

## **Internal Medicine Clerkship Survival Guide: Des Moines**

In 2022, the previous 4-week Ambulatory Internal Medicine Clerkship and Inpatient Internal Medicine Clerkship are being combined into a 10-week Core Internal Medicine Clerkship. You will spend 4 weeks in the Ambulatory Internal Medicine Clinics, three weeks on the VA inpatient ward, and three weeks on the Iowa Methodist inpatient ward.

### **OUTPATIENT INTERNAL MEDICINE (4 weeks)**

#### **The Schedule**

Most of your time will be spent with 2-4 general internal medicine preceptors. You should always check your assigned preceptor's schedule the night before you work with them, so you know when the first patient is scheduled (usually ~8 am). It is nice to show up ~15 minutes before the first patient so that you can talk with your preceptor and they can assign you patients to see. Prepare for your patients by reading through past visit notes, labs/imaging, and health maintenance screenings. Being prepared will help you be more efficient when talking with and examining your patients and may help you prepare a more thorough assessment and plan. After you see your patient, you will generally present in the room to your preceptor. It may feel awkward to present in front of the patient at first, but it does save time because the patient can add things as you talk. You will typically see 3-4 patients (and write their notes) per half-day.

You will also spend two half-days with a hematologist-oncologist (Dr. Freeman), two half-days with a cardiologist, one half-day with a Pharm D educator learning about anticoagulant and diabetic medication management, one half-day with an infectious disease specialist, and one half-day with an endocrinologist. You will also get to participate in endoscopy procedures (pulmonary and GI) on two half-days. These specialist days are mostly shadowing, but sometimes they will let you see the new consults first. You should wear scrubs (hospital's or your own) on the days you are in the endoscopy suite (either pulmonary or gastroenterology).

There are weekly CBL sessions where Des Moines students will be combined with Iowa City students via Zoom. Some of these sessions will be led by Iowa City faculty and/or the Iowa City teaching resident, others will be led by Des Moines faculty. You will definitely need to spend time preparing for these sessions by reviewing assigned educational materials and thinking about cases that will be discussed.

Lastly, there are several "reading" half-days throughout the clerkship. This is a great time to prepare for the shelf exam or catch up on other life things.

### **The Most Useful Resources**

You will be provided the text Case Files Internal Medicine which many students say is very good. If you are taking this clerkship at the beginning of the year you may need to study more chapters in this book. There will also be a number of recommended resources for review prior to weekly teaching sessions: videos, websites, readings, etc.

This will include OnlineMedEd videos which includes videos on many core internal medicine topics. You likely won't have time to watch ALL the internal medicine videos. Much of your preparation for the shelf exam will be reviewing Amboss or UWorld questions. Both are excellent resources and reading the explanations for questions missed can be very helpful.

Resources to avoid: Nothing specifically, just focus on getting through a lot of practice questions. This rotation is a good time to work on Step 1 review from resources like First Aid, Pathoma, or Sketchy. Cardiovascular and GI sections have overlap with the shelf exam.

### **INPATIENT INTERNAL MEDICINE (6 weeks)**

#### **The Schedule**

- 3 weeks at the VAMC + 3 weeks at Iowa Methodist (IMMC) on Younker 7
- 6:30am - 5:30pm (sign-out at 5 pm) Monday-Friday
- You will be assigned to work three weekend days during the six-week rotation
  - You will round on your own patients + you can stay and admit a new patient
  - You can also stay and assist your team with other patients
- Daily
  - 6:30am: sign-in rounds by the night resident – Pick up new patients, hear the overnight updates about your patients, work with resident to choose new patients you can pick up.
  - 6:30-9ish: Round on your patients. Looks up what happened overnight, go talk to and examine your patients, and prepare your presentation. Ask your resident before rounds if you can talk over the plan for the day.
  - 8:30-9:00am: Required morning report on Tuesdays, Thursdays, Fridays at IMMC (your residents will have this schedule listed on the board and you will all go together). This is typically just a case presentation with a short lecture.
  - 7:30am-8:30am on Wednesdays: Grand Rounds in Thompson Auditorium
    - \* Keep this in mind when you are rounding - you have less time to prepare for rounds on these mornings

- 9am: Rounds - this will either be at the bedside, outside the door, or in the workroom, depending on your resident/attending. At the VA, it's almost always outside the patient room. Rounds at the VA differ depending on the attending physician and may begin earlier, just check with your resident.
- 12pm: Lunch conference at IMMC (food provided). Subject to change with COVID situation. Come back for these even if you are at the VA to get free lunch. Check the schedule as they aren't every day, and the schedule can even change the day-of.
- Afternoon: admit any new patients with your resident, finish up notes, study (bring materials to review), follow up with your patients.
- 5pm: Sign-out rounds - you can sign-out your patients to the night resident (give a synopsis of what the plan is and what they should watch for overnight). You may be told you can go home before this, but it is good to stick around and participate at least a few times.

