



## Northeast Ohio Medical University College of Medicine

Internal Medicine Clerkship (IMED 83001)

10.0 Credit Hours

Academic Year 2026-2027

*Please note that material in this syllabus is subject to change.*

*This version of the syllabus supersedes all prior versions.*

*Please refer to CANVAS daily for the most current information.*

### Course Description

The Internal Medicine Clerkship is a ten-week clinical rotation designed to develop clinical competence and professional responsibility as a physician in the specialty of Internal Medicine. The emphasis will be on the internist's method and approach to the care of the patient. Students will learn through direct patient care experience in inpatient and ambulatory settings, supplemented by small group discussions, conferences, morning reports and teaching rounds. The net effect of the several avenues of learning is to provide a framework designed to help the student acquire the knowledge of selected internal medicine subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skill and to develop a professional attitude of responsibility and empathy toward patients.

### Course Leadership

See Canvas or OASIS for the most up-to-date listing of Clerkship contacts.

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### Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> <li>• BLS (Basic Life Support)</li> <li>• OSHA and Biosafety</li> <li>• ACLS (Advanced Life Support)</li> <li>• HIPAA</li> <li>• Human Subjects in Research and Responsible Conduct in Research</li> </ul>	<ul style="list-style-type: none"> <li>• Criminal Background</li> <li>• Check Toxicology Screen</li> <li>• TB Test</li> </ul>	<ul style="list-style-type: none"> <li>• M1 Pre-Matriculation Immunization: Hepatitis B, MMR, Tdap, Varicella, COVID</li> <li>• Influenza</li> </ul>

### Mistreatment and Learning Environment Concern Reporting

Concerns related to mistreatment and the learning environment can be reported using the form: [Learning Environment Concern Form](#). The associated policy can be found at [Learning Environment Concerns Policy](#).

### Clerkship Resources

Reading during the Clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

1. A list of resources and textbooks for each course is available [here](#).
2. All other required materials will be posted on Canvas prior to the clerkship.

### Clerkship Objectives

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED's](#)

[College of Medicine Educational Program Objectives \(COM EPO\)](#). Throughout the Clerkships, students will continue to learn and refine skills, knowledge, attitudes, and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. Gather patient information in a hypothesis-directed manner for those patients presenting with acute, chronic, or preventative care needs such as COPD, heart failure, infection, malignancy.	1.1
2. Perform an accurate physical examination for those patients presenting with acute, chronic, or preventative care needs such as COPD and heart failure.	1.2
3. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing for patients presenting with symptoms such as chest pain, shortness of breath and neurologic deficits.	1.3
4. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventative care needs such as diabetes, hypertension, COPD, and congestive heart failure.	1.4
5. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to thrombosis, acute coronary syndrome, and kidney injury.	2.1
6. Apply knowledge of evidence-based medicine to answer patient care related questions.	3.1
7. Demonstrate empathetic, honest, and bi-directional communication with patients and families.	4.2
8. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms.	7.1
9. Fulfill one's professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest).	5.1 5.2 5.3
10. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
11. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1
12. Obtain a diet/nutrition history for patients with chronic medical conditions (e.g. Gout, diabetes, food allergies, etc.)	1.4

## Orientation

The Clerkship begins with orientation focusing on Clerkship goals and objectives, student responsibilities, schedules, and assessment methods. Students will be provided with information on relevant hospital policies and procedures, personnel contact information, meal allowances (if applicable) and parking. The orientation will include instructions on the risks of infection, techniques for reducing the spread of infection and site-specific hospital protocol to be followed in the event of exposure to an infectious or environment hazard or other injury.

Pre-work will be assigned the week prior to the beginning of the rotation. Please complete the assignments prior to starting the clerkship rotation.

## First Day Reporting

First day reporting information varies by clinical site. Refer to OASIS or the email received from the clinical site for first day reporting information.

## Call and Work Hours

During the Internal Medicine rotation, students should be scheduled for one full day of independent study time during the last week of the Clerkship. This time can be used to make up missed clinical assignments from earlier in the Clerkship, enrichment activities chosen by the student, or time to prepare for the upcoming subject exam.

