Clerkship Learning Goals and Objectives: Medicine

1. HISTORY TAKING: obtain accurate, efficient, appropriate, and thorough history.
   This clerkship will emphasize development of intermediate level history taking skills. It will emphasize strategies and skill for the efficient elicitation of histories appropriate to the care of adult patients presenting with medical problems in the inpatient and office settings. Particular attention will be given to identification and elicitation of key historical data pertinent to differential diagnosis and clinical decision-making.

2. PHYSICAL EXAM: perform and interpret findings of a focused and thorough physical exam guided by clinical reasoning
   This clerkship will focus on development of intermediate-to-advanced physical examination skills (especially in the areas of cardiovascular, pulmonary, musculoskeletal, gastrointestinal, rheumatologic, cutaneous, and ophthalmic disease) pertinent to the clinical evaluation of adults presenting with medical problems in the inpatient and outpatient settings. It will emphasize elicitation of physical findings pertinent to differential diagnosis and clinical decision-making.

3. PROCEDURES: perform routine technical procedures.
   Students will be taught the basic procedures used in inpatient and outpatient care of adult medical patients, including indications, contraindications, techniques, complications, and interpretation of any findings of procedures. Examples of such procedures include: venipuncture, peripheral venous catheter insertion, arterial blood gas measurement, lumbar puncture, paracentesis, thoracentesis, nasogastric intubation, Papanicolaou smears, and immunization administration.

4. DIAGNOSIS I: articulate a cogent, prioritized differential diagnosis based on initial history and exam.
   A prime learning objective of the clerkship will be the formulation of a prioritized initial differential diagnosis based on the history and physical examination for common medical problems of adult patients presenting in inpatient and outpatient settings. Differential diagnosis of common systemic, cardiac, pulmonary, gastrointestinal, renal, endocrine, metabolic, rheumatologic, neoplastic, cutaneous, ophthalmic, and infectious diseases problems will receive particular emphasis.

5. DIAGNOSIS II: design a diagnostic strategy to narrow an initial differential diagnosis demonstrating knowledge of pathophysiology and evidence from the literature.
   Another priority learning objective of this clerkship will be formulation of a diagnostic strategy, emphasizing use of the principles of clinical epidemiology (test sensitivity, specificity, pretest probability, predictive value) and cost-effectiveness data to guide test selection and interpretation.

6. MANAGEMENT: design a management strategy for life-threatening, acute, and chronic conditions demonstrating knowledge of pathophysiology and evidence from the literature
   Core I will concentrate on basic management of the common medical problems of adults presenting to inpatient and ambulatory settings, with particular reference to the relevant pathophysiology and best scientific evidence. Core II will emphasize the learning and application of more advanced management strategies, with particular attention to management of hospitalized patients with acute medical problems.

7. PREVENTION: plan a strategy for reducing incidence, prevalence, and impact of disease demonstrating knowledge of pathophysiology, clinical epidemiology, and evidence from the literature.
   The clerkship will stress those preventive measures applicable to the care of adults seen in the inpatient and office settings, with particular attention to adult immunization, screening for common treatable cancers, and screening and treatment of cardiovascular risk factors.

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8. DATA ANALYSIS: interpret data from laboratories and radiology demonstrating knowledge of pathophysiology and evidence from the literature.
This clerkship will emphasize interpretation of basic tests used in the evaluation of adult medical patients presenting with medical problems in inpatient and outpatient settings. Principles of clinical epidemiology will be used to facilitate test interpretation, especially as they relate to determination of post-test probabilities and contribution of test results to differential diagnosis. Students will be instructed in the effective and professional use of the electronic medical record in the capture, interpretation, and sharing of data.

9. COMMUNICATION I: present patient information concisely, accurately, and in timely fashion to members of a health care team in a variety of settings and formats including verbally and in writing.
The course will emphasize effective written and oral presentation of pertinent clinical information (including differential diagnosis, assessment, and plan) for the care of adult patients presenting to both inpatient and outpatient settings. Particular attention will be given to adapting the presentation to the setting and issues at hand.

10. COMMUNICATION II: keep patient and family involved and informed.
Core I will focus on basic communication with adult patients and families about diagnosis, prognosis, and treatment plan. Core II will address more advanced elements, such as eliciting and responding to patient and family concerns and requests, presentation of bad news, negotiation of treatment plan, and end-of-life discussions.

