

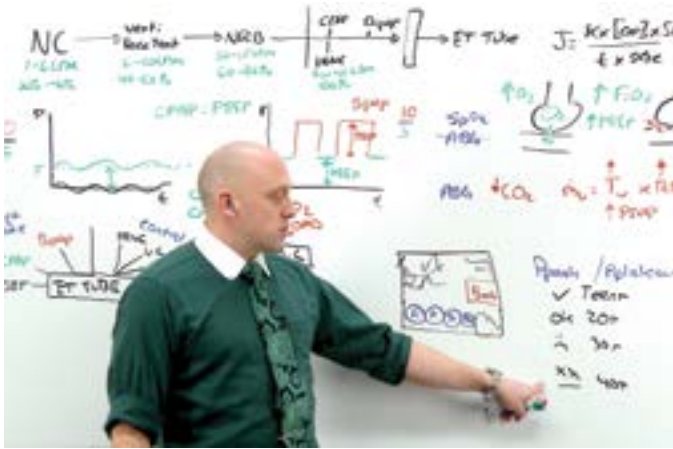
GUIDE TO DIGITAL CLERKSHIPS
KNOWLEDGE & CASE EXPERIENCE



**So this is new. But is it really?
It's different, sure, and that makes
us uncomfortable. But we can
still experience, learn, and train
largely as we did, even remotely.
Our goal is to show you how.**

“Perfection is not attainable, but if we chase perfection, we will catch excellence.”

- Vince Lombardi



230+
LESSONS



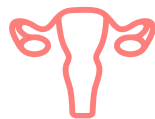
Medical Knowledge + CASE X

There's no substitute for working with real patients; nothing can take the place of caring for a human being. But if students aren't able to do that—we owe it to them to provide something that approximates it. Case X was designed to simulate real patient experiences. As students progress through each case, new information becomes available, tests need to be run, and symptoms emerge. It's all in an interactive environment that starts with a video of a real patient discussing their situation—and all educationally linked to our underlying clinical curriculum, **where 100% of the videos also happen to be free.**



MEDICINE

Internal Medicine | Emergency Medicine
Family Medicine



OBGYN



PEDIATRICS



NEUROPSYCH

Neurology | Psychiatry



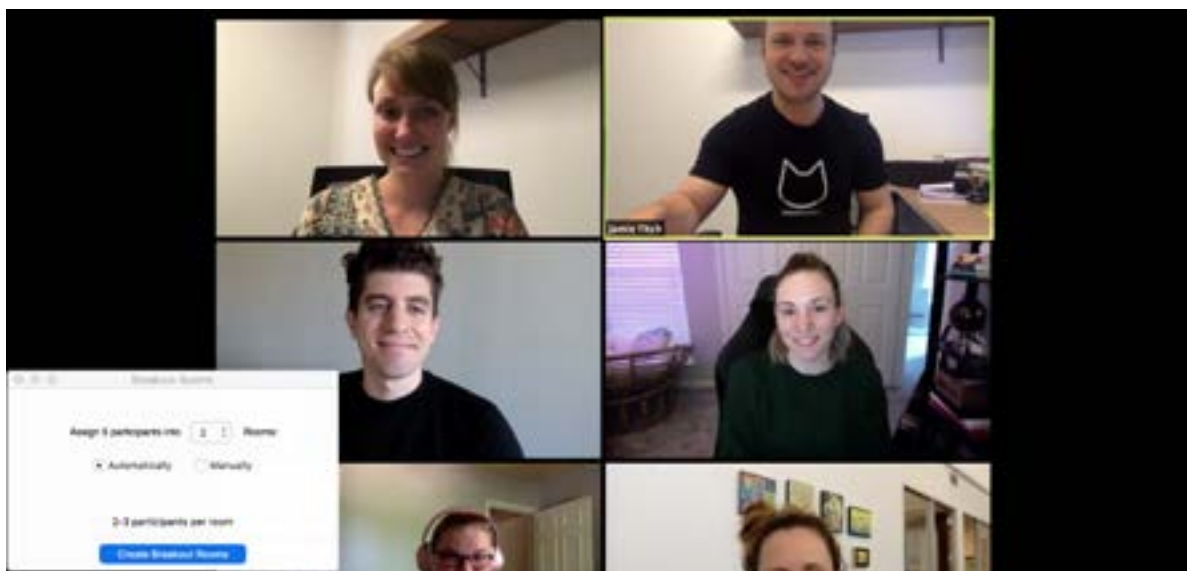
SURGERY

Stay agile with virtual breakout group discussions.

OnlineMedEd's website was built with ease-of-use in mind. Therefore, we're not going to spend time discussing how to use it. Instead, we want to share how to get the most out of it with team-based learning through Zoom.

Web conferencing keeps everyone working seamlessly while they're remote. We're finding Zoom to be the most flexible, particularly with breakout sessions (which allows for small group "breakouts" amid a larger group). You'll want the \$14.99 / month per facilitator subscription, which comes with more features and less limitations.

