

Course: Medicine Sub Internship Selective
Department: Department of Internal Medicine
Faculty Coordinator: Nicole Oakman, MD
Assistant Faculty Coordinators:

Course Number: MED 1911

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Hospital: (Location of rotation) CUH, Parkland, VA
Periods Offered: Blocks 1-12 (blocks 1 – 3 and blocks 5 & 6 require special permission)
Length: 4 weeks
Max # of Students: 18

First Day Contact: Nicole Oakman, MD Email: IMSubi@utsouthwestern.edu
First Contact Time: Email will be sent to students prior to the start of the rotation.
First Day Location: Email will be sent to students prior to the start of the rotation.
Prerequisites: Completion of MED 1801

Course Description

Students will spend one month in on an inpatient general medicine team at Parkland Hospital (PHHS), Clements University Hospital (CUH), Dallas VA medical center (DVAMC) or another affiliated hospital. Students will be asked to complete a preference survey with their preferred location prior to the start of the rotation. Assignments will be made based on requests and availability. If you sign up for the rotation late or switch months, please contact Dr. Nicole Oakman with your preferences as soon as possible. Students may be assigned to rotate on a traditional wards team or a hospitalist team. The traditional wards team may include a senior resident, interns, and medical students completing their Internal Medicine clerkship. On a hospitalist team, the student may be paired with a hospitalist attending directly and will follow the hospitalist's schedule and see a subset of the hospitalist's patients. In both instances, students are given the responsibilities of an intern in patient care. Students planning to apply into Internal Medicine are encouraged to complete the course during blocks 11 and 12 of their MS3 year (if MED 1801 previously completed) or during blocks 1-3 of their MS4 year if a final grade is desired prior to submission of residency applications.

Selective expectations include:

- *The student is required to provide patient care at the level of an intern under the direct supervision of attending faculty members or clinical fellows.*
- *The student will assess patients, develop and implement patient care plans. They will be specifically graded on their ability to manage patients.*
- *The student will assist with and/or perform procedures as appropriate.*
- *Attendance at divisional and departmental meetings, and/or patient care conferences will be required as appropriate.*
- *The student is required to demonstrate critical thinking and medical knowledge via a formal assessment method similar to a grand rounds, which may include an oral*

“presentation, exam, dissemination of critically reviewed literature, or equivalent product.”

Goals	Objectives	Assessment Methods
Patient Care: Assessment and Management <ol style="list-style-type: none"> 1. <i>Students will demonstrate the knowledge, attitudes and skills necessary to perform appropriately focused and accurate histories and physical assessments and document the findings accurately in the health record.</i> 2. <i>Students will assist in development of evaluation and treatment plans, and take responsibility for implementation.</i> 3. <i>Students will develop procedural skills related to thoracentesis, paracentesis, lumbar punctures.</i> 	<p>Students, together with supervising faculty and house staff, must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p> <p>Students are expected to:</p> <ol style="list-style-type: none"> 1. Interview the patients and obtain the vital information for patient care. Example: History, physical examination, and relevant lab data when admitting a patient for chest pain 2. Interpret the data and discuss the plan with the patient and family. Example: Discuss with the patient about the possibility of CAD and the risk stratification. 3. Promote general health maintenance and disease prevention. Example: Check the lipids in a patient with chest pain and recommend preventative measures such as smoking cessation, weight loss, etc. 4. Consult with specialty services to coordinate care. Example: Consult with Cardiology for recommendations on risk stratification of a patient with chest pain. 	<ul style="list-style-type: none"> • <i>Quality of medical records entries</i> • <i>Skills evaluation from direct observation.</i>
Medical knowledge: <ol style="list-style-type: none"> 1. <i>The student will know how to assess and manage common complaints in the hospitalized patient</i> 	<p>Students should demonstrate knowledge about a wide variety of medical illnesses and apply this to patient care.</p> <p>Students are expected to:</p>	<ul style="list-style-type: none"> • <i>Oral presentations</i>

