Acting Internship Description

Campus: Grand Forks (NE)  Department: Family and Community Medicine
Acting Internship Title: Family Medicine with Geriatrics AI  Course Number: FMED 9327-01

Location of Acting Internship: VA Community Based Outpatient Clinic – Bemidji, MN
Preceptor(s): Suzanne Human, MD
Period(s) offered: all - by approval of the Department of Family and Community Medicine and Preceptor only
Number of students per period: 1 and only by prior approval

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 with particular emphasis on the challenges and benefits of a practice within a federally funded health system with an emphasis on geriatrics and chronic disease management.

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
2. Present the history and physical in a concise, well-organized format
   EPA #6 - Year 4 LO #2
3. Form and prioritize a differential diagnosis. Select a working diagnosis.
   EPA #2 - Year 4 LO #3
4. Discuss orders and prescriptions and construct evidence-based management plans.
   EPA #4 - Year 4 LO #14
5. Select screening and diagnostic studies and labs and interpret the results of these tests.
   EPA #3 - Year 4 LO #4 & 14
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
7. Document the clinical encounter in a timely fashion within the Electronic Medical Record.
   EPA #5 – Year 4 LO #2
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
9. Work effectively as a member of the interprofessional healthcare team including giving and accepting patient handoffs at transitions of care.
   EPA #8 & EPA #9 – Year 4 LO #7 & 8
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
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](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, LO # 12)

13. Perform basic outpatient procedures common in Family Medicine
   (EPA #12, LO #14)

14. Demonstrate ability to coordinate patient’s health care services inside and outside of the VA setting.
   (UND SMHS competency 6.1)

15. Demonstrate an understanding of the capabilities and limitations of clinical resources in a rural distant CBOC site with no inpatient or emergency room capabilities.
   (UND SMHS Competency 6.1)

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 attending.

2. Delivery of medical care to patients of a generally older age group, and different cultural backgrounds; under the supervision of the preceptor.

3. Healthcare management in the outpatient setting, including Nursing Home if applicable.

4. Common outpatient procedures of family medicine under preceptor’s supervision potentially including skin examinations and dermatological surgical procedures; i) mole removal, ii) cryotherapy of malignant, pre-malignant and benign lesions, punch biopsy, excision of lesion with skin closure, iii) skin closure of wound, iv) managing simple fractures, v) joint injections vi) fluorescein staining of the eye, viii) I and D of abscess.

5. Discussion of pertinent assigned readings of journal articles and educational materials with the preceptor.

6. Presentation of an independently developed topic for Learning Objective 10 to present to preceptor and other staff as appropriate for formal completion of this Learning Objective.

6. 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 common 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 in a rural setting, and their understanding of the limitations and benefits of care in a rural setting. (Objective #13, 14)

Assessment:

Evaluation methods #1-9 will be assessed using the Entrustability scale.

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

*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. Susan Human 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 Bemidji, MN
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.