

## Sub-Internship Description

**Campus:** SE (Fargo)

**Department:** Family and Community Medicine

**Acting Internship Title:** Rural Family Medicine

**Course Number:** FMED 9225-02

**Location of Acting Internship:** Ortonville Area Health Services - Ortonville, MN

**Preceptor(s):** Stacy Longenecker, MD

**Period(s) offered:** All (by Prior Approval of the Preceptor and the Department of Family and Community Medicine)

**Number of students per period:** 1 (per year by approval of the preceptor)

**Course Prerequisites:**

**Phase Available:** ONLY Phase 3

**Purpose:** To provide education and experience in the care of patients in a rural family medicine setting.

**Objectives:** After completing the sub-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:

1. Obtain informed consent for procedures. (EPA #11, LO # 12)
2. Perform basic inpatient and outpatient procedures common in Family Medicine (EPA #12, LO #14)

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

1. Primary responsibility of caring for 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 their preceptor.
3. Healthcare management in a variety of health care service settings (i.e. , Inpatient, Outpatient, including Nursing Home); that may also involve skin examinations and dermatological surgical procedures under the preceptor’s supervision; as well as other clinical inpatient or outpatient procedures typical to a family medicine setting as patient opportunities allow (such as 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) venous catheter placement, vii) fluorescein staining of the eye, viii) I and D of abscess, ix) IO line placement x) paracentesis, xi) thoracentesis)
4. Discussion of pertinent assigned readings of journal articles and educational materials with the preceptor.
5. Presentation of an independently developed formal 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 Family Medicine 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 or review of written work 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)

## **Assessment:**

Evaluation methods #1-8 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.*

The Primary Preceptor Dr. Robert Ross will be completing the assessment with input from staff and other clinical faculty who interact with the student at the Ortonville Area Health Services Site.

## **Grading Criteria:**

To receive honors, the student must:

Perform at a level deemed Outstanding by the preceptor using the Ottawa 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 4<sup>th</sup> 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 Sub-I.

To pass the AI, the student must:

Have completed the Sub-I 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 Sub-I.

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

If a student fails an Sub-I, the Sub-I 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. Reassignment of the student by the Department to another 2 weeks with a preceptor and site of the Department's choosing. In order to pass the Sub-I, the student will be required to meet the original passing requirements. A student may not receive honors on an Sub-I that was initially failed.