INTERNAL MEDICINE 2025-26

Clerkship Learning Objectives

By the end of the clerkship, students will be able to:

- History and Physical Examination: Take a complete, organized medical history and perform a thorough physical exam on each assigned patient upon admission, perform a daily evaluation for each assigned patient, and obtain a focused, problem-based history and exam in the outpatient setting.
- Case Presentation: Prepare written admission notes, daily progress notes, and
 outpatient visit notes that include pertinent clinical information, differential diagnosis,
 and diagnostic/therapeutic plans on each of their assigned patients daily. Present this
 information or ally in a logical, succinct manner.
- Diagnostic Decision Making: Formulate a differential diagnosis using history and physical exam data, develop a prioritized problem list, and select appropriate diagnostic tests for assigned patients, taking into account the performance characteristics of tests (sensitivity, specificity, and likelihood ratio), cost, risk, and patient preferences.
- 4. Test Interpretation: Interpret common clinical tests (complete blood count, blood smear, chemistry panels, ECG, chest x-ray, urinalysis, pulmonary function tests, body fluid cell counts), demonstrate understanding of normal variation vs abnormal results, recognize critical values that require immediate attention and apply results to refine the differential diagnosis
- Therapeutic Decision Making: Offer basic treatment plans, including assessing risks, benefits, and costs of treatment options, involving patients in decision-making, and utilizing clinical practice guidelines
- 6. Communication and Relationships with Patients and Colleagues: Establish and maintain a professional rapport with patients and interprofessional colleagues at all times, recognize psychosocial issues, provide patient-centered care, educate patients, and demonstrate sensitivity to cultural diversity. Advocate and care for vulnerable populations, and recognize health disparities and historical context for these inequities. Communicate verbally, in writing, and by electronic media as appropriate.
- Self-directed Learning: Identify clinical questions pertinent to assigned patients, locate key information sources, perform literature searches, manage information, and be able to report findings to the team. Elicit and incorporate feedback from supervisors to guide their development.

Required Clinical Experiences

| Clinical Experience | Clinical Setting | Minimum Required Level of Responsibility |
|---|-------------------------|--|
| Altered Mental Status | Inpatient or outpatient | Participate |
| Anemia | Inpatient or outpatient | Participate |
| Autoimmune Disease | Inpatient or outpatient | Participate |
| Cancer | Inpatient or outpatient | Participate |
| Chest Pain/Arrhythmias | Inpatient or outpatient | Participate |
| Congestive Heart Failure | Inpatient or outpatient | Participate |
| COPD/Asthma | Inpatient or outpatient | Participate |
| Diabetes | Inpatient or outpatient | Participate |
| Electrolyte & Acid/Base Disorders | Inpatient or outpatient | Participate |
| Gastrointestinal/ Liver Disease | Inpatient or outpatient | Participate |
| Geriatric Medicine | Inpatient or outpatient | Participate |
| Hyperlipidemia | Inpatient or outpatient | Participate |
| Hypertension | Inpatient or outpatient | Participate |
| Infections in immunosuppressed patients (HIV, transplant) | Inpatient or outpatient | Participate |
| Palliative Medicine | Inpatient or outpatient | Participate |
| Pneumonia | Inpatient or outpatient | Participate |
| Renal Disease | Inpatient or outpatient | Participate |
| Thromboembolic Disease | Inpatient or outpatient | Participate |
| Cardiopulmonary Exam (observed by a faculty member) | Inpatient or outpatient | Perform |
| Obesity counseling and management | Inpatient or outpatient | Perform |
| Alcohol, Drug, or Tobacco Counseling | Inpatient or outpatient | Perform |
| EKG Interpretation | Inpatient or outpatient | Perform |
| CXR Interpretation | Inpatient or outpatient | Perform |

AVENUES TO REPORT MISTREATMENT

Full Policy: https://som.georgetown.edu/studentservices/studenthandbook

Georgetown University School of Medicine Competencies

Graduates of Georgetown University School of Medicine will demonstrate the following competencies:

- Ombudsperson
 Stacey Kaltman, PhD
 sk279@georgetown.edu
- Senior Associate Dean for Students
 Princy Kumar, MD
 kumarp@georgetown.edu
- Medical Student Life
 Advisory Committee
 https://som.georgetown.edu/studentservices/mslac
- Title IX Coordinator, School of Medicine Kathryn Hart, MD Kathryn.Hart@georgetown.edu
- Office For Institutional Diversity, Equity, and Affirmative Action 202.687.4798 http://ideaa.georgetown.edu/policies/
- Retaliatory Conduct is Prohibited.

