

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 Ambulatory Clinic

Internal Medicine Ambulatory Clinic is a rotation in the Ambulatory Care (AMB) Block.

In the AMB Care Block students will spend time apprenticing with a Family Physician in a rural or underserved community within BC, working in the discipline of Emergency Medicine along with caring for patients in various ambulatory environments. These ambulatory experiences may include experiences in Internal Medicine, Dermatology, Ophthalmology, Geriatrics, Palliative Care, etc., thus exposing students to issues commonly seen in outpatient primary care and subspecialty settings.

Internal Medicine Ambulatory Clinic consists of 2 weeks within the 12 week “Ambulatory Care (AMB)” Block.

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

1. Perform a focused history adapted to the patient’s clinical situation, in a prioritized and organized manner, eliciting information and perspectives from patients and their families. The student will take into consideration the time constraints of outpatient clinic appointments. *(Mapped to WBA direct observation #1: “Obtain a history adapted to the patient’s clinical situation”)*
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 WBA 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. Develop categorizations and approaches to common clinical presentations encountered in the internal medicine ambulatory setting. *(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 (showing an awareness of the need to be cost – effective) to refine the differential diagnosis for a clinical presentation using an evidence informed approach that

will guide management. Apply a clinical problem-solving framework when assessing patients in the internal medicine ambulatory setting. (*Mapped to WBA direct observation #4: "Formulate an initial plan of investigation based on the diagnostic hypotheses"*)

5. Correctly interpret the results based on the patient's condition (*Mapped to WBA direct observation #5: "Interpret results of common diagnostic and screening tests"*)
6. Outline the approach for the appropriate biopsychosocial treatment, management and prevention plans. Perform sufficiently complete electronic literature searches on clinically relevant topics to inform effective, current and evidence-based care planning. (*Mapped to WBA direct observation #6: "Formulate and implement an appropriate care plan"*)
7. Communicate effectively in the presentation of the case and in written documents to the referring physician. The dictated note should be a well-developed summary with explanations and plans. (*Mapped to WBA direct observation #7: Present oral and written reports that document a clinical encounter"*)
8. Describe the outpatient consultation process, including effective and timely communication between the referring physician and the consultant and outline key community resources to support the patient once out of hospital.
9. Describe key features of the clinic care models and demonstrate efficient and effective use of health care resourced by actively searching for information from multiple, credible sources. Demonstrate integration of basic science knowledge in the clinical approach and evidence-based care planning.
10. Practice effective personal management skills including time management, task prioritization, effective communication with others, selection and utilization of the most appropriate learning materials, resources and methods, accurate self-assessment and acceptance of feedback with subsequent implementation of changes based on this information
11. 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 establishing and maintaining effective working relationships with the medical office team, colleagues and patients.

It is expected that the student is likely to participate in the care of a patient with:

1. Anemia
2. Edema
3. Hypertension
4. Infection / fever (outpatient focus)
5. Rheumatologic conditions (eg arthritis, connective tissue disease)