11. PROFESSIONALISM I: be selfless, reliable, honest, and respectful of patients, colleagues and staff.
This clerkship will stress aspects of professionalism pertaining to interactions with patients, colleagues, and staff. Examples include: attendance and punctuality, willingness to assist colleagues, putting the patients’ needs first, follow-through on commitments, ability to self-assess, responsiveness to constructive criticism, and time-management skills.

12. PROFESSIONALISM II: take initiative and responsibility for learning, achieving personal growth and improvement, and supporting the learning objectives of others.
The course will emphasize skills relevant to personal growth and self-directed learning. Students will be expected to understand how to perform an appropriate literature search as well as to understand the limitations of the literature base. Emphasis will be placed on taking initiative to gain a greater understanding of a patient’s disease process, as well as sharing retrieved information with other members of the team.

13. PROFESSIONALISM III: demonstrate knowledge and affirmation of ethical standards.
This clerkship will focus on standards of ethical behavior in medical practice, examples of which include: obtaining informed consent for procedures, respecting patient confidentiality, advocacy for patients with limited resources, and reporting of medical errors.

14. CULTURAL COMPETENCE: utilize understanding of cultural, socioeconomic, gender, and age-related issues in patient interactions and clinical decision-making.
Core I and Core II will promote the understanding of disease with respect to the cultural, socioeconomic, gender and age-related context of the patient. It will stress an understanding of how patients’ and physicians’ preferences and perceptions are influenced by a variety of factors, and how these may impact on the doctor-patient relationship. Emphasis will be placed on conducting interviews with sensitivity towards these differences, as well as the impact they have on disease diagnosis, evaluation, and management.
15. CAREERS IN MEDICINE: learn how your interests, strengths and weaknesses are suited to different fields.
   This clerkship will highlight available career paths in Internal Medicine, including clinical paths in general internal medicine and sub-specialty training, as well as careers centered on education and research. The clerkship directors will also encourage students to find mentorship as they prepare for the choices ahead of them.

16. MODELS OF HEALTH CARE DELIVERY: understand various models of organizing, financing, and delivering health care.
   The clerkship will stress the importance of understanding how different models of health care delivery impact the care of general medical patients, both in the inpatient and outpatient setting. Students will be instructed in the appropriate and professional use of medical technology including the electronic medical record to enhance care delivery, and the necessary adaptation to emerging technologies will be highlighted in this clerkship.

17. PATIENT CENTERED CARE: Understand illness in the context of a patient’s life circumstances, and understand how to ensure patient engagement in care to extent possible. The clerkship emphasizes an understanding of hospitalization and acute illness in the context of a patient’s life circumstances and from a patient’s viewpoint. Students are taught how patients and families can engage in health care and play a role in decision-making about medical treatments.

HMS PCE Policies and Resources:

PCE Log Requirement: Students are required to record their encounter with each log topic once, inclusive of the highest level of patient interaction displayed in that encounter during the rotation. Individual clerkship directors may choose to use the PCE Log for additional purposes, so long as students meet the minimum requirement of recording the highest level of encounter with each one of the specified topics.

HMS Policy on Mistreatment: Harvard Medical School and its affiliated hospitals are committed to a culture of mutual respect and trust and to providing an environment free from discrimination, sexual harassment, unprofessional relationships, and abuses of authority. We take student mistreatment seriously and aspire to a culture of zero tolerance for instances of abuse, mistreatment, and disrespect. All faculty, students, house officers, fellows, and staff are expected to contribute to sustaining an environment of collegiality and mutual support that is conducive to learning and working. Students experiencing mistreatment personally or witnessing such behavior in others are expected to report such incidents in clerkship surveys and/or through a confidential online form accessible through the HMS Student Service site.

HMS Ombuds Office: As an impartial complaint handler, the Ombudsperson strives to see that people are treated fairly and equitably at Harvard Medical School, Harvard School of Dental medicine and Harvard School of Public Health. The Ombudsperson is a designated neutral and, as such, does not advocate for any individual or point of view. The office is independent of any existing administrative or academic structures and is responsible only to the dean of each school. The office supplements the existing resources available to members of our communities. For more information go to http://www.hms.harvard.edu/ombuds/.