



# Required Wards Sub-Internship

## ORIENTATION

BRENDA BAILEY, MD – CLERKSHIP DIRECTOR

Kristin Baldea, MD – ASSISTANT CLERKSHIP DIRECTOR

VIVIAN ORTIZ – CLERKSHIP ADMINISTRATOR

# Objectives

- ▶ Review the requirements of the Ward Sub-Internship
- ▶ Review expectations for interns
- ▶ Review SMART goals

# What is a Sub-Internship?

- ▶ A fourth year medical student clerkship where students “act” as interns. They take direct responsibility for patient care at a similar level to a PGY-1.

## Sub-Internship Wards Clerkship Expectations Acknowledgment Form

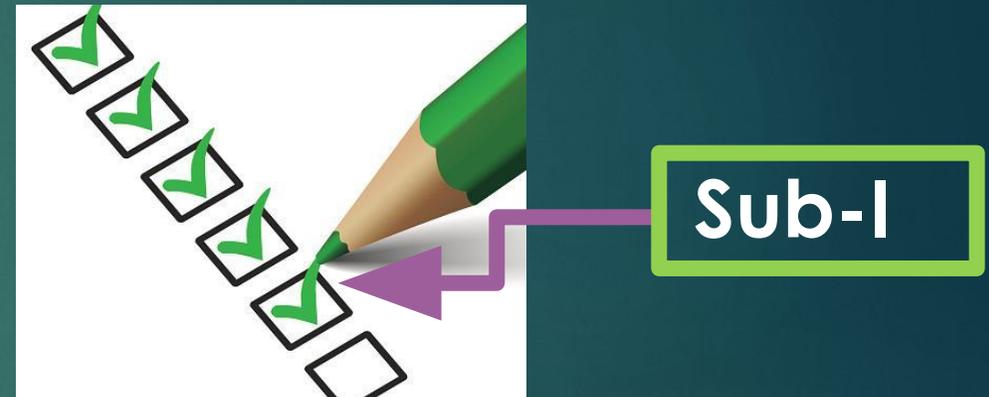
*This document is meant to help set clear expectations for the role of students on the Sub-I Wards rotation and should be completed on Day 1 with either a senior resident or attending on the service. |*

As a 4<sup>th</sup> year medical student on your service, I am expected to:

1. Assume **primary responsibility** for the care of at least 2–3 floor patients, functioning at a level similar to a PGY-1 resident.
2. **Present my patients on rounds**, including a clear assessment, differential diagnosis, and a proposed care plan supported by evidence from the literature.
3. **Write daily notes (H&P, progress, or discharge summary)** in the electronic medical record for my assigned patients.
4. **Enter orders** on my assigned patients, to be reviewed and cosigned by a supervising resident or attending.
5. **Serve as the primary communicator** for my assigned patients, including updates to the patient and family, nursing staff, consultants, and other members of the care team.
6. **Participate in daily transitions of care**, including:
  - Morning sign-out from the night team
  - Evening sign-out to the night team
7. **Recognize and escalate** concerns regarding patient deterioration or abnormal findings.

# Why do a Sub-I?

- ▶ Excellent practice
- ▶ Evolve from gatherer/reporter to interpreter/actor
- ▶ Be the primary communicator
- ▶ Be the physician



# Intern Skills Sessions (today!)

- ▶ Introduction
- ▶ Patient Evaluation Skills: Sick vs Not Sick
- ▶ Techniques for Teaching Medical Students
- ▶ Order Writing
- ▶ Pain Management
- ▶ Effective Communication

# Administrative overview

- ▶ SAKAI site
  - ▶ Learning objectives
  - ▶ Schedules/materials
  - ▶ Links to websites and forms
- ▶ Attendance/Days Off
  - ▶ 3 days off (usually 1 day per weekend)
  - ▶ During residency interview season – option for addition 2 days off but must be made up on the weekend following the exam
- ▶ PGY-1 duty hour rules apply
  - ▶ Max 80 hours per week
  - ▶ 1 day off every 7 - averaged
  - ▶ No more than every 3<sup>rd</sup> night call
- ▶ Sub-I duration: 4 weeks.
  - ▶ 21-25 actual clinical days

# Details

- ▶ Orientation/lectures on day 1
- ▶ Patient Logs
  - ▶ 6 required experiences
  - ▶ If you have not seen one or more of the required patient types you will review an alternative experience with me!
- ▶ Midclerkship Feedback – formative but required
- ▶ Direct observations - teaching and calling a consult
- ▶ Teaching Reflection
- ▶ MCQ **quiz** (based on the pain lecture)
- ▶ TWO OSCEs: Disclosing medical error and Handoff OSCE will be in person on the last day of the rotation

# Mid-Clerkship Feedback (MCF)

- ▶ Self-reflect prior to MCF on what you feel you are doing well, and what you'd like to work on for the remainder of the rotation.
- ▶ Prior to your MCF session, fill out a copy of the EPA based assessment form yourself so that the MCF session can be tailored to your goals.
- ▶ Meet with your attending at the midpoint of the rotation to have an in-person conversation that includes completion of the MCF form by the attending (this is **formative** and does not factor into the final course grade).
- ▶ You are required to turn in the completed and signed MCF form in order to complete the course.

