

Medicine Syllabus

Academic Year 2026-2027

Department of Internal Medicine

MED MD 302

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Clerkship Description

Focus of clerkship

The Medicine Clerkship is an 8-week program designed to help you develop your skills as a caring and increasingly independent clinician while working under supervision in a multi-professional team. Throughout the clerkship, you will gain hands-on experience in clinical medicine by collaborating with teams of residents and faculty who provide care to a group of inpatients. As your knowledge and skills improve, you will take on greater responsibility for patient care.

This direct patient care experience is enhanced by a unique enrichment program, where you will work in small groups with a clerkship director to refine essential clinical skills, including intermediate-level communication skills, physical diagnosis, and clinical reasoning. Your education will also be supported by conferences that focus on core medical topics.

The clerkship is divided into two mini-blocks of 4 weeks each, and most students will spend time at one or two of our clinical sites. The primary goal of the clerkship is to cultivate a professional, compassionate clinician who is knowledgeable, increasingly independent, and an effective team member—someone we would trust to care for our own family members.

The Medicine Clerkship aims to:

- **Introduce you to the world of internal medicine**
- **Develop your skills as a clinician**
- **Enable you to become a contributing, collaborating team member**
- **Support your skills as a self-directed learner**

The Self-Directed Learner

Welcome to the world of medicine, where the body of knowledge is expanding and evolving at an unprecedented pace. To maximize your learning experience during this clerkship, it is essential that you take ownership of your education and actively engage in the process.

The Medicine Clerkship is built on a learner-centered approach and challenges you to become a self-directed, lifelong learner. The dynamic nature of learning while caring for patients requires you to be skilled at identifying your learning needs and addressing them. You should consistently ask relevant questions, seek credible, evidence-based answers, and integrate this information into your patient care practices.

As a student, you will develop into a flexible learner who utilizes various appropriate resources, including textbooks, medical literature, and consultants. Additionally, you should be open to soliciting and responding effectively to feedback. This clerkship offers numerous opportunities for in-depth reading, enabling you to become the “local expert” on your patients, share your knowledge with your team, and continuously improve.

Contributing, Collaborating Team Member

Medicine relies heavily on teamwork, requiring you to collaborate effectively with various healthcare providers from different disciplines within a complex system. The Clerkship challenges you to “identify your niche,” allowing you to consistently contribute to patient care and team learning. It also helps you develop the

habits and skills necessary to function effectively within the healthcare system and improve the quality of care our patients receive.

Becoming a Clinician

The primary focus of the clerkship is to enhance your ability to function as a caring and increasingly independent clinician while working under supervision within a multidisciplinary team. In this setting, a clinician is responsible for addressing all aspects of patient care, including communication, diagnosis, treatment, and healing. You will take on a central role in the care of assigned patients and will also learn from other patients being treated by your team.

Clerkship Changes Made Based on Feedback

Several significant changes were made to enhance the educational experience for this academic year. Didactics were updated and are now fully moved to Mondays based on student feedback. Through this past year, we have continued updates to the didactic content to improve instructional quality, incorporating team-based learning with IRATs and case discussions to facilitate small group discussions within the clerkship. We continue to work to cover more OCRA topics in our core curriculum.

Ongoing supervisor development (recurrent sessions for faculty and residents across the year across all sites):

- Assessment- https://mymedia.bu.edu/media/t/1_cntqj5rp
- Providing feedback that matches assessment
- Providing clarity around final grade narratives

Site Directors and Associate Clerkship Directors also received focused development in key areas, including bedside teaching, presentation skills (both written and oral), clinical reasoning (OCRA), assessment and grading, and sharing best practices and challenges across sites.

These changes aimed to refine the clerkship experience, improve educational delivery, and ensure alignment with the program's goals and objectives.

Diversity, Equity, and Inclusion Initiatives

Session on Criminal Justice and Health Impacts

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

- Review the structure and function of the correctional system
- Understand the epidemiology and demographics of mass incarceration.
- Recognize the health impacts and disparities in social determinants of health experienced by individuals with involvement in the criminal justice system
- Discuss clinical approaches to effectively care for this vulnerable population.

