Course No.: OM 7020, 7021  
Course Title: Internal Medicine Clerkship  
Credit Hours: 4 weeks, 4 credit hours for each rotation  
Clerkship Director: Katrina Platt, D.O. Emmanuel Katsaros, D.O., Chair  
Term - Dates: Academic Year 2017-2018  
Level: OMS III

Educational Goal

OM 7020 Internal Medicine I (IM 1) (4 credit hours)  
This course provides supervised clinical education in general internal medicine including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and interprofessional communication. In subsequent courses in this series, students are exposed to progressive involvement and independence in patient management.

OM 7021 Internal Medicine II (IM2) (4 credit hours)  
Continuation of OM 7020.262

Core Internal Medicine Clerkship Learning Objectives

The student will be expected to:

1. Apply basic knowledge of the pathology and physiology of the organ systems into the care of the medical patient. (COMP/AOA core competencies 2; Institutional outcomes 1, 2)
2. Apply basic knowledge of the molecular, biochemical, and cellular mechanisms for maintaining homeostasis into the care of the medical patient. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 7)
3. Perform an appropriately comprehensive history and physical examination on both hospitalized and ambulatory medical patients. (COMP/AOA core competencies 2, 3; Institutional outcomes 1, 2, 3, 4, 7)
4. Formulate and communicate a focused differential diagnostic problem list on each medical patient. (COMP/AOA core competencies 2, 4; Institutional outcomes 1, 2, 3, 4, 7)
5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient. This will be supported by ACP on-line material such as guidelines review. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 6, 7)
6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance, with the support of ACP on-line guidelines and the United
States Preventative Task Force Recommendations. (COMP/AOA core competencies 2, 6, 7; Institutional outcomes 1, 2, 7, 8)

7. Integrate concepts of epidemiology and population-based research methods into the care of the individual medical patient. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

8. Formulate diagnostic and treatment plans taking into consideration a cost-benefit analysis and access to healthcare. (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 4, 5, 6, 7, 8)

9. Respect the cultural and ethnic diversity of their patients’ beliefs in evaluating and managing their medical care. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 2, 3, 4, 5, 6, 8)

10. Display honesty, integrity, respect, and compassion for patients and their families. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 23, 4, 5, 6, 8)

11. Participate in the education of patients, families, and other students. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2, 3, 4, 5, 8)

12. Perform as part of an inter-professional team to enhance patient safety and improve patient care. (COMP/AOA core competencies 1, 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3, 4, 5)

13. Display collegiality and professionalism toward all members of the healthcare team. (COMP/AOA core competencies 1, 3, 4, 5, 6, 7; Institutional outcomes 2, 3, 4, 5, 8)

14. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA). (COMP/AOA core competencies 2, 4, 6, 7; Institutional outcomes 1, 2, 7)

### Recommended Educational Assignments

The eight weeks of IM1 & IM2 are divided into themed weeks (cardiology, pulmonology etc.). The recommended readings are from Kochar’s Clinical Medicine for Students Sixth Edition and from Goldman’s Cecil’s Medicine 24th Edition. The Kochar textbook is more general and focus on symptom base and diagnosis based approach, while the Cecil textbook is more detailed diagnostic based approach. You may read from any source; however, we recommend that you start with some questions from USMLE Rx (see Required Questions section below) and then focus your readings on your self-identified weak areas. We have identified a large number of chapters to choose from below. Ideally, you should read a minimum of 4 hours a week from the chapters you select below.

**Week 1: Cardiology**

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 5: Chest Pain
- Chapter 9: Dyspnea
- Chapter 15: Heart Sounds and Murmurs
- Chapter 21: Shock
- Chapter 24: Electrocardiography
- Chapter 25: Noninvasive Cardiac Imaging
- Chapter 26: Coronary Artery Disease
- Chapter 27: Heart Failure
- Chapter 28: Cardiomyopathies and Myocarditis
- Chapter 29: Valvular Heart Disease
• Chapter 30: Pericardial Disease
• Chapter 31: Congenital Heart Disease in Adults
• Chapter 32: Aortic Dissection
• Chapter 33: Peripheral Arterial Disease
• Chapter 34: Atrial Fibrillation and Flutter
• Chapter 35: Other Cardiac Dysrhythmias

Goldman’s Cecil Medicine:
Volume 1, Section VIII- cardiovascular diseases

Chapters:

