MEDD 431: Clerkship (48 credits)

Course Overview

This 12-month course follows the initial two years of medical school. The overall goal is to provide students with core experiences across the breadth of medicine through both clinical and academic learning opportunities. Students will interact with patients under the supervision of Clinical Faculty members in order to develop a solid foundation of knowledge, skills, and abilities described by the UBC Exit Competencies. Clinical activities will occur in ambulatory, hospital-based, rural/remote settings, and specialist clinics. The types of specialist clinics may vary from site to site, taking into account local availability and accessibility to specialists. Variability in clinical exposure will draw on the strengths of each site.

Clinical Learning Objectives: Internal Medicine CTU

Internal Medicine CTU is a rotation within the Brain and Body (BB) Block.

The BB Block provides students exposure to and experience with clinical activities including examination, diagnosis, on-going management and discharge planning of patients in an Internal Medicine clinical teaching unit (CTU) environment. Additionally, students provide care for both adults and children, enabling the student to complete a diagnostic evaluation and formulate an appropriate treatment plan for a patient presenting with a mental health concern.

For Block 1, students will be scheduled for five weeks each of Internal Medicine CTU and Psychiatry. For Blocks 2 to 4, students will be scheduled for six weeks each of Internal Medicine CTU and Psychiatry.

By the end of their time in Internal Medicine CTU, the student will be able to:

1. Obtain a complete or focused history adapted to the patient's clinical situation, in a prioritized and organized manner, eliciting information and perspectives from patients and their families.
2. Perform a physical examination adapted to the patient's clinical situation and specific patient encounter, differentiating between normal and abnormal clinical findings. (*Mapped to direct observation #2: "Perform a physical examination adapted to the patient's clinical situation")*
3. Formulate and justify a prioritized list of diagnoses and a working diagnosis, through a systematic and integrated approach, including the use of clinical reasoning skills. (*Mapped to WBA direct observation #3: "Formulate and justify a prioritized differential diagnosis")*
4. Formulate an initial plan of investigation based on the diagnostic hypotheses and select a rationalized series of tests to refine the differential diagnosis for a clinical presentation using an evidence informed approach that will guide management. Demonstrate an awareness of cost – effective patient care in the selection of these investigations. *(Mapped to WBA direct observation #4: "Formulate an initial plan of investigation based on the diagnostic hypotheses")*
5. Interpret results of common diagnostic and screening tests, recognizing the implications of normal and abnormal diagnostic and screening test results and responds appropriately to these

results. *(Mapped to WBA direct observation #5: "Interpret results of common diagnostic and screening tests")*

6. Formulate and implement an appropriate care plan, applying the principles of evidence based medicine. *(Mapped to WBA direct observation #6: "Formulate and implement an appropriate care plan")*
7. Present a concise and organized oral or written summary that that documents a clinical encounter to members of the team. *(Mapped to WBA direct observation #7: "Present oral and written reports that document a clinical encounter")*
8. Demonstrate integration of basic sciences in their clinical approach through application of a patient's genetic background, normal and abnormal molecular cell / tissue / organ / system structure and function and any relevant infectious disease syndromes to determine the cause and mechanism of the patients' clinical presentation.
9. Participate with allied health professionals to manage planning for patients e.g. discharge planning for patients with difficult functional and social situations as well as facilitate medical follow – up.
10. Provide and receive handover in the transitions of care with members of the health care team to ensure that pertinent information related to a specific patient is clearly conveyed and understood. (Mapped to WBA direct observation #8: "Provide and receive handover in the transitions of care; for example, handing over patient clinical status and tasks prior to leaving for academic half day")
11. Educate patients on disease management, health promotion and preventive medicine as well as key community and health care resources, adapted to meet the clinical context using evidence based information.
12. Employ strategies for effective personal management skills with awareness of their capabilities and limitations, acting only within the limits of their competence (patient welfare as the highest priority), seeking assistance when necessary.
13. Function as a reliable member of the healthcare team, abiding by UBC and Faculty of Medicine codes of professional conduct fulfilling a responsibility to patient and their families, and to colleagues and other health professionals. This includes developing effective working relationships with allied health care and appropriate consultation of other physicians.

It is expected that the student will likely encounter the following clinical cases ("must-sees"):

1. Abnormal CBC (anemia, neutropenia, thrombocytopenia)
2. Acute dyspnea (includes resp / cardiac causes)
3. Ascites / liver failure / elevated liver enzymes
4. Delirium / altered level of consciousness
5. Diabetic complications and management as an inpatient
6. Dysphagia
7. Electrolyte abnormality (eg hyponatremia, hypercalcemia)
8. Infections, including choice of antibiotics
9. Malignancy

10. Renal Disease: AKI; CKD
11. Venous thromboembolic disease

It expected that the student is likely to participate in the following procedures ("must-dos"):

1. Acid-Base and/or Arterial Blood Gas interpretation
2. Chest X-ray interpretation
3. Electrocardiogram (EKG) interpretation
4. Glucometer interpretation