

# CORE INTERNAL MEDICINE (IM 301/302) Syllabus

Kansas City University  
College of Osteopathic Medicine



## COURSE DIRECTOR

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**CREDIT HOURS: 8**

## COURSE DESCRIPTION

This required clerkship provides students with clinical exposure, observation and training to better understand principles and practices of general internal medicine. Students focus on active participation in the care and management of patients to prepare for more advanced study of the discipline

Course Goals

[COURSE GOALS](#)

## INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
  - *Clinical Competency Assessment from Preceptor*
  - *Boards and Beyond Videos*
  - *TrueLearn Quiz*
  - *End of Clerkship Reflections from the Student*
  - *Standardized Case Log*
  - *IM COMAT Exam*

***This syllabus is to provide the student guidance in what may be covered and expected during the clerkship. Every effort will be made to avoid changing the clerkship requirements but the possibility exists that unforeseen events will make syllabus changes necessary. KCU reserves the right to amend, modify, add, delete, supplement and make changes as the clerkship needs arise.***

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## Clerkship Requirements for IMED-301 & IMED-302

### Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

### Boards and Beyond Videos

Required Boards and Beyond videos have been added to core clerkship curriculum and must be completed and then acknowledged in Canvas prior to receiving a final grade and credit. The quiz associated with each required video from the playlist is highly encouraged, but not required. While students are encouraged to work through all Boards and Beyond Videos, only the following are required to be completed by the last day of the clerkship.

### TrueLearn Quiz

A required 60 question TrueLearn quiz has been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. Students are encouraged to work through the TrueLearn Level 2 Combank throughout the third year to assist in preparing for COMAT's and COMLEX Level 2.

### Case Log

In order to reasonably standardize the internal medicine experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from Boards and Beyond, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

### COMAT Exam (End of Clerkship)

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

## [Exam Blueprint](#)

Students are awarded a grade of Fail, Pass or Honors for COMAT Exams based on academic year norms established by the NBOME in combination with minimum standards set by KCU. Exam scores and Examinee Performance Profiles (EPP) are made available to students within 10 business days following the Exam date through [www.nbome.org](http://www.nbome.org). [NBOME Percentile Scores](#)

provide normative information about the relative rank of test takers' performance in comparison to others who took the Examination.

When a student does not achieve a passing score on a COMAT Exam, a retake is required. The exact date and time of the remediation Exam will be communicated by the Assessment Department and students are expected to retake the Exam as scheduled.

The COMAT is not a requirement for IMED 301. Upon successful completion of IMED 301, you will receive a grade of "P" on Workday. If a grade of "H", "F", or "F/P" is achieved for IMED 302, Clinical Education will send a grade change form to the Registrar's office so that your IMED 301 & 302 grades both reflect the IMED 302 grade.

### End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through eValue at the end of every clinical experience to include:

- Evaluation of the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

### Clerkship Attendance Policy

Please refer and adhere to the following sections in the Clinical Education Guidelines.

- Clinical and Educational Work Hours
- Absence from Clerkships

### Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via eValue	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Log	Case Log via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.

End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor Via eValue	Upon completion of this clerkship student is responsible for completing evaluations of clerkship and preceptor via eValue.
Boards and Beyond	Video completion	Completion of each video
TrueLearn	Quiz	Completion of quiz
Standardized Assessment	COMAT Exam	Scaled Score of 85 or greater Honor's Score is 113 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

**Required Textbooks**

- [Harrison's Principles of Internal Medicine, 21<sup>ST</sup> edition](#), online version available through D'Angelo Library.
- [Current Medical Diagnosis and Treatment 2023](#) (current edition, updated yearly, online access for students through D'Angelo Library)

**Recommended Resources**

- MKSAP IM Essentials
- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality (AHRQ) – National Guideline Clearinghouse.
- The [United States Preventive Services Task Force](#) is a suggested reference source for evidence-based health promotion/disease prevention plans.
- [Centers for Disease Control and Prevention](#).

**Course Structure**

Internal medicine clerkships occur in various settings. They provide a wide variety of educational experiences, giving students an opportunity to understand how context influences the diagnostic process and management decisions. Internal medicine physicians routinely address complexities such as patients with multiple concerns, various psychosocial issues, and different behaviors that influence their health and health care. Due to the breadth of care provided by internal medicine physicians, it is not possible to list all potential patient presentations that internal medicine physicians competently manage. The required elements within the Internal Medicine clinical curriculum are progressive and accomplished across the continuum of IMED 301 and 302.

Students will rotate in assigned clinical settings in order to complete the required third year Internal Medicine clerkship. Internal Medicine preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. A standardized curriculum is provided to ensure consistency among Internal medicine clerkships. Students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum in order to successfully complete the required third year Internal Medicine clerkship.