Other Recent Changes to the Clerkship

- Expanded Shelf prep session to include more test taking tips from M4s
- Palpitations simulation includes M4s serving in "resident role"
- Expanded POCUS core curriculum focusing on cardiac POCUS for 26-27
- New inclusion of pre-reading for some core curriculum sessions

- Updated Addiction Medicine session to more closely align with inpatient clinical context and overlap less with LEADs curriculum

Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear, and focused oral presentation
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions, and sterile technique while attending to patient comfort.
	CSDR.8	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness
	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
professional development needed for the practice of medicine (PPD)	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis-driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence-based management plan that shows comprehension of the underlying disease process (CSDR.4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)

- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensures equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the pre-clerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

By the end of the Internal Medicine Clerkship, students will be able to:

1. Demonstrate and apply foundational knowledge relevant to internal medicine practice. (MK.1, MK.2)
2. Perform accurate, organized, and efficient hypothesis-driven histories and physical exams for common clinical conditions as listed in the required patient encounters for the internal medicine clerkship. (CSDR.1, CSDR.2)
3. Demonstrate appropriate technique in performing physical exam with emphasis on volume status, pulmonary and cardiovascular assessment, including identifying basic cardiac structures on introductory POCUS views. (CSDR.2, CSDR.7)
4. Integrate and interpret clinical data to identify the patient's active problems and generate a prioritized differential diagnosis avoiding common cognitive biases and diagnostic anchoring (CSDR.3, CSDR.8)
5. Develop an evidence-based diagnostic and management plan for common clinical conditions as listed in the required patient encounters for the internal medicine clerkship. (CSDR.4)
6. Communicate clinical information clearly and effectively through oral presentations, documentation in the electronic medical records, and handoffs (where appropriate) tailored to context and audience. (CSDR.5, CSDR.6, C.3, C4)
7. Explore and incorporate patient needs and values, including those driven by personal values/goals and social determinants of health, to guide diagnostic evaluation, consultation, and care transitions. (CSDR.3, CSDR.4, PCC.3, HE.1)
8. Educate patients and partner with them to develop and implement treatment plans using patient-centered language, with consideration for health literacy. (C.2, PCC.3)
9. Build therapeutic relationships through respectful, empathic, patient-centered care (PCC.1)

10. Develop productive, collaborative working relationships with other members of the health care team and system, effectively contribute to the provision of quality patient care and work toward improving the systems of care. (HS.1, HS.2, HS.3)
11. Identify one's own learning needs, incorporate new evidence-based knowledge for clinical problem solving, diagnostic reasoning and decision-making into patient care and actively seek and apply feedback. (PPD.3, PPD.4)
12. Demonstrate professional, ethical, and humanistic behavior in all clinical responsibilities which includes being present, punctual, and prepared, adhering to institutional policies (including appropriate use of AI), appropriately identifying oneself as a medical student, maintaining confidentiality, accepting responsibility for errors or limitations, seeking help appropriately and prioritizing patient needs, even when this requires additional effort or flexibility (PCC.1, PCC.2, PPD.1, PPD.2)

Formative Assessments (Medicine Clerkship Specific)

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. **On the Medicine clerkship, the Directly Observed Focused H and P counts towards this requirement.**

In addition, the Medicine clerkship has specific direct observation cards (SOCS) to be filed for review at mid/end of clerkship. Again, these forms are more opportunity for the student to obtain feedback from direct observation of skills that are specific to Internal Medicine.

FOCUS Cards and Internal Medicine Structured Observations of Clinical Skills (SOCS) *Optional*: These exercises are designed to assist the student in obtaining ongoing, real-time feedback after being directly observed performing a variety of skills (interviewing a patient, performing physical exam skills including 1) JVP assessment, 3) Cardiac exam, 4) Pulmonary exam). These exercises will be student-initiated and completed on the wards by residents and attendings.

Two of these cards (SOCS) should be completed by the time of the mid-clerkship feedback sessions. The Internal Medicine SOCS cards will be turned in at the end of the rotation as part of the passport.

Neither the formative assessment exercises of FOCUS cards nor the Medicine SOCS cards are included in the numeric calculations of students' final grades. However, narrative comments or other observations from these direct observations may be included in the final grade.

Process for FOCUS and SOCS Forms

(Typically, a 5-10 minute exercise)

1. The student initiates by speaking with observer (Resident, Attending, or Fellow)
2. MD or student can identify the patient
3. Hand observe the passport PRIOR to the patient encounter
4. Observation of encounter
5. Feedback on encounter
6. Observer and student sign card
7. Turn in the FOCUS card and SOCS forms as part of the passport at the end of the clerkship

Student Report These group discussions about real patients provide exposure to clinical problems commonly encountered in medicine. These will provide a good opportunity to practice clinical reasoning and the OCRA style of thinking for commonly encountered medical problems seen on the inpatient wards.

Small group sessions with your Clerkship Director. These sessions focus on refining core skills and building advanced skills in:

- Write-up and oral presentations- ~2 writeups turned in/4 week block
- Bedside rounds- Practice interview, exam skills with a particular focus on the CV exam, Chest/Pulmonary Exam, and Volume Assessment
- Clinical reasoning practice in case-based discussions
- Integrating the medical literature into patient care
- Skills: ECG, Simulation

Observed Clinical Reasoning Assessments

Key domains of clinical reasoning include information gathering, hypotheses generation, problem representation, differential diagnosis, identifying a leading diagnosis, providing justification, and developing a management plan.

