

INTERNAL MEDICINE CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
1. <u>History and Physical Examination</u> – Demonstrate effective acquisition of medical history and performance of a comprehensive physical examination in patients (inpatient or ambulatory care settings) with acute and chronic internal medicine diseases.	X					X
2. <u>Case Presentations</u> – Organize, synthesize, present, and record an initial history and physical examination as well as focused follow up history and physical examinations (e.g. S.O.A.P. notes) in the inpatient or ambulatory care settings.	X			X		X
3. <u>Test Interpretation</u> – Gain a basic understanding of routine laboratory (e.g., complete blood count, chemistry panels, body fluid cell counts, etc.) and ancillary tests (e.g., ECG, imaging, pulmonary function tests, etc.). In addition, understand the application of evidence based medicine principles (e.g., test sensitivity and specificity, pre-test probability, etc.) when choosing and interpreting diagnostic tests.	X	X				X
4. <u>Diagnostic Decision Making</u> – Formulate a thorough differential diagnosis using patient history, physical examination, and initial diagnostic tests and initiate an evidence-based, prioritized diagnostic plan.	X	X				X
5. <u>Therapeutic Decision Making</u> – Make treatment decisions based upon history, physical examination and diagnostic tests. Utilize evidence based medicine techniques to interpret available data (including critical appraisal of the literature); consider risk, benefit, and costs of varying, effective treatment options; collaborate with other healthcare providers in decision making; and involve the patient and family (when appropriate) in decision making.	X	X				X
6. <u>Core Internal Medicine Concepts</u> – Gain scientific and clinical knowledge of acute and chronic disease states commonly encountered in general internal medicine. Integrate basic science and clinical didactics including pathophysiology, and epidemiology (demographic associations, behavioral risk, and common comorbidities) with clinical experience to understand the presentation of common acute and chronic medical conditions.	X	X	X			
7. <u>Communication and relationships with patients and colleagues</u> – <u>Patient Communication:</u> Establish rapport with patients and their families by identifying important psychosocial issues; communicate daily with patients and their families regarding daily care plans, answer questions, and provide appropriate education. <u>Communication with Colleagues:</u> Develop effective communication skills in working relationships with fellow students, housestaff, faculty, nurses, and other members of the healthcare team. In each of these components, sensitivity and respect to racial and cultural diversity should be demonstrated.	X	X		X		X
8. <u>Bioethics of Patient Care</u> – Observe and participate in communicating life-changing news, attaining informed consent for medical interventions and end of life directives with patients and families in a culturally sensitive manner.	X			X	X	
9. <u>Self-directed Learning</u> – Locate, appraise, and assimilate evidence from scientific studies related to acute and chronic diseases in patients for whom students care. Understand how to access available resources and utilize these resources to support self-directed learning.		X	X			
10. <u>Preventive Medicine</u> – Practice and participate in disease prevention by promoting health via adult immunization, periodic health screening, and risk factor assessment and modification. Practice and participate in patient and family education and techniques for motivating behavior change.	X	X	X	X		
11. <u>Professionalism</u> - <u>Ethical Behavior</u> - Observe and demonstrate honesty, compassion, empathy, patient advocacy and respect for patients, families and other members of the healthcare team. <u>Self Assessment</u> - Learn to use critical self-assessment and feedback as tools for improvement in clinical knowledge, performance, and interaction with all healthcare team members and patients/families; understand the necessity of reporting substandard or unethical behavior by any healthcare professional. <u>Documentation in Patient Care</u> - Observe and learn the importance of timely completion of all duties related to clinical care including thorough and accurate clinical documentation, medication reconciliation, discharge summary dictation and additional documents required for patient care.	X		X	X	X	

* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

INTERNAL MEDICINE

Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
<p>Cardiovascular - Hypertension: <u>Examples:</u> hypertension, hypertensive urgency, and hypertensive emergency. This should include encounters that involve a discussion of the risk factors for HTN and evaluation of hypertension in the acute and chronic settings</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>
<p>Cardiovascular – Chest Pain/Coronary Artery Disease: <u>Examples:</u> cardiac chest pain including: STEMI, NSTEMI, unstable angina, or angina. This should include encounters that involve diagnosis and treatment in the acute chronic settings (medical and interventional). They should also include a discussion of risk factors for and atypical presentations of CAD.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p> <p>Basic ECG Interpretation</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>
<p>Cardiovascular- Congestive Heart Failure: <u>Examples:</u> systolic heart failure, diastolic heart failure, valvular insufficiency. May address acute or chronic medical management of heart failure.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p> <p>Basic chest imaging interpretation</p>	<p>Inpatient or Outpatient</p>	<p>Primary</p>
<p>Cardiovascular – Syncope/Arrhythmias: <u>Examples:</u> atrial fibrillation, multi-focal atrial tachycardia, atrioventricular block (Type I, II, III), ventricular rhythms</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p> <p>Basic ECG Interpretation</p>	<p>Inpatient or Outpatient</p>	<p>Assist</p>
<p>Reactive or Obstructive Pulmonary Disease: <u>Examples:</u> COPD. This may include chronic outpatient management of asthma or COPD, acute inpatient or emergent management of asthma or COPD exacerbation.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p> <p>Basic Pulmonary Function Interpretation</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>
<p>Shortness of Breath Due to Pulmonary Cause other than Asthma or COPD:</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient, Outpatient, or Emergency</p>	<p>Primary</p>