50 - Approach to the Patient with Possible Cardiovascular Disease, Pages 246-255,
54 - Electrocardiography, Pages 272-278,
55 - Echocardiography, Pages 278-284
56 - Noninvasive Cardiac Imaging, Pages 284-289,
57 - Catheterization and Angiography, Pages 289-295,
58 - Heart Failure: Pathophysiology and Diagnosis, Pages 295-303,
59 - Heart Failure: Management and Prognosis, Pages 303-318,
62 - Approach to the Patient with Suspected Arrhythmia, Pages 337-344,
63 - Approach to Cardiac Arrest and Life-Threatening Arrhythmias, Pages 344-348,
64 - Cardiac Arrhythmias with Supraventricular Origin, Pages 348-359,
65 - Ventricular Arrhythmias, Pages 359-368,
67 - Arterial Hypertension, Pages 373-389,
68 - Pulmonary Hypertension, Pages 389-397,
69 - Congenital Heart Disease in Adults, Pages 397-409,
70 - Atherosclerosis, Thrombosis, and Vascular Biology, Pages 409-412,
71 - Angina Pectoris and Stable Ischemic Heart Disease, Pages 412-425,
72 - Acute Coronary Syndrome: Unstable Angina and Non–St Elevation Myocardial Infarction, Pages 425-434,
73 - ST Segment Elevation Acute Myocardial Infarction and Complications of Myocardial Infarction, Pages 434-448,
75 - Valvular Heart Disease, Pages 453-464,
76 - Infective Endocarditis, Pages 464-473,
77 - Pericardial Diseases, Pages 473-481,
78 - Diseases of the Aorta, Pages 482-486,
79 - Atherosclerotic Peripheral Arterial Disease, Pages 486-492,

Week 2: Infectious Disease

Recommended readings:

Kochar's Clinical Medicine for Students Sixth Edition
• Chapter 12: Fever and Rash
• Chapter 13: Fever and Fever of Unknown Origin
• Chapter 81: Pneumonia
• Chapter 82: Urinary Tract Infection
• Chapter 83: Cellulitis and Other Soft-Tissue Infections
• Chapter 84: Meningitis, Encephalitis, and Central Nervous System Infection
• Chapter 85: Tuberculosis
• Chapter 86: Sepsis Syndrome
• Chapter 87: Endocarditis
• Chapter 88: Osteomyelitis and Other Bone and Joint Infections
• Chapter 89: Syphilis and Gonorrhea
• Chapter 90: Other Sexually Transmitted Diseases
• Chapter 91: HIV Infection
• Chapter 92: Nosocomial Infections

Goldman’s Cecil Medicine:
Volume II, Section XXIII: Infectious Diseases

Chapters:

286 - Introduction to Microbial Disease: Host-Pathogen Interactions, Pages 1761-1762,
287 - Principles of Anti-Infective Therapy, Pages 1762-1768,
288 - Approach to Fever or Suspected Infection in the Normal Host, Pages 1768-1774,
289 - Approach to Fever and Suspected Infection in the Compromised Host, Pages 1774-1780,
290 - Prevention and Control of Health Care–Associated Infections, Pages 1780-1787,
291 - Approach to the Patient with Suspected Enteric Infection, Pages 1788-1791,
292 - Approach to the Patient with Urinary Tract Infection, Pages 1791-1796,
293 - Approach to the Patient with a Sexually Transmitted Disease, Pages 1796-1800,
294 - Approach to the Patient before and after Travel, Pages 1800-1803,
296 - Staphylococcal Infections, Pages 1815-1820,
297 - Streptococcus Pneumoniae Infections, Pages 1820-1823
298 - Nonpneumococcal Streptococcal Infections, Rheumatic Fever, Pages 1823-1829,
299 - Enterococcal Infections, Pages 1830-1832

Volume II, Section XXIV: HIV and the Acquired Immunodeficiency Syndrome

Chapters:
393 - Immunopathogenesis of Human Immunodeficiency Virus Infection, Pages 2175-2177,
395 - Prevention of Human Immunodeficiency Virus Infection, Pages 2182-2185,
396 - Treatment of Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, Pages 2185-2196,
397 - Gastrointestinal Manifestations of HIV and AIDS, Pages 2196-2199,
398 - Pulmonary Manifestations of Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, Pages 2199-2208,
399 - Skin Manifestations in Patients with Human Immunodeficiency Virus Infection, Pages 2209-2212,
400 - Hematology and Oncology in Patients with Human Immunodeficiency Virus Infection, Pages 2212-2217
401 - Neurologic Complications of Human Immunodeficiency Virus Infection, Pages 2218-2222
Elective/ General topics

