

## Clinical Rotation Learning Objectives

### Internal Medicine

#### Student/Preceptor Collaboration Objectives:

**Note to the Preceptor :** The following objectives are meant to help guide clinical discussion with the student. We hope these discussions will further enhance their clinical skill in formulating differential diagnoses, determining appropriate diagnostic work up, and formulating a care plan.

- Given a patient care situation where a patient presents with a solitary pulmonary nodule, construct a broad differential diagnosis and formulate an evidencebased treatment plan that incorporates the principles consistent with an interprofessional, team care approach.
- Given a patient care situation where a patient presents with a heart murmur, construct a broad differential diagnosis and formulate an evidencebased treatment plan that incorporates the principles consistent with an interprofessional, team care approach.
- Given a patient care situation where a patient presents with chronic diarrhea, construct a broad differential diagnosis and formulate an evidencebased treatment plan that incorporates the principles consistent with an interprofessional, team care approach.
- Given a patient care situation where a patient presents with a fever of unknown origin, construct a broad differential diagnosis and formulate an evidencebased treatment plan that incorporates the principles consistent with an interprofessional, team care approach.
- Given a patient care situation where a patient presents with signs of endocrine dysfunction, construct a broad differential diagnosis and formulate an evidencebased treatment plan that incorporates the principles consistent with an interprofessional, team care approach.

#### Student Self-Study Objectives:

**Note to the Preceptor :** The following objectives correlate with the End-of-Rotation examination the student will be taking at the end of the internal medicine rotation. These are meant to guide

their selfstudy. We realize this is not an allinclusive list for an internal medicine provider.

- For the following processes that commonly presents in the **intensive care unit** , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Acute adrenal insufficiency
- Thyroid storm
- Diabetic ketoacidosis/Acute hypoglycemia
- Acute glaucoma
- Pulmonary embolism
- Acute respiratory distress/failure
- Pneumothorax
- Angina pectoris
- Myocardial infarction
- Cardiac arrest
- Cardiac arrhythmias
- Heart blocks
- Cardiac failure
- Hypertensive crisis
- Acute gastrointestinal bleed
- Acute abdomen
- Seizures
- Shock
- Coma
- Cardiac tamponade
- Pericardial effusion
- Status epilepticus

- For the following **pulmonary disorders** that commonly present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Acute bronchitis
- Asthma
- Chronic Obstructive Pulmonary Disease
- Pneumonia (all infectious types)
- Pulmonary neoplasm

- Carcinoid tumor
- Bronchiectasis
- Sarcoidosis
- Hypoventilation syndrome
- Pulmonary hypertension
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Cor pulmonale

● For the following **Cardiovascular** that commonly present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Congestive heart failure
- Hypertension
- Heart murmurs
- Valvular heart disease
- Myocardial infarction
- Cardiac arrhythmias/conduction defects
- Myocarditis
- Endocarditis
- Pericarditis
- Cardiomyopathy
- Hyperlipidemia
- Peripheral vascular disease
- Coronary vascular disease
- Rheumatic heart disease
- Angina pectoris

● For the following **orthopedic and rheumatologic disorders** that commonly present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Fibromyalgia
- Gout/Pseudogout
- Rheumatoid arthritis
- Polyarteritis nodosa
- Polymyositis

- Polymyalgia rheumatica
- Reactive arthritis
- Systemic lupus erythematosus
- Systemic sclerosis (scleroderma)
- Sjogren syndrome
- For the following **gastrointestinal and nutritional disorders** that commonly present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
  - Ulcerative colitis
  - Crohn disease
  - Diverticular disease
  - Acute/chronic pancreatitis
  - Hiatal hernia
  - Gastroesophageal reflux disease
  - Peptic ulcer disease
  - Gastritis
  - Gastroenteritis
  - Esophagitis
  - MalloryWeiss tear
  - Esophageal strictures
  - Esophageal varices
  - Cancer (rectum, colon, esophagus, stomach)
  - Acute/Chronic Hepatitis
  - Cirrhosis
  - Hepatocellular carcinoma
  - Cholelithiasis
  - Cholecystitis
  - Cholangitis
  - Celiac disease
  - Irritable bowel syndrome
  - Anal fissure/fistula
  - Hemorrhoids
- For the following **hematologic or oncologic disorders** that can present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation,

management, potential complications and referral considerations:

- Iron deficiency anemia
- Sickle cell anemia
- Anemia of chronic disease
- Thalassemia
- Vitamin B12 deficiency anemia
- Folate deficiency anemia
- G6PD deficiency anemia
- Acute/Chronic leukemia
- Lymphoma
- Multiple myeloma
- Clotting factor disorders
- Hypercoagulable states
- Idiopathic thrombocytopenic purpura
- Thrombotic thrombocytopenic purpura
- For the following **urologic and renal disorders** that commonly present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:
  - Benign prostatic hypertrophy
  - Prostate cancer
  - Prostatitis
  - Acid base disturbances
  - Acute renal failure
  - Chronic renal failure
  - Nephritis
  - Nephritic syndrome
  - Urinary tract infection
  - Pyelonephritis
  - Renal calculi
  - Glomerulonephritis
  - Acute interstitial nephritis
  - Polycystic kidney disease
  - Hydronephrosis
  - Erectile dysfunction
  - Hydrocele

- Varicocele
- Testicular torsion
- Epididymitis
- Bladder cancer
- Renal cell carcinoma
- Renal vascular disease
- Hypovolemia
- Hypervolemia

● For the following **neurologic disorders** that commonly present in an internal medicine setting, demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Seizure disorders
- Syncope
- Migraine headaches
- Tension headaches
- Cluster headaches
- Transient ischemic attacks
- Cerebral vascular accident
- Intracranial tumors
- Essential tremor
- Parkinson disease
- Multiple sclerosis
- Meningitis
- Encephalitis
- Myasthenia gravis
- Giant cell arteritis
- Bell Palsy
- GuillainBarre syndrome
- Huntington disease
- Cerebral aneurysm
- Concussion
- Delirium
- Dementia
- Peripheral neuropathies
- Complex regional pain syndrome

● For the following **infectious disorders** that can present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Human immunodeficiency virus infection
- Candidiasis
- Cryptococcus
- Histoplasmosis
- Pneumocystis
- Botulism
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infection
- Salmonellosis
- Tetanus
- Pertussis
- Tuberculosis
- Parasitic infections
- Toxoplasmosis
- Lyme disease
- Rocky mountain spotted fever
- Syphilis
- Cytomegalovirus
- EpsteinBarr infection
- Herpes simplex infection
- Influenza
- Rabies
- Varicella Zoster
- Shigellosis

● For the following **endocrinologic disorders** that can present in an internal medicine setting , demonstrate proficient clinical knowledge in the etiology, epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, management, potential complications and referral considerations:

- Hyperthyroidism/Thyroiditis
- Hypothyroidism

- Diabetes mellitus (Types I and II)
- Diabetes insipidus
- Addison disease
- Cushing disease
- Pheochromocytoma
- Hypoparathyroidism
- Hyperparathyroidism
- Acromegaly
- Hypocalcemia
- Hypercalcemia
- Hyponatremia
- Hypernatremia
- Paget disease of the bone
- Thyroid cancer
- Pituitary adenoma