The KCU-COM standardized Internal Medicine core curriculum has been designed for the purpose of ensuring that all third year students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

## **Osteopathic Medical Education Core Competencies**

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

### **Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine**

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

### **Competency 2: Medical Knowledge**

Graduates 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 lifelong learning activities, including research.

### **Competency 3: Patient Care**

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

### **Competency 4: Interpersonal & Communication Skills**

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

### **Competency 5: Professionalism**

Graduates 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, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

### **Competency 6: Practice-Based Learning & Improvement**

Graduates 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.

#### **Competency 7: Systems-Based Practice**

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

#### **Competency 8: Health Promotion/Disease Prevention**

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

#### **Competency 9: Cultural Competencies**

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

#### **Competency 10: Evaluation of Health Sciences Literature**

Graduates are expected to utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

#### **Competency 11: Environmental and Occupational Medicine (EOM)**

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

#### **Competency 12: Public Health Systems**

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

#### **Competency 13: Global Health**

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

#### **Competency 14: Interprofessional Collaboration**

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-base care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

## Core Entrustable Professional Activities for Entering Residency

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

### Core Entrustable Professional Activities for Entering Residency are:

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly
9. Collaborate as a member of a professional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide, American Association of Medical Colleges](#)

## Course Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for this required clerkship *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care. (PC)**
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge, behaviors, critical thinking and decision-making skills related to:
  - Historical assessment
  - Physical examination
  - Osteopathic structural exam



- Application of osteopathic manipulative medicine when clinically indicated
- Outlining a differential diagnosis for presenting complaints
  - Devising an evidence-based, cost-effective diagnostic approach
  - Appropriate interpretation of diagnostic studies
- Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems, including the critical role of Internal medicine physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

## Course Objectives

Learning objectives and common conditions are tied to one of three types of patient encounters - patients presenting for **acute, chronic, or preventive care**. By the end of the clerkship, students will be able to demonstrate an understanding or ability to perform the essential items for undergraduate medical education in Osteopathic Internal Medicine.

Student Learning Objectives for Acute Presentations		
Objective	AOA Core Competency	AAMC Entrustable Professional Activity
Differentiate among common etiologies based on the presenting symptom.	III: 1, 2, 6 IV: 1, 2 V: 1, 2,	1, 2, 3
Elicit a focused history and perform a focused physical examination.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1
Recognize “don’t miss” conditions that may present with a particular symptom.	II: 1, 2, 3 III: 1, 2, 3, 4, 5, 6	2, 10
Discuss the importance of a cost-effective approach to the diagnostic work-up.	I: 3, 4, 8 VII: 1, 2, 3, 4, 5,	3, 6, 7
Describe the initial management of common and dangerous diagnoses that present with a particular symptom.	I: 5, 6 III: 3, 4 IV: 3, 4	4, 6, 7, 9, 10, 12

<b>Student Learning Objectives for Chronic Presentations</b>		
<b>Objective</b>	<b>AOA Core Competency</b>	<b>AAMC Entrustable Professional Activity</b>
Elicit a focused history that includes information about adherence, self-management, and barriers to care.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1
Assess improvement or progression of the chronic disease.	I: 3, 4, 5 III: 1, 4 VII: 4	3, 10, 12
Communicate respectfully with patients who do not fully adhere to their treatment plan.	IV: 1, 2, 4 V: 1, 2, 7	3
Perform a focused physical examination that includes identification of complications. Describe major treatment modalities.	III: 1 IV: 1, 2 V: 2, 3, 6, 7 IX: 2, 4, 9	1, 6, 12
Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.	I: 8 II: 3 III: 5 VI: 1	4, 7
Document a chronic care visit.	III: 1, 2, 4, 5, 6	1, 5
Communicate appropriately with other health professionals (e.g., physical therapists, nutritionists, counselors).	I: 6, 7 IV: 1, 4 XIV: 3, 4, 5, 6, 7	6, 7, 8, 9

<b>Student Learning Objectives for Preventive Care Presentations</b>		
<b>Objective</b>	<b>AOA Core Competency</b>	<b>AAMC Entrustable Professional Activity</b>
Define wellness as a concept that is more than “not being sick.”	III: 4,5 VI: 3, 4, 5 VII: 5 VIII: 5, 6, 9	3, 7, 13
Define primary, secondary, and tertiary prevention.	III: 5 VI: 1, 2, 3, 4, 5 VIII: 2, 4, 5, 6, 7, 8, 9	7

