
✧ Medicine 251 ✧

Clinical Clerkship in
Internal Medicine

AY 2024 - 2025

YEAR LEVEL COMMITTEE

CONSULTANT MONITORS

Dr. Lia Aileen Palileo-Villanueva
Dr. Teresita Dumagay
Dr. Diana Tamondong-Lachica
Dr. Michael San Juan

RESIDENT MONITORS

Dr. Michael Brian Alvarez
Dr. Michael Agoncillo
Dr. Nina Therese Domingo
Dr. Paolo Gabriel Godisan
Dr. Rayn Jezreel Romero
Dr. Exequiel Mario Escala
Dr. Roberto Armando Cruz Jr.
Dr. June Carlo Suan



COURSE DESCRIPTION

A 6-week comprehensive training course in the clinical management of common and important medical diseases in a setting that may require ward or critical care unit admission with focus on diagnosis, treatment, prevention, and control.



COURSE OBJECTIVES

At the end of the course, the student should be able to:

- Correlate the pathophysiology of the patient's disease to the history, physical examination and laboratory data in order to arrive at a definitive diagnosis and differential diagnosis of common diseases and some less common but serious/life threatening diseases
- Acquire skills in organizing and presenting information pertinent to the diagnosis and differential diagnosis
- Propose diagnostic and therapeutic plans and perform specific diagnostic and therapeutic interventions
- Demonstrate sensitivity to the human needs and social implications of the patient's disease
- Work harmoniously with peer groups, supervisor and related coworkers and develop good interpersonal relationship with all the personnel involved in the care of his patient



MUST KNOW TOPICS

- Coronary Artery Disease and Acute Coronary Syndrome
- Hypertensive Emergency/Urgency
- Heart Failure
- Common Arrhythmias (Atrial Fibrillation, Supraventricular Tachycardia, Ventricular Tachycardia, Ventricular Fibrillation)
- Rheumatic Heart Disease / Rheumatic Fever
- Acute Respiratory Failure
- Pneumonia
- Pleural Effusion
- COPD/Asthma
- Diabetes Mellitus including Diabetic Emergencies
- Thyroid Storm
- GI Bleeding
- Liver Disease, including hepatic encephalopathy
- Intoxications/poisoning cases
- Febrile Jaundice
- Introduction to Blood Component Therapy
- Acid-Base/Electrolyte Disorders
- Acute Renal Failure
- Chronic Kidney Disease
- Tuberculosis
- Sepsis
- Pyelonephritis
- Dengue
- Leptospirosis
- Acute Infectious Diarrheal Diseases and Bacterial Food Poisoning
- Infectious Arthritis
- Typhoid
- COVID
- Malaria
- Recognition of Connective Tissues Diseases
- Prevention of Nosocomial Infections
- Anaphylaxis
- Patient Safety



REFERENCES

- Harrison's Principles of Internal Medicine 21st ed. (Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson J, Loscalzo J. eds. Harrison's Principles of Internal Medicine, 21sted. New York, NY: McGraw-Hill; 2022)
- Latest Clinical Practice Guidelines for specific diseases (e.g. CAP, GOLD, GINA, ACS, Sepsis, etc)



ESSENTIAL SKILLS

- ABG Interpretation
- ECG Interpretation
- Chest X-ray Reading
- IV cannulation
- Venous Blood extraction
- ABG sample extraction
- Foley Catheter insertion
- NGT insertion
- Proper Donning and Doffing

COURSE ROTATION

1 week Outpatient – General Medicine OPD (3 to 6 students)