This specific assessment of clinical reasoning highlights the domains of hypothesis generation, information gathering, identifying a leading diagnosis, providing justification and developing a basic management plan.

Learning Objectives for IM OCRA:

- Generate an initial patient-specific differential diagnosis (inclusive of common and can't miss diagnoses) for typical chief concerns in IM (1,4)
- Obtain a focused history and physical that is relevant to the differential and develop initial steps to evaluate your differential (1,2,3,4)
- Explain your reasoning and describe the most important and relevant pathophysiology for the condition(s) (1, 4)
- Identify the most useful diagnostic tests, and interpret their results (1,4,5)
- Recommend initial treatment (1,5)

Process for the Observed Clinical Reasoning Assessment (OCRA)

- There is one oral OCRA (oral exam with 1 clerkship faculty, date and time TBA and will occur weeks 4-8) and 2 written OCRAs (30 minutes each, administered via Blackboard on the final Wednesday of the Medicine rotation).
- A list of students and their assigned date of the oral OCRA will be disseminated in advance. Assigned dates will be in weeks 4-8 of the clerkship.
- This formal evaluation will be done by core clerkship faculty.
- This evaluation will take place during the 4-8th week of the clerkship, unless extenuating circumstances do not allow.
- **The student will complete the observed oral assessment (1) and written assessments (2) on the dates and times provided by the clerkship.**

- The oral and written OCRAs will each be scored from 0-100 (based on a grading rubric). Each OCRA component (1 oral and 2 written exams) is weighted at 4% of the final grade. Thus the OCRA's 3 components (1 oral and 2 written) will in total be 12% of the final grade.
- Students will be asked to sign an honor code confirming that they will not share any information about the oral and written assessments with any fellow students. This includes the problems, diagnoses, details of the cases, or the questions they are asked.
- Failure to meet the expectations outlined above will result in a reduction in the student's score, and possible failure of the OCRA component.

Fail Observed Clinical Reasoning Assessment - If the student fails only the OCRA, the student must repeat the OCRA. If the student fails a 2nd time, the student may fail the clerkship and have to retake the clerkship in its entirety.

To best prepare for the OCRA: The OCRAs are based on the Medicine BIG 10. For each of the BIG 10 chief concerns in the Medicine clerkship (see Required Patient Encounters), the student should be able to define/describe:

- Illness scripts (IS) of the Medicine Big 10 problems/diagnoses- one way that experts store information (as chunks) about medical conditions in long term memory that enables them to store and readily retrieve that information
 - An Illness Script includes:
 - Who gets the condition? What are predisposing factors
 - How does it present? Clinical manifestations- defining features
 - With regard to symptoms, signs, study results
 - Temporal aspects of the presentation- onset, course of the condition
 - Core pathophysiology
- Differential diagnosis of Medicine Big 10
- Evaluation/Diagnosis- which tests to order, when to order, how to interpret for disease related to the Medicine Big 10
- Initial management of Big 10 and related diagnoses
- Prognosis
- Prevention

Please see Blackboard for video providing specific instructions of Oral/Written OCRA (~7 mins in length).

Directly Observed FOCUSED H and P Assessment

Learning Objectives linked to this assessment:

- Demonstrate use of patient-centered interviewing and communication techniques (2,9)
- Take a clinical history that demonstrates both organization and evolution of clinical reasoning in response to data gathered (2, 4)
- Perform accurate and relevant physical exam techniques (3)
- Demonstrate a compassionate and patient-sensitive approach to history-taking and physical examinations (2,3,9)

- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (1)

Process for the Directly Observed Focused H and P Assessment

- Each student will be assigned a clerkship faculty who will contact them to set up a time to observe them take a brief, FOCUSED History and Physical Exam from a patient on the wards.
- This formal evaluation will be done by core clerkship faculty.
- This evaluation will take place during the 4th – 8th week of the clerkship, unless extenuating circumstances do not allow.
- The Focused H&P will be scored from 0-100 (based on a grading rubric) and will in total be 3% of the final grade.
- Failure to meet the expectations of this assessment will result in a reduction in the student's score, and possible failure of the Focused H&P component.

Fail Directly Observed Focused H and P Assessment - If the student fails only this component of the clerkship, the student must repeat the assessment. If the student fails a 2nd time, the student may fail the clerkship and have to retake the clerkship in its entirety.

To best prepare for the Directly Observed Focused H and P Assessment: Observe residents and faculty and get observed by residents and faculty interviewing and examining patients (use the FOCUS forms) during your Medicine Clerkship.

Session Learning Objectives and Notes

Clinical Problem-Solving Cases, High Priority Reading & other Core Learning

These clinical problem-solving cases span cases, workshops, and didactics incorporated into the clinical clerkship.

