

Acting Internship Description

Campus: SE Campus (Fargo)

Department: Emergency Medicine

Acting Internship Title: Emergency Medicine

Course Number: EMRG 9217-01

Location of Acting Internship: Essentia Health – Fargo, ND

Preceptor(s): Christopher Anderson, Josh Honeyman, Matt Gerde, Tony Hamilton, Jason Schenck, Brian Sauter, Rob Bathurst

Period(s) offered: All

Number of students per period: 1

Purpose: To provide an immersive experience for those students who are interested in Emergency medicine and help them develop basic management skills and prioritization of management of an acutely ill or injured patient of any age

Objectives: After completing the acting internship, the student will be able to

1. Obtain a history and perform a physical exam
EPA #1 - Year 4 LO #1 (Program 3.1)
2. Present the history and physical in a concise, well-organized format
EPA #6 - Year 4 LO #2 (Program 3.7)
3. Form and prioritize a differential diagnosis. Select a working diagnosis.
EPA #2 - Year 4 LO #3 (Program 3.3)
4. Discuss orders and prescriptions and construct evidence-based management plans.
EPA #4 - Year 4 LO #14 (Program 3.4)
5. Select screening and diagnostic studies and labs and interpret the results of these tests.
EPA #3 - Year 4 LO #4 & 14 (Program 3.2, 3.3)
6. Recognize patients who are critically ill or require emergent care and initiate the appropriate initial steps in that care. Reassess patients on an ongoing basis and adjust plan of care as appropriate.
EPA #10 – Year 4 LO #10 (Program 3.5.1)
7. Document the clinical encounter in a timely fashion
EPA #5 – Year 4 LO #2 (Program 3.7)
8. Communicate effectively with patients and their families regarding diagnoses and plans of care with respect for cultural and socioeconomic backgrounds.
Year 4 LO #6 (Program 3.9, 4.1, 4.7.2)
9. Work effectively as a member of the inter-professional healthcare team including giving and accepting patient handoffs at transitions of care.
EPA #8 & EPA #9 – Year 4 LO #7 & 8 (Program 3.5.4, 4.2, 7.2)
10. Research a clinical question relating to patient care with appropriate evaluation of resources and use of evidence-based information.
EPA #7 - Year 4 LO #13 (Program 1.6, 1.10)
11. Formulate or update an accurate problem list for patients under his or her care.
EPA # 5 – Year 4 LO #5

Specialty Specific Objectives: (These should be linked to EPAs and Year 4 learning objectives which can be found at <https://med.und.edu/education-resources/fourth-year.html#Yr4O> under “Overview & Objectives”) Please include any procedures the student will be expected to perform.

12. Obtain informed consent for procedures.
EPA #11- Year 4 LO #12 (Program 4.9)
13. Recognize the sick vs not sick patient
EPA # 10- Year 4 LO #10 (Program 3.1, 3.2, 3.4, 3.5.1)
14. Demonstrate proper use of clinical decision rules and be able to discuss their limitations.
EPA #7 – Year 4 LO# 13, 14 (Program 1.10, 2.7)
15. Demonstrate knowledge of principles of care of an acutely injured patient.
EPA #10 - Year 4 LO #10 (Program 3.5.1)
16. Communicate effectively with prehospital care personnel.
EPA #9 - Year 4 LO #7 (Program 6.2, 7.4)
17. Be able to discuss EMTALA (The Emergency Medical Treatment and Labor Act) and ramifications for care of patients.
Year 4 LO #14 (Program 5.6, 5.9)
18. Be able to manage multiple patients at a time, and prioritize tasks
EPA #10 – Year 4 LO #10, 15 (Program 5.7)
19. Be able to interpret an EKG
EPA # 12 (Program 3.3)
20. Be able to interpret common x-ray images obtained in ED (CXR, KUB, shoulder, knee, etc.)
EPA # 12 (Program 3.3)
21. Be able to perform the following procedures with supervision and at the entrustability level of an entering intern: (Opportunities for these procedures happen at a frequency that they are likely to get these opportunities, but that does not guarantee that the procedure will be available to do while they are on the rotation. The student will only be evaluated on the procedures they have the opportunity to perform – no remediation will be necessary for those not performed, but procedural tutorial may be available during times of lower volume while on the rotation.)
 - Laceration repair
 - Incision and drainage
 - Dislocation reduction
 - Peripheral IV placement
 - IO placement
 - Splinting
 - NG tube placement
 - Foley catheter placement
 - Pelvic exam
 - CPR
 - FAST exam
 - Fluorescein staining of eye and slit lamp exam*EPA #12 (Program 3.6)*
22. Be able to explain indication/contraindications and how to perform the following procedures: (here are some procedure videos that may be helpful from University of Maryland (https://em.umaryland.edu/page/education/residency/videos_procedures)
 - Lumbar puncture
 - Oral intubation
 - Central venous catheter placement
 - Chest tube placement
 - Paracentesis
 - Arthrocentesis
(Program 3.2)

