

## Sub-Internship Description

**Campus:** Northwest

**Sub-Internship Title:** Ob/Gyn Sub-Internship, Minot

**Location of Sub-Internship:** Trinity Health Center, Minot ND

**Department:** Obstetrics/Gynecology

**Course Number:** OBGY 9410-02

**Preceptor(s):** David Billings, MD

**Period(s) offered:** By Request Only

**Number of students per period:** 1, with preapproval

**Purpose:** To provide advanced experience in Ob/Gyn, to prepare students for patient management responsibilities expected of a first year OB/GYN resident and assessed by professional entrustment scales.

**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. *(If appropriate to the specialty)* Obtain informed consent for procedures.
  - a. Competency 4.9
  - b. EPA #11
13. Demonstrate advanced knowledge of common Obstetrical and Gynecological procedures, including their indications, non-surgical alternatives, expected outcomes and patient safety protocols.
  - a. Competency 2.5, 2.6, 2.7, 3.3, 3.4, 3.5, 3.6,
  - b. EPA #3, 6, 7
14. Demonstrate the skills required to assist or actively participate in common Obstetrical and Gynecological procedures including surgical suturing and surgical assisting.
  - a. Competency 3.6
  - b. EPA #9, 12, 13
15. Demonstrate the preoperative preparation and postoperative management of patients with common Obstetrical and Gynecological conditions.
  - a. Competency 2.5, 3.1, 3.2, 3.4,
  - b. EPA #10, 12

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

1. The student will assume primary responsibility for his or her assigned patients under the supervision of an upper-level resident or attending.
2. Perform supervised pre-operative surgical consultation on either an inpatient or outpatient basis.
3. Actively participate in the pre-operative work-up of patients.
4. Perform supervised post-operative care of obstetrical and gynecological patients, whether inpatient or outpatient.
5. The student will participate in the management of procedures and post-op cases as well as be an active participant in the delivery process of patients.

**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. *(Sub-I 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. *(Sub-I 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. *(Sub-I Objective #4, 6, 13, 15)*
4. By direct observation, verbal discussion or review of written work, evaluate the student’s selection and interpretation of screening and diagnostic laboratory tests. *(Sub-I Objective #5)*
5. By direct observation, evaluate the student’s documentation of clinical encounters. *(Sub-I 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. (*Sub-I Objective #8, 9*)
7. By reviewing written or verbal presentations made by the student, evaluate the student's use of evidence-based information to research a patient care question. (*Sub-I Objective #10*)

**Specialty Specific Evaluation Methods:** Include below the evaluation methods to be used for the specialty specific objectives. *Link the evaluation method to the Sub-I objective #.*

8. By direct observation evaluate the student's performance in the operating room and delivery room as well as in the performance of other procedures (Objective #13, 14)
9. By direct observation evaluate the student's ability to obtain informed consent (Objective #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. The Entrustability scale will be used.

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

The primary preceptor will be responsible for the assessment. At the discretion of the primary preceptor additional preceptors may be asked to comment.

## **Grading Criteria:**

To receive honors, the student must:

Perform at a level greater than 4.0 and none under 3.0 on the entrustability scale (average).

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To pass the AI, the student must:

Perform at a level greater than 2.0 up to 4.5 on the entrustability scale (average).

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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. 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.

A repeat month rotation.

Students must perform at the above stated passing level to receive credit.

A possible preceptor change at the discretion of the department.

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