SHELF Review (with focus on evaluation of Acute Coronary Syndrome)

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

- Review elements of the NBME Medicine shelf exam and the new NBME question format (IM Clerkship learning objective #1, 11)
- Estimate the probability that coronary artery disease is the cause of the patient's presentation with chest pain. Assess the current risk for a patient with chest pain where ACS is suspected (1, 4)
- Describe the role of **stress testing** and cardiac catheterization in patients with suspected coronary heart disease (1,5)

Chest Pain/ OCRA Prep

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

- **Simulate the OCRA format** in our group setting in order to familiarize individuals with this testing approach to assess clinical reasoning (1,4)
- **Review** and utilize a **diagnostic framework** when approaching the history, physical exam, labs/imaging/studies for a patient with **chest pain** (1, 2, 3, 4, 5)

- **Differentiate between chest pain descriptors** that are associated with a high probability vs low probability of coronary ischemia (1,2,4)
- **Review and integrate the HEART score** when developing and operationalizing a diagnostic approach to chest pain (1,4,5)

Introduction to Cardiac POCUS

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

- Highlight how POCUS can aid in bedside clinical reasoning on an IM Clerkship (1, 3, 4)
- Practice using the probe to obtain cardiac POCUS views (1,3)
- Identify basic anatomical structures on introductory POCUS views (1, 3)

Evaluation of a patient with Palpitations

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

- Evaluate a patient with palpitations through a differentially driven history, physical exam, and workup. (1,2,3,4,5)
- Build a broad differential for palpitations, prioritizing conditions based on clinical findings. (1,4)
- Suggest an initial treatment plan for patients presenting with arrhythmias. (1,5)
- Recognize and describe the clinical presentation and initial management of common tachyarrhythmias and bradyarrhythmias (1,4,5)
- Effectively collaborate within an interprofessional team to evaluate a patient, demonstrating clear communication, role clarity, and shared clinical reasoning. (10)

Dyspnea/ CHF

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

- Formulate a differential diagnosis for acute dyspnea (1, 4)
- Identify the symptoms and signs of heart failure (HF) (1,2,3)
- Distinguish between heart failure due to systolic vs diastolic dysfunction (1,2,3,4)
- Identify a patient's cardiac functional status (class) and explain its significance (1,2,3,4)
- Provide a prognosis for a patient with HF and identify data that predicts risk (1,2,3,4,5)
- Articulate the principles of managing a patient with HF and describe the role of the different medication classes used to treat this disorder (1,5)
- Determine the volume and perfusion status of a patient with heart failure based on clinical signs, symptoms, and diagnostic testing. (1,2,3,4)
- Describe the goals of acute and chronic treatment of heart failure. (1,5)
- Develop a diagnostic plan for a patient presenting with acute decompensated heart failure. (1,4,5)
- Create a specific diuretic plan to treat a patient with heart failure and evaluate the therapeutic response to this plan. (1,5)
- Select appropriate guideline-directed medical therapy for systolic and diastolic heart failure, and discuss considerations for monitoring and potential adverse effects of this therapy. (1,5)

COPD

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

- Identify the signs and symptoms of a COPD exacerbation (1,2,3)
- Identify the cause of an acute COPD exacerbation through history, exam, and testing selection (1,2,3,4)
- Identify the changes in FEV1 and FEV1/FVC that occur with COPD and classify the severity of COPD based on these values (1,4)
- Describe the risk factors of COPD and consider how social determinants of health play a role in the development and management of COPD (1,2,4,5,7)
- Create a detailed management plan for the treatment of a COPD exacerbation in the inpatient setting (based on the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines) (1,4,5)

Diabetes: Inpatient and Outpatient DM2

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

- Review DM as a common secondary problem on A/P (1,4,5)
- Understand DM in the framework of OCRA-style questions (1)
- Identify metrics to monitor DM (A1C, weight, blood pressure, lipid profile, renal function, functional status), identify changes in the context of lifestyle interventions, and modify plans accordingly (1,2,3,4)
- Develop an initial management plan in both the outpatient and inpatient settings for DM2 (1,4,5,7)

Identifying and treating the source: Pattern recognition in infectious disease syndromes and antimicrobials: a high-yield approach.