<p><i>on an Internal Medicine Service.</i></p> <p>2. <i>The student will know the pathophysiology of common diseases encountered in the hospitalized patient on an Internal Medicine Service.</i></p>	<ol style="list-style-type: none"> 1. Provide the differential diagnosis of a chief complaint and provide a treatment plan to investigate the causes. Example: Discuss the causes of shortness of breath and plan a strategy for work-up. 2. Apply the current clinical knowledge to arrive at a unifying diagnosis with the team and treat the patient. Example: Obtain a CXR on the patient with dyspnea to diagnose pneumonia and treat with antibiotics. 	
<p>Interpersonal and communication skills: <i>The students will effectively exchange information with patients, families, consultants and the team, including nurses, faculty, residents and ancillary staff.</i></p>	<p>Students must be able to communicate effectively between the team, patients, and their families.</p> <p>Students are expected to:</p> <ol style="list-style-type: none"> 1. Communicate with the patient to explain the diagnosis and treatment plan. Example: Explain the cause of abdominal pain and the planned work-up. 2. Discuss with the residents and attending the plan and history/physical. Example: Present the history and physical to the team post-call and daily rounds. 3. Work with ancillary staff to provide care. 	<ul style="list-style-type: none"> • <i>Observations by faculty and staff</i>
<p>Practice Based learning and Improvement: <i>Students will demonstrate the ability to assimilate scientific evidence and improve patient care practices.</i></p>	<p>Students should be able to assimilate scientific evidence and improve patient care.</p> <ol style="list-style-type: none"> 1. Perform a literature search to evaluate outcomes of treatment for the patient's illness. Example: Do a literature search to evaluate the treatment of TB in HIV patients. 2. Follow the patient's daily labs (if needed) and treat any deficiencies. Example: Monitor the liver function tests on TB 	<ul style="list-style-type: none"> • <i>Oral presentations</i> • <i>Critical review of a relevant article</i>

	therapy and stop therapy if elevated	
Professionalism: <i>Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</i>	<p>Students should perform to their best ability and adhere to ethical behavior while taking care of the patients.</p> <ol style="list-style-type: none"> 1. Adhere to the principles of informed consent and patient confidentiality. Example: Discuss the patient's care only with the patient and members of the team. 2. Respect the patient's cultural background in taking care of them. Example: Patient who is a Jehovah's Witness refusing blood transfusions. 3. Behave in a professional manner with the other members of the team. Example: Act as the intern on the team in taking care of the patient, taking responsibility and ownership for the patient. 	<ul style="list-style-type: none"> • <i>Observations of faculty and staff</i>
Systems based practice: <i>Work with the team and patients to optimize use of system resources</i>	Communicate with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed.	<ul style="list-style-type: none"> • Observations of faculty and staff • Reflection essay • Group discussion

Methods of Instruction:

- A. Didactic
- B. Clinical
- C. Team-Based Learning
- D. Simulation

Clinical teaching occurs daily, with attending physician and residents. Schedule of didactics/formal teaching varies per site and the schedule will be distributed at orientation.

Overview of student responsibilities

Sub-interns (acting interns) are expected to assume primary responsibility for the patients' complete care until discharge. The sub-interns' responsibilities include:

- Writing documentation in the electronic medical record including H&Ps, daily progress notes, and discharge summaries.
- Presenting patients to attendings and/or residents during rounds, including both new and established patients.
- Writing orders for their patients. Orders will be pended to be reviewed and signed, if appropriate, by the resident or faculty.

- Communicate with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed.
 - Students will generally follow **3-6** patients daily, preferably cases that they have worked up since admission.

Absences

All students must have one day off a week, and this day cannot be a call or post-call day (for wards teams). All students will get the weekend off after their rotation. Additional absences beyond the 4 days off per month are not allowed for any reason including interviews. Please indicate any anticipated scheduling conflicts on the preference form prior to beginning the rotation. The only excused absence is for either personal illness or a family emergency. Any absence must be reported to the course director immediately. Failure to do so will result in the submission of a professionalism form and a discussion with the deans. It is strongly recommended to avoid scheduling your sub-I when you have interviews.

Method of evaluation of students and requirements

Grading will be Honors/High Pass/Pass/Fail. Your grade will be determined based on feedback from the attending and resident evaluations. Also, attendance and punctuality at required conferences and completion of any additional required coursework will be included in the evaluation.