

## Sub-Internship Description

**Campus:** SW Campus – Bismarck

**Department:** Pediatrics

**Sub-Internship Title:** Pediatrics Sub-I

**Course Number:** PED 9191

**Location of Sub-Internship:** Sanford Bismarck

**Preceptor(s):** Parag Kumar MD, Todd Twogood MD, Melissa Seibel MD, Sara Reinke MD, Dani Thurtle MD, Jagila Minso, MD

**Period(s) offered:** all (upon approval of Bismarck Pediatric faculty)

**Number of students per period:** 1

**Purpose:** To provide students an opportunity to assume intern level patient care duties while under appropriate supervision in preparation for residency.

**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, as listed on the pediatric AI checklist (see below)  
*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 procedures.

*EPA #11*

13. Choose to articulate uncertainty in patient management and choose to seek appropriate help when needed.  
*Year4LO #11 Competency 8.1, 8.8*

14. Generate patient discharge plans and execute implementation of these plans.

*EPA #8, #9 Competency 3.4*

15. Summarize the indications for, steps of the procedure and potential complications of the common pediatric procedures as listed on the AI student checklist (see below).

*EPA #12 Competency 3.6*

#### Peds Sub-I Student Checklist

Document method of learning, date and initials of teacher	Method	Date	Instructor
1. Procedures (observed, simulation or patient participation)			
a. IV and IO access			
b. Arterial and venous punctures			
c. NG placement			
d. Foley cath			
e. LP			
f. Neb administration			
g. ET intubation			
h. Hemorrhage management			
2. Interpretation (preceptor verification or MCQ)			
a. Vital signs			
b. BUN, creatinine, electrolytes			
c. CBC			
d. Bilirubin			
e. CSF			
f. CXR			
g. EKG			
3. Recognition and management (patient management, article reading or on-line)			
a. Shock			
b. Altered mental status and GCS calculation			
c. Tension Pneumothorax			
d. CHF			
e. Respiratory distress (DOPE mnemonic)			
f. Sepsis/meningitis			
g. Hypoglycemia			
h. Change in clinical status			
i. Child abuse			
4. How To's (patient management or demonstration)			
a. Admission and discharge criteria			
b. Admission and discharge orders			
c. TPN orders			
d. Patient handoffs (scripts)			

e. Consultation requests			
f. Problem oriented patient management			
g. Meaningful daily progress notes			
h. Child abuse reporting			
i. Patient and family education			
j. Seeking interpreters			
k. Delivering bad news			
l. Medication reconciliation			
m. Med dose calculations			
n. Ask and research question (PICO method)			
o. Obtain informed consent			
p. Pain management in children			

The Sub-I student checklist is reviewed weekly with the Sub-I director and the student to ensure all activities are completed prior to end of Sub-I. Online resources, simulation and reading materials may be used as an alternative form of successful completion when patient care experience not available.

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

1. Assuming primary responsibility of his or her assigned patients under the supervision of an attending physician.
2. Admitting, caring for, and discharging hospitalized patients at Sanford Bismarck under the supervision of the attending physician.
3. Performing the duties as one would in the role of a resident caring for hospitalized children which may include pediatric inpatients, PICU patients, normal newborns, and pediatric sedation patients under the supervision of the attending physician.
4. Opportunities to see patients with subspecialty pediatricians in an inpatient consulting role or in the clinic setting when possible.
5. Learning about the common and essential pediatric topics with the Pediatric Sub-I checklist and COMSEP sub-internship curriculum ([www.comsep.org](http://www.comsep.org)) as a guide.
6. Rounding daily with the attending physician.
7. Signing out assigned patients to the on-call pediatrician.
8. On call for new admissions and patient management questions with the attending pediatrician not more often than the equivalent of 1:4 nights. These can be in a block of night shifts with daytime hours off duty.
9. Writing admission H&Ps, daily progress notes, and discharge summaries on assigned patients.
10. Discussing and planning orders and management with the attending.
11. Performing common inpatient procedures under the direct supervision of the preceptor. Such procedures may include IV starts, lumbar punctures, dressing changes, gastrostomy tube replacement, and urinary catheter placement.
12. Communicating daily with patient, family, and medical care team including nursing, and consulting services.
13. Interpreting laboratory data and imaging studies.
14. Presenting at Sanford Pediatric Grand Rounds.

### **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*)
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 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. (*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. The attending physicians will assess by direct observation the student's ability to achieve specialty objective 11 using a Likert scale
9. The attending physicians will assess by direct observation the student's ability to achieve specialty objective 13 using the Entrustability scale.
10. The attending physicians will assess by direct observation the student's ability to achieve specialty objectives 12, 14, and 15 by reviewing the Pediatric Sub-I checklist.

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

Each preceptor who works with the Sub-I student will contribute to the evaluation. The Department Chair (or designee, such as the local rotation director) will compile and the evaluations from the preceptors, solicit input from the hospital staff, and submit the final assessment.

## **Grading Criteria:**

To receive honors, the student must:

- Complete all items on the Sub-I checklist
- Achieve an average Ottawa score of at least 4.0
- Have no rating of 2 or lower

To pass the Sub-I, the student must:

- Complete 90% of the items on the Sub-I checklist
- Achieve a rating of at least 3.25 on the Ottawa scale on each item
- Have no rating of 2 or lower
- Achieve a rating of at least 3 on the Likert scale items

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.

- Completion of any missing items on the Pediatric Sub-I checklist
- Additional 7 days of clinical experience