

## Sub-Internship Description

**Campus:** Fargo (Southeast)  
**Sub-Internship Title:** North Dakota State Hospital  
**Location of Sub-Internship:** Jamestown, ND

**Department:** Psychiatry & Behavioral Science  
**Course Number:** PSYB 9210

**Preceptor(s):** Eduardo Yabut, MD  
**Period(s) offered:** All  
**Number of students per period:** 1

**Course Prerequisites:** Clerkship Completion  
**Phase Available:** ONLY Phase 3

**Purpose:** To provide the medical student with advanced medical training in the treatment of seriously and persistently mentally ill patients in a state hospital 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:

12. Obtain informed consent for Medication treatment.  
EPA #11, Year 4 LO #12
13. Perform patient examinations and assessments including: mental status exam, decisional capacity, relevant neurologic examination, and assessment for abuse (domestic and chemical).  
EPA #1, 3; Year 4 LOA #3
14. Understand the application of complex psychopharmacotherapy including the use of clozapine and depotantipsychotic agents.  
EPA #4, 7; Year 4 LOA #6, 8
15. Describe the psychodynamics of patients experiencing a serious and persistent mental illness.  
EPA # 9; Year 4 LOA #2, 3

**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. Admitting, caring for, and discharging hospitalized patients under the supervision of the attending psychiatrist or resident.
3. Communicating daily with patient, family, and the medical/psychiatric care team as appropriate.
4. Participate in patient rounds, team meetings, and staffing.
5. Use of medical libraries and information technology, including internet-based searches and literature and drug databases (e.g. Medline) to manage information, access on-line information and support their own education.

**Evaluation Methods:** The preceptor will:

1. By direct observation, evaluate the student’s ability to perform a complete history and Mental status exam pertinent to serious and persistently ill psychiatric patients 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)
8. By direct observation, evaluate the student’s ability to obtain informed consent for medication treatment. (objective # 11)

9. By direct observation, evaluate the student's participation in rounds by evaluating content, presentation, and fielding of questions. (objective #14)
10. By direct observation the student's knowledge of pharmacotherapy for the seriously and persistently mentally ill. (objective #14)

## **Assessment:**

Evaluation methods #1-15 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?

The attending psychiatrist, or the psychiatry resident if delegated by the attending, will complete the student assessments.

## **Grading Criteria:**

To receive honors, the student must:

1. Achieve an average score of 4.0 on the Entrustability scale
2. Have no ratings of 2 or lower

To pass the AI, the student must:

1. Achieve a mean rating of at least 3.0 on the Entrustability scale
2. Have no ratings of 2 or lower

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 AI will be 2 additional weeks at the North Dakota State Hospital. 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 fail