Students will be assigned to evening, overnight, night float or week- end calls during the Clerkship. Students may be assigned floor call or unit call. The student will be under the supervision of residents or faculty while on call. On-call facilities will be provided by the assigned hospital. Students are not to be placed on call the night before CSAs or the National Board subject exam.

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

### **Inpatient Experience**

Students are to be assigned an average of three new patients per week. The supervising resident, with the guidance of the Clerkship Site Director and chief resident will be responsible for selecting the patients seen by the student and ensuring an appropriate mix. A complete history-taking and physical examination is to be performed, and a written report promptly completed on every new patient who the student will actively follow in the hospital while inpatient.

### **Outpatient Experience**

Students will be assigned on an individual basis to complete outpatient ambulatory care experience. At the discretion of the Clerkship Site Director, this might include a two-week block of time or periodic time spent in a primary care preceptor's office or primary care outpatient clinic(s).

### **Learning Activities**

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site. Students will be assigned weekly learning activities and questions to ensure the high yield topics are covered within each Clerkship.

### **Instructional Methods/Learning Strategies**

A variety of learning strategies will be used during the Clerkship to help students achieve their goals. Strategies include but are not limited to:

- Textbooks
- Patient Encounters (inpatient, private office, clinics)
- Small Group Discussions
- Conferences, Morning Report, and Teaching Rounds
- Stanford Medicine 25
- Aquifer Internal Medicine Cases
- Low Resource Clinical Skills Materials
- Palliative Care Materials
- Core Educational Lecture Videos
- Standardized Patient Encounters
- Practice-Based Learning and Improvement Project (PBLI)
- Self-Directed Learning

Organized reading and study materials will be available to support learning about assigned subjects and problems of assigned patients, and to prepare for written examinations. This source material will include enumeration of concepts to be learned and specific details pertinent to these concepts. These materials will be supplemented by conferences, lectures, and small-group discussion sessions, and by selective patient assignments appropriate to the curriculum plan.

The net effect of the several avenues for learning is to provide a framework designed to help the student acquire the knowledge of selected obstetrics and gynecology subjects, to appreciate the pathophysiology involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills, and to develop a professional attitude of responsibility and empathy toward patients.

### **Internal Medicine Curriculum Overview**

*\*Aquifer Palliative Care Modules are intended to supplement the Palliative Care modules in the Family*

*Medicine Clerkship. You will encounter this topic frequently in Family Medicine and Internal Medicine Clerkship rotations.*

Week	Topics
1	• Cardiac Part 1
2	• Cardiac Part 2
3	• Respiratory
4	• Gastrointestinal
5	• Preventative Medicine
6	• Neurology
7	• Hematology
8	• Musculoskeletal
9	• Nephrology
10	• No New Subject/Topic Areas

### Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical students' self-assessment of learning needs and the independent identification, analysis, and synthesis of information relative to their learning needs. Therefore, at the beginning of each Clerkship rotation, each student will identify 2-3 learning goals, ***including a personal wellness goal***. At the end of each Clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via CANVAS, which will provide a cumulative record of their personal learning goals for the entire Clerkship year. Students also will be expected to make their site directors aware of their goals so that the Clerkship learning experience may be enhanced and/or feedback provided accordingly. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each Clerkship. At the end of the Clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

### Supervision of History and Physical Examinations and Orders

Two (2) history and physical examinations should be done with the resident or attending physician. If the student is then felt to be capable, subsequent interviews may be conducted alone. "Double teaming" (resident and student) a newly admitted patient on an occasional basis is encouraged as it facilitates exchange between the resident and the student at the bedside. This should not be done routinely. The student should be observed taking a history and performing a physical examination periodically during the nine weeks. An outline for the history and physical examination is contained on Canvas.

Orders may either be written within the EMR or on paper if a site has restrictions on students entering orders within their system. Any orders should be co-signed by the appropriate resident or attending. A mnemonic outline for writing admission orders is contained on Canvas.