5 weeks Inpatient – Non-COVID Medicine Ward (25 to 27 students)

wk	date	1Ab	1Aa	1Ba	1Bb	2Aa	2Ab	2Ba	2Bb
1	Aug 5 - Aug 11	Neuro	Neuro	OPD	Ward	Ward	Ward	Ward	Ward
2	Aug 12 - Aug 18	Neuro	Neuro	Ward	OPD	Ward	Ward	Ward	Ward
3	Aug 19 - Aug 25	Ward	OPD	Neuro	Neuro	Ward	Ward	Ward	Ward
4	Aug 26 - Sept 1	Ward	Ward	Neuro	Neuro	OPD	<u>Ward</u>	<u>Ward</u>	<u>Ward</u>
5	Sept 2 - Sept 8	Ward	Ward	Ward	Ward	Neuro	Neuro	OPD	Ward*
6	Sept 9 - Sept 15	<u>Ward</u>	Ward	Ward	Ward	Neuro	Neuro	Ward*	OPD
7	Sept 16 - Sept 22	Ward*	<u>Ward</u>	<u>Ward</u>	<u>Ward</u>	<u>Ward</u>	OPD	Neuro	Neuro
8	Sept 23 - Sept 29	OPD	Ward*	Ward*	Ward*	Ward*	Ward*	Neuro	Neuro

COURSE REQUIREMENTS

REQUIREMENT	% GRADE	COMMENT
Oral Case Discussion	30%	1 inpatient case, 1 outpatient case
Written Case Discussion	10%	1 written case
Consultant Evaluation	20%	2 consultant evaluations
Resident Evaluation	5%	1 senior resident, 1 junior resident
Peer Evaluation	5%	At least 1 peer evaluator
Final Examination	15%	100 items MCQ
Comprehensive Examination	10%	
Bioethics Reaction Paper and Discussion	5%	
Portfolio	Formative	Patient census, procedure log
Patient Safety Discussion	Formative	



OPD



OPD

- Where: OPD room 123
- When: 8AM - 12nn, 1PM - 5PM
- Who: OPD rotators to coordinate with OPD team captains per shift
- What:
 - Take history, PE of NEW patient
 - Come up with your own assessment and plan
 - Present case to resident/consultant for disposition
- 2 students to 1 patient
- Outcome: 1 consultant-graded OPD case presentation



WARD

WARD

- Attendance logbook outside Chairman's Office
- Official time-in (AM duty): 7 AM
- Official time-in (PM duty): 7 PM
- Late: 7:15 to 7:30 AM
- Considered absent: later than 7:30 AM
- 3 lates = 1 unexcused absence
- No signature = 1 unexcused absence



WARD

- Always sign the attendance sheet
- If absent or unable to sign on time: submit a letter addressed to resident monitor for excused absence/late within 3 days
- No excuse letter = unexcused absence
- Missed duties/absences will have corresponding make up duties/activities



WARD

- 6 General Medicine Services
 - 2-3 consultants (with 1 LU consultant), 1 senior resident, 2-3 junior residents, 6 interns, 3-4 clerks
 - Each service admits patients every 6 days
- Clerks will be divided among the 6 Gen Med Services
 - 3-4 clerks per service
 - Clerks will be assigned at most 3 SIC patients and at most 1 intubated
 - TIC from the same service will cover for students who will be on post duty status
- Maximum of 6 co-managed patient per student

WARD

- Get to know your patients
- Discuss management with residents, fellows and consultants
- Accomplish clinical abstract and discharge summaries of assigned patients
- Updates the details of the their assigned patients in RADISH service census
- May do procedures (BE, ABG, Foley, IV, NGT insertion, etc) and make requests for imaging/blood requests (supervised by the RIC/WAPOD)
- During periods with no bedside activity, you may stay in the callroom
- Monitoring
 - Monitor Q1-Q2 patients
 - Refer ALL deranged vitals and events

WARD

- Priority of ATTENDANCE:
 - Attend assigned CASE PRESENTATIONS
 - Attend ALL service rounds (regardless of post)
 - ALL CLERKS to attend Guazon
 - Attend conferences (duty clerks excused; pre- and post- required)
 - 1 clerk/intern per ward to attend to monitoring
 - 1 clerk/intern per GM service to attend to events

Hospitalist WARD

- Not part of internal medicine department
 - Not to be endorsed during service rounds
- Still assigned SIC/TIC in Ward 2
 - Accomplish procedures, requests, CADS



GUAZON Endorsements

- ALL clerks required to attend (7:30 AM - 9AM)
- To be presided by JWAPOD
- Moderated by Gen Med seniors
- Discussion of mortalities, morbidities, and admission from tour of duty
 - Know your SIC patients well and be prepared to answer questions
 - Present briefly your newly admitted patients



