

INTERNAL MEDICINE CLERKSHIP

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Each of these key people is very approachable and concerned about individual students having a positive experience during their medicine clerkship rotation. If problems arise during the rotation, please contact the appropriate person listed above as soon as possible.

OVERVIEW OF THE INTERNAL MEDICINE CLERKSHIP

Overall Objective

By the end of the internal medicine clerkship rotation, clinical clerks will be able to demonstrate the knowledge, skills, and attitudes required to confidently proceed in training as a junior resident on any medical service.

Performance will be assessed by clerks' active participation in the formal teaching activities and the formative midterm MCQ examination, as well as successful completion of the summative MCQ examination, completed logbook and the in-training performance evaluation (ITER) reports.

Professionalism

It is expected that the clerk will demonstrate appropriate professional behaviours in practice, such as honesty, integrity, commitment, compassion, respect, and altruism. Manifestations of these will include (but are not limited to): punctual attendance, reliability, truthfulness, cooperativeness in assisting others on the team, respectful treatment of patients and colleagues, and maintenance of appropriate relationships and confidentiality with patients.

Professionalism is valued very highly by our committee and profession as a whole. Concerns in this regard are taken very seriously. Every professionalism concern on this rotation will be reviewed by our committee and may result in a rating of "unsatisfactory" or "satisfactory with performance deficiency". It is assumed that you will not interrupt teaching activities and/or group clinical rounding for non-urgent matters (e.g. texting on phone). It is also assumed you will not discuss anything except patient care at the bedside as well as maintain strict patient confidentiality. Appropriate dress is required, if in doubt, ask your preceptors. In general, we expect business casual.

ORGANIZATION OF THE INTERNAL MEDICINE CLERKSHIP

Clinical Experiences

The clinical experiences of the clerkship have been divided into two main parts. 1) The four-week Medical Teaching Unit (MTU) block and 2) the remaining four weeks of inpatient/outpatient subspecialty selectives. These blocks may not always be scheduled consecutively.

Please note: Any changes to your scheduled rotations must be done well in advance, through Sibyl Tai (stai@ucalgary.ca), the clerkship supervisor. Last minute changes cannot be accommodated.

Medical Teaching Unit (4 weeks)

Ideally you will act as the primary care provider for up to four to six inpatients on average.

Your role in this position will involve:

- Conducting a full history and completing a full physical examination
- Complete knowledge of laboratory test results
- Complete understanding of management plan
- Daily patient visits with progress notes entered on the chart (more frequently for the patient with rapidly changing or unstable course)
- Interacting with allied health staff regarding the patient
- Completion of discharge summaries when requested
- Always recording a concise off-service note on all your patients when you leave a service
- Appropriate sign-over to on-call team members at the end of your day and prior to leaving the ward post call or for mandatory clerkship teaching
- Availability while on call to see new admissions as well as help manage the emergent medical problems of ward patients
- Weekend call will involve the assignment of new patients to see and manage

Simply put, your patients are yours. You cannot hope that the resident or staff physician will double-check your every move. Remember that, to your patient, *you* are the link. Their whole day may be spent in expectation of your visit.

Clerks are expected to participate in all of the team's activities. This includes but is not limited to:

- Walk rounds
- Sign-in & sign-out rounds
- Patient care rounds
- Medical Grand Rounds
- Morning report
- Subspecialty teaching rounds on the MTU
- Pharmacy teaching

Subspecialty Selective Rotation (4 weeks)

Your experience on subspecialty selective rotation will depend on whether the service is an admitting inpatient service, inpatient consulting service, outpatient consulting/clinic service or a combination of these services. Your role and responsibilities during inpatient admitting service will be similar to what is expected of you on MTU.

It is very important that you speak with your preceptor and/or rotation "first day contact person" to get an idea of what the expectations are depending on what rotation you are completing. It is important to read their provided instructions carefully to ensure you understand your schedule, particularly if it involves outpatient clinics.

ON-CALL REQUIREMENTS

We follow PARA guidelines when determining after-hours call requirements for clinical clerks on all internal medicine rotations.

Clerks will be required to complete a maximum of 7 call shifts per month while on MTU rotations. These will include at least one shift on a weekend (max 2 weekend days per block). Our schedulers will do their best to provide a fair distribution of call shifts between clerks, sites and blocks but there may be some variation depending on staffing factors. A combination of overnight shifts and evening shifts (to 1100hrs) should be

expected. For overnight shifts, an on-call room will be provided, and clerks will be considered post-call the following day. Clerks scheduled to work evening shifts will not receive a post-call day the following day.

Call requirements during subspecialty rotations is variable but also follow PARA guidelines.

