

Sub-Internship Description

Campus: Bismarck (Southwest)

Department: Internal Medicine

Sub-Internship Title: Internal Medicine Sub-I

Course Number: IMED 9197-02

Location of Sub-Internship: Sanford Health - Bismarck, ND

Preceptor(s): TBD

Period(s) offered: All Year

Course Prerequisites: Internal Medicine Clerkship

Number of students per period: 1

Phase Available: ONLY Phase 3

Purpose: The purpose of the Sub-Internship in internal medicine is to:

1. Provide a structured clinical experience in internal medicine and sub-specialty areas necessary for the care of hospitalized patients and ambulatory internal medicine patients.
2. Prepare for the patient management responsibilities of internship.

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:

12. Obtain informed consent for tests and procedures. (EPA #11 Year 4 LO 12)
13. Perform the following procedures under the supervision of an attending physician or resident if encountered during the rotation.(Arthrocentesis, Paracentesis, Bedside Ultrasound, Punch Skin Biopsy)
EPA #11, EPA #12 Year 4 LO 12
14. Effectively call specialty providers for consults. EPA #9 Year 4 LO 7

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. Admit patients to the hospitalist service including performing the admission history and physical exam, developing an assessment and plan, presenting and documenting HPI, placing admit orders under the supervision of a Hospitalist (1-2 per day)
3. Daily care of 4-8 inpatients including rounds, presentation of the daily update, documentation and coordination of care. Coordination of care will include working in an interdisciplinary team with OT, PT, Speech therapy, Case management, nursing and RT.
4. Placing consults to specialty providers
5. Responds to questions, emergencies (rapid responses and code blues) on the patients primarily assigned to the student under the supervision of attending physician
6. Perform discharge rounds and coordinate care with primary care physician for safe hand off.
7. Perform above mentioned procedures under supervision of attending.
8. Instruction on the interpretation of lab studies, electrocardiography, radiography, pulmonary function testing, and other tests as ordered and performed by the internal medicine preceptor.
9. Attend noon conferences held at the respective Medical Center.
10. Participate in teaching 3rd year medical students.

Evaluation Methods: The preceptor will:

1. By direct observation, evaluate the student's ability to perform a complete history and physical pertinent to the Sub-I 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)

Include below the evaluation methods to be used for the specialty specific objectives. Link the evaluation method to the objective #.

8. By direct observation assess the student's ability to perform procedures including obtaining Informed Consent. (objective #11, 12)

Assessment:

Evaluation methods #1-7 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 below the method of assessment for the specialty specific evaluation methods.

1. By direct observation assess the student's ability to perform procedures including obtaining Informed Consent. (objective #11, 12)

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

- The student is evaluated by the attending physician.

- Grading is done using the following formula: 10 question evaluation (see Sub-I evaluation form attached) with maximum possible points of 50. Required minimum for pass is 25. Average of at least 2 evaluations required.
- Required clinical encounters check list (see attached list) - participation in 15 out of 20 encounters required to pass. Each encounter is awarded 1 point.

Grading Criteria:

To receive honors, the student must: Score **55 points** aggregate between preceptor evaluations and required clinical encounters and receive no scores less than 3 for any specific item.

To pass the Sub-I, the student must: **Score 25 points in preceptor evaluations and 15 points in required encounters** for aggregate minimum of 40 points and receive no score less than 2 for any specific item.

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 the Office of Student Affairs. The minimum remediation for this Sub-I will be repeating the Sub-I with one preceptor for one week to reevaluate and/or arrangements with the course director to experience the missed required clinical encounters. 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.

Required clinical encounters list - Internal medicine Sub-I

- Abdominal pain
- Acute GI bleed
- Acute CHF
- Acute renal failure
- Altered mental status
- Tachyarrhythmia
- Bradyarrhythmias
- Chest pain
- Drug/Alcohol overdose/Withdrawal
- Acute COPD/Asthma exacerbation
- Electrolyte disorders
- Fever
- Glycemic control
- Hypertensive urgency/emergency
- Nausea/vomiting
- Pain management
- Acute respiratory distress
- Hypotension/shock
- Stroke
- Seizures