<b>Student Learning Objectives for Preventive Care Presentations</b>		
<b>Objective</b>	<b>AOA Core Competency</b>	<b>AAMC Entrustable Professional Activity</b>
Identify risks for specific illnesses that affect screening and treatment strategies.	VII: 2, 3, 4, 5 VIII: 5, 6, 7, 8, 9, 10 IX: 2, 3, 4, 5, 6, 7, 8, 9, 11 XII: 1, 2, 3, 4, 6, 7, 8	1, 7, 13
For women: elicit a full menstrual, gynecological, and obstetric history.	II: 1 III: 1, 3, 6 IV: 1, 2, 3	1
For men: identify issues and risks related to sexual function and prostate health.	II: 1 III: 1, 3, 6 IV: 1, 2, 3	1, 7
Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet).	II: 2, 3 III: 4, 5, 6 IV: 1, 2, 3, 4 VII: 1, 2, 5 VIII: 5, 6, 7, 8, 9, 10	1, 7, 13
Find and apply the current guidelines for adult immunizations.	VIII: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10	7, 13
Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.	II: 2, 3 III: 4, 5, 6 IV: 1, 2, 3, 4 VII: 1, 2, 5 VIII: 5, 6, 7, 8, 9, 10	9, 13

**Suggested Topics for Coverage During the Clerkship**

Where possible, the preceptor is encouraged to include common concepts for management of patients with acute and chronic conditions outlined below. Additionally, discussions of preventive strategies regarding these conditions are encouraged. It is understood that not all conditions listed below will fit the educational construct.

<p><b><u>GI</u></b></p>	<ul style="list-style-type: none"> <li>• Gastrointestinal bleeding</li> <li>• Acute pancreatitis</li> <li>• Dysphagia/Odynophagia</li> <li>• Inflammatory Bowel Disease</li> <li>• Antibiotic associated colitis (C.Diff colitis)</li> <li>• Cirrhosis</li> <li>• Hepatitis (Viral, autoimmune, genetic, drug induced, etc.)</li> <li>• Acute abdomen/Peritonitis/Perforated viscus/Appendicitis etc</li> <li>• Diverticulitis</li> </ul>	<p><b><u>Heme/Onc</u></b></p>	<ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Prostate Cancer</li> <li>• Lung Cancer</li> <li>• Colorectal Cancer</li> <li>• Anemias</li> <li>• Lymphomas</li> <li>• Coagulopathies</li> <li>• Transfusion Medicine</li> <li>• Cancer Prevention</li> <li>• Cancer Screening</li> </ul>
<p><b><u>Hospice/Palliative Medicine</u></b></p>	<ul style="list-style-type: none"> <li>• Prognostication</li> <li>• Goals of Care</li> <li>• Common Symptom Management</li> <li>• End-of-Life Management</li> <li>• Pain Management</li> <li>• Physician-Assisted Suicide/Death</li> <li>• Withholding/Withdrawing Support</li> <li>• Medical Futility</li> <li>• The Medicare Hospice Benefit structure</li> </ul>	<p><b><u>Cardiovascular</u></b></p>	<ul style="list-style-type: none"> <li>• Cardiovascular disease (CVD); recognize risks associated with hyperlipidemia, hypertension, DM, smoking, alcohol, family history, sedentary activity, obesity, aging</li> <li>• CAD</li> <li>• Heart Failure</li> <li>• Valvular Heart Disease and Classification of systolic/diastolic murmurs</li> <li>• ECG: common findings, common arrhythmias, differential diagnoses, etc.</li> <li>• Infections-Pericarditis, Endocarditis, Myocarditis</li> <li>• Cardiomyopathies-signs/symptoms</li> </ul>

<p><b><u>Pulmonary</u></b></p>	<ul style="list-style-type: none"> <li>• PFT interpretation</li> <li>• Cough and Dyspnea</li> <li>• Pleural effusions</li> <li>• Asthma</li> <li>• COPD</li> <li>• Obstructive sleep apnea</li> <li>• Diffuse parenchymal lung disease</li> <li>• Pulmonary vascular disease</li> <li>• Pneumonia (CAP and HCAP)</li> <li>• TB and atypical infections</li> </ul>	<p><b><u>Renal</u></b></p>	<ul style="list-style-type: none"> <li>• Acute kidney injury</li> <li>• Chronic kidney disease</li> <li>• Hypertension</li> <li>• Nephritic and nephrotic syndromes</li> <li>• Acid/base disorders</li> <li>• Electrolyte disorders</li> <li>• Glomerular disorders</li> <li>• Tubulointerstitial disease</li> <li>• Dosing adjustments in renal insufficiency</li> <li>• Urinary tract infections</li> <li>• Contrast nephropathy</li> </ul>
<p><b><u>Endocrine</u></b></p>	<ul style="list-style-type: none"> <li>• Hypothalamic and pituitary disorders</li> <li>• Thyroid disease</li> <li>• Adrenal disease</li> <li>• DM</li> <li>• DKA and Hyperosmolar syndrome</li> <li>• Osteoporosis</li> </ul>	<p><b><u>Rheumatology</u></b></p>	<ul style="list-style-type: none"> <li>• Joint pain evaluation/management</li> <li>• Osteoarthritis</li> <li>• Crystal arthropathies</li> <li>• Infectious arthritis</li> <li>• RA</li> <li>• SLE</li> <li>• Spondyloarthropathies</li> <li>• Vasculitis</li> </ul>
<p><b><u>ID</u></b></p>	<ul style="list-style-type: none"> <li>• Evaluation of fever</li> <li>• Common URI</li> <li>• UTI</li> <li>• STD/STI</li> <li>• HIV</li> <li>• Osteomyelitis</li> <li>• Sepsis/SIRS</li> <li>• Healthcare-associated infections (pneumonia covered in pulmonary)</li> <li>• Occupation-related infections/prevention</li> </ul>	<p><b><u>Neurology</u></b></p>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Meningitis/encephalitis</li> <li>• Stroke/TIA</li> <li>• Altered mental status/dementia/delirium</li> <li>• Peripheral neuropathy</li> <li>• Movement disorders</li> <li>• Seizure</li> <li>• Syncope</li> </ul>