You will always be directly supervised by a resident or staff physician during all on-call shifts.

You will not be scheduled for evening or overnight on-call duties the night before your summative exam. Please remind your preceptors that you should be released from duties by 1700hrs the day before.

Please see additional resources section for more details regarding on-call requirements.

Internal Medicine Clerkship Academic Half Day (AHD) and other formal learning activities

Attendance and participation in AHD is **MANDATORY for all students on SELECTIVE rotations**. Clerks on MTU do not attend AHD and will remain on clinical duties. Failure to attend AHD while on your subspecialty rotations could lead to an overall “Unsatisfactory” rating in the Clerkship. If you are post-call on a rotation with in-house call, you will be excused from the session. Please email intmed@ucalgary.ca if you will be absent from a session. In the instance where a clerk misses these sessions without a valid reason, the internal medicine clerkship committee may issue make-up assignments. The structure of AHD is as follows;

Wednesdays

- 13:00-15:00 – In person bedside teaching
- 15:15-17:15 – Internal medicine learning sessions (usually by Zoom)

- A) **Bedside teaching:** Coordinator will send out schedule and instructions prior to your 4-week block. Bedside teaching will be held at the FMC site so you will need time to travel here for 1pm start time. Bedside teaching groups will be lead by a staff internist instructor. However, clerks are responsible for identifying suitable patients for the session, An individual student in your group will be identified as responsible for finding patients for each week but please work together and consult your peers on MTU at FMC if you are struggling to find suitable patients yourself.

Internal medicine learning sessions: These sessions are currently held via Zoom. Schedule and instructions will be sent out by Coordinator and the schedule may also be found on the internal medicine clerkship website and OSLER. The curriculum for Wednesday teaching includes lecture-based, interactive sessions and Cards on common IM presentations and interpretation of results. We will attempt to make the Wednesday didactic sessions available via podcasts; <http://umepodcast.ucalgary.ca/>. If lecture slides have been provided, the coordinator will post them to OSLER in pdf format. Not all physicians will provide slides. Not all sessions will be recorded; it will depend on the format. Please ensure you use Zoom best practices when attending these sessions (<https://cumming.ucalgary.ca/sites/default/files/teams/95/imclerkship/im-clerkship-zoom-best-practices.pdf>).

- B) If you wish to do independent study outside of scheduled sessions, please feel free to take advantage of the podcasts on IM topics (available on Osler) and you may also work through relevant case-based cards topics in areas you feel you may require review.
- C) Individual subspecialties and MTU will also have specific educational sessions that you will be expected to attend while on those rotations. You will be provided with the schedule for these sessions at the start of your rotations. You may attend all subspecialty and MTU rounds as long as they do not conflict with the mandatory sessions below.

Note: *If you are not scheduled to attend Course 8, IM Learning Sessions, or exams, you are expected to be on your clinical service.*

TIME AWAY

Absences

If you are going to be absent from your clinical duties, you must speak directly to your preceptor. Email or text pages **are not appropriate**. Please page your preceptor and make sure they call you back and that you inform them personally. You may also inform other team members, but this alone is not sufficient, as the information may not be passed along. You must also submit a time away form via Osler. Depending on the amount of time away, you may be required to carry out make-up time prior to the completion of the rotation.

CaRMS

National CaRMS interview period and match day are protected time and will not be counted as absence from any clinical duties. However, if you require time away for CaRMS activities OUTSIDE of the protected time period, please follow the steps outlined below;

1. Complete a "Time Away Form" via Osler. Please be specific with travel and interview dates.
2. Wait for confirmation of time away from the Clerkship Director or Evaluation Coordinator prior to making arrangements.
3. Organize any make-up time if necessary (see below).

Other Time Away

In general, the only acceptable reasons for absence are illness, domestic affliction, religious requirement, and presentation at conferences. (note: only the time to present at the conference, not to attend the remainder of the conference, will be granted). Clerks are allowed **a total of 2 days away during the 8 week IM Clerkship**. Other potential circumstances include the following:

- If you are a voting member of a committee and need to be present to vote, this will be considered.
- A student may request 1 personal day within IM Clerkship (of the 3 total allowed by UME during the year).
- Only the minimum time required to complete tasks will be permitted.
- Wait for confirmation of time away from the Clerkship Director or Evaluation Coordinator prior to making arrangements.
- All time-away requests for the MTU must be made 12 weeks prior to the start date of your MTU block.
- If you qualify for a day in lieu, this may be scheduled for you.
- No personal days are allowed the week of your summative MCQ exam.

