. Students will work with several physicians in the hospital and ambulatory clinic. Students will pre-round, attend rounds, and perform office visits at the discretion of the preceptor. Students will also observe and participate in patient care at the discretion of the preceptor. It is anticipated that students will interact with all healthcare personnel and learn from each of them about their specific responsibilities. There must be one supervising preceptor identified who is responsible for assessing the student’s completion of all curricular objectives for this clerkship rotation.

The available subspecialties include, but are not limited to, the following:

- Emergency Medicine
- Critical Care
- Gastrointestinal (General)
- Gastrointestinal (Advanced)
- Geriatrics
- Pulmonology
- Cardiology (General)
- Cardiology (Invasive)
- Pathology
- Radiology (General)
- Radiology (Invasive)

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals
Students will be exposed to a medicine specialty or subspecialty in the hospital. The goal for this experience is to become familiar with the evaluation and treatment of a patient by the chosen medical
specialist. Students will be exposed to the business practice of the specialist, as well as the community resources, primary care physician’s role, and allied health professionals who contribute to the care of the patients.

**Specific Learning Objectives:**

By the end of this clerkship rotation, students should be able to:

- Assess, assimilate, and use medical and research literature to enhance clinical decision making.
- 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.
- Effectively and compassionately communicate relevant medical information, both oral and in written, with patients, families, and other health-care professionals.
- 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 appropriate history and physical evaluation
  - Establish appropriate differential diagnoses
  - Write orders appropriate for the patient, including appropriate laboratory and imaging studies
  - Recommend treatment plans for the patients seen during the clerkship rotation
- Perform and document a complete history and physical examination appropriate for patient care.
- Research and discover ways to implement osteopathic principles and OMM to the care of the patient being evaluated and treated by the chosen specialty.

**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 expected to 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:
- There are no required textbooks. Students will be assigned readings from multiple sources, such as online medical libraries, online journal articles, and other resources to gather pertinent information on subjects relative to the care of their assigned patients and other educational requirements.
  - Students will be required to read sections which are deemed important by the preceptor.
  - Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and 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 E*Value. 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 E*Value. 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.
  - See Appendix B for Core Problems Necessary for Graduation

### 4. Post-Rotation Exam
- None

### 5. Evaluations:
- **Student Evaluation of Site; Student Evaluation of Preceptor:** Must be completed on-line and submitted at the end of the clerkship rotation.
- **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.
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 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.

- Evaluation from supervising preceptor and staff (100%)
- Note well:
  - 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.
  - You must complete and pass the Rotation Didactics element of the clerkship rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.
  - Successful remediation of Rotation Didactics by 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.

Students deemed to be unprofessional in their behavior by either the preceptor or clerkship chair may be immediately removed from the rotation and referred to SPC.

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
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 Selective | Elective 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.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
    11.1. Overall Approach to Altered Level of Consciousness
    11.2. GCS ≤ 7
12. Anemia/Pallor
    12.1. Overall Approach to Anemia
    12.2. Anemia with Elevated MCV
    12.3. Anemia with Normal MCV
    12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
    14.1. Infectious
    14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Bruising
    17.1. Coagulation Proteins
    17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
    20.1. Infection
    20.2. Mass
    20.3. Gynecomastia
       20.3.1. Increased Estrogen and Increased HCG
       20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
    22.1. Cardiovascular (Angina Pectoris)
    22.2. Pulmonary/Mediastinal
       22.2.1. Pulmonary Embolus
       22.2.2. Pulmonary Hypertension
       22.2.3. Pleural Effusion
    22.3. Other
23. Chest Trauma
24. Cognitive Impairment
    24.1. Dementias
25. Congenital Abnormalities/Deformities/Limps
26. Cough
    26.1. Chronic (Adult)
    26.2. Dyspnea and Fever
    26.3. Acute (Pediatric)
    26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
    29.1. Acute Diarrhea (Adult)
    29.2. Chronic Diarrhea (Adult): Small Bowel
    29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
    29.4. Diarrhea (Pediatric)
    29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
    29.6. Constipation (Adult): Secondary Causes
    29.7. Constipation (Pediatric)
    29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dypsnea/Breathlessness
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. Hyponatremia
  35.6. Hypernatremia
  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

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64.2. Infant and Neonatal Pain
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. Bradykinesi
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

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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
121.2.2. Non-Fluent
121.3. Hoarseness
121.3.1. Acute
121.3.2. Non-Acute
122. Stature
122.1. Short
122.2. Tall
123. Stroke
123.1. Intracerebral Hemorrhage
123.2. Ischemia
123.3. Subarachnoid Hemorrhage
124. Substance Abuse/Drug Addiction/Withdrawal
125. Syncope
126. Thrombocytopenia
127. Thrombocytosis
128. Tumor
128.1. Metastatic
128.2. Primary
129. Urinary
129.1. Urinary Incontinence
129.2. Increased Urinary Frequency
129.3. Dysuria
129.4. Urinary Tract Obstruction
129.5. Enuresis (Pediatric)
130. Vaginal Discharge
131. Vascular Lesions
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
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
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.