NEEDLESTICK EXPOSURE

Wash your hands and area of exposure *well,* and inform Resident/Fellow/Attending **Record:** Date/Time of Exposure, Resident/Fellow/Attending contact info

IMPORTANT NEXT STEPS: COMPLETE NEEDLESTICK EXPOSURE WORK-SHEET:

https://som.georgetown.edu/studentservices/studenthandbook

GET TO CARE WITHOUT DELAY:

MedStar Facility, 7:30AM-4PM: Go to MedStar Facility Occupational Health (844-354-3705)

MedStar Facility, Off Hours: Go to MedStar Facility Emergency Department

Non-MedStar Facility: Nearest Emergency Department if unable to get to Student Health within 2 hours, or if outside of business hours. (To be seen at Student Health, call **202-687-2200** and say: "Med student with needlestick")

Princy N. Kumar, MD – Senior Associate Dean of Students Office: **202-444-0086** (press 1);

Pager: 202-405-2283; Email: kumarp@gunet.georgetown.edu

If Dr. Kumar is unavailable:

Contact Dr. Joseph Timpone Office: 202-444-0086 (press 1); Pager: 888-370-8486 Office of Student Affairs: 202-687-3116, medstudentaffairs@georgetown.edu

STUDENTS ARE NEVER TO REMOVE A CENTRAL LINE!

DUTY HOURS

Full Policy: https://som.georgetown.edu/studentservices/studenthandbook
Duty Hours for Third and Fourth Year Medical Students must be limited to 80 hours per
week inclusive of all in-house call activities.

KNOWLEDGE-RELATED COMPETENCIES

- 1. Acquire, integrate, and apply knowledge of biomedical science to the care of patients.
- Demonstrate intellectual curiosity and a commitment to learning, critically evaluate new knowledge and determine its relevance to the clinical problems of individual patients.
- Apply principles of epidemiological sciences to implement strategies to prevent disease and promote the health of patients and populations.
- Demonstrate an understanding of the psychological, socioeconomic, cultural, and spiritual dimensions of human health and illness.
- Evaluate the current health care system and identify strategies to improve the organization, financing and delivery of safe and effective health care.

SKILL-RELATED COMPETENCIES

- Obtain and perform a complete, systematic, patient centered history and physical examination integrating the scientific foundations of medicine with clinical reasoning skills.
- Integrate patient data to formulate an accurate assessment and develop a prioritized differential diagnosis, and recognize a patient who requires urgent evaluation and treatment.
- Form clinical questions, identify and evaluate appropriate information resources, and apply evidence-based principles for the benefit of individual patients.
- Select and interpret common diagnostic and screening tests, integrate and apply the results in the process of clinical problem solving and in developing and managing a safe and cost-effective treatment plan.

- Perform general clinical procedures required to provide basic patient care and inform the patient of the risks and benefits of tests and procedures.
- 11. Present an accurate assessment of a patient encounter and document the encounter in the patient record to achieve a shared understanding of the patient's condition with members of the health care team, patients and families.
- Participate as a contributing and integrated member of an interprofessional team and practice effective communication to assure safe transition of patient care.
- Effectively communicate with patients, their family members and caregivers and encourage them to engage in their own care, with sensitivity to patient diversity, community health influences and values.
- 14. Educate patients, colleagues, and the community.
- Identify and report system failure and contribute to a culture of patient safety and quality improvement.
- 16. Demonstrate independent learning and critically assess the limits of one's knowledge, skills, and values, using a reflective process in the journey of professional identity formation.

VALUES- AND ATTITUDES-RELATED COMPETENCIES

- 17. Appreciate the clinical virtues and ethical dimensions of the patient-physician relationship by demonstrating integrity, excellence in care, accountability, trust, respect, compassion and humility.
- Demonstrate altruism through a commitment of service to the profession and society and advocate for all, especially the vulnerable and disenfranchised.
- Maintain personal well-being while balancing the demands of a professional work ethic and commitment to self.