<p><u>Examples:</u> may include: pulmonary thromboembolism (deep venous thrombosis), pneumonia, pulmonary edema, interstitial lung disease, pleural effusion, sarcoid.</p>	Basic Chest imaging interpretation		
<p><i>Gastrointestinal - Abdominal Pain:</i> <u>Examples:</u> May include: GERD, PUD, nausea/vomiting, diarrhea, pancreatitis, GI bleed, SBO, Crohn disease, ulcerative colitis, ischemic bowel disease, ischemic colitis, diverticulitis, or any other conditions resulting in abdominal pain.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<p><i>Gastrointestinal - Liver Disease:</i> <u>Examples:</u> abnormal LFTS, biliary disease, viral hepatitis, nonalcoholic steatohepatitis, alcoholic hepatitis, autoimmune hepatitis, cirrhosis (compensated or decompensated).</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<p><i>Renal - Kidney Injury:</i> <u>Examples:</u> acute kidney injury (pre-intra, post-) or chronic renal insufficiency.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<p><i>Renal – Electrolyte Abnormality/Metabolic Disturbance:</i> <u>Examples:</u> hyper-/hypo-natremia, kalemia, calcemia, phosphatemia, metabolic acidosis (anion and non-anion gap metabolic acidosis) or metabolic alkalosis</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<p><i>Endocrine - Diabetes Mellitus:</i> <u>Examples:</u> hyperglycemia, diabetic ketoacidosis, hyperosmolar hyperglycemic state, hypoglycemia. This may include encounters that involve acute or chronic care for the diabetic patient.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<p><i>Rheumatologic - Joint Pain:</i> <u>Examples:</u> back, hip, knee, ankle or any other joint pain, gout.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
<p><i>Rheumatologic - Autoimmune Disease:</i> <u>Examples:</u> SLE, rheumatoid arthritis, systemic sclerosis, dermatomyositis.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Assist
<p><i>Heme – Anemia and Thrombocytopenia:</i> <u>Examples:</u> iron deficiency, B-12 deficiency, anemia of chronic disease.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary

<p>Heme - Common Cancers: <u>Examples:</u> lung, breast, colon, prostate. This should include discussion of risk factors as well as indications for cancer screening. It may also include experience with palliative care.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Assist
<p>Infectious Diseases – Acute and chronic infections: <u>Examples:</u> upper respiratory tract, lower respiratory tract, urinary tract, kidney, infectious diarrhea, infectious endocarditis, nosocomial infections, HIV, HSV, osteomyelitis</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<p>Acute Care - SIRS/Sepsis: <u>Examples:</u> acute management of SIRS, sepsis, severe sepsis, and septic shock. This may include antibiotics and restoration of perfusion through volume resuscitation and/or vasopressors/inotropes.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Observe
<p>Acute Care - Respiratory Compromise: <u>Examples:</u> acute management of hypoxia with escalating patient oxygenation including transition from nasal cannula to high flow oxygenation, 100% non-rebreather, CPAP, BIPAP, or intubation.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Observe
<p>Acute Care - Encephalopathy/Delirium: <u>Examples:</u> metabolic (hepatic, uremic, septic, electrolyte disturbance, hypoglycemia), ingestion (drug intoxication, iatrogenic), neurogenic (seizure, post-ictal state).</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Observe
<p>Other - Fatigue: <u>Examples:</u> This may include work up for common causes of fatigue including psychiatric (depression), endocrine, hematologic, oncologic, and infectious causes</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Primary
<p>Other – Alcohol and Illicit Drug Use/Addiction: <u>Examples:</u> management of alcohol withdrawal and delirium tremens, management of opiate (or other substance) withdrawal, transition of patient with alcohol of drug abuse to inpatient versus outpatient rehabilitation.</p>	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Outpatient	Assist

<p>Other - Care of the Aging Patient: <u>Examples:</u> dementia, simplification of pharmacologic regimens, loss of independence, establishing appropriate level of care (in home care, skilled nursing facility, etc.), continence, elder abuse.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Inpatient or Outpatient</p>	<p>Primary</p>
<p>Outpatient Care - Office-based patient care (1): <u>Examples:</u> routine check-up with age appropriate health screening, chronic disease management, behavior change including smoking cessation or weight reduction</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient</p>	<p>Primary</p>

Evaluation Form

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Student Clerkship Form

Evaluator: _____

Evaluation of: _____

Date: _____

Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives

1. Overall grade: Based on your observation and experience should this student receive a passing grade?*

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Application of Basic Science Fund of Knowledge to Clinical Setting*

Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Interviewing Skills*

Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Your assessment of this student's interviewing skills are based on:*

Direct observation and presentations	Presentations alone
<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROFESSIONAL ATTRIBUTES

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honors

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?*

- No
- Yes

Comments:

21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): *

22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):