Make-up Time

If you miss more than two days from your rotation (above any pre-approved days away), you will be required to make up this time prior to the final exam (i.e., if you miss five days, you must make up three days). Organize this with your preceptor. We prefer that time be made up on the same rotation you miss it from. This can be done during evenings & weekends (if not otherwise on call), or during the three-week CaRMS break if available. Once arranged and completed please notify IM Coordinator.

Note: *If you cannot schedule the make-up time during the rotation, you will be required to complete it at the end of your clerkship year and your summative examination will be deferred until this time is completed.*

Any questions can be directed to the Internal Medicine Clerkship Director.

EVALUATION AND PROMOTION OVERVIEW

To receive credit for your Internal Medicine Clerkship, and be considered **OVERALL SATISFACTORY** (i.e. pass), as per the final "Clinical Clerkship Summary Form", the following **MUST** be completed:

- Satisfactory final In-Training Evaluation Reports (ITERs) completed by faculty on all rotations (MTU and subspecialties).
It is your responsibility to ensure that your preceptors complete and submit these in a timely manner.
- Complete the formative MCQ exam within first block of Internal Medicine.
- Complete your logbook 48 hours prior to summative MCQ exam.
- Pass the summative MCQ final examination.
- Participate in the formal teaching sessions unless post-call.
- Demonstrate satisfactory professional behaviour.

The final overall decision, as to whether the Internal Medicine Clerkship is deemed satisfactory or unsatisfactory, will be made by the Internal Medicine Clerkship Committee, after completion of the eight-week clinical experience

and final written examination. Decisions will not be made by this committee prior to completion of both these components.

Issues of professionalism are taken very seriously and may lead to an “Unsatisfactory or Satisfactory with Performance Deficiencies” overall mark.

ITERs

An “unsatisfactory” overall mark on an ITER, for any rotation within the eight weeks, WILL generally lead to a remediation period, consisting of additional clinical experience, duration to be determined by Internal Medicine Clerkship Committee.

An overall “performance deficiencies noted” mark on an ITER, for any rotation within the eight weeks, MAY lead to a remediation period, consisting of additional clinical experience.

Unsatisfactory marks on any individual component or pattern of performance of performance deficiencies on an individual component will be reviewed and MAY lead to a remediation period.

SUMMATIVE EXAMINATION

A student not reaching the minimal pass level (MPL) on the final examination will be deemed overall UNSATISFACTORY for the Internal Medicine Clerkship. Such a failure WILL lead to a mandatory examination re-write. Prior to the re-write, the student is encouraged to review their summative examination. This must take place in one sitting and no later than two weeks prior to the re-write date. In addition, such a failure MAY lead to the recommendation for clinical remediation, at the discretion of the Internal Medicine Clerkship Committee, based on both the severity of the failure (i.e. distance from MPL) and/or the student’s performance on rotation ITERs. Of note, the exam blue print for first attempt and re-write exams is the same.

EPAs

Your preceptors will be more than happy to complete EPAs for you at your request as well. However, it is your responsibility to keep track of your EPA completion rate and ask preceptors to complete EPAs as you work through your rotation. As a general rule of thumb, we recommend you ask for an EPA at a minimum of twice per week.

Note: All students will be assessed on a case-by-case basis, and the final decision to pass the Internal Medicine Clerkship rotation will be at the discretion of the Internal Medicine Clerkship Committee.

INDIVIDUAL EVALUATION TOOLS

In-training Evaluation Report (ITER) – Student Performance Report Form

The ITER is an extremely important component of your evaluation in internal medicine. Review this form carefully (available via one-45) so that you are completely familiar with all the components of clinical competence upon which you will be evaluated. In particular, the ITER method of assessment is the primary way by which many of the knowledge, skills, and attitudinal objectives are evaluated.

The ITER will be reviewed with you after each rotation. Input into each category of the ITER is broadly sought from some or all of the following individuals:

- Any preceptors you worked with.
- Allied health staff.
- House staff (residents).

A passing grade on the ITER is a mark of “Satisfactory - Good” on the section titled “Overall Assessment of Student’s Performance”.

IMPORTANT: A student’s performance cannot be evaluated unless he or she is actively admitting patients, writing notes, presenting at rounds and interacting with his or her preceptors. Prolonged unexplained ward absences or excessive quietness make student evaluation equally difficult.

Ensure that you ask your preceptor for feedback at the midpoint, to identify strengths and areas to work on.

Examples of factors that would lead to an “Unsatisfactory” evaluation include:

- Unexplained lack of attendance on the wards and at mandatory sessions.
- Lack of seeing patients (as evidenced by lack of regular clerk progress notes or lack of timely notes in acutely/severely ill patients).
- Lack of availability to see patients promptly when requested to do so by medical or nursing staff.
- Lack of familiarity with patients and their problems (i.e., the patient’s history, physical exam, investigations, progress, therapies, and academic aspects of the problem at a level appropriate for a clinical clerk).
- Lack of honesty and/or dependability (e.g., following up on requested tasks).
- Lack of respect or evidence of abusiveness to other members of the health care team or patients.
- Failure to arrange for coverage of patients when unavailable during normal working hours.
- Inability to work and cooperate with the health care team.