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 23: Unintentional Weight Loss
- Chapter 46: Celiac Disease
- Chapter 55: Malnutrition
- Chapter 56: Functional Decline in the Elderly
- Chapter 57: Falls
- Chapter 58: Urinary Incontinence
- Chapter 59: Benign Prostatic Hypertrophy
- Chapter 60: Insomnia
- Chapter 61: Dementia
- Chapter 62: Palliative Care
- Chapter 168: Obesity
- Chapter 169: Dyslipidemias
- Chapter 170: Osteoporosis
- Chapter 171: Low Back Pain
- Chapter 172: Upper Respiratory Tract Infection
- Chapter 175: Red Eye

**Week 3: Pulmonology**

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 6: Cough
- Chapter 17: Hemothysis
- Chapter 136: Pulmonary Function Testing
- Chapter 137: Asthma
- Chapter 138: Chronic Obstructive Pulmonary Disease
- Chapter 139: Interstitial Lung Disease
- Chapter 140: Pleural Effusions
- Chapter 141: Pneumothorax
- Chapter 142: Obstructive Sleep Anemia
- Chapter 143: Venous Thromboembolic Disease
- Chapter 144: Asbestosis
- Chapter 145: Sarcoidosis
- Chapter 146: The Solitary Pulmonary Nodule
- Chapter 147: Cystic Fibrosis and Bronchiectasis
- Chapter 148: Pulmonary Hypertension
- Chapter 149: Acute Respiratory Distress Syndrome
• Chapter 150: Mycoses

**Goldman’s Cecil Medicine:**
**Volume I, Section IX: Respiratory Diseases**

**Chapters:**

83 - Approach to the Patient with Respiratory Disease, Pages 512-516,
84 - Imaging in Pulmonary Disease, Pages 516-523,
85 - Respiratory Structure and Function: Mechanisms and Testing,
86 - Disorders of Ventilator Control, Pages 527-531,
87 - Asthma, Pages 531-537,
88 - Chronic Obstructive Pulmonary Disease, Pages 537-544,
89 - Cystic Fibrosis, Pages 544-548,
90 - Bronchiectasis, Atelectasis, Cysts, and Localized Lung Disorders, Pages 548-552,
92 - Interstitial Lung Disease, Pages 556-567,
93 - Occupational Lung Disease, Pages 567-574
95 - Sarcoidosis, Pages 582-586,
96 - Acute Bronchitis and Tracheitis, Pages 586-587
97 - Overview of Pneumonia, Pages 587-596,
98 - Pulmonary Embolism, Pages 596-603,
99 - Diseases of the Diaphragm, Chest Wall, Pleura, and Mediastinum, Pages 603-613
100 - Obstructive Sleep Apnea, Pages 613-617

**Week 4: Nephrology**

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
• Chapter 10: Dysuria
• Chapter 11: Edema
• Chapter 16: Hematuria
• Chapter 94: Acute Kidney Injury
• Chapter 95: Chronic Renal Failure
• Chapter 96: Glomerulonephritis
• Chapter 97: Nephrotic Syndrome
• Chapter 98: Acute Interstitial Nephritis
• Chapter 99: Polycystic Kidney Disease
• Chapter 100: Nephrolithiasis
• Chapter 101: Fluid and Electrolyte Disorders
• Chapter 102: Acid-Base Disorder
• Chapter 103: Renal Tubular Acidosis
• Chapter 167: Hypertension

**Goldman’s Cecil Medicine:**
**Volume I, Section XI: Renal and Genitourinary Diseases**

**Chapters:**

116 - Approach to the Patient with Renal Disease, Pages 708-716,
117 - Structure and Function of the Kidneys, Pages 716-720,
118 - Disorders of Sodium and Water Homeostasis, Pages 720-734
119 - Potassium Disorders, Pages 734-741,
120 - Acid-Base Disorders, Pages 741-753,
121 - Disorders of Magnesium and Phosphorus, Pages 753-756,
122 - Acute Kidney Injury, Pages 756-761,
123 - Glomerular Disorders and Nephrotic Syndromes, Pages 761-771,
124 - Tubulointerstitial Diseases, Pages 771-776,
125 - Obstructive Uropathy, Pages 776-780,
126 - Diabetes and The Kidney, Pages 781-783,
127 - Nephrolithiasis, Pages 789-794,
129 - Cystic Kidney Diseases, Pages 794-800,
131 - Benign Prostatic Hyperplasia and Prostatitis, Pages 805-810,
132 - Chronic Kidney Disease, Pages 810-818,
133 - Treatment of Irreversible Renal Failure, Pages 818-826