WAPOD endorsements

- Facilitated by the WAPOD of the Specific WARD 6-630PM – 7-730PM
- Endorsements of Q1 monitoring patients by SICs
 - General Info, Current assessment, “Watch out for” and What to do, Endorse procs
- Brief endorsements ONLY, lectures/learnings discouraged
- Floor Manager should be assigned by the duty team
- Attendees: WAPOD, JWAPOD, Duty Team of that Ward and SICs



Week 1

A	5	6	7	8
B	4	5	6	
C	7	8		1
D	2	3	4	5
E	6	7	8	9
F	1	2	3	

Week 1

Mon 4-15
Tue 4-16
Wed 4-17
Thu 4-18
Fri 4-19
Sat 4-20
Sun 4-21

Pre Duty

B,C,D,E
C,D,E,F
A,D,E,F
A,B,E,F
A,B,C,F
A,B,C,D
B,C,D,E

Duty

A
B
C
D
E
F
A

Post-Duty

F
A
B
C
D
E
F

WARD Pre-Duty

- Attend Guazon endorsements
- Monitoring
- Do SIC responsibilities
- Attend consultant rounds
- Attend Department Conferences
- Endorse patients for close monitoring at WAPOD rounds

WARD Night Duty

- Receiving endorsements from pre duty
- Monitoring
- Procedures
- Conductions/accompany patients within PGH
- Prepare for Guazon endorsements

Ward Post-Duty

- Attend Guazon endorsements
- Endorse to SIC and/or pre-duty team on any events transpiring the night prior
- Attend consultant rounds
- Attend department conferences
- May go home after Guazon endorsements if no other mandatory academic activities for the day



Ward Output

- Patient census (initials only and diagnosis) - countersigned by resident/consultant
- 1 oral ward case presentation - graded by consultant
- 1 written ward case discussion - grade by consultant
- Consultant clinical performance evaluation
- Resident clinical performance evaluation
- Peer evaluation



Written Case Discussion

- Maximum: 5 pages
- Keep the discussion concise
 - Sufficiency of case summary
 - Diagnosis and possible differentials
 - Problem list
 - Pathophysiologic correlation
 - Diagnostic plan
 - Therapeutic plan
 - Adherence to format and submission schedule
- When discussing lab results, interpret and correlate with patient
- Please submit on time. If late >1 week beyond deadline, already counted as score of zero

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Patient Safety Discussion	Formative	

Other Activities

- 2 bioethics sessions
 - Dr. San Juan
 - Dr. Gueco
- 1 patient safety discussion
 - Dr. Tamondong-Lachica



Examinations

- Required exams:
 - Final examination (100 items MCQ)
 - Comprehensive examinations
- ***If a student fails the final examination or has a failing overall grade then they will be required to have a remedial activity.
- The remedial activity is a pass or fail activity.
 - If the student fails the final examination but has a passing overall grade, his/her final grade will be the overall grade once the student passes the remedial activity.
 - If the student has a failing overall grade, his/her final grade will be the equivalent of a 3.00 once the student passes the remedial activity.



ATTENDANCE

- Excused absences – sick leave, academic events, missed flights 1:1 hours of makeup
- Please secure medical certificate/official letter for academic events
- Unexcused absences 1:2 hours of makeup
- Please submit excuse letter not later than 1 week after your absence



1/8 index card format for LU6 makeup duties

LAST NAME, First Name, Middle Initial
Block

Dates of absence:

Hours of duty missed:

Equivalent makeup duty hours:

Date of Makeup Duty	Time In	Time Out	Number of Hours	WAPOD Signature
1.				
2.				
3.				

TOTAL HOURS: _____



HAND WASHING

- Please wash hands prior to encounter with any patient
- Will supply with alcohol to clerks
 - If unavailable supply, don't hesitate to ask patients for their supply
- Hand-washing monitored by PGH admin



REMINDERS

- The course is designed to be self-directed but remember that you are part of a team
- Proper decorum is expected of students (University and College Rules apply)
- If you have any concerns, kindly direct them thru proper channels (Resident and Consultant Coordinators)