### **Shelf Exam**

- Internal medicine is very broad, so it is hard to pick what to focus on for studying. I chose to do the renal and cardiovascular chapters from First Aid and the corresponding Anking flashcards. Other useful sections are GI and Pulmonary. If you go the anki route, you can unsuspend topics as they come up so you review them repeatedly and learn them well. There is also an anki deck made from the study guide on carverpedia.
- Amboss and UWorld have great practice questions with explanations. I would recommend working through those as the rotation goes on – either by doing some every day or a big block of them once a week.

### **OSCE Exam**

- Occurs during the 9<sup>th</sup> week of the IM block
- 2 IM patients with note writing and basic science stations
- The cases are bread and butter IM cases. Make sure to pay attention to Dr. Craig's Explanation and Planning session!
- Basic science stations – review your heart and lung pathology + abnormal breath sounds and heart murmurs

### **Other Requirements**

- Evaluations (40% of your grade)
  - Minimum 3 faculty and 3 resident evaluations from Inpatient IM with at least 1 resident and 1 attending from BOTH the VA and IMMC + minimum 2 faculty on Outpatient IM. You initiate these evaluations so make sure you request these earlier rather than later, and determine who you would like to ask, as it is a major chunk of your grade.
  - Also need to have a senior resident or attending directly observe you taking a patient history and performing a physical exam at least once. There are evaluation forms the faculty/senior resident must complete and sign that you then must upload into CLERX.
- Weekly Assignments (10% of your grade)
  - 8 weeks will include quizzes on the topics discussed during that week's didactics. Quizzes will be released on Fridays and must be completed by 8:00 am the following Monday.
  - 1 Pain Management Assignment
  - 1 Ethics Assignment
  - 1 SBIRT Assignment
  - Make sure you know when these assignments are due
- CLERX
  - Don't wait until the end. Just plug in the required clinical encounters (RCEs) at the end of every week so you don't forget. I put a link to the page on my phone's home screen. Know what requirements you've done/haven't done so you aren't scrambling for certain patients at the end. You do not pass the clerkship if you don't complete ALL the RCEs.
- Final Clerkship Evaluations (make sure you do them)
  - Clerkship evaluation: Electronic version will be emailed to you and must be completed, or you will lose professionalism points
  - Evaluations of Resident & Faculty: Complete electronic evaluations of the faculty & residents you worked with or you will lose professionalism points

### Pearls

- Initially observe how interns present new patients and how they sign out patients.
- When you have a new attending (or resident) ASK how they like their presentations. Everyone is different, and then you won't fumble your first/second day.
- Show initiative and ask questions. Even if you don't know if your plan is right, take a stab at it - participation is important.
- Offer to do extra things i.e., check up on patients that are not assigned to you, do MOCA/MMSE bedside exams, round on your patients in the afternoon, look up clinical questions through primary literature search and print out articles about questions that came up on rounds.
- Show what you know in your oral presentations. Not every attending will ask you direct questions to gauge what you know. In your presentation, use your "buzzword" terms and knowledge of basic presentations of diseases to rule in and out diseases throughout the presentation. Writing down a differential for the chief complaint is most effective. Even if they already have a diagnosis, attendings will always appreciate you thinking about less likely causes in your presentation.
- Look at the evaluation forms before you get too far into your rotation - then you will have an idea of what the resident/attending will be evaluating you on.
- If your patient is getting a procedure, you may be able to go watch. This is a good learning experience. Just ask your team and contact the doctor doing the procedure beforehand.
- If you have questions on a certain topic, ask the residents/attendings. Lots of them will do little teaching sessions in the afternoon if there is free time, and these are extremely helpful! You can use the whiteboard to keep track of ideas for teaching sessions.
- If you are struggling with presentations/organizing your patient information, use the outline sheet provided by Dr. Craig (there are copies under the mailboxes in the student classroom and in the resident room)
- Dr. Craig and Dr. Schwiesow are great resources. If you have questions on topics or in general, just ask!