Week 5: Gastroenterology

Recommended readings:

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 1: Abdominal Pain
- Chapter 2: Acute Gastrointestinal Bleeding
- Chapter 7: Diarrhea
- Chapter 18: Jaundice
- Chapter 20: Nausea and Vomiting
- Chapter 44: Gastroesophageal Reflux Disease
- Chapter 45: Peptic Ulcer Disease
- Chapter 47: Inflammatory Bowel Disease
- Chapter 48: Irritable Bowel Syndrome
- Chapter 49: Diverticular Disease of the Colon
- Chapter 50: Hepatitis
- Chapter 51: Cirrhosis
- Chapter 52: Nonalcoholic Fatty Liver Disease
- Chapter 53: Biliary Disorders
- Chapter 54: Pancreatitis

Goldman’s Cecil medicine:
Volume 1, Section XII: Gastrointestinal Diseases

Chapters:

134 - Approach to the Patient with Gastrointestinal Disease, Pages 828-844,
135 - Diagnostic Imaging Procedures in Gastroenterology, Pages 845-850,
136 - Gastrointestinal Endoscopy, Pages 851-857,
137 - Gastrointestinal Hemorrhage and Occult Gastrointestinal Bleeding,
138 - Disorders of Gastrointestinal Motility, Pages 862-868,
139 - Functional Gastrointestinal Disorders: Irritable Bowel Syndrome, Dyspepsia, and Functional Chest Pain of Presumed Esophageal Origin, Pages 868-874
140 - Diseases of the Esophagus, Pages 874-886,
141 - Acid Peptic Disease, Pages 886-895,
142 - Approach to the Patient with Diarrhea and Malabsorption, Pages 895-913,
143 - Inflammatory Bowel Disease, Pages 913-921,
144 - Inflammatory and Anatomic Diseases of the Intestine, Peritoneum, Mesentry, and Omentum, Pages 921-928,
145 - Vascular Diseases of the Gastrointestinal Tract, Pages 928-937
146 - Pancreatitis, Pages 937-944,
147 - Diseases of the Rectum and Anus, Pages 945-949

Section XIII: Diseases of the Liver, Gallbladder, and Bile Ducts

148 - Approach to the Patient with Liver Disease, Pages 952-956,
149 - Approach to the Patient with Jaundice or Abnormal Liver Tests, Pages 956-966,
150 - Acute Viral Hepatitis, Pages 966-973,
151 - Chronic Viral and Autoimmune Hepatitis, Pages 973-979,
152 - Toxin- and Drug-Induced Liver Disease, Pages 979-984,
155 - Alcoholic and Nonalcoholic Steatohepatitis, Pages 996-999,
156 - Cirrhosis and Its Sequelae, Pages 999-1007
157 - Hepatic Failure and Liver Transplantation, Pages 1007-1011
158 - Diseases of the Gallbladder and Bile Ducts, Pages 1011-1020

Week 6: Endocrinology

Recommended readings Endocrinology:

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 36: Diabetes Mellitus and Hypoglycemia
- Chapter 37: Parathyroid Diseases and Calcium Homeostasis
- Chapter 38: Vitamin D Metabolism, Osteomalacia and Rickets
- Chapter 39: Thyroid Diseases
- Chapter 40: Anterior Pituitary Diseases
- Chapter 41: Diabetes Insipidus and Syndrome of Inappropriate Antidiuretic Hormone
- Chapter 42: Diseases of the Adrenal Glands
- Chapter 43: Polycystic Ovary Syndrome and Hirsutism

Goldman’s Cecil medicine:
Volume II, Section XVIII: Endocrine Diseases

Chapters:

228 - Approach to the Patient with Endocrine Disease, Pages 1420-1422
231 - Anterior Pituitary, Pages 1431-1444,
232 - Posterior Pituitary, Pages 1444-1450
233 - Thyroid, Pages 1450-1463,
234 - Adrenal Cortex, Pages 1463-1470,
235 - Adrenal Medulla, Catecholamines, and Pheochromocytoma, Pages 1470-1475,
236 - Type 1 Diabetes Mellitus, Pages 1475-1489
237 - Type 2 Diabetes Mellitus, Pages 1489-1499,
Week 7: Rheumatology and Neurology