### Aquifer Online Modules

Aquifer Internal Medicine online modules are intended to be a transition from didactic presentation of information to the self-directed learning format students will need to develop and follow in a lifelong study of medicine. Students must complete at least the 16 required Internal Medicine Aquifer cases by the end of the Clerkship. Students should also complete any additional cases needed to gain familiarity with all diagnoses listed in the "Diagnoses" section of the CSEP. See CANVAS for directions to sign up for the Aquifer account.

#### *Required Aquifer Cases*

- Internal Medicine 01: 49-year-old male with chest pain
- Internal Medicine 02: 60-year-old female with chest pain
- Internal Medicine 03: Four patients with syncope
- Internal Medicine 04: 67-year-old female with shortness of breath and lower-leg swelling
- Internal Medicine 06: 45-year-old male with hypertension

- Internal Medicine 10: 48-year-old female with diarrhea and dizziness
- Internal Medicine 11: 45-year-old male with abnormal liver chemistries
- Internal Medicine 16: 45-year-old male who is overweight
- Internal Medicine 19: 42-year-old female with anemia
- Internal Medicine 22: 71-year-old male with cough and fatigue
- Internal Medicine 23: 54-year-old female with fatigue
- Internal Medicine 25: 75-year-old female with altered mental status
- Internal Medicine 28: 70-year-old male with shortness of breath and cough
- Internal Medicine 30: 55-year-old female with leg pain
- Internal Medicine 31: 40-year-old man with knee pain
- Internal Medicine 33: 49-year-old female with confusion

### **Palliative Care Aquifer Modules**

Physicians across all specialties will need to provide care to seriously ill patients. Standardized training on the principles of palliative care, establishing goals of care with patients and families, advanced directives and pharmacologic management is necessary to improve our overall knowledge and delivery of care. The Palliative Aquifer cases assigned are to be completed by the midpoint of the Clerkship:

#### *Required Palliative Care Cases*

- Excellence in Palliative Care 01: Principles in Palliative Care
- Excellence in Palliative Care 02: Palliative Care Assessment
- Excellence in Palliative Care 03: Family Meetings and Establishing Goals of Care
- Excellence in Palliative Care 04: Advanced Care Planning
- Excellence in Palliative Care 06: Pharmacologic Pain Management
- Excellence in Palliative Care 07: Supporting Parents and Families in the Grieving Process

### **uWorld**

Students are required to complete uWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. [www.uworld.com](http://www.uworld.com)

#### *uWorld Question Topics*

- Weeks 1 & 2 – Cardiac
- Week 3 – Respiratory
- Week 4 – Gastrointestinal
- Week 5 – Preventive Medicine
- Week 6 – Neurology
- Week 7 – Hematology
- Week 8 – Musculoskeletal
- Week 9 - Nephrology

### **NEOMED Clerkship-Wide Learning Sessions**

Learning sessions facilitated by NEOMED faculty highlighting high yield topics identified by reviewing NBME performance reports. Sessions are required for students to attend according to the schedule provided in CANVAS. Professionalism is a part of these sessions – camera must be on and attendance is monitored.

### **Practice-Based Learning and Improvement (PBLI) Project**

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each Clerkship (except in Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include increasing preventive care, improving chronic disease management and enhancing patient safety.

The goals of the project are to:

1. investigate and evaluate patient care practices,
2. appraise and assimilate scientific evidence, and

3. improve patient care practices.

For each Clerkship (except Emergency Medicine), students will be required to:

1. formulate a focused clinical question directly related to a current patient care situation.
2. complete the PPICO for the clinical question.
3. conduct a literature search to answer the question.
4. evaluate the literature selection for relevance to the question, and reliability and validity of the article.
5. make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.
6. discuss your PBLI question/topic with one of your inpatient attendings.
7. explain how dietary/nutrition therapy affects the pathophysiology of the chosen condition.
  - o Prepare your PBLI presentation and present to that attending, and any residents, students, or other learners present in your treatment team.