General IM		Psych	
	<ul style="list-style-type: none"> <li>• Diagnostic decision making</li> <li>• Therapeutic decision making</li> <li>• Health promotion/screening/smoking cessation/Diet and nutrition</li> <li>• Hyperlipidemia</li> <li>• Obesity</li> <li>• Low back pain</li> <li>• Cutaneous manifestations of systemic disease</li> <li>• Lymphadenopathy</li> <li>• Geriatric assessment</li> <li>• Communication skills</li> <li>• Billing/business of medicine</li> <li>• Discharge criteria planning</li> <li>• Pre-operative evaluation</li> <li>• Use of ancillary staff</li> </ul>		<ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Substance abuse</li> <li>• Anorexia nervosa</li> <li>• Bulimia</li> <li>• Bipolar disorders</li> <li>• ADHD</li> </ul>

### Core Presentations for Preventive Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Internal medicine physicians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” i.e., prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill.

Health Promotion (PBLI/SBP)	Recommended Assignment
<i>Diabetes Education/Management (PBLII)</i>	<a href="#">CDC diabetes</a>
<u>Difficult conversations (PBLII, SBP)</u> End of Life Care (SBP)	Tough Talk Toolbox

Additional preventive care measures that may be encountered can be found in course syllabi FMED 301/302, PEDS 301, OBGY 301, SURG 301/302, and PSYC 301.

## **Programmatic and Course Research**

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

## **Policies & Procedures**

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

## **Department of Clinical Education Contacts**

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).

## ADDENDUM Curriculum B

**DO not complete Curriculum B unless notified by a member of the Clinical Education Department.**

**Curriculum B provides both an in-person and online component. It is given when a clerkship is shortened due to unforeseen circumstances. This scenario will include two-weeks of online curriculum and two-weeks of an in-person clerkship.**

**In the event a student is assigned to Curriculum B, the following are the additional clerkship requirements:**

### ADDITIONAL CURRICULUM B REQUIREMENTS

- *Students will be required to complete the additional components listed below*
  - *Completion of Case Presentation 1*
  - *Completion of Case Presentation 2*
  - *Completion of PowerPoint Presentation*

### Completion of Case Presentation 1

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

#### **Student Last Name Begins with A-I:**

1. Congestive Heart failure
2. Syncope and Headache

#### **Student Last Name Begins with J-P:**

1. Chronic Abdominal Pain
2. Progressive Memory Loss – discussion with patient and family

#### **Student Last Name Begins with Q-Z:**

1. How to approach Advanced Directive discussion
2. Delivery of Bad News – new onset cancer, death of a loved one, chronic disease diagnosis



## Completion of Case Presentation 2

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. The student will select one of the following cases:

### Student Last Name Begins with Q-Z:

3. Congestive Heart failure
4. Syncope and Headache

### Student Last Name Begins with A-I:

3. Chronic Abdominal Pain
4. Progressive Memory Loss – discussion with patient and family

### Student Last Name Begins with J-P:

3. How to approach Advanced Directive discussion
4. Delivery of Bad News – new onset cancer, death of a loved one, chronic disease diagnosis

## Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following Internal Medicine topic:

1. Acute Febrile Illness – fall or winter months (Pneumonia vs Influenza vs COVID 19)

Presentation must be a minimum of 10 slides and submitted in canvas course.

## Evaluation & Grading for Curriculum B

To be successful in Curriculum B the student must complete the additional components listed below.

Component	Evaluation Tool	Minimum Score Required
Case Presentation 1	Canvas – Curriculum B	Completion of presentation
Case Presentation 2	Canvas – Curriculum B	Completion of presentation
PowerPoint Presentation	Canvas – Curriculum B	Completion of PowerPoint