Texas Tech University HSC, Paul L Foster School of Medicine
Internal Medicine Sub-Internship Rotation Syllabus
Academic Year 2026-2027

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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.

Academic Success and Accessibility Office
Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Counseling Assistance

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling **915-215-TALK (8255)** or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting **988**.

Reporting Student Conduct Issues:

Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team:

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.

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, 4.4)
b. Demonstrates the ability to write and discuss admission orders using treatment guidelines and algorithms (1.2, 4.4)
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 (1.2)
e. Patient notes and presentations are accurate, organized and focused (1.1, 4.4, 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, 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 (1.6, 1.7, 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, 3.1)
c. React appropriately to stressful and difficult situations (8.2, 8.3)
d. Demonstrate improvement following mid-rotation feedback (3.1)

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. The student will attend at least 3 nights per rotation, and 3 shift of 12 hours (day time for long call) per rotation. The student will follow the call schedule of an intern on the IM inpatient service when the team is on long call. On long call days-student must carry in-call phone at least 2 days and the student will need to sign out their patient's to long call team-they cannot leave until this is done. The student will be assigned by the senior resident to work a mix of day and night shifts. The day shift begins with pre-rounds and ending at 9PM. When assigned to the night shift, the student will attend rounds and leave by 11 AM, and then return after a 10 hour break at 9 PM staying through the night, leaving by 1PM at the latest.

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 choses 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 will be directly paged to be involved in patients care. The MS4 may consult with the senior resident when unsure of plan or anything involving the care of the 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 EMR system and sent to resident 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).

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.

10. Students will be expected to participate and present in Journal Club. Medical Student can pick an article at the beginning of rotation and present to the respective team on the day of preference of Attending team: If there are two MS4s on the team divide in such a way that each Student will present to a different Attending. By end of the rotation upload in Elantra under folder “Article”.

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

- University Medical Center, El Paso, TX
- William Beaumont hospital, El Paso, TX *(On Hold)*
- THOP Transmountain Campus, 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.

- Assignments turned in late will be considered a professionalism issue and will be marked as a “needs improvement” under Professionalism.

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 sub-intern in the beginning of the rotation.
    f) A grade will be given after journal club presentation.

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.

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.

Sample Calendar

See next page.

Sample Schedule: MS4 Purple Team

							1 June
LONG CALL TEAM (3pm-7am)							BLUE
Long Call Senior							
Long Call Intern							
Long Call Intern							
Long Call Attending							
	2 June	*3 Mo 1*	*4 Tu 2*	*5 We 3*	*6 Th 4*	*7 Fr 5*	8 Sa
LONG CALL TEAM (3pm-7am)	MS4 Will be on long call team on June 03 Night Shift 10pm -1pm (next day)	PURPLE	YELLOW	GREEN	BLUE	MS4 Will be on long call team on June 08 Night Shift 10pm -1pm (next day)	PURPLE
Long Call Senior		MORALES					MORALES
Long Call Intern		GHIMIRE					GHIMIRE
Long Call Intern		GALURA					GALURA
Long Call Attending		DIHOWM					DIHOWM
	9 Su	*10 Mo 6*	*11 Tu 7*	*12 We 8*	*13 Th 9*	*14 Fr 10*	15 Sa
LONG CALL TEAM (3pm-7am)	YELLOW	GREEN	BLUE	MS4 Will be on long call team on June 13 Night Shift 10pm -1pm (next day)	PURPLE	YELLOW	GREEN
Long Call Senior					MORALES		
Long Call Intern					GHIMIRE		
Long Call Intern					GALURA		
Long Call Attending					DIHOWM		
	16 Su	*17 Mo 11*	*18 Tu 12*	*19 We 13*	*20 Th 14*	*21 Fr 15*	22 Sa
LONG CALL TEAM (3pm-7am)	BLUE	MS4 Will be on long call team on June 18 Day Shift 8am -9pm	PURPLE	YELLOW	GREEN	BLUE	MS4 Will be on long call team on June 23 Day Shift 8am -9pm
Long Call Senior			MORALES				
Long Call Intern			GHIMIRE				
Long Call Intern			GALURA				
Long Call Attending			DIHOWM				
	23 Su	*24 Mo 16*	*25 Tu 16*	*26 We 16*	*27 Th 16*	*28 Fr 16*	29 Sa
LONG CALL TEAM (3pm-7am)	PURPLE	YELLOW	GREEN	BLUE	MS4 Will be on long call team on June 28 Day Shift 8am -9pm	PURPLE	YELLOW
Long Call Senior	MORALES					MORALES	
Long Call Intern	GHIMIRE					GHIMIRE	
Long Call Intern	GALURA					GALURA	
Long Call Attending	DIHOWM					DIHOWM	
	30 Su						
LONG CALL TEAM (3pm-7am)	GREEN						
Long Call Senior							
Long Call Intern							
Long Call Intern							
Long Call Attending							

6.6.2019

Preparation for Teaching

Attending faculty and residents will be oriented to the experience by the IM Sub-Internship Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a “Residents as Teachers” program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.

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.

Disclaimer on artificial intelligence:

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.