

**Texas Tech University Health Sciences Center El Paso Paul L. Foster School of
Medicine**

**Internal Medicine Sub-Internship Rotation Syllabus
Academic Year 2018-2019**

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Introduction

The purpose of the Internal Medicine (IM) Sub-Internship selective rotation in the Year 4 curriculum is to assist the student in reviewing and enhancing competencies for the evaluation and management of Internal Medicine patients in an efficient manner. During the rotation, students will hone many of the skills used in the management of patients in the hospital. These skills include documentation of patient care. In addition, they will solidify clinical skills used for the evaluation and management of patients as well as for effective interaction with the patient, families, and other health care providers.

Learning Objectives of the IM sub-internship rotation corresponding to the PLFSOM Education Program Goals and Objectives

1- Patient Care

Goal: Provide patient-centered care that is compassionate, appropriate and effective.

Objectives:

- a. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan through documenting a complete history, physical examination, laboratory data and images(1.1, 1.2, 1.3, 1.4, 1.7)
- b. Demonstrates the ability to write and discuss admission orders using treatment guidelines and algorithms (1.2, 1.7)
- c. Prioritize tasks for daily patient care in order to utilize time efficiently (1.3,1.4)
- d. Recognizes when a patient's condition or preferences requires deviation from general treatment guidelines and algorithms (1.6)
- e. Patient notes and presentations are accurate, organized and focused (1.1, 1.7, 4.2)
- f. Interpret laboratory data, imaging studies, and other tests required for the area of practice (1.3)
- g. Develop appropriate differential diagnosis and management plan using the given patient information and following the up-to-date scientific evidence (1.2, 1.6, 2.3)
- h. Recognize life threatening conditions and patients requiring immediate attention (1.5)
- i. Communicate effectively with the patients and families, involving the patients in decision making, and providing them with preventive health care services (1.8, 1.9, 4.1)

Assessment: Clinical Evaluations, discharge summary, returned orders, returned prescriptions, and sign out sheet.

2- Medical Knowledge

Goal: Demonstrate Knowledge of established and evolving knowledge in Internal Medicine and apply this knowledge to patient care.

Objectives:

- a. Demonstrate knowledge of health problems, risk factors, and treatment strategies of commonly encountered health conditions (2.4, 2.6)
- b. Apply the basic and updated evidence based medicine to patient care (2.2, 2.3)

Assessment: Clinical evaluations, returned orders and prescriptions.

3- Practice-Based Learning and Improvement

Goal: Demonstrate the student's ability to continuously improve patient care based on self-evaluation and feedback.

Objectives:

- a. Identify and address self-limitations (3.1)
- b. Accept feedback from faculty and residents, and continue to work on self-improvement (3.3)
- c. Use the available resources and references to access evidence based medicine to solve clinical problems(3.4,3.5)

Assessment: Clinical Evaluations.

4- Interpersonal and communication skills

Goal: Demonstrate the ability to effectively communicate with Patients, families and health care professionals.

Objectives:

- a. Communicate effectively with patients and patient's family members (4.1, 4.3)
- b. Communicate effectively with physician and non-physician members of the health-care team and consultants (4.2)

Assessment: Clinical Evaluations, and returned sign out sheet.

5- Professionalism

Goal: Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

Objectives:

- a. Demonstrate sensitivity to cultural issues and to patient preferences and incorporate knowledge of these issues into discussion with patients (5.1)
- b. Show respect for patient autonomy and the principle of informed consent (5.2)
- c. Demonstrate respect for patient's rights and confidentiality (5.2, 5.4)

- d. Show respect for, and willingness to, assist all members of the health care team (5.3)
- e. Demonstrate compliance with local and national ethical and legal guidelines governing patient confidentiality in both written documentation and verbal communication with the patient's family members (5.5, 5.6)
- f. Arrive on time for the rounds, morning reports and noon conferences, and return the required assignments timely to the coordinator.(5.7)

Assessment: Clinical Evaluations, conference attendance sheet.

6- System-Based Practice

Goal: Demonstrate the ability to use the system resources to provide optimal care.

Objectives:

- a. Access the clinical information system in use at the site of health care delivery (6.1)
- b. Coordinate care plan, involve social workers when needed, to reduce risks and costs for the patients (6.2, 6.3)
- c. Demonstrates the ability to organize and prioritize information for handover communication (6.4)
- d. Demonstrate the ability to work effectively with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists, pharmacists, nutrition support staff and discharge planners (6.4)

Assessment: Clinical Evaluations, returned orders and prescriptions.

7- Interprofessional Collaboration

Goal: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care”

Objectives:

- a. Recognize one's own role as well as the roles of other health care professionals (7.1, 7.2)
- b. Engage effectively as a team member during daily rounds and be able to manage conflicts appropriately (7.3, 7.4)

Assessment: Clinical Evaluations.

8- Personal and Professional Development

Goal: Demonstrate the qualities required to sustain lifelong personal and professional

growth.

Objectives:

- a. Recognize when to call a consult for a patient (8.1)
- b. Identifies one's limitations and seek self-improvement through problem identification and critical appraisal of information (8.1, 8.5)
- c. React appropriately to stressful and difficult situations (8.2, 8.3)
- d. Demonstrate improvement following mid-rotation feedback (8.5)

Assessment: Clinical Evaluations.