Get the subscription and the desktop application up and running, then find out how to create breakout rooms that work for needs at meded.cat/zoom-tips



Tip: Host a dedicated meeting with your colleagues and practice moving between breakout rooms, merging them back together, sharing your screen, and raising hands to speak. Taking this instructional time now will make your future meetings more efficient and prevent lags due to any unfamiliarity with the technology.

Purpose and Techniques for Small Group Discussions.

Intro

Case X serves well as a proxy for experience through real-life cases coupled with problem-based learning. While the cases were originally designed for self-directed learning, they also excel in a group dynamic.

The following techniques can help everyone get the most out of working through Case X in groups. I did this for years. The only difference? My sessions were live. But I employed the same strategies — teams of learners solving real cases with me acting as a discussant.

These are strategies I shared in faculty development curricula for other Core Faculty in my program. Where I had tables of learners to float between, you have Zoom breakout rooms. The teams remain confined to their group while you move between them, allowing for small group discussion with supervision.

The cases themselves have expert opinion, the “answer.” Students don’t need the answer from you. They need clarity, direction, vision, and context. There will be bumps in getting started, but our goal is to make the road less rocky.

- Dustyn Williams, MD and the OnlineMedEd team

Strategies for Empowering Independence and Group-Directed Learning

Perceived Absenteeism

Set the stage to be, “I’m not here to talk; it’s up to you.” By holding the students responsible for creating and engaging in discussion, you can shift your role from lecturer to facilitator.

Instill discussion responsibility with one of two approaches:

- Students work as a team from the beginning, use whatever resources they prefer, and come to a consensus as a group.
- Students work individually to reach preliminary conclusions, come together as a team to identify differing conclusions, and use resources to reach final consensus.

When there is perceived faculty absenteeism, the learners have freedom to be themselves and express ideas more openly. In doing so, they reveal their thought process, engagement, and habits in the team setting. If students think, “I guess we’re on our own,” they will take ownership of thinking and working as a team quicker.

Stay out of the way...except to ask questions

Hearing your students stumble toward and away from the right answer can be exciting and painful concurrently. The impulse to instruct and teach is nearly impossible to suppress in those moments. You know the right answer, and the learners know that you know the right answer. But this is learning by failure. Students will remember the things they initially get wrong far better than if you give them the right answer.

If you inadvertently slip into explaining everything, the time is transformed into a disorganized and poorly planned lecture (not good). Students may even take advantage of this if you are particularly prone. It is an inverse correlation: they speak less as you speak more because it is easier for them to listen than to struggle, think, and practice. Preserve the purpose of small groups: have the learners engage the material and figure it out for themselves.

Not that you are totally silent; you can observe and then guide. You are watching, moving from group to group, and listening as much as possible. Stay off your email, phone, and the EHR.

Observing online isn’t too different. If you lead these sessions through Zoom, you can start Breakout Rooms (see attached documentation), and then move between them. Certainly, you won’t be able to see and hear everything, but if you routinely rotate through the small groups (do a small trial run so you are comfortable with the software beforehand), you’ll find that it’s very manageable. Additionally, students can, “raise their hand,” through the software to get your attention if you happen to be in a different room when they need you.

Guiding and nudging group discussion online is the same as in person. Ask open-ended questions to promote discussion when the conversation goes stale—anything will do. If students begin discussing something factually incorrect that the group fails to recognize as such, challenge the idea—but do it **indirectly**, in

question form. Create enough doubt about the inaccuracy to spur conversation in the right direction. Once this is accomplished, fade away again.

Remember, you will have time later for direct instruction. The review and clarification phase at the end is your time to shine. But during the session, you should be listening far more than you speak.

Strategies for Full Inclusion

These strategies are best employed in discussions where all learners are of the same level—a homogeneous combination of learners. That said, they can be employed when there are heterogeneous learners as well (med students through R3).

1) Ask a specific learner for their input

Directing questions to specific learners can be used to engage a disinterested learner or coax contributions from quiet ones. This is additionally helpful in balancing the conversation if there are dominant personalities at play. It also works when you hear someone say the right answer, but the group is agreeing on a wrong one.

Learner disinterest or nonengagement may be caused by their own lack of desire to participate, or because an assertive extrovert has inadvertently forced them out of the discussion by controlling it. While you could tell the dominant personality to “talk less,” the better approach is to get more engagement from others. Instead of telling the disengaged learner, “hey, pay attention,” draw them back in by having them contribute.

Use directed questions carefully. Be aware of what we call the Socratic Method vs. the Traumatic Method:

Socratic Method	Traumatic Method
Questions to build bridges	Questions that strike fear or discipline
Meant to spark connections	Meant for pain

When directing questions to specific learners, call them by name. If dealing with dominant personalities, try pivoting through a statement like this: “Thanks Eric. It’s a great point, but let’s hear what Stephanie has to say.” When taking this approach, you stay in the group and listen to their ideas.

When posing directed questions, you can ask the learners what their perspectives are on a given topic, or you can assign a research task to a learner, with instructions to report back. If learners then expound all the right answers in the right way, ask them to teach the group what they know. If the answers are disorganized or wrong, jump on the thing they got wrong by quickly having them reattempt research and then return to teach it back to the group correctly.

