

Acting Internship Description

Campus: Bismarck (SW)

Acting Internship Title: Family Medicine AI

Location of Acting Internship: Bismarck, ND

Department: Family and Community Medicine

Course Number: FMED 9125

Preceptor(s): Jeffrey Hostetter, MD

Period(s) offered: August –June

Number of students per period: 1

Phase Available: ONLY Phase 3

Purpose: To provide a meaningful and clinically robust experience in Family Medicine with a high level of participation to prepare a student for a Family Medicine Residency.

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

1. Obtain a history and perform a physical exam.
EPA #1; Competency 3.1
2. Present the history and physical in a concise, well-organized format.
EPA #6; Competency 3.7
3. Form and prioritize a differential diagnosis. Select a working diagnosis.
EPA #2; Competency 3.3
4. Discuss orders and prescriptions and construct evidence-based management plans.
EPA #4; Competency 3.4, 3.8
5. Select screening and diagnostic studies and labs and interpret the results of these tests.
EPA #3; Competency 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; Competency 3.5
7. Document the clinical encounter in a timely fashion.
EPA #5; Competency 3.7, 5.7
8. Communicate effectively with patients and their families regarding diagnoses and plans of care with respect for cultural and socioeconomic backgrounds.
Competency 3.9, 4.1
9. Work effectively as a member of the interprofessional healthcare team including giving and accepting patient handoffs at transitions of care.
EPA #8, #9; Competency 3.5, 7.5
10. Research a clinical question relating to patient care with appropriate evaluation of resources and use of evidence-based information.
EPA #7; Competency 1.6, 1.10, 2.7
11. Formulate or update an accurate problem list for patients under his or her care.
EPA # 5; Competency 3.3, 3.7

Specialty Specific Objectives: (These should be linked to EPAs and Year 4 Competencies which can be found at <https://med.und.edu/education-resources/phase3.html#Yr4O> under "Overview & Objectives")

Please include any procedures the student will be expected to perform.

12. Demonstrate ability to coordinate patient's health care services.
13. Demonstrate an understanding of the capabilities and limitations of clinical resources in a clinical/hospital or home setting.
14. Obtain informed consent for procedures. (EPA #11, LO # 12)
15. Perform basic inpatient and outpatient procedures common in Family Medicine (EPA #12, LO #14)
16. Demonstrate an understanding of the capabilities and limitations of clinical resources in clinical/hospital or home setting. (LO # 9)
17. Complete all tasks within the duty hours limitations per ACGME Common Program Requirements, and be compliant with all policies related to these requirements. (LO # 9)

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. Delivery of medical care to patients of various age groups, genders, and cultural backgrounds; under the supervision of the preceptor.
3. Healthcare management in primarily the inpatient setting, and will be involved with procedures typical to a family medicine resident in this setting as patient opportunities allow. This typically includes (but is not limited to) participation to varying degrees in minor skin procedures, intubation, paracentesis in the Interventional Radiology suite, and thoracentesis in the Interventional Radiology suite.
4. Discussion of pertinent assigned readings of journal articles and educational materials with the residents and preceptors.
5. A formal mid-elective feedback session with the preceptor.

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)
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)
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)
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 perform simple procedural skills common to a Family Medicine Practice, including getting Informed Consent. (Objective # 11,12)
9. By direct observation assess the student's ability to coordinate healthcare, and their understanding of the limitations and benefits of care.

Assessment:

Evaluation methods #1-9 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?

Dr. Jeffrey Hostetter will be completing the assessment with input from staff and other clinical faculty who have worked with and interacted with the student while on the AI in Bismarck, ND.

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, on the Preceptor Evaluation of Student; 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.