**Recommended Readings Rheumatology:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 19: Joint Pain
- Chapter 151: Approach to Rheumatic Diseases
- Chapter 152: Osteoarthritis
- Chapter 153: Rheumatoid Arthritis
- Chapter 154: Systemic Lupus Erythematosus
- Chapter 155: Inflammatory Myopathies
- Chapter 156: Systemic Sclerosis
- Chapter 157: Vasculitis
- Chapter 158: Sjögren’s Syndrome
- Chapter 159: Seronegative Spondyloarthropathies
- Chapter 160: Gout and Calcium Pyrophosphate Deposition Disease
- Chapter 161: Infectious Arthritis
- Chapter 162: Fibromyalgia, Common Soft Tissue Disorders, and Chronic Pain Syndromes
- Chapter 163: Mixed Connective Tissue Disease

**Goldman’s Cecil Medicine:**
*Volume II, Section XXII: Rheumatic Diseases*

**Chapters:**

264 - Approach to the Patient with Rheumatic Disease, Pages 1648-1651
265 - Laboratory Testing in the Rheumatic Diseases, Pages 1651-1656,
266 - Imaging Studies in the Rheumatic Diseases, Pages 1656-1659,
267 - Connective Tissue Structure and Function, Pages 1659-1662,
269 - The Systemic Autoinflammatory Diseases, Pages 1667-1672,
270 - Osteoarthritis, Pages 1672-1676,
271 - Bursitis, Tendinitis, and Other Periarticular Disorders and Sports Medicine, Pages 1676-1681,
272 - Rheumatoid Arthritis, Pages 1681-1689,
273 - The Spondyloarthropathies, Pages 1690-1697
274 - Systemic Lupus Erythematosus, Pages 1697-1705,
275 - Systemic Sclerosis (Scleroderma), Pages 1705-1713
276 - Sjögren's Syndrome, Pages 1713-1716
277 - Polymyositis and Dermatomyositis, Pages 1716-1720,
278 - The Systemic Vasculitides, Pages 1720-1727,
279 - Polymyalgia Rheumatica and Temporal Arteritis, Pages 1728-1731
280 - Infections of Bursae, Joints, and Bones, Pages 1731-1736
281 - Crystal Deposition Diseases, Pages 1737-1743,
Recommended Readings Neurology:

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 3: Altered Mental Status
- Chapter 8: Dizziness and Vertigo
- Chapter 14: Headache
- Chapter 22: Syncope
- Chapter 104: Ischemic Stroke
- Chapter 105: Intracerebral and Subarachnoid Hemorrhage
- Chapter 106: Seizures
- Chapter 107: Parkinson's Disease
- Chapter 108: Multiple Sclerosis
- Chapter 109: Peripheral Neuropathy
- Chapter 110: Guillain-Barré Syndrome
- Chapter 111: Amyotrophic Lateral Sclerosis
- Chapter 112: Myasthenia Gravis
- Chapter 113: Migraine and Cluster Headaches
- Chapter 114: Coma and Brain Death

Goldman’s Cecil Medicine:
Volume II, Section XXV: Neurology

Chapters:

403 - Approach to the Patient with Neurologic Disease, Pages 2228-2235
404 - Psychiatric Disorders in Medical Practice, Pages 2236-2245
405 - Headaches and Other Head Pain, Pages 2246-2252,
406 - Traumatic Brain Injury and Spinal Cord Injury, Pages 2252-2257,
409 - Alzheimer's Disease and Other Dementias, Pages 2274-2283,
410 - The Epilepsies, Pages 2283-2294,
411 - Coma, Vegetative State, and Brain Death, Pages 2294-2299,
412 - Disorders of Sleep, Pages 2299-2304,
413 - Approach to Cerebrovascular Diseases, Pages 2304-2310,
414 - Ischemic Cerebrovascular Disease, Pages 2310-2320
415 - Hemorrhagic Cerebrovascular Disease, Pages 2320-2326,
416 - Parkinsonism, Pages 2326-2333,
418 - Amyotrophic Lateral Sclerosis and Other Motor Neuron Diseases, Pages 2343-2347,
419 - Multiple Sclerosis and Demyelinating Conditions of the Central Nervous System, Pages 2347-2355
420 - Meningitis: Bacterial, Viral, and Other, Pages 2355-2371,
421 - Brain Abscess and Parameningeal Infections, Pages 2371-2376,
422 - Acute Viral Encephalitis, Pages 2376-2379,
425 - Nutritional and Alcohol-Related Neurologic Disorders, Pages 2382-2386,
428 - Peripheral Neuropathies, Pages 2396-2409,
429 - Muscle Diseases, Pages 2409-2417,
Week 8: Hematology and Oncology