2) Round table answers

This approach is best when groups are small (3-5 learners) and there is a set of clinical questions to be answered. As you review the learners’ conclusions,

it's important to ensure everyone answers; otherwise, the dominant personality will control the conversation again. By utilizing the round table and setting the expectation that no one can interrupt, everyone gets involved. Since no learner wants to look bad in front of their peers, it will also improve engagement.

Start with one person and one question, and have that learner explain the group's answer. Assess whether the group disagrees (meaning they didn't collaborate) or how detailed the answer gets. Give your feedback to the GROUP, not the learner. Then go around in a circle, having each learner explain the answer to the next question. Block others from answering. If there are more questions than learners, don't go in a circle again. This varied order ensures everyone will have every answer done thoroughly, rather than just prepare for their assigned question. Online, the circle can simply be the order in which students show up in the virtual room.

3) Switch sheets, read from the one you have

This approach works best in scenarios where questions are asked in quick succession, and learners individually write down brief answers (such as rapid-fire memory recall drills). It can also be used for skill demonstration, such as writing out a hypothetical sample order set for admission.

When the questions are finished and everyone has written down their answers, have the learners turn in their notes. Don't ask for names; simply collect what you can. This is easier in person, as people can hand in a piece of paper. If doing this online, collecting screenshots of learners' answers works just as well (note: we're trying to accelerate a feature-version of this in our technology, but no ETA as this is all happening rapidly).

Take the notes (get them via email, file share, etc) and open them with the intent of them being anonymous (copy / paste into single file, remove names, etc). Once comfortable it's achieved, you are now free to share your screen and show them. Utilize the round table again, asking one learner to read a randomly selected note. Each learner knows which is theirs, but by keeping it anonymous, there is no blame or assignment of success/failure in front of the group. This way, no one else knows who was off base, which is okay.

We recommend using this strategy specifically with admit order sets. Learners discuss a case and then are asked to fill out an admit order set. This method will demonstrate which students need additional coaching as misconceptions of common orders are uncovered.

Failure becomes a means to discuss the right things.

Strategies For Handling Heterogeneity

Upper levels teach

In large groups, define the expectation for advanced learners to speak at the level of the beginning learners, but only when you cue them. Asking your advanced learners to hold back is to ensure that the “lightbulb moment” isn’t stolen from the beginners. When the time is right, prompt your advanced learners to teach (at the beginners’ level) with a, *“Hey R3s...this is your chance to shine.”* They’re more than capable and will take it from there. *Upper levels should be teaching* on the wards, regardless. But to prevent the session from turning into a disorganized lecture from the upper levels to the beginners, use this approach. It works just as well online as it does in person.

Plan the session to escalate

If you know that you will be working with a heterogeneous group of learners, start the session with questions that are not hard for R3s but that might be on the cusp of challenging for M3s. Explicitly state which level of learner the question is for, and let that set of learners answer while the rest listen. You may find some M3s have mastered a topic that an R1 hasn’t. That’s okay. The point is to stimulate discussion, limit lecturing, and promote engagement.

Summary

Think of all the online lectures and webinars that you have attended—how many actually held your attention? Don’t slip into the lecturer trap—keep your learners engaged by leveraging the flipped classroom and clerkship model.

Hold your students’ attention by spelling out that they must come prepared for didactics by doing the assigned prework—because they will be going beyond the videos and answering complex clinical questions that often have no right answer. We find that the students rarely listen; ours assumed their clerkship would be passive just like every other one. Our hope is this has changed with current events, but it’s okay if the first session is rocky. We learn by failure, too.

Performance from everyone will improve as they become comfortable with the approach. It might seem easy, but it’s certainly going to take work. We’re here to help. Ask us questions, use our resources (there are separate learner-focused resources that you should have received), take advantage of our practical-application webinars for faculty, and JUST KEEP PRACTICING!