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

- Review the distinction between commensals/colonizers/normal flora and pathogenicity (1,2)
- Understand the general spectrum of antimicrobials used in the inpatient and outpatient settings (1,4,5)
- Identify the core “*illness scripts*” for each primary source for infections (i.e., pulmonary pneumonia, CNS, skin/musculoskeletal, etc.) based on demographics, HPI, physical exam, and ancillary data, and predict the organism and treatment options (1,2,3,4,5)
- Review representative presentations of fever within the context of each organ source and appreciate the nuances of subtle changes in presentation to identify the etiology and treatment. (1,2,3,4,5)

Fever & Confusion with Cirrhosis

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

- Identify and recognize the findings of advanced liver disease (1,2,3)
- Recognize complications of chronic liver disease (1,2,3,4)
- Assess the prognosis of a patient with chronic liver disease (1,2,3,4)
- In a patient who presents with a change in mental status, demonstrate a mental status assessment, characterize the problem (e.g., delirium, dementia...), develop a differential diagnosis, and outline an approach to evaluation (1,2,3,4,5)
- For a patient with ascites, describe maneuvers to elicit this finding, develop a differential diagnosis for the ascites, and determine the likely cause by utilizing findings from the history, exam, and paracentesis (1,3,4)

In-Patient Withdrawal Management

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

- Describe withdrawal management for the most commonly used substances (1,5)
- Explain the importance of inpatient withdrawal management (1,5)
- Review the pathophysiology of withdrawal (1)
- Recognize opioid and alcohol withdrawal symptoms, and assess withdrawal severity with COWS and CIWA scales (1,2,3,4,5)
- Review inpatient management of opioid and alcohol withdrawal (1,4,5)

Handoffs - IPASS

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

- Understand the importance of structured communication when handing off patients (1,6,7,8)
- Define the components of the IPASS mnemonic (1,6,7,8)
- Critically construct and observe a verbal IPASS handoff (1,6,7,8)

Abnormal Liver Enzymes

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

- Develop a differential diagnosis for the following LFT patterns:
 - Severely elevated transaminases (1,2,3,4)
 - Severely elevated alkaline phosphatase (1,2,3,4)
 - Mild-moderately elevated transaminases (1,2,3,4)
- Assess the severity of liver dysfunction using clinical, exam, and laboratory features. (1,2,3,4)

Intravenous Fluids

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

- Identify the physiology of use of a hypotonic vs an isotonic solution (1,5)
- Describe the differences between balanced crystalloids and isotonic saline (1,5)
- Describe the treatment of a hypovolemic patient (1,2,3,4,5)
- Describe the treatment of a hypovolemic patient with a severe metabolic acidosis (1,2,3,4,5)
- Describe the treatment of an NPO patient (1,2,3,4,5)
- Describe the treatment of a hypovolemic and hyponatremic patient (1,2,3,4,5)
- Describe the treatment of a hypervolemic and hyponatremic patient (1,2,3,4,5)

ECG Interpretation Sessions

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

- Apply a systematic approach to interpret the ECG (1,4)
- Begin to recognize common and “can’t miss” ECG diagnoses, including: STEMI, atrial fibrillation, atrial flutter, 2nd degree and 3rd degree AV block, bundle branch blocks (1,4)

Cardiac Physical Exam

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

- Use a systematic approach to enhance their cardiac physical examination skills (3,6)
- Apply clinical reasoning to their findings. (1,2,3,4)
- Practice reporting cardiac exam results using an oral presentation format to effectively communicate clinical assessments. (1,2,3,4,6)

Criminal Justice and Health Impacts

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

- Review the structure and function of the correctional system (1)
- Understand the epidemiology and demographics of mass incarceration. (1)
- Recognize the health impacts and disparities in social determinants of health experienced by individuals with involvement in the criminal justice system (1,6,7)
- Discuss clinical approaches to effectively care for this vulnerable population. (1,2,3,4,6,7,8,9)

Clerkship Sites

Site Maps

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at:

<https://www.bumc.bu.edu/camed/current-students/#clinicalsites>

West Roxbury VA Medical Center

Address: 1400 VFW Pkwy, West Roxbury, MA 02132

Site Director: Richard Serrao, Richard.Serrao@va.gov, (857) 203-5056

Site Administrator: Sarah Pinckney, Sara.Pinckney@va.gov & Avery Brick, Avery.Brick@va.gov

The VA functions as a primary teaching affiliate of Chobanian & Avedisian SOM, and trainees at the VA encounter a challenging and rewarding patient population characterized by a high burden of chronic illnesses, especially cardiovascular and pulmonary diseases, as well as medical issues stemming from specific circumstances such as traumatic brain injury or spinal cord injury. The VA system also provides an opportunity to experience a nationwide, single-payer, integrated health system. Students collaborate in teams with interns, residents, and attendings from Boston Medical Center and Brigham and Women's Hospital, and participate in didactics at the VA. A car is often necessary.