Failed Practice-Based Learning and Improvement (PBLI) project:

- Students may be asked to repeat project with new topic in same specialty discipline as the failed project.
- Students must contact the Course Director to discuss the remediation process.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in Psychiatry, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

### Clinical Skill Experience Portfolio (CSEP)

The Internal Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the Clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that will become available to you during your rotation. A list of supplemental or alternative activities is also available on CANVAS in the unlikely event that a student is not exposed to a particular experience. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the Clerkship to review student progress and completion of items.

Internal Medicine Clerkship Clinical Skills Experience Portfolio (CSEP) Content		
Diagnosis		
<ul style="list-style-type: none"> <li>• Acute Coronary Syndrome <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Acute Kidney Injury <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Anemia <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>
<ul style="list-style-type: none"> <li>• Atrial Fibrillation/Flutter <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Cancer <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Chronic Kidney Disease <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>
<ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease (COPD) <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Congestive Heart Failure <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>
<ul style="list-style-type: none"> <li>• Delirium <i>Inpatient/Outpatient   Observe</i></li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes Mellitus Type II <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Gastrointestinal Bleed <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>
<ul style="list-style-type: none"> <li>• Hypertension <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>• Liver Disease/Cirrhosis <i>Inpatient/Outpatient   Observe</i></li> </ul>	<ul style="list-style-type: none"> <li>• Obstructive Sleep Apnea <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>

<ul style="list-style-type: none"> <li>Pneumonia <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>	<ul style="list-style-type: none"> <li>Sepsis/Systemic Inflammatory Response Syndrome (SIRS) <i>Inpatient/Outpatient   Observe</i></li> </ul>	<ul style="list-style-type: none"> <li>Thyroid Disease <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>
<ul style="list-style-type: none"> <li>Urinary Tract Infection (UTI)/Dysuria/Pyelonephritis <i>Inpatient/Outpatient   Actively Participate</i></li> </ul>		
<b>Physical Examination</b>		
<ul style="list-style-type: none"> <li>Cardiovascular Examination</li> </ul>	<ul style="list-style-type: none"> <li>CAGE Questionnaire or Similar</li> </ul>	<ul style="list-style-type: none"> <li>Mini Mental Status (Folstein or Montreal)</li> </ul>
<ul style="list-style-type: none"> <li>Neurological Examination</li> </ul>		
<b>Additional Clinical Activities</b>		
<ul style="list-style-type: none"> <li>Submit Admission Orders</li> </ul>	<ul style="list-style-type: none"> <li>Document Five Admission H&amp;Ps</li> </ul>	<ul style="list-style-type: none"> <li>Document Two SOAP Notes</li> </ul>
<ul style="list-style-type: none"> <li>Observed by Resident or attending doing a focused physical exam a least once</li> </ul>	<ul style="list-style-type: none"> <li>Observed by Resident doing the relevant parts of a history at least once.</li> </ul>	<ul style="list-style-type: none"> <li>Present patient in inpatient setting to Attending or Resident.</li> </ul>
<ul style="list-style-type: none"> <li>Review Chest X-Ray with Attending or Resident</li> </ul>	<ul style="list-style-type: none"> <li>Review EKG with Attending or Resident</li> </ul>	<ul style="list-style-type: none"> <li>As part of one PBLI assignment, explain how dietary/nutrition therapy affects the pathophysiology of the chose condition.</li> </ul>
<b>Additional Learning Activities</b>		
<ul style="list-style-type: none"> <li>Actively participate in care of at least 25 patients.</li> </ul>		
<ul style="list-style-type: none"> <li>Complete mid-course feedback session with Site Director.</li> </ul>		

### Internal Medicine National Board of Medical Examiners (NBME) Practice Subject Examination

For the Internal Medicine Clerkship, **students are required to complete the practice subject examination 5 weeks into the 10-week study period.** The first practice subject examination is taken via a voucher provided by email from NEOMED.

It is strongly recommended to take a second practice text at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship. The Internal Medicine Practice Exam is part of the Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://www.nbme.org/taking-assessment/self-assessments>.

### Formative and Mid-Course Feedback

The Internal Medicine Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills, and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation. Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship for you to:

- discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
- review clinical progress via your Clinical Skills Experience Portfolio (CSEP),
- plan activities for the week to match your learning objectives and individual learning goals,
- address any problems or concerns, and
- passport review.

### COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
<b>Clinical Performance</b>			

<b>Student Performance Evaluation (SPE)</b>	<ul style="list-style-type: none"> <li>Behavioral anchors for each rating in each competency and formula for final rating/grade</li> </ul>	<ul style="list-style-type: none"> <li>Rubric with Narrative Feedback</li> </ul>	<ul style="list-style-type: none"> <li>Feedback is recorded throughout the Clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the Clerkship Site Director submitted to for final review and grade assignment to the Clinical Experience Director.</li> <li>Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). *</li> </ul>
<b>Clinical Skills Experience Portfolio (CSEP)</b>	<ul style="list-style-type: none"> <li>Satisfactory completion required</li> </ul>	<ul style="list-style-type: none"> <li>Checklist of required activities</li> </ul>	<ul style="list-style-type: none"> <li>Mid-course and end-of-rotation meeting with Site Director</li> </ul>
<b>Practice-Based Learning and Improvement Project (PBLI)</b>	<ul style="list-style-type: none"> <li>Satisfactory completion required</li> </ul>	<ul style="list-style-type: none"> <li>Checklist of required items</li> </ul>	<ul style="list-style-type: none"> <li>Completion by the last Friday of the course.</li> </ul>
<b>Examination(s)</b>			
<b>National Board of Medical Examiners (NBME) Subject Examination</b>	<ul style="list-style-type: none"> <li>See Table below</li> </ul>	<ul style="list-style-type: none"> <li>Numerical score and Fail, Pass, or Pass with Commendation</li> </ul>	<ul style="list-style-type: none"> <li>Last day of the course</li> </ul>

\*Items include onboarding, CSEP completion, UWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.

### National Board of Medical Examiners (NBME) Subject Examination

The National Board of Medical Examiners (NBME) Subject Examination is the final written examination for each Clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus or at designated Prometric Center in Columbus area on the last day of each Clerkship. For additional details, see academic policy titled *Administration of Examinations at Remote Sites* in the Compass. Reporting time and location for each examination administered on NEOMED's campus is posted on the Outlook Calendar. Below is a summary of expected performance measurements. The Subject Examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are established after considering national performance data and guidelines provided by the National Board of Medical Examiners (NBME). Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores. [NBME content examples](#) for each Clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 61	62-78	≥ 79
Internal Medicine Clerkship	≤ 59	60-78	≥ 79
Obstetrics/Gynecology Clerkship	≤ 65	66-82	≥ 83
Pediatrics Clerkship	≤ 63	64-81	≥ 82
Psychiatry Clerkship	≤ 74	75-87	≥ 88
Surgery Clerkship	≤ 59	60-77	≥ 78

## Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass or Fail. Extended Time or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. **Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
<b>Honors (H)</b> <ul style="list-style-type: none"> <li>only applicable to Clerkships that require an NBME subject exam</li> </ul>	<i>Pass with Commendation</i> <ul style="list-style-type: none"> <li>provided there are no individual ratings of “below expectations” for any of the individual objectives</li> </ul>	<i>Pass with Commendation</i>
<b>High Pass (HP)</b> <ul style="list-style-type: none"> <li>only applicable to Clerkships that require an NBME subject exam</li> </ul>	<i>Pass with Commendation</i> <ul style="list-style-type: none"> <li>provided there are no individual ratings of “below expectations” for any of the individual objectives</li> </ul>	<i>Pass the NBME subject exam on first attempt</i>
	<i>Pass</i> <ul style="list-style-type: none"> <li>provided there are no individual ratings of “below expectations” for any of the individual objectives</li> </ul>	<i>Pass with Commendation</i>
<b>Pass (P)</b>	<i>Pass</i>	<i>Pass</i>
	<i>Pass</i>	<i>NBME subject exam not required</i>
<b>Fail (F)</b>	<i>Fail</i>	<i>Pass</i>
	<i>Pass</i>	<i>Fail</i>
	<i>Fail</i>	<i>NBME subject exam not required</i>
<b>Incomplete (I) or Extended Time (EX)</b>	<ul style="list-style-type: none"> <li>Temporary grade indicates that work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment.</li> </ul>	

Clinical Performance	
<b>Pass with Commendation</b>	8 or more of 15 possible individual objective ratings “Exceeds Expectations”
<b>Fail</b>	4 or more of the 15 individual ratings “Below Expectations”
<b>Pass</b>	Student’s performance surpasses the criteria for “Fail,” but does not meet the criteria for “Pass with Commendation”
<b>Incomplete</b>	A student does not complete a mandatory portion of the clerkship due to illness or excused absence.