Dustyn Williams, MD, and the OnlineMedEd Team

Internal Medicine

8 WEEKS 81 LESSONS 28 CASES



MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> • ACLS Rhythms • ACLS Easy 	<ul style="list-style-type: none"> • Cards 5 	<ul style="list-style-type: none"> • Cholesterol • Hypertension • CAD • HF 	<ul style="list-style-type: none"> • Valvular Disease • Cardiomyopathy • Pericardial Disease • Syncope 	<ul style="list-style-type: none"> • Cards 2 • Cards 3 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Asthma • COPD 	<ul style="list-style-type: none"> • PE • Lung CA 	<ul style="list-style-type: none"> • Pulm 6 • H/O 7 	<ul style="list-style-type: none"> • Pleural Effusion • ARDS • DPLD 	<ul style="list-style-type: none"> • Pulm 4 • Pulm 5 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Esophagus • Esophagitis • GERD • PUD 	<ul style="list-style-type: none"> • Misc Gastric • Jaundice • Gallbladder • Pancreatitis 	<ul style="list-style-type: none"> • GI 1 • GI 6 	<ul style="list-style-type: none"> • Viral Hepatitis • Cirrhosis • Cirrhosis Complications • Colon CA 	<ul style="list-style-type: none"> • Acute Diarrhea • Chronic Diarrhea • Malabsorption • IBD • Diverticula 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • GIB • Approach to Anemia • Macrocytic Anemia • Microcytic Anemia • Normocytic Anemia 	<ul style="list-style-type: none"> • GI 5 • H/O 5 	<ul style="list-style-type: none"> • Bleeding • Thrombocytopenia • Thrombophilia 	<ul style="list-style-type: none"> • Leukemia • Lymphoma • Plasma Cell 	<ul style="list-style-type: none"> • H/O 2 • H/O 4 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • AKI • CKD • Kidney Stones • Cysts and Cancer 	<ul style="list-style-type: none"> • Sodium • Potassium • Calcium 	<ul style="list-style-type: none"> • Acid-Base I & II 	<ul style="list-style-type: none"> • Neph 1 • Neph 2 	<ul style="list-style-type: none"> • Neph 3 • H/O 3 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Antibiotic Ladder • Sepsis • ENT • PNA 	<ul style="list-style-type: none"> • HIV • TB • IE 	<ul style="list-style-type: none"> • ID 2 • ID 3 	<ul style="list-style-type: none"> • Skin Infections • Hypersensitivity • Genital Ulcers • UTI 	<ul style="list-style-type: none"> • ID 5 • ID 8 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Outpatient DM • Insulin Management • Diabetic Emergencies 	<ul style="list-style-type: none"> • Endo 1 	<ul style="list-style-type: none"> • Anterior Pituitary • Posterior Pituitary • Thyroid • Thyroid Nodules 	<ul style="list-style-type: none"> • Adrenals • MEN Syndromes 	<ul style="list-style-type: none"> • Endo 2 • GI 8 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Approach to Joint Pain • Monoarticular Arthritis • SLE • RA 	<ul style="list-style-type: none"> • Seronegative Arthritis • Other Connective Tissue • Vasculitis 	<ul style="list-style-type: none"> • Rheum 1 • Rheum 3 	<ul style="list-style-type: none"> • Final Review 	<ul style="list-style-type: none"> • Test Day 		

Family Medicine

6 WEEKS 74 LESSONS 8 CASES



Medicine



OBGYN



Pediatrics



Neuropsych



Surgery

MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> Prevention Screening Vaccinations (Biostats) Diagnostic Tests Antibiotic Ladder 	<ul style="list-style-type: none"> Hypothesis Testing Study Design Bias Risk CI 	<ul style="list-style-type: none"> HTN Cholesterol CAD 	<ul style="list-style-type: none"> HF Pericardial Disease 	<ul style="list-style-type: none"> Cards 6 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> Asthma COPD PNA 	<ul style="list-style-type: none"> DPLD Lung CA 	<ul style="list-style-type: none"> ID 1 H/O 6 	<ul style="list-style-type: none"> GERD Malabsorption Acute Diarrhea Chronic Diarrhea IBD 	<ul style="list-style-type: none"> GI 7 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> Approach to Joint Pain Monoarticular Arthritis SLE Seronegative Arthritis 	<ul style="list-style-type: none"> GI 4 	<ul style="list-style-type: none"> Superficial Skin Infections Skin Infections Hypersensitivity 	<ul style="list-style-type: none"> Bullous Disease Papulosquamous Hyperpigmentation Hypopigmentation Alopecia 	<ul style="list-style-type: none"> Rheum 2 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> Outpatient DM Thyroid Virilization Dizziness Weakness 	<ul style="list-style-type: none"> Rheum 4 	<ul style="list-style-type: none"> Anxiety Mood disorders Eating disorders 	<ul style="list-style-type: none"> Mood Disorders: Life and Death Addiction I Psych Pharm I & II 	<ul style="list-style-type: none"> Cards 8 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> Well Child Visit Vaccinations (Peds) Preventable Trauma 	<ul style="list-style-type: none"> ENT Allergies Asthma Peds ID Rashes Eczematous Rashes 	<ul style="list-style-type: none"> Upper Airway Lower Airway 	<ul style="list-style-type: none"> Gyn Infections UTI 	<ul style="list-style-type: none"> Puberty Contraception Infertility Menopause 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> Vaginal Bleeding I, II & III 	<ul style="list-style-type: none"> 3rd Trimester Labs Medical Disease Normal Labor Newborn Management 	<ul style="list-style-type: none"> Pre-op Evaluation Other Post-op Issues 	<p>Final Review</p>	<p>Test Day</p>		