IM Sub Internship Guidelines

The following guidelines are provided to clarify the duties and responsibilities of MSIVs on their Sub-internship rotation in Internal Medicine:

1. The sub-intern will be under the direct supervision of the senior resident of the team and will have the same responsibilities assigned to the interns.
2. The sub-intern will take call with the team. Call is subject to student duty hour limitations, which is a maximum of 16 hours in a shift with a mandatory 10 hour break between shifts.
3. The sub-intern will have one day off per week, with a total of 4 days off per 4-week rotation, these days off have to be on a regular day (not short call, nor long call and not post-call), if the student chooses a day during the weekend, it has to be either Saturday or Sunday, not both as it was on third year. The student will be responsible to inform the team about the planned days off at the beginning of the rotation so that they are aware why the student is absent on those days
4. The optimal patient load for a sub-intern will be between 3 to 5 patients. The sub-intern should admit at least 1 or 2 patients per **short** call, and 2-3 per long call to keep the total number of new and follow up patients not less than 3 and up to 5.
5. A comprehensive history and physical exam with assessment and plan must be performed in all new patients the day of admission and recorded on the blue Progress Record, which will be evaluated by the direct supervising faculty.
6. All sub-interns are responsible for writing daily problem-oriented notes on all their patients, which will be evaluated by the direct supervising faculty.
7. All the admission notes and the progress notes written by the students, will be used for student assessment and cannot be further signed or used by residents or other health care team members (intern/senior/faculty).

Approved by the CEPC on May14, 2018

8. All sub-interns will write up one discharge summary on a patient they have taken care of during their rotation and present to the Year 4 Sub-internship director for review, critique, and grading.

9. Morning Report attendance and noon conference attendance are **mandatory** for all sub-interns who are attending at the University Medical Center only. They will be excused from these activities on post call days, as is the rest of the team.

Locations: Students will be assigned to one of the following locations:

University Medical Center, El Paso, TX
William Beaumont hospital, El Paso, TX

Duration: Four weeks

Mid-Rotation assessment

Students will be given a mid-rotation evaluation sheet to be filled by the direct supervising faculty and turned back to the course coordinator at the midpoint of the rotation, 2 weeks from the first day; this evaluation will help the student to identify strength and weakness, for further improvement toward the end of the rotation.

- By Mid-Rotation student are required to turn in 5 notes (reviewed and signed by Attending/Senior Resident).

Grading

Student clinical performance is based on the sub-internship director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.

Possible Final Grades are Honors, Pass, Fails, and Incomplete, A student who fails Professionalism may be receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items. Overall grade is based on the assessment in each of the 8 competencies:

- **Honors**, if all of the following are true:
 - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
 - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:

- Minimum of 6 of the 8 individual competencies rated as “Honors” or “Pass” on the final clerkship evaluation
 - No more than 2 individual competencies rated as “needs improvement” on the final clerkship assessment
 - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A **failing** clinical assessment is assigned if **any** of the following are true.
 - 3 or more individual competencies rated as “needs improvement” on the final clerkship assessment
 - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- An **incomplete** grade will be assigned any student who has not completed required assignments, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

Components

1. Clinical Performance
2. Documentation
 - a) Admission History and Physical Examination, and daily progress notes (SOAP notes), evaluated by the direct supervising faculty.
 - b) Student will turned in 5 notes signed by current Attending/Senior Resident.
 - c) One discharge summary at the End of rotation evaluated by the course director.
 - d) Attending daily residents’ Morning reports and noon conferences, as per sign in sheet collected by the course coordinator.
 - e) Return a completed orders form, prescriptions and sign out sheets which will be given to the subintern in the beginning of the rotation.

Absence Policy

Please refer to the common clerkship policies.

Op-Log

These are the standard cases needed to be seen by MS4 during IM subI rotation, as per the CDIM student's guide, Students are required to submit an op-log at least once a week for each patient they have seen during the 4 week rotation, with a minimum of 15 cases to be entered during the rotation.

Approved by the CEPC on May14, 2018

The first 5 cases are “must see” and will be required to pass the rotation. Level of involvement required is assist or manage for the mandatory cases.

- 1) Abdominal Pain
- 2) Chest Pain
- 3) Glycemic Control
- 4) Acute Renal Failure
- 5) Altered Mental Status
- 6) Acute Gastrointestinal Bleeding
- 7) Hypertensive Urgency
- 8) Electrolyte Disorders
- 9) Pain Management
- 10) Acute Pulmonary Edema
- 11) Respiratory Distress
- 12) Seizures
- 13) Nausea and Vomiting
- 14) Fever
- 15) Arrhythmias
- 16) Shock
- 17) Drug Withdrawal

If the student didn't meet the Op-Log requirements, and didn't encounter one or more of the five must see cases, a meeting will be arranged with the course director to address the missing cases through selective case discussion.

Suggested readings:

- <http://www.guideline.gov/>
- UpToDate
- <http://jamaevidence.mhmedical.com/>
- MKSAP

References

- PLFSOM Institutional Learning goals and Objectives, by the PLFSOM Curriculum and educational Policy committee, March 9, 2015.
- Common Clerkship requirements, Office of Medical Education, TTUHSC El Paso, PLFSOM 2016.
- Core Entrustable Professional Activities for Entering residency, curriculum developer's Guide, Association of American Medical colleges (AAMC), version 1.0, 2014.
- Core Medicine clerkship curriculum Guide, A Resource for Teachers and Learners, Version 3.0, 2006.