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 4: Anemia
- Chapter 63: Acute Leukemias
- Chapter 64: Myeloproliferative Neoplasms
- Chapter 65: Iron Deficiency Anemia
- Chapter 66: B12 Deficiency and Other Megaloblastic Anemias
- Chapter 67: Anemia of Chronic Disease
- Chapter 68: Sickle Cell Disease
- Chapter 69: Thalassemias
- Chapter 70: Hereditary Spherocytosis
- Chapter 71: Autoimmune Hemolytic Anemia
- Chapter 72: Thrombotic Thrombocytopenic Purpura and Hemolytic Uremic Syndrome
- Chapter 73: Disseminated Intravascular Coagulation
- Chapter 74: Hemophilia and Von Willebrand Disease
- Chapter 75: Leukopenia
- Chapter 76: Reactive Leukocytosis
- Chapter 77: Eosinophilia
- Chapter 78: Clinical Uses of Blood and Blood Products
- Chapter 79: Heparin-Induced Thrombocytopenia
- Chapter 80: Immune Thrombocytopenia

Goldman's Cecil Medicine: Volume I, Section XIV: Hematologic Diseases

**Chapters:**

161 - Approach to the Anemias, Pages 1031-1039,
162 - Microcytic and Hypochromic Anemias, Pages 1039-1044,
163 - Autoimmune and Intravascular Hemolytic Anemias, Pages 1045-1052
164 - Hemolytic Anemias: Red Cell Membrane and Metabolic Defects, Pages 1052-1060,
165 - The Thalassemias, Pages 1060-1066
166 - Sickle Cell Disease and Other Hemoglobinopathies, Pages 1066-1075,
167 - Megaloblastic Anemias, Pages 1075-1083,
168 - Aplastic Anemia and Related Bone Marrow Failure States, Pages 1083-1090,
169 - Polycythemias, Essential Thrombocytethemia, and Primary Myelofibrosis, Pages 1090-1098,
170 - Leukocytosis and Leukopenia, Pages 1098-1106,
171 - Approach to the Patient With Lymphadenopathy and Splenomegaly, Pages 1107-1111,
174 - Approach to the Patient with Bleeding and Thrombosis, Pages 1121-1124,
175 - Thrombocytopenia, Pages 1124-1131,
176 - Von Willebrand Disease and Hemorrhagic Abnormalities of Platelet and Vascular Function, Pages 1131-1136,
177 - Hemorrhagic Disorders: Coagulation Factor Deficiencies, Pages 1137-1145
178 - Hemorrhagic Disorders: Disseminated Intravascular Coagulation, Liver Failure, and Vitamin K Deficiency, Pages 1145-1148,
179 - Thrombotic Disorders: Hypercoagulable States, Pages 1148-1154,
180 - Transfusion Medicine, Pages 1154-1158,
181 - Hematopoietic Stem Cell Transplantation, Pages 1158-1162,

**Recommended readings:**

Kochar's Clinical Medicine for Students Sixth Edition
- Chapter 115: Plasma Cell Dyscrasias
- Chapter 116: Lymphomas
- Chapter 117: Breast Cancer
- Chapter 118: Colon Cancer
- Chapter 119: Lung Cancer
- Chapter 120: Cervical, Endometrial, and Ovarian Cancers
- Chapter 121: Prostate Cancer
- Chapter 122: Pancreatic Cancer
- Chapter 123: Thyroid Nodules and Thyroid Cancer
- Chapter 124: Paraneoplastic Syndromes