Emergency Medicine

4 WEEKS 36 LESSONS 9 CASES



Medicine



OBGYN



Pediatrics



Neuropsych



Surgery

MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> • ACLS Rhythms • ACLS Easy • CAD • HF 	<ul style="list-style-type: none"> • Pulm 3 	<ul style="list-style-type: none"> • Asthma • COPD • PE • PNA 	<ul style="list-style-type: none"> • Pulm 2 	<ul style="list-style-type: none"> • Pulm 1 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • AKI • Kidney Stones • Genital Ulcers • Vaginal Bleeding II 	<ul style="list-style-type: none"> • Rheum 5 	<ul style="list-style-type: none"> • Antibiotic Ladder • Sepsis • Shock 	<ul style="list-style-type: none"> • GIB • PUD • Cirrhosis • Pancreatitis 	<ul style="list-style-type: none"> • GI 3 • GI 9 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Headache • Syncope • Seizures • Brain Inflammation 	<ul style="list-style-type: none"> • Thyroid • Adult Ophthalmology • Diabetic Emergencies 	<ul style="list-style-type: none"> • Endo 3 	<ul style="list-style-type: none"> • Toxic Ingestion • Addiction II: Drugs of Abuse 	<ul style="list-style-type: none"> • Endo 4 	<ul style="list-style-type: none"> • Review Day 	<ul style="list-style-type: none"> • Rest Day
<ul style="list-style-type: none"> • Trauma: Head • Trauma: Neck • Trauma: Chest • Trauma: Abdomen 	<ul style="list-style-type: none"> • Burns • Bites and Stings • Vaccinations (Biostats) • Vaccinations (Peds) 	<ul style="list-style-type: none"> • Cards 9 	<ul style="list-style-type: none"> • Final Review 	<ul style="list-style-type: none"> • Test Day 		

OBGYN

📅 6 WEEKS ▶️ 41 LESSONS 📄 8 CASES



MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> Cancer Intro Breast Cancer (Surg) 	<ul style="list-style-type: none"> Cervical Cancer Endometrial Cancer 	<p>📄 OBGYN 5</p>	<ul style="list-style-type: none"> Ovarian Cancer Moles 	<ul style="list-style-type: none"> Vaginal/Vulvar Cancer Adnexal Mass 	<p>👁️ Review Day</p>	<p>😴 Rest Day</p>
<p>📄 OBGYN 6</p>	<ul style="list-style-type: none"> Puberty Contraception 	<ul style="list-style-type: none"> Gyn Infections UTI (ID) Genital Ulcers (ID) 	<ul style="list-style-type: none"> Primary Amenorrhea Secondary Amenorrhea 	<ul style="list-style-type: none"> Vaginal Bleeding I Vaginal Bleeding II Vaginal Bleeding III 	<p>👁️ Review Day</p>	<p>😴 Rest Day</p>
<p>📄 OBGYN 3</p>	<ul style="list-style-type: none"> Infertility Virilization 	<ul style="list-style-type: none"> Menopause Pelvic Anatomy Incontinence 	<p>📄 OBGYN 1</p>	<ul style="list-style-type: none"> Physiology of Pregnancy Normal Prenatal Care 	<p>👁️ Review Day</p>	<p>😴 Rest Day</p>
<ul style="list-style-type: none"> Advanced Prenatal Evaluation Genetic Screening 	<ul style="list-style-type: none"> Prenatal Infections I Prenatal Infections II 	<ul style="list-style-type: none"> Medical Disease of Pregnancy Multiple Gestations 	<p>📄 OBGYN 4</p>	<ul style="list-style-type: none"> 3rd Trimester Labs 3rd Trimester Bleeding Alloimmunization 	<p>👁️ Review Day</p>	<p>😴 Rest Day</p>
<p>📄 OBGYN 2</p>	<ul style="list-style-type: none"> Normal Labor Abnormal Labor 	<ul style="list-style-type: none"> L & D Pathology Eclampsia 	<ul style="list-style-type: none"> OB Operations 	<p>📄 OBGYN 7</p>	<p>👁️ Review Day</p>	<p>😴 Rest Day</p>
<ul style="list-style-type: none"> Post-Partum Hemorrhage 	<ul style="list-style-type: none"> Antenatal Testing 	<p>📄 Cards 7</p>	<p>👁️ Final Review</p>	<p>📄 Test Day</p>		

Pediatrics

8 WEEKS 62 LESSONS 9 CASES



MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> Newborn Management Prenatal Infections I & II (OBGYN) Viral Hepatitis (GI) 	<ul style="list-style-type: none"> Peds 6 	<ul style="list-style-type: none"> Neonatal Jaundice Baby Emesis 	<ul style="list-style-type: none"> FTPM Congenital Defects 	<ul style="list-style-type: none"> Peds 5 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Neonatal ICU Peds: First Days (Surg) 	<ul style="list-style-type: none"> Peds: Weeks to Months (Surg) Peds CT Surgery (Surg) 	<ul style="list-style-type: none"> Ophthalmology Urology 	<ul style="list-style-type: none"> Peds 3 	<ul style="list-style-type: none"> Well Child Vaccinations 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Peds: Neurodevelopment Peds: Behavioral Development 	<ul style="list-style-type: none"> ALTE/BRUE and SIDS Preventable Trauma Child Abuse 	<ul style="list-style-type: none"> Orthopedics Ortho Injuries (Surg) 	<ul style="list-style-type: none"> Peds Psych 3 	<ul style="list-style-type: none"> Bites and Stings (Surg) Toxic Ingestion (Surg) 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> ENT 	<ul style="list-style-type: none"> Peds Psych 2 	<ul style="list-style-type: none"> Allergies Ecematous Rashes 	<ul style="list-style-type: none"> Peds 4 	<ul style="list-style-type: none"> Infectious Rashes Peds ID Review 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Asthma Upper Airway Lower Airway 	<ul style="list-style-type: none"> Peds 1 	<ul style="list-style-type: none"> GERD Malabsorption 	<ul style="list-style-type: none"> Chronic Diarrhea IBD GIB 	<ul style="list-style-type: none"> SCD Immunodeficiency 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Seizures Neuro Brain Bleeds (Surg) Neuro Tumors (Surg) 	<ul style="list-style-type: none"> Peds 2 	<ul style="list-style-type: none"> Anterior Pituitary Posterier Pituitary 	<ul style="list-style-type: none"> Thyroid Adrenals 	<ul style="list-style-type: none"> Outpatient DM 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Gender Dysphoria Virilization 	<ul style="list-style-type: none"> Anxiety Eating Disorders 	<ul style="list-style-type: none"> Peds Psych 1 	<ul style="list-style-type: none"> Mood Disorders Mood Disorders: Life and Death 	<ul style="list-style-type: none"> Addiction I Addiction II: Drugs of Abuse 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Psych Pharm I & II 	<ul style="list-style-type: none"> Gyn Infections Vaginal Bleeding I 	<ul style="list-style-type: none"> Puberty Contraception 	<ul style="list-style-type: none"> Final Review 	<ul style="list-style-type: none"> Test Day 		