Written Examination – Summative

During the final week of the second four-week block, you will write an objective examination in Internal Medicine. The content of the exam will be based on the knowledge and skill objectives as outlined. This exam may consist of various components including multiple choice questions, interpretation of x-rays, ECG’s, and photos, etc.

A student **MUST** pass this examination to be considered **OVERALL SATISFACTORY** on the Internal Medicine rotation.

Formative Evaluations

The formative online exam is open throughout the clerkship for student learning and review, but has to be formally completed to provide students with a mark. For eight week rotations the formative exam must be completed prior to the end of the first of the two four-week blocks. Students are expected to make a genuine effort at this exam. Students who have not completed the formative exam by the cut-off time will not be allowed to write the final examination and will have to defer the exam to the deferral period.

Clerks are not to be scheduled on call for evening or night shifts prior to the final (summative MCQ) evaluation.

Exam Deferrals

Generally, clerks may request a deferral of any UME exam only on the grounds of domestic affliction, illness or religious holiday. Other considerations may include:

1. Less than satisfactory rating on more than one item of any ITER or a combination of ITERs.
2. General failure of the student to meet the minimum expectations of the rotation as outlined in the core document prior to writing the summative exam.

While student performance will be monitored by IM Clerkship, students are also responsible for self-reporting any of these above flags. A student who fails to self-identify an academic flag, and then goes on to achieve an unsatisfactory result on the summative exam will have forfeited the option to defer the exam due to the academic flag.

Any student who is flagged must meet with a representative of the IM Clerkship Committee. Any student for whom deferral is recommended by the IM Clerkship must meet with the Assistant Dean of Clerkship for further discussion and approval of the deferral request. The deferred examination will be rescheduled by the UME to either the pre-CaRMS or post-CaRMS re-write period, according to student preference and scheduling availability.

All other requests by students for exam deferrals must meet previously established UME and University of Calgary policies, as outlined in the Student Handbook, the Policies and Procedures for Clerkship and the University of Calgary Calendar.

Osler Logbook

The logbook MUST be completed 48 hours prior to the final examination. This is an important part of accreditation. We need to assure that all students are seeing the important Internal Medicine clinical presentations regardless of what selectives they have and where they rotate through. We are asking you to log each clinical presentation you see during your eight weeks on the rotation (you only have to log it once, e.g. if you see six patients with anemia you only have to log this presentation once). One patient may have more than one clinical presentation. Bedside teaching can count as clinical encounters. Please also log all procedures seen/done/assisted with. If you do not see/do a procedure, please watch a video and/or discuss a case with your attending. You may then log as complete.

Students who have not fulfilled this requirement will not be allowed to write the final examination and will have to defer the exam to the deferral period. In cases of delayed summative examinations because of a missed logbook, the rotation will be considered “incomplete” until all required elements have been completed.

ABUSE OF STUDENTS BY RESIDENTS AND/OR FACULTY

Student abuse by Residents and/or Faculty, though potentially a real concern, has fortunately been a rare occurrence within the Internal Medicine Clerkship. Clearly, it is the intention of this clerkship to provide a safe, caring and non-confrontational learning environment. Any form of sexual, verbal, physical or emotional abuse within our clerkship will not be tolerated and will be investigated and dealt with appropriately and swiftly.

If you are encountering any form of abuse in a given rotation, we would direct you to the following resources:

Clerkship Student Handbook - <https://cumming.ucalgary.ca/mdprogram/current-students/clerkship/student-handbook>

Mistreatment - <http://mistreatment.ucalgary.ca/>

Advice Student Emergency Crisis - <https://cumming.ucalgary.ca/mdprogram/ume-advice-student-emergency-crisis>

ADDITIONAL RESOURCES

This core document provides an overview of the Internal Medicine Clerkship Rotation. Further specific and detailed information can be found on the internal medicine clerkship website at <https://cumming.ucalgary.ca/departments/medicine/education/ugme/internal-medicine-clerkship> as well as OSLER. These additional resources and helpful tips including first day contacts and objectives for subspecialty rotations, examination blueprints and on-call “survival guides”.

We sincerely hope you enjoy your time with us on Internal Medicine. Please do not hesitate to reach out to our team members with any other specific questions or concerns not addressed in the core document or supporting documents on our website or OSLER.