Beth Israel Deaconess Hospital – Needham

Address: 148 Chestnut St, Needham, MA 02492

Site Director: Rajasekhar Tanikella, rtanikel@bidmc.harvard.edu, (781) 453-3777

Site Administrator: Barbara Breslin, bbreslin@bidneedham.org, (781) 453-3000

Beth Israel Deaconess Needham is a 58-bed community hospital, including 7 ICU beds. The inpatient service is led by attending hospitalists, who are internal medicine-trained physicians specializing in inpatient care. This means that nearly 100% of your physician interactions will be with attending physicians, giving you greater independence and autonomy. Another advantage at BI Needham is the open-ICU model, which allows

students to observe and sometimes participate in the care of ICU patients. There are also opportunities to join BMC student didactics via Zoom, and having a car can be helpful.

Beth Israel Deaconess Hospital – Plymouth

Address: 275 Sandwich St, Plymouth, MA 02360

Site Director: Albana Mihali, amihali@bidplymouth.org, (508) 830-2679

Site Administrator: Brianna Dowse, bdowse@bidplymouth.org

Beth Israel Deaconess Plymouth is a 150-bed community hospital serving patients and communities on the South Shore and Cape Cod. Students will work closely with hospitalists to provide care, with opportunities for increased independence and autonomy, while gaining firsthand experience in an accountable care organization. There are options to participate in BMC student didactics via Zoom, and housing is not included, unlike in previous academic years.

Roger Williams Medical Center

Address: 825 Chalkstone Ave, Providence, RI 02908

Site Director: Lidia Vognar, Lidia.Vognar@chartercare.org

Site Administrator: Cathy Cardillo, ccardillo@chartercare.org

The medical service at Roger Williams Medical Center in Providence, RI, offers a combination of primary and tertiary care at an academic community hospital and hosts the state's only bone marrow transplantation program. Students work alongside interns, residents, and hospitalists to provide patient care. They attend didactics at Roger Williams and have opportunities to join BMC student didactics via Zoom. Housing is provided.

Kaiser Permanente San Jose Medical Center

Address: 250 Hospital Pkwy, San Jose, CA 95119

Site Director: Marina Dergun, Marina.X.Dergun@kp.org, (408) 972-4576

Associate Site Director: Subbu Lakshmi, Subbu.Lakshmi@kp.org

Site Administrator: Sandeep Tumber, Sandeep.X.Tumber@kp.org

The Kaiser Permanente Regional Campus in Silicon Valley hosts third-year core clerkships for up to one year. It is an integrated program where student rotations occur at both Kaiser San Jose and Santa Clara Medical Centers, with the Medicine Clerkship taking place at the San Jose campus. This clerkship program provides Boston University medical students with an opportunity to train within the nonprofit, integrated, managed care system, often praised as the healthcare model for the future. You will primarily work with hospitalists, as psychiatry or family medicine residents are very rarely involved. Housing is provided, on-site conferences are held, and a car is required.

MetroWest Medical Center

Address: 115 Lincoln St, Framingham, MA 01702

Site Director: Thomas Treadwell, Thomas.treadwell@mwmc.com

Associate Site Director: Travis E Braithwaite, Travis.Braithwaite@teamhealth.com

Site Administrator: Kristina Fancy, Kristina.Fancy@mwmc.com

MetroWest is a 300-bed community hospital located in Framingham, MA. Students join teams consisting of one attending/hospitalist, a resident, and an intern. They attend didactics at MetroWest, and there are occasionally opportunities to join BMC student didactics via Zoom. A car is required.

Boston Medical Center - BRIGHTON

Address: 736 Cambridge St, Boston, MA 02135

Site Director: Dariush Jahandideh, Dariush.Jahandideh@bmc.org

Associate Site Director: Maria Christina Capistrano, MariaChristina.Capistrano@bmc.org

Site Administrator: Binali Patel, Binali.Patel@bmc.org

Boston Medical Center – Brighton is a community-based healthcare facility in the Brighton neighborhood of Boston, committed to providing high-quality, patient-centered care to a diverse community. As part of the Boston Medical Center health system, it offers a variety of services, including primary care, emergency care, and specialty services, with a focus on accessibility, compassion, and health equity. The site plays a vital role in supporting the local community and serves as an important location for clinical education, innovation, and collaborative healthcare.

Clerkship Schedules

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

- **Memorial Day:** Monday, May 25, 2026
- **Juneteenth:** Thursday, June 19, 2026
- **4th of July:** Saturday, July 4, 2026
- **Labor Day:** Monday, September 7, 2026
- **Indigenous Peoples' Day:** Monday, October 12, 2026
- **Thanksgiving:** Wednesday, November 25, 2026, at 12 PM – Sunday, November 29, 2026
- **Intercession:** Monday, December 21, 2026 – Sunday, January 3, 2027
- **MLK Day:** Monday, January 18, 2027
- **Presidents' Day:** Monday, February 15, 2027

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/#clerkhols>

Didactic Schedule

Our didactic schedule is predicated upon the availability of our faculty members and will primarily be conducted on Mondays, as delineated in the 8-week schedule above. Certain sessions necessitate pairing with

your learning community and rotating accordingly, as multiple didactic sessions will be conducted concurrently. Below is a **sample** representation of how didactic sessions are structured in this clerkship.