Neurology

4 WEEKS 18 LESSONS 7 CASES



MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> Headaches Dizziness Brain Inflammation (ID) 	ID 4	<ul style="list-style-type: none"> Neuro Brain Bleeds (Neuro) Neuro Tumors (Neuro) 	Neuro 1	<ul style="list-style-type: none"> Seizures Seizures (Peds) 	Review Day	Rest Day
Neuro 2	Tremors	Back Pain	Neuro 3	Weakness	Review Day	Rest Day
Neuro 4	<ul style="list-style-type: none"> ACLS Rhythms (Cards) ACLS Easy (Cards) 	<ul style="list-style-type: none"> CAD (Cards) Valvular Disease (Cards) 	Stroke	Neuro 5	Review Day	Rest Day
Dementia	<ul style="list-style-type: none"> Catatonia (Psych) Coma 	Neuro 6	Final Review	Test Day		

Psychiatry

4 WEEKS 25 LESSONS 4 CASES



Medicine



OBGYN



Pediatrics



Neuropsych



Surgery

MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> • Peds: Neurodevelopment • Peds: Behavioral Development 	<ul style="list-style-type: none"> • Puberty • Gender Dysphoria 	<ul style="list-style-type: none"> • Impulse Control • ODD 	<ul style="list-style-type: none"> • Mood Disorders • Mood: Life and Death • Psych Pharm I 	<ul style="list-style-type: none"> • Psych 1 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> • Eating Disorders • Chronic Diarrhea • Malabsorption 	<ul style="list-style-type: none"> • Anxiety Disorders • OCD and Related Disorders 	<ul style="list-style-type: none"> • Somatic Symptom Disorders 	<ul style="list-style-type: none"> • PTSD 	<ul style="list-style-type: none"> • Psychotic Disorders • Dissociative Disorders 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> • Psych Pharm II 	<ul style="list-style-type: none"> • Psych 2 	<ul style="list-style-type: none"> • Addiction I • Addiction II: Drugs of Abuse 	<ul style="list-style-type: none"> • Psych 3 	<ul style="list-style-type: none"> • Personality Disorders 	<p>Review Day</p>	<p>Rest Day</p>
<ul style="list-style-type: none"> • Psych 4 	<ul style="list-style-type: none"> • Sleep Physiology • Sleep Disorders 	<ul style="list-style-type: none"> • Catatonia 	<p>Final Review</p>	<p>Test Day</p>		