Goldman’s Cecil Medicine: Volume 1, Section XV: Oncology

**Chapters:**

182 - Approach to the Patient with Cancer, Pages 1164-1177,
184 - Cancer Genetics, Pages 1182-1184
186 - Endocrine Manifestations of Tumors: “Ectopic” Hormone Production, Pages 1187-1192,
187 - Paraneoplastic Syndromes and Other Non-Neoplastic Effects of Cancer, Pages 1192-1200,
188 - Myelodysplastic Syndrome, Pages 1200-1203,
189 - The Acute Leukemias, Pages 1203-1209,
190 - The Chronic Leukemias, Pages 1209-1218,
191 - Non-Hodgkin's Lymphomas, Pages 1218-1228,
192 - Hodgkin's Lymphoma, Pages 1228-1233,
193 - Plasma Cell Disorders, Pages 1233-1243,
194 - Amyloidosis, Pages 1243-1246
195 - Tumors of the Central Nervous System and Intracranial Hypertension and Hypotension, Pages 1246-1257,
196 - Head and Neck Cancer, Pages 1257-1264
197 - Lung Cancer and Other Pulmonary Neoplasms, Pages 1264-1272,
198 - Neoplasms of the Esophagus and Stomach, Pages 1272-1278
199 - Neoplasms of the Small and Large Intestine, Pages 1278-1289,
200 - Pancreatic Cancer, Pages 1289-1292,
201 - Pancreatic Endocrine Tumors, Pages 1292-1297,
202 - Liver and Biliary Tract Tumors, Pages 1297-1303,
203 - Tumors of the Kidney, Bladder, Ureters, and Renal Pelvis, Pages 1303-1309,
204 - Breast Cancer and Benign Breast Disorders, Pages 1309-1317,
205 - Gynecologic Cancers, Pages 1317-1321
At beginning of rotation you will receive an email from USMLE-Rx that will provide you with a registration and link with instructions on how to access your USMLE-Rx Qmax 2 account. If you do not receive an email, please contact Dr. Natalie Nevins at nnevins@westernu.edu or Dr. Emmanuel Katsaros at ekatsaros@westernu.edu or info@usmle-rx.com.

Why are we giving you a question bank tool? Completing USMLE-style questions during your rotation will help you learn more, retain more and score better on your Internal Medicine shelf exam. Every week you need to do four (4) 20 question quizzes and review your answers in Tutor Mode. Doing these questions will help you decide what to read on your own. What are the steps for doing this? Please read on:

- Go to www.usmle-rx.com at the beginning of each week.
- Log in and open the Qmax Step 2 CK application from the dashboard.
- Click “Create New Test.”
- Set the following quiz parameters:
  - Test mode -- Tutor Mode
  - Question re-use mode -- Unused
  - Difficulty level -- Easy, Medium, and Hard
  - Discipline -- Medicine
  - Organ system -- depends on weekly theme (eg, cardiovascular for week 1)
  - Number of questions - 80
- Click “Create New Test” at bottom and then click “Start.”
- Try to answer and review 20 questions at one sitting (budget 40-60 minutes)
- If you answer incorrectly, read the explanation for the distractor, then try again.
- Once you get the correct answer, click “Show All Answers” and read the explanation for the correct answer.
- Mark any question that requires further reading by click the “Mark” box in the upper left corner.
- After completing a minimum of 20 questions, you can click “Suspend” to exit the quiz.
- Then read further about the topics covered in the marked question in the recommended and optional texts and digital resources listed below.
- Finish all 80 questions by the weekend. You can find your suspended test by clicking “Review Your Tests” from the Qmax Step 2 CK home page. Click “End block” when all questions are answered to see your test analysis. Remember that your score is calculated using your first answer in Tutor Mode. Then complete the required Self-Reflection Survey as discussed below.

If you have any questions, please contact info@usmle-rx.com

### Required Self-Reflection Survey

You will be required to submit a survey by the end of each IM1 and IM2 month that will ask you to identify your weak and strong subject areas. You are also to reflect on what you plan to do to strengthen the weak areas.

### Internal Medicine Case Conferences
Participation

- The Internal Medicine Case Conferences are interactive conferences. You are expected to participate while you are doing the IM1 and IM2 rotation.

Attendance

- You are required to attend 2 mandatory case conferences, one during your IM1 and another case conference during your IM2 rotation.
- You will be informed in the beginning of the rotation for the time and date if you are selected to present the case. Not all students may be selected. Please email Omar Castaneda at ocastaneda@westernu.edu 2-3 words about the suspected diagnosis you are planning to present one week prior to the date of presentation.
- If you are a presenter and you are absent, you will have to present to one of the IM faculty and submit the written de-identified H & P along with a letter from your current clinical preceptor stating the reason of absence.
- If you are the attendee and absent, please email ocastaneda@westernu.edu the reason of the absence, you will be rescheduled to attend another case conference.
- If you are unable to complete both the required case conferences, you will not be given final grades for rotations.

IM OSCEs

- Please see the instructions for the OSCEs on Blackboard.

Grading

Grading for your clerkship will be calculated according to the Clinical Education Manual [http://www.westernu.edu/bin/ime/cem-2014.pdf](http://www.westernu.edu/bin/ime/cem-2014.pdf). However, completion of the rotation will also depend on:
1. Attending IM plenary and completing the orientation quiz after the online plenary presentation.
2. Presenting and remediating (if needed only) the plenary OSCE.
3. Completion of the 80 USMLE Internal medicine question per week or total 640 questions during your IM2 and IM2 rotations to get maximum points as part of ECM V grade. See ECM V syllabus
5. Attending the case conferences.

