

Sub-Internship Description

Campus: SE campus – Fargo

Department: Internal Medicine

Sub-Internship Title: Night Float Hospital Medicine Sub-I

Course Number: IMED 9227

Location of Sub-Internship: Sanford Medical Center & Sanford Broadway Medical Center, Fargo ND

Preceptor(s): Hospitalist Department Physicians

Course Prerequisites: IMED Clerkship

Period(s) offered: All year

Phase Available: ONLY Phase 3

Number of students per period: 1

Purpose: The purpose of the sub-internship in night float hospital medicine is to: 1. Provide a structured clinical experience in internal medicine and sub-specialty areas necessary for the initial and subsequent care of the hospitalized patient, 2. Prepare for the patient management responsibilities of internship, and 3. Gain experience in care of hospitalized patients with specific attention to cross cover calls, rapid responses, code blues, etc.

Hours: All UND duty hours policies apply. Total of 160 hours minimum are required. Shifts could range from 6-12 hours and will be between 4PM-8AM.

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. 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. Admitting 1-4 patients per night, to the hospitalist service, including performing the admission history and physical examination, developing an assessment and plan, presenting and documenting the history & physical exam, placing admission orders under the supervision of a hospitalist, consulting any other services as deemed necessary and coordinating with them.
2. Following the patients and continuing to monitor their progression and making any necessary changes required in their management plan throughout the duty hours.
3. Communicating with team members where needed including the supervising hospitalist, nursing, consultant services, and other ancillary services including respiratory therapy to ensure patient is getting appropriate care in a timely fashion.
4. Participating in rapid responses and code blues under supervision of the hospitalist.
5. Performing procedures as outlined in the objectives, under the supervision of the hospitalist.
6. Answering cross-cover calls on patients under supervision, while learning to determine which patients need to be seen at the bedside and which calls can be handled over the phone alone.
7. Participate in hand offs done between hospitalists or residents at the change of the shift.

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. This includes verbal presentation and written H&P, consult note, rapid response note, code note, cross-cover note. (Objective #7)
6. By direct observation and via feedback from the healthcare team, patients, and their families about student’s ability to communicate, including cross coverage calls, communicating with consultants, sign-out to team, medical learner, or attending taking over care. (Objective #8, 9, 13)
7. By review of written or verbal presentation made by the student evaluate the student’s ability to use evidence-based information to direct patient care questions. (Objective #10)
8. By direct observation assess the student’s ability to perform procedures including obtaining 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 student is evaluated by a minimum of 2 attending physicians over the course of 1 month.

Grading is done using the following formula: 10 question evaluation (see Sub-I night float evaluation form attached) with maximum possible points of 50. Required minimum for pass is 25. At least 2 evaluations required.

Required clinical encounters check list (see attached list) – participation in 15 of the 28 'required clinical encounters' on the checklist below is required to pass. Each encounter is awarded 1 point. Maximum of 20 points possible.

The student will have attending initial and date the encounter list at the end of the shift.

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 the student does not pass the 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. 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. Minimum remediation will consist of: If failed in preceptor evaluations (points less than 25) - will be required to repeat Sub-I with 1 preceptor for a week and re-evaluate

If failed in required clinical encounters- the remediation plan will specify how required encounters will be remediated.

Required clinical encounters list-

Minimum of 15 are required to pass, maximum 20 points possible. Each encounter is awarded 1 point.

1. abdominal pain – evaluation and management
2. acute gastrointestinal bleed
3. acute CHF
4. acute kidney injury
5. acute encephalopathy
6. tachyarrhythmias/bradyarrhythmias
7. chest pain - evaluation and management
8. acute coronary syndrome
9. drug/alcohol overdose/withdrawal
10. acute COPD exacerbation
11. electrolyte disorders
12. fever
13. diabetic ketoacidosis
14. hypertension – including urgencies and emergencies
15. nausea/vomiting
16. pain management
17. acute respiratory failure
18. shock/hypotension
19. CVA
20. seizures
21. acute cholecystitis
22. lower & upper respiratory tract infections
23. lower & upper urinary tract infections
24. diabetic foot infection
25. acute fractures
26. general surgical conditions requiring medical consultations
27. cardiopulmonary arrest
28. skin and soft tissue infections