Surgery

📅 8 WEEKS ▶️ 52 LESSONS 📄 19 CASES



MON	TUE	WED	THU	FRI	SAT	SUN
<ul style="list-style-type: none"> Pre-op Evaluation CAD (Cards) HF (Cards) 	<ul style="list-style-type: none"> Cards 4 	<ul style="list-style-type: none"> Post-op Fever Other Post-op Issues 	<ul style="list-style-type: none"> H/O 1 	<ul style="list-style-type: none"> Esophagus Small Bowel Abdominal Pain 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Surgery 2 Surgery 3 	<ul style="list-style-type: none"> Gallbladder Pancreas Obstructive Jaundice 	<ul style="list-style-type: none"> Surgery 1 	<ul style="list-style-type: none"> GI 2 	<ul style="list-style-type: none"> Colorectal Breast Cancer 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Surgery 9 Surgery 10 	<ul style="list-style-type: none"> Endocrine Diseases Insulin Management (Endo) Diabetic Emergencies (Endo) 	<ul style="list-style-type: none"> Surgery 4 	<ul style="list-style-type: none"> Skin Cancer Leg Ulcers 	<ul style="list-style-type: none"> Surgery 8 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Normocytic Anemia (H/O) Bleeding (H/O) Thrombocytopenia (H/O) 	<ul style="list-style-type: none"> Surgical HTN Vascular 	<ul style="list-style-type: none"> CT Surgery Aorta 	<ul style="list-style-type: none"> Cards 1 	<ul style="list-style-type: none"> Peds: First Days Peds: Weeks to Months Peds CT Surgery 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Surgery 11 	<ul style="list-style-type: none"> Neuro Brain Bleeds (Neuro) Neuro Tumors (Neuro) 	<ul style="list-style-type: none"> Surgery 7 	<ul style="list-style-type: none"> Peds Ophtho Adult Ophtho 	<ul style="list-style-type: none"> Surgery 6 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Antibiotic Ladder (ID) Sepsis (ID) Shock 	<ul style="list-style-type: none"> Skin Infections (ID) PNA (ID) UTI (ID) Acute Diarrhea (GI) 	<ul style="list-style-type: none"> ID 7 	<ul style="list-style-type: none"> Uro Cancer Uro Misc 	<ul style="list-style-type: none"> Neph 4 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Uro Peds Ortho Peds 	<ul style="list-style-type: none"> Surgery 5 	<ul style="list-style-type: none"> Ortho Injuries Ortho Hands 	<ul style="list-style-type: none"> ID 6 	<ul style="list-style-type: none"> Bites and Stings Toxic Ingestion Burns 	<ul style="list-style-type: none"> Review Day 	<ul style="list-style-type: none"> Rest Day
<ul style="list-style-type: none"> Trauma: Head Trauma: Neck 	<ul style="list-style-type: none"> Trauma: Chest Trauma: Abdomen 	<ul style="list-style-type: none"> Surgery 12 	<ul style="list-style-type: none"> Final Review 	<ul style="list-style-type: none"> Test Day 		

CLINICAL CASES INDEX

Clinical Cases Index



Medicine

CARDIOLOGY			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Aortic dissection	✓	Surgery
2	Atrial fibrillation with rapid ventricular response (AF or AFib with RVR), heart failure with reduced ejection fraction (HFrEF), automatic internal cardiac defibrillator (AICD)	✓	IM
3	Non-ST-segment-elevation myocardial infarction (NSTEMI)--> STEMI	✓	IM
4	NSTEMI --> Coronary artery bypass grafting (CABG)	✓	Surgery
5	Ventricular tachycardia (VT or VTach), familial hypertriglyceridemia (FHTG)	✓	IM
6	Acute pericarditis	✓	FM
7	Peripartum cardiomyopathy	✓	OBGYN
8	Bradycardia, primary hypothyroidism due to Hashimoto's thyroiditis	✓	FM
9	Human bite, stable angina, CABG	✓	EM

ENDOCRINOLOGY			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Diabetes mellitus (DM), euglycemic diabetic ketoacidosis (DKA)	✓	IM
2	Multiple endocrine neoplasia (MEN) 2A, pyelonephritis	✓	IM
3	Hyperosmolar hyperglycemic state (HHS), Conn's syndrome, Cushing syndrome and disease	✓	EM
4	Recurrent Graves' disease, thyroid storm	✓	EM

Clinical Cases Index



GASTROENTEROLOGY			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Acute cholecystitis	✓	IM
2	Primary sclerosing cholangitis (PSC)	✓	Surgery
3	Non-alcoholic steatohepatitis (NASH) cirrhosis, spontaneous bacterial peritonitis (SBP)	✓	EM
4	Crohn's disease (CD)	✓	FM
5	Upper gastrointestinal bleed (UGIB), atrioventricular malformation (AVM)	✓	IM
6	Cholelithiasis, peptic ulcer disease (PUD)	✓	IM
7	Traumatic burn injury, gastroesophageal reflux disease (GERD), Barrett's esophagus (BE), esophageal adenocarcinoma (EAC)	✓	FM
8	Achalasia, Graves' disease	✓	IM
9	UGIB, PUD	✓	EM
10	Acute pancreatitis	IN PROGRESS	

HEMATOLOGY ONCOLOGY			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Deep venous thrombosis (DVT), heparin-induced thrombocytopenia (HIT)	✓	Surgery
2	Multiple myeloma (MM)	✓	IM
3	Sickle cell disease (SCD), vaso-occlusive crisis (VOC), renal dysfunction	✓	IM
4	Immune thrombocytopenic purpura (ITP)	✓	IM
5	Microcytic anemia, colorectal cancer (CRC)	✓	IM
6	Small cell lung carcinoma (SCLC)	✓	FM
7	Non-small cell lung carcinoma (NSCLC)	✓	IM

Clinical Cases Index



INFECTIOUS DISEASE

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Community acquired pneumonia (CAP)	✓	FM
2	Human immunodeficiency virus (HIV), seizure, fungal meningitis	✓	IM
3	Health care-associated pneumonia (HCAP), ventilator management, septic emboli	✓	IM
4	Asplenic patients with fever and headache, bacterial meningitis	✓	Neurology
5	Fever of unknown origin (FUO), infective endocarditis (IE)	✓	IM
6	Post-op fever, point of care ultrasound (POCUS), prosthetic joint infection (PJI), acute osteomyelitis	✓	Surgery
7	<i>Clostridium difficile</i> infection (CDI), toxic megacolon	✓	Surgery
8	Stevens-Johnson syndrome (SJS), acquired immunodeficiency syndrome (AIDS)	✓	IM

