

Phase 3_Sub-Internship Common Objectives

- Objective 1:** Take primary responsibility for patients and share information effectively with patients and their families. (PBMR-7, ECIS-3)
- **Objective 2:** Prioritize and organize work efficiently; demonstrate time management skills to coordinate care at the level of an intern simultaneously for multiple patients. (PBMR-5,7)
- **Objective 3:** Function as a "team player" with residents, attendings, nurses, and ancillary staff. (SATBC-2a,2b)
- **Objective 4:** Coordinate care of patients throughout the continuum of their hospitalization, including: Anticipate patient care needs and address changing priorities (PBMR-7, SATBC-2a,2b,3)
- **Objective 5:** Coordinate care and communicate information effectively at the time of admission, in handovers, with consultants and when planning discharges. (SATBC-2a,2b,3)
- **Objective 6:** Apply evidence-based medicine (EBM) principles to patient care (CLQI-3, PCMC-3)

MEDICINE SUBINTERNSHIP–SPECIFIC GOALS, OBJECTIVES AND EXPECTATIONS

Goal:

This course offers the senior medical student the opportunity to take full responsibility for patient care. The student will function as an integral member of the care team and it is expected that the student will function as an intern. The student will be responsible for the initial evaluation of patients being admitted to the hospital, developing care plans, placing orders for laboratory tests and medications, calling consults and interacting with other members of the care team (including nurses, physical therapists, social workers, etc.). The rotation emphasizes professionalism, system-based learning and communication skills. The rotation also emphasizes the development of a culture of patient safety through a computer based hand-off and sign-out course as well as requiring all students to participate in sign-out of patients to their fellow students.

The goal of the clerkship is to help students develop the skill, knowledge and confidence to be successful residents and eventually successful practicing physicians.

Objectives:

This core group of clinical skills is needed by all intern physicians in order to practice medicine, regardless of their eventual subspecialty. All subinterns (upon completion of this rotation) will be expected to show competence in these following areas:

The following are the objectives for the rotation, mapped to the Feinberg School of Medicine Competencies and to the Association for American Medical Colleges Entrustable Professional Activities (AAMC EPA's):

PATIENT-CENTERED MEDICAL CARE

1. Create independent, accurate & comprehensive written history & physicals. **(PCMC 1-2) & (AAMC-EPA 1)**
2. Synthesize clinical data into cohesive assessments & appropriately prioritize. **(PCMC-3, MKS-3a) & (AAMC-EPA 2, 3, 4, 5, 6)**
3. Independently propose daily management plans, incorporating patient preferences & values **(PCMC-3, PCMC-6, MKS-3b) & (AAMC-EPA 1,2,3)**
4. Create concise, accurate & up-to-date daily progress notes **(PCMC-3, ECIS-2) & (AAMC-EPA 5,6)**

5. Interpret diagnostic test results (cxr's, ecg's & labs) in a clinical context **(MKS-1d, MKS- 3a) & (AAMC-EPA3)**
6. Demonstrate sound clinical judgment when patients have acute care needs **(PCMC-3) & (AAMC-EPA 10)**

COMMUNICATION & INTERPERSONAL SKILLS

1. Give succinct & accurate verbal presentations and be able to defend your assessments **(ECIS 3, PCMC-3) & (AAMC-EPA 6)**
2. Communicate effectively with patients at the bedside, including counseling & education skills **(ECIS 1, ECIS 3, PCMC-6) & (AAMC-EPA 4, EPA 7)**
3. Communicate effectively with primary care physicians regarding patient handoff's **(SATBC-3) & (AAMC-EPA 8, EPA 9)**
4. Demonstrate the willingness to engage in difficult conversations (with adequate supervision) **(ECIS 4) & (AAMC-EPA 10)**

MEDICAL KNOWLEDGE & SCHOLARSHIP

1. Demonstrate knowledge of core basic science concepts, pathophysiology, & pharmacology **(MKS 1b, 1c, 1e)**
2. Apply core knowledge at the bedside, and demonstrate sound clinical reasoning skills **(MKS-3a, MKS-3b, PCMC-3) & (AAMC-EPA 7)**
3. Independently assess available clinical evidence & apply it to direct patient care **(MKS-3a, MKS-3b, PCMC-3) & (AAMC-EPA 3)**
4. Give a concise & clinically relevant educational presentation to your team **(MKS 4b) & (AAMC-EPA 7)**

CONTINUOUS LEARNING & IMPROVEMENT

1. Self-identify limitations & knowledge deficits and show a commitment to making improvements **(CLQI 1a, 2) & (AAMC-EPA 13)**
2. Understand when to say "I don't know" & ask for help (balancing autonomy & supervision) **(CLQI 1a, 2) & (AAMC-EPA 13)**
3. Demonstration of intellectual curiosity & the skills required to be a life-long learner **(CLQI 3-4) & (AAMC-EPA 13)**
4. Identify & report one patient safety or quality improvement issue which you encountered **(CLQI 5) & (AAMC-EPA 13)**

SYSTEM AWARENESS & TEAM-BASED CARE

1. Work efficiently & effectively as the acting intern on a busy academic medical service **(SATBC 1) & (AAMC-EPA 9)**
2. Interact effectively with consultants, nurses, discharge planners and social workers **(SATBC-2a, 2b) & (AAMC-EPA 9)**
3. Create concise & accurate sign-out documents for the night float team **(SATBC 3) & (AAMC-EPA 8)**
4. Create concise & accurate discharge summaries which promote safe transitions of care **(SATBC 3) & (AAMC-EPA 8)**

PERSONAL AWARENESS & SELF-CARE

1. Seek feedback on your performance & respond to feedback in a professional manner **(CLQI 1a) & (AAMC-EPA 9)**
2. Give feedback to your team members & clerkship director in a professional manner **(CLQI 1b) & (AAMC-EPA 9)**

3. Demonstrate the ability to manage stress and balance personal & professional demands for time **(PASC-2) & (AAMC-EPA 9)**

PROFESSIONAL BEHAVIOR AND MORAL REASONING

1. Interact with health-care team, patients and families in a professional manner at all times **(PASC-1, PBMR-3) & (AAMC- EPA 9)**
2. Behave with honesty, integrity, respect and compassion towards all patients, families, allied health professionals and colleagues. **(PASC 1, PBMR 3) & (AAMC-EPA 9)**

COMMUNITY ENGAGEMENT AND SERVICE

1. Identify advocacy and equity issues as they arise during the course of your daily clinical care **(CES 1-2) & (AAMC-EPA 13)**
2. Reflect thoughtfully on how we can advocate for our patients and improve delivery of care **(CES 2) & (AAMC-EPA 13)**

Core Medical Knowledge:

All intern physicians, regardless of eventual subspecialty, are expected to possess a basic fund of knowledge regarding common clinical scenarios encountered in the hospital. All sub-interns (upon completion of this rotation) will be expected to demonstrate knowledge of the proper initial approach for these common inpatient medical scenarios.

- 1) Chest pain: evaluation and initial management
- 2) Acute dyspnea: evaluation and initial management
- 3) Diffuse abdominal pain: evaluation and initial management
- 4) Delirium, altered mental status: evaluation and initial management
- 5) Fever: evaluation and initial management
- 6) Acute renal failure: evaluation and initial management
- 7) Acute gastrointestinal bleeding: evaluation and initial management
- 8) Electrolyte imbalance: evaluation and initial management
- 9) Hypertensive urgency, elevated blood pressure: evaluation and initial management
- 10) Pain management: evaluation and initial management
- 11) Hyperglycemia: evaluation and initial management
- 12) Management of the complex medical patient and prevention of complications