## Grade Appeal

Grade Appeal guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). A Grade Dispute is a formal request to change a Final Grade based on 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student disagrees with his/her Final Grade for a Clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade **within five (5) working days** of posting of the Final Grade Report Form, as well as notify, in writing [M3-M4GradeDispute@neomed.edu](mailto:M3-M4GradeDispute@neomed.edu) regarding the intent. Please refer to the policy for additional details on grade disputes.

## Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.
- Repetition of Clerkship will be scheduled by the College of Medicine /and Enrollment Services.
- Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

### **Committee on Academic and Professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action**

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns.
- Failure of multiple NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

### **COURSE POLICIES & PROCEDURE**

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed.

University policies that are applicable throughout the College of Medicine curriculum are provided in more detail on the [NEOMED Policy Portal](#).

### **Attendance and Time Off Clerkship**

Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions

- Students are not permitted to miss the first day of the rotation.
- Students must make up missed rotation time in excess of:
  - Emergency Medicine (3-week rotation) – 1 missed scheduled rotation
  - Family Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery (5-week rotations) – 2 missed scheduled rotations.
  - Internal Medicine (10-week rotation) – 3 missed scheduled rotations.
- Absences must be discussed with your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.
- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1<sup>st</sup> and by November 1<sup>st</sup> for those holidays falling after January.

### **Blood Borne Pathogen Policy**

All students will receive yearly NEOMED training about Blood-Borne Pathogens and universal precautions. If an Exposure Incident occurs at a clinical site, immediately see or perform basic first aid. In accordance with Centers for Disease Control (CDC) guidelines:

- i. Wash all cuts and needlesticks with soap and water;
- ii. Flush splashes to nose, mouth, or skin with water;
- iii. Irrigate eyes with clean water, saline, or sterile wash.

If the exposure occurs at a clinical education site, next notify the clinical director or preceptor and then report to the

Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

After initial notification of an Exposure Incident to the appropriate site contact, students should contact the NEOMED Credentialing/Immunizations Staff at 330.325.6888 or email [immunizations@neomed.edu](mailto:immunizations@neomed.edu) within 24 hours of the exposure, regardless of the site at which the exposure occurred, to document the incident. The time, date, location and source of the exposure will need to be provided. They will also ask about how the exposure occurred, the status of the patient and whether or not the patient is at risk for blood-borne pathogens.

The cost of treatment and/or evaluation will be billed to students' health insurance.

### **Curriculum Contact Hours**

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

### **Clinical Supervision and Safety**

Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site.
- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

### **Exposure to Environmental Hazards in the Educational Setting**

The purpose of this Policy is to delineate the management of incidents of exposure to environmental hazards that occur to students while they are in the educational setting.

### **Mistreatment and Learning Environment Concerns**

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Clinical Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Clinical Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

### **Professionalism**

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

### **Subject Examination and Illness Protocol**

If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.

1. The M3 Coordinator Team through the M3 Clerkships email: [m3clerkships@neomed.edu](mailto:m3clerkships@neomed.edu)
2. The assessments team: [assessments@neomed.edu](mailto:assessments@neomed.edu)

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the

campus is closed.

### **Safety/Clinical Supervision**

1. **The availability of emergency care.** All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.
2. **The possibility of natural disasters, political instability, and exposure to disease.** Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department ([travel.state.gov](http://travel.state.gov)) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where the student will be staying so that the student can be located easily in case there would be a need for evacuation.
3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

### **Student Accessibility Services**

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form (linked above).