

Course: Medicine Sub Internship Selective

Course Number: MED 1911

Department: Department of Internal Medicine

Faculty Coordinator: Kehinde Odedosu MD

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Hospital: (Location of rotation) CUH, Parkland, VA

Periods Offered: Blocks 1-12

Length: 4 weeks

Max # of Students: 20

First Day Contact: Kehinde Odedosu 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: Passing grade in 3rd year Internal Medicine Clerkship

Course Description Students will spend one month in either an inpatient setting at PHHS, CUH or DVAMC. The students may request to rotate on: PHHS wards, VA wards, CUH Hospitalist, or PHHS Hospitalists. The assignments will be made based on requests and space availability. A preference form is sent out via e-mail about 1 month prior to the start of the block. If you sign up for the rotation late or switch months, please contact Dr. Kehinde Odedosu with your preferences, which will be based on availability. For the hospitalist option, students are paired with a hospitalist and follow their schedule and a subset of the hospitalist's patients. There are no residents on the hospitalist services.

Students are given the responsibilities of an intern in patient care and will work under the supervision of the resident (on ward teams) and attending.

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 which may include an oral "Grand Rounds type "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. 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. 2. Students will assist in development of evaluation and treatment plans, and take responsibility for implementation. 3. Students will develop procedural skills related to thoracentesis, paracentesis, lumbar punctures. 	<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"> • Quality of Medical Records entries • Skills evaluation from direct observation.
Medical knowledge: <ol style="list-style-type: none"> 1. The student will know how to assess and 	<p>Students should demonstrate knowledge about a wide variety</p>	<ul style="list-style-type: none"> • Oral presentation

<p><i>manage common complaints in the hospitalized patient 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>	<p>of medical illnesses and apply this to patient care.</p> <p>Students are expected to:</p> <p>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.</p> <p>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>	
<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> <p>1.) Communicate with the patient to explain the diagnosis and treatment plan. Example: Explain the cause of abdominal pain and the planned work-up.</p> <p>2.) Discuss with the housestaff and attending the plan and history/physical. Example: Present the history and physical to the team post-call and daily rounds.</p> <p>3.) Work with ancillary staff to provide care. Example: Communicate with nurses any changes in the plan.</p>	<ul style="list-style-type: none"> • <i>Observations of 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> <p>1.) Perform a literature search to evaluate outcomes of treatment for the patient's illness. Example: Do a literature search to evaluate</p>	<ul style="list-style-type: none"> • <i>Oral presentation</i> • <i>Critical review of a relevant article</i>

	<p>the treatment of TB in HIV patients.</p> <p>2.) Follow the patient's daily labs (if needed) and treat any deficiencies. Example: Monitor the liver function tests on TB therapy and stop therapy if elevated</p>	
<p>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>	<p>Students should perform to their best ability and adhere to ethical behavior while taking care of the patients.</p> <p>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.</p> <p>2.) Respect the patient's cultural background in taking care of them. Example: Patient who is a Jehovah's Witness refusing blood transfusions.</p> <p>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.</p>	<p><i>Observations of faculty and staff</i></p>
<p>Systems based practice: 1. <i>Work with the team and patients to optimize use of system resources</i></p>	<p>Communicate with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed.</p>	<p><i>Observations of faculty and staff</i> <i>Reflection essay</i> <i>Group discussion</i></p>

Methods of Instruction:

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

Clinical teaching occurs daily, with attending physician and house staff. 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, and also present to the team/hospitalist during rounds. The sub-interns' responsibilities are: writing an H and P, daily progress notes, and discharge summaries. They are also expected to write orders (they will pend these orders and they will be reviewed and signed, if appropriate, by the resident or faculty). They are also expected to **communicate** with family members, primary care providers, consultants, allied health professionals, and other ancillary services as needed. In addition, sub-interns are expected to be first call providers on their patients. Students will follow **3-6** patients daily, preferably cases that they have worked up since admission. Overnight call is not required but if the Sub I choose to do so, he or she will follow the schedule of the resident. (Ward Sub interns only.) All students must have one day off a week, but it needs to be the weekend (Sat or Sun) so the students can attend their lectures **UNLESS** a team is on call or post-call. All students will get the switch weekend off after their rotation.

Absences

As a reminder, absences are **not allowed** for any reason including interviews. Only excused absence is for either personal illness or a family emergency. Any absence must be reported immediately. **Failure to do so will result in a professionalism form been filled out and a discussion with the deans.** Again, schedule your sub internship when you will not have interviews.

Method of evaluation of students and requirements:

Grading will be Honors/Pass/Fail. Grade will be determined by feedback from the attending evaluation. Also, included in the evaluation will be attendance and punctuality at required conferences.