Didactics – I

8:30 AM – 9:30 AM	COPD IRATS
9:30 AM – 10:30 AM	Student Reports – Group A & B (Groups divided based on learning community)
10:30 AM – 12:00 PM	OCRA Introduction
12:00 PM – 1:00 PM	BREAK
1:00 PM – 3:00 PM	Systematic ECG Interpretation (Rotating schedule based on learning community)
2:00 PM – 4:00 PM	COPD (Rotating schedule based on learning community)
2:00 PM – 5:00 PM	Cardiac Physical Exam (Rotating schedule based on learning community)

Didactics – II

8:00 AM – 10:00 AM	Antibiotics & Fever
10:00 AM – 11:00 AM	Student Reports – Group A & B (Groups divided based on learning community)
11:00 AM – 12:00 PM	Student Chief Session
12:00 PM – 1:00 PM	BREAK
1:00 PM – 2:00 PM	Heart Failure Management

Didactics – III

10:00 AM – 11:00 AM	Abnormal Liver Enzymes
11:00 AM – 12:00 PM	Student Reports – Group A & B (Groups divided based on learning community)
12:00 PM – 1:00 PM	BREAK
1:00 PM – 2:00 PM	Inpatient Withdrawal Management
2:00 PM – 3:30 PM	Diabetes – Inpatient & Outpatient

Didactics – IV

9:00 AM – 10:00 AM	Palpitation IRATS
10:00 AM – 11:00 AM	IPASS
11:00 AM – 12:00 PM	Student Reports – Group A & B (Groups divided based on learning community)
12:00 PM – 1:00 PM	BREAK
1:00 PM – 2:00 PM	Chest Pain
2:00 PM – 5:00 PM	Palpitation Case Simulation (Rotating schedule based on learning community)
2:00 PM – 5:00 PM	POCUS (Rotating schedule based on learning community)
2:00 PM – 5:00 PM	Self-Study (Rotating schedule based on learning community)

Didactics – V

10:00 AM – 11:30 AM	SHELF Tutoring/ Preparation
11:30 AM – 1:00 PM	BREAK
1:00 AM – 2:00 PM	Student Reports – Group A & B (Groups divided based on learning community)

2:00 PM – 3:00 PM	Learning Environment Session
3:00 PM – 4:00 PM	Care of Patient with Incarceration Status

Call Schedule

No overnight call

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
“Other” Components Percentage	15%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	58
OTHER	
OCRA: 1 Oral OCRA, 2 Written OCRAs, 4% each	12%
Directly Observed FOCUSED H&P	3%
FINAL GRADE	
Honors	≥ 90 Total Points (this includes CSEF, SHELF, Additional Assessments) AND average of ≥ 3 in all CSEF domains
High Pass	≥ 82 to < 90 Total Points, AND average of ≥ 2.5 in all CSEF domains
Pass	≥ 75 to < 82 Total Points or < 1.50 - 2.49 in any domain on the final CSEF
Fail	< 75 Total Points or < 1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS/SOCS forms by the last Sunday of the clerkship block. <i>*These SOCS Cards and a Directly Observed H&P replace the FOCUS forms</i>	
Completing all clerkship assignments by the due date, the last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident, etc.) evaluations must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	

Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines
Reviewing and responding to e-mail requests from clerkship administration within 2 business days
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances). Absences should be reported to course directors & coordinators, supervisors, <u>and</u> in the absence portal.
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends
Professional Conduct and Expectations
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in professional comportment sections. If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship." A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation: 1. This student did not meet the administrative professionalism expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback. 2. This student did not meet the clinical professionalism expectations (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. 3. This student did not meet the clinical and administrative professionalism expectations (SPECIFICS PROVIDED FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.

Sample Email Example

To:

Cc:

Subject:

From: Sonia Ananthakrishnan – sonia.ananthakrishnan@bmc.org

Signature: None

Message Size: 161 KB

Image Size: Medium

[illegible]

3. Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.
 1. The CSEF grade is complemented by a narrative description on the MedHub form and by other observations conveyed by instructors (e.g., verbal or email comments). These may be used by the Clerkship Faculty to help determine the student's final CSEF score, if and when appropriate.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an **Incomplete** for the clerkship and retake the exam at the end of the year during the remediation dates.