You will be required to complete all of the above (all five tasks) in order to get complete/pass on the internal medicine rotation (IM1/IM2).

Rotation Faculty

**Katrina Platt, D.O.**
Clerkship Director for Internal Medicine
Assistant Professor of Internal Medicine
kplatt@westernu.edu
Appointments made on an as needed basis

**OAA Administrative Support:**

**Pomona:**
Marisa Orser, M.Ed, Assistant Director of Clinical Education (909) 469-5253

**Lebanon:**
Jacquelyn Hakes, Manager of Clinical Education and Rotations Office (541) 259-0212
**Instructional Methods**

Scheduled rotation time will be used for supervised patient care, case presentations (onsite and online) and independent studying.

**Texts and Media**

**Recommended Textbook: Please purchase/access prior to starting rotation**

2. Goldman’s Cecil’s Medicine, 24th Ed. ISBN 9781437716047 (go to pumerantz library and type the name in electronic resource)

**Recommended Media:**

1. Up to Date (free through WesternU)

**Optional Textbooks: For additional references**

2. Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine, 5th Ed. ISBN 1451193785
4. Harrison’s Principle of Internal Medicine, 18th Ed. (Access Medicine): A gold standard internal medicine book that connects pathophysiology to a patient’s presentation. It also provides a complete narrative to subspecialty areas of medicine and their diseases while providing context to all the topics. ISBN 9780071802154

Recommended downloads for handheld devices:

- Epocrates
- Medscape
- Medical Calc
- AHRQ ePSS

NOTE: Individual preceptors may include other resources.
Rotation Format, Evaluation, Grading, and Student Feedback

Refer to the Clinical Education Manual.

**Rotation Schedule**
Each site will provide students with a schedule on their first day of the rotation. If not provided, please ask and have a clear understanding as to the expectations. These schedules are rarely available prior to the start of the rotation.
It is solely your responsibility to read and understand all information provided to you by the site. Some sites have additional requirements above and beyond those set forth by the College of Osteopathic Medicine.

**General Policies**

**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909.469.5380.

**Remediation Policy:** Refer to the Clinical Education Manual

**Attendance Policy:** Refer to the Clinical Education Manual

**Academic Dishonesty:** Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity.
Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

<table>
<thead>
<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
</tr>
<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
</tr>
<tr>
<td>Interpersonal Communication Skills</td>
<td>The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.</td>
</tr>
<tr>
<td>Collaboration Skills</td>
<td>The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients</td>
</tr>
<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.</td>
</tr>
<tr>
<td>Life Long Learning</td>
<td>The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.</td>
</tr>
<tr>
<td>Humanistic Practice</td>
<td>The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMP/AOA CORE COMPETENCIES</th>
<th>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathic Philosophy and Osteopathic Manipulative Medicine</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>Residents are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.</td>
</tr>
<tr>
<td>Patient Care</td>
<td>residents must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td>residents are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.</td>
</tr>
<tr>
<td>Professionalism</td>
<td>residents are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. residents should be cognizant of their own physical and mental health in order to effective care for patients. Please note that professionalism is an integral part of the career of a physician. Clinical sites do have the right to fail a student or remove them from rotation due to deficits in professionalism.</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>residents must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.</td>
</tr>
<tr>
<td>Systems-based Practice</td>
<td>residents are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.</td>
</tr>
</tbody>
</table>
**COMPARISON OF OUTCOMES STANDARDS: WU AND COMP**

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>WU</th>
<th>COMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>1</td>
<td>1, 2, 3, 6</td>
</tr>
<tr>
<td>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>2</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
</tr>
<tr>
<td>Interpersonal Communication Skills</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Collaboration Skills</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>5</td>
<td>1, 3, 5, 6</td>
</tr>
<tr>
<td>Life Long Learning</td>
<td>6</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>7</td>
<td>1, 2, 3, 6, 7</td>
</tr>
<tr>
<td>Humanistic Practice</td>
<td>8</td>
<td>3, 4, 5</td>
</tr>
</tbody>
</table>

**Core Internal Medicine Topics:**

Specific Core Clinical Competencies Topics please refer to below link:  
[http://www.im.org/p/cm/lid/fid=385](http://www.im.org/p/cm/lid/fid=385)

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