Instructional Activities: During this elective, the student will be involved in/experience:

1. The student will assume primary responsibility of his or her assigned patients under the supervision of an upper level resident or attending.
2. The student should attend all traumas and major medical resuscitations when on shift.
3. Performing procedures listed in objective 20.
4. Observe procedures listed in objective 21 and may perform at supervising provider's discretion.
5. Presentation of current topic of new interest in Emergency Medicine.
6. Formal end of elective feedback session.

Evaluation Methods: The preceptor will:

1. By direct observation, evaluate the student's ability to perform a complete history and physical pertinent to the AI specialty and present his or her findings. (objective #1,2)
2. By direct observation or review of written work, evaluate the student's ability to form a complete differential diagnosis and select a working diagnosis. (objective #3)
3. By direct observation or verbal discussion, evaluate the student's formulation of patient management plans including those for patients requiring emergent management. (objective #4, 6, 12,13,14)
4. By direct observation, verbal discussion or review of written work, evaluate the student's selection and interpretation of screening and diagnostic laboratory tests. (objective #5, 13, 18, 19)
5. By direct observation, evaluate the student's documentation of clinical encounters. (objective #7, 11)
6. By direct observation and via feedback from the healthcare team, patients, and families, evaluate the student's communication skills including patient handoffs. (objective #8,9, 15)
7. By review of written or verbal presentation made by the student, evaluate the student's use of evidence-based information to research a patient care question. (objective #10)
8. By direct observation assess the student's ability to obtain informed consent. (Objective #11)
9. By direct observation assess the student's ability to manage multiple patients simultaneously with appropriate prioritization of tasks (Objective #17)
10. By discussion with the student, evaluate the student's understanding of EMTALA and the ramifications for patient care.

Assessment:

The evaluation methods 1-10 will be assessed using the Entrustability scale.

Level	Descriptor	Example
1	"I had to do"	Requires complete hands on guidance, did not do, or was not given the opportunity to do
2	"I had to talk them through"	Able to perform tasks but requires constant direction
3	"I had to prompt them from time to time"	Demonstrates some independence, but requires intermittent direction
4	"I need to be there in the room just in case"	Independence but unaware of risks and still requires supervision for safe practice
5	"I would not have needed to be there other than to fulfill regulatory requirements"	Complete independence, understand risks and performs safely, practice ready

**This scale was adapted from the Ottawa surgical competency operating room evaluation (O-SCORE): A tool to assess surgical competence. Acad Med. 2012; 87:1401-407.*

Please indicate who will be completing the assessment. If more than one preceptor, how will scores be compiled?

- An evaluation form should be filled out at the end of each shift by the provider the student spent the most time working with. The student will be responsible for ensuring the evaluation is completed at the end of the shift. If they spent equal time with both providers on shift they have the option of having each provider fill out an evaluation. Only 1 per shift is required though. The average score of all evaluations received for the rotation will be used to score each objective.

Grading Criteria:

To receive honors, the student must:

Perform at a level deemed Outstanding by the preceptor using the Entrustability Scale with no scores below 3 on the Preceptor Evaluation of Student, and an overall average score of >4.5 on the Standardized UNDSMHS 4th year Family Medicine Preceptor Evaluation of Student, indicating the student's ability to act at a level of an Intern in Residency or better by the completion of the AI.

To pass the AI, the student must:

Have completed the AI with a satisfactory performance as deemed by the preceptor, with an average score of greater than 3, and no score less than 2 on the Preceptor Evaluation of Student form; and be deemed satisfactory for performance at the level of an intern in Residency by the end of the AI.

If the student does not pass, remediation will consist of:

If a student fails an AI, the AI director and campus dean will work with the student to form a written remediation plan (signed by all 3) that specifically addresses the competencies that the student did not meet during the rotation. A copy of this plan will be sent to Student Affairs. In order to pass the AI, the student will be required to meet the original passing requirements. A student may not receive honors on an AI that was initially failed.