Students:

- Will not receive a Fail on their transcript if they pass the reexamination.
- Will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade.
- Will still be eligible to receive a clinical honors.
- Fails the reexamination, they will have Fail on their transcript and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

Assignments

1. Complete, sign (along with your observer) and turn in (as part of passport) Medicine Clerkship Structured Observation of Clinical Skills Cards (SOCS)
 - a. JVP Exam
 - b. Cardiac Exam
 - c. Pulmonary Exam
2. Enter your assigned patients into the **MedHub patient encounter log** and ensure that you have seen and documented that you have seen the expected number (≥ 15) and types of patients (Big 10). Provide a paper copy for your Clerkship Director/Adviser at your feedback meetings.
3. Complete the **Observed Clinical Reasoning Assessment** (oral and written) in weeks 4-8 of the clerkship. Dates/times to be assigned.
4. Complete the **Directly Observed Focused H and P Assessment** in weeks 4-8 of the clerkship. Date/time to be assigned.
5. Participate in the **mid-point feedback** sessions and sign the feedback form confirming completion.

6. Complete and review **Preceptor Log** with your CD. Additionally, submit the preceptor log (excel sheet) to Blackboard at the end of week 4 and week 8.
7. Complete MedHub and **Department of Medicine evaluation** of the clerkship and of your supervising residents and attendings.
8. Successfully complete the **Medicine Subject ("Shelf") Exam** on the final day of the clerkship.

Optional but highly encouraged: Complete, sign (along with your observer and turn in (as part of passport) the following FOCuS forms: Interviewing and Data Gathering & Physical Exam

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<https://bu.medhub.com/>). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Recommended Texts

- Stern SDC. Cifu AS, Altkorn D. Symptom to Diagnosis. 4th edition. Lange Medical Books/McGraw-Hill. 2020. (BUSM Student Drive- IM folder)
- Step-Up to Medicine. 4th edition. Walters Kluwer. 2016. Read Ambulatory Medicine chapter! (BUSM Student Drive- IM folder)
- Internal Medicine Essentials for Clerkship Students. ACP/CDIM. American College of Physicians. 2015.
- Henderson MC et al. The patient history: An evidence-based approach to differential diagnosis. Lange. 2nd edition.
- Cecil Essentials

Many helpful resources are FREE on the Alumni Medical Library website:

- Symptom to Diagnosis: An Evidenced based guide. 4th Edition. Scott D.C. Stern, Adam S. Cifu, Diane Altkorn (BU Student Drive- IM folder)

- Harrison's Principles of Internal Medicine. 21st edition. Joseph Loscalzo, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, J. Larry Jameson
- **Harrison's, T., Papadakis, M. A., & McPhee, S. J. (Eds.).** *CURRENT Medical Diagnosis and Treatment* 2025. McGraw-Hill Education; 2024.

Other Helpful References

- POC
 - Uptodate (Plan)
 - Dynamed
 - **MGH White Book- ask your resident for access to this******
 - <https://bugdrugdx.com/>

Longitudinal learning

- Clinical Problem Solvers (for lists of differentials): <https://clinicalproblemsolving.com/resources/>

Reading and Other High Yield POC Resources

Calculators that prior students have mentioned are "must-haves" on this clerkship:

What are the chances your patient is having a VTE? (Venous Thromboembolism)- Calculate the Wells Score!

1. PE: <https://www.mdcalc.com/calc/115/wells-criteria-pulmonary-embolism>
2. DVT: <https://www.mdcalc.com/calc/362/wells-criteria-dvt>

For your patient with Afib- do they need anticoagulation? Assess their risk! CHADSVASC2:

<https://www.mdcalc.com/calc/801/cha2ds2-vasc-score-atrial-fibrillation-stroke-risk>

Are you evaluating a patient with chest pain? Use these to risk stratify your patient with chest pain, who MIGHT be having ACS!!

1. TIMI (for USA/NSTEMI): <https://www.mdcalc.com/calc/111/timi-risk-score-ua-nstemi>
Note- there is a different calculator for STEMI
2. Grace Score: <https://www.mdcalc.com/calc/1099/grace-acs-risk-mortality-calculator>

Is the renal failure your patient is experiencing pre-renal or intra-renal or post-renal?

<https://www.mdcalc.com/calc/60/fractional-excretion-sodium-fena>

Need antibiotic recommendations?

- Use the BMC intranet: <https://hub.bmc.org/departments/pharmacy/inpatient-pharmacy/antibiotic-hiv-policies-and-guidelines-adults>
 - need to be on a hospital computer.
 - To find this page manually- Go to BMC Intranet--> Departments--> Pharmacy--> Inpatient Pharmacy-->(left hand column) Antibiotic/HIV Guidelines--> (Scroll down to) Antibiotic Treatment Guidelines and Algorithms (and select your infection of choice)
- IDSA website guidelines resource (want to know antibiotics for bacteremia? osteomyelitis? C Diff? check here...) <https://www.idsociety.org/practice-guideline/alphabetical-guidelines/>
- Also consider: <https://bugdrugdx.com/>