NEPHROLOGY

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Acute renal failure (ARF), Congestive heart failure (CHF)	✓	IM
2	Chronic kidney disease (CKD)	✓	IM
3	Nephrolithiasis, gout	✓	IM
4	Catheter-associated UTI (CAUTI), hematuria, bladder cancer	✓	Surgery

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PULMONOLOGY

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Cancer, clots	✓	EM
2	Obstructive lung disease (OLD), asthma	✓	EM
3	Congestive heart failure (CHF)	✓	EM
4	Lung cancer, pleural effusion	✓	IM
5	Pulmonary embolism (PE)	✓	IM
6	Chronic obstructive pulmonary disease (COPD)	✓	IM

RHEUMATOLOGY

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Arthritis	✓	IM
2	Systemic lupus erythematosus (SLE)	✓	FM
3	Diffuse cutaneous systemic sclerosis (DcSSc), scleroderma renal crisis (SRC)	✓	IM
4	Ankylosing spondylitis (AS)	✓	FM
5	Henoch-Schonlein purpura (HSP)	✓	EM

Clinical Cases Index



OBGYN

OB/GYN			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	3rd trimester vaginal bleeding, ectopic pregnancy	✓	OBGYN
2	Placental abruption	✓	OBGYN
3	Miscarriage	✓	OBGYN
4	Hyperemesis gravidarum (HG), opioid GI dysfunction, malingering	✓	OBGYN
5	Benign breast disease	✓	OBGYN
6	Dermoid cyst	✓	OBGYN
7	Pre-eclampsia, delivery	✓	OBGYN
8	Pre-natal care	IN PROGRESS	

Clinical Cases Index



Pediatrics

PEDIATRICS			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Bronchiolitis	✓	Peds
2	Meningitis	✓	Peds
3	Pre-septal cellulitis, orbital cellulitis	✓	Peds
4	Mastoiditis	✓	Peds
5	Neonatal jaundice	✓	Peds
6	Neonatal rash, hepatitis C virus (HCV) transmission	✓	Peds
7	Absence seizures	IN PROGRESS	
8	<i>Congenital adrenal hyperplasia (CAH)</i>	IN PROGRESS	
9	<i>Combined immunodeficiency disorder (CID)</i>	IN PROGRESS	
10	<i>Gastroesophageal reflux disease (GERD), pyloric stenosis</i>	IN PROGRESS	
11	<i>Hereditary angioedema (HAE)</i>	IN PROGRESS	

Clinical Cases Index



Neuropsych

NEUROLOGY

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Headache, subarachnoid hemorrhage (SAH), hydrocephalus	✓	Neuro
2	Epilepsy	✓	Neuro
3	Amyotrophic lateral sclerosis (ALS)	✓	Neuro
4	Myesthenia gravis (MG), hypothyroidism	✓	Neuro
5	Ischemic stroke, atrial fibrillation (AF or Afib)	✓	Neuro
6	Guillain-Barre syndrome (GBS)	✓	Neuro

PEDS PSYCH

CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Attention deficit hyperactivity disorder (ADHD), Graves' disease	✓	Peds
2	Autism spectrum disorder (ASD), streptococcal pharyngitis	✓	Peds
3	Wrist fracture, oppositional defiant disorder (ODD)	✓	Peds
4	<i>Anorexia, celiac disease</i>	IN PROGRESS	
5	<i>Obsessive-compulsive disorder (OCD), eosinophilic esophagitis (EoE)</i>	IN PROGRESS	
6	<i>Substance abuse</i>	IN PROGRESS	

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Medicine



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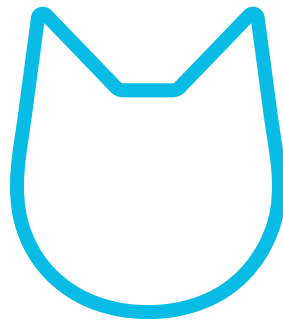
PSYCH			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Post-partum depression, domestic violence (DV)	✓	Psych
2	Psychosis	✓	Psych
3	Delusional disorder	✓	Psych
4	Borderline personality disorder	✓	Psych

Clinical Cases Index



Surgery

SURGERY			
CASE #	TOPIC	STATUS	ASSIGNED CLERKSHIP
1	Acute cholecystitis	✓	Surgery
2	Appendicitis	✓	Surgery
3	Femoral hernia	✓	Surgery
4	Thyroid nodules	✓	Surgery
5	Testicular torsion (pediatric), Osgood-Schlatter	✓	Surgery
6	Peripheral vascular disease (PVD)	✓	Surgery
7	Glioblastoma multiforme (GBM)	✓	Surgery
8	Hypoglycemic seizure, insulinoma	✓	Surgery
9	Invasive breast cancer, mastectomy	✓	Surgery
10	Pre-malignant breast disease	✓	Surgery
11	Unstable angina (UA), coronary artery bypass grafting (CABG)	✓	Surgery
12	Motorvehicle accident (MVA), traumatic injuries	✓	Surgery
13	Inflammatory bowel disease (IBD), small bowel obstruction (SBO)	IN PROGRESS	



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