# The 2 OSCEs

- ▶ Handoff and Disclosing medical error are IN PERSON on the last day of the rotation.
  - ▶ Handoff:
    - ▶ Pick one of your patients to do the handoff
    - ▶ Use the I-PASS format
    - ▶ Not everyone does this on a sub-i, so we evaluate it with OSCE
  - ▶ Disclosure of Medical Error
    - ▶ Introduce yourself and your role
    - ▶ Don't make excuses
    - ▶ Be honest and you don't have to take responsibility for things that you didn't do

# Assessment/Grading – Honors/HP/Pass

Component	Weight
CPE	50%
Pain Quiz	10%
Disc. Med Error OSCE	10%
Handoff OSCE	10%
Direct Obs Teaching	10%
Direct Obs Calling a Consult	5%
Teaching Reflection Paper	5%

The Pain Quiz is NOT a test, it is a quiz.

You do NOT get the day off prior to the last day (day of OSCE/Quiz) for studying. Sorry!

**Grading** - You must pass all components to get Honors. You must complete all components to get any grade at all.

- Honor cutoff score 92
- HP cutoff score 80
- Pass cutoff score 60

# EPAs and the Curriculum



## The Core Entrustable Professional Activities (EPAs) for Entering Residency

The AAMC published new guidelines in May 2014 to provide expectations for both learners and teachers that include 13 activities that all medical students should be able to perform upon entering residency, regardless of their future career specialty. The guidelines are based on emerging literature documenting a performance gap at the transition point between medical school and residency training. Entrustable Professional Activities (EPAs) were chosen as the framework for the guide because they offer a practical approach to assessing competence in real-world settings and impact both learners and patients.

## AAMC Core EPAs for Entering Residency

EPA 1	Gather a history and perform a physical exam
EPA 2	Prioritize a differential diagnosis following a clinical encounter
EPA 3	Recommend and interpret common diagnostic and screening tests
EPA 4	Enter and discuss orders and prescriptions
EPA 5	Document a clinical encounter in the patient record
EPA 6	Provide an oral presentation of a clinical encounter
EPA 7	Form clinical questions and retrieve evidence to advance patient care
EPA 8	Give or receive a patient handover to transition care responsibility
EPA 9	Collaborate as a member of an interprofessional team
EPA 10	Recognize a patient requiring urgent or emergent care and initiate evaluation and management
EPA 11	Obtain informed consent for tests and/or procedures
EPA 12	Perform general procedures of a physician
EPA 13	Identify system failures and contribute to a culture of safety and improvement

Ward Sub Internship Clinical Performance Evaluation

Student Name: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

**NOT every Stritch student is above average. A student at expected level will still receive a Pass grade on the Clinical Performance Evaluation (not the only measure upon which they are graded) and therefore can still do very well in this rotation.**

*If you feel that the student requires remediation (any of the first column boxes are chosen), please email the clerkship director at Margaret.Tsien@lumc.edu to discuss.*

	1. Needs remediation before starting internship	2. A good student. AT expected level for a 4 <sup>th</sup> year Stritch student	3. ABOVE expected level for a 4 <sup>th</sup> year Stritch student	4. EXTRAORDINARY. Top 3% of the class. *If this box is checked you will be required to give a written example of behavior	
EPA 2: Prioritize a differential diagnosis following a clinical encounter	Unable to come up with a differential for key diagnoses <input type="checkbox"/>	Proposes a reasonable differential diagnosis but misses some <u>less</u> common diagnoses <input type="checkbox"/>	Thorough and complete differential diagnosis. <input type="checkbox"/>	Broad differential, including diagnoses that one would expect a senior resident to know. Able to prioritize the most-likely and “can’t miss” diagnoses appropriately. <input type="checkbox"/>	N/A <input type="checkbox"/>
EPA 3 and 4: Recommend and Interpret Common Diagnostic and Screening Tests  Enter and Discuss Orders/Prescriptions	Unable to recognize an abnormal (critical) result  Lacks basic knowledge needed to guide orders <input type="checkbox"/>	Able to distinguish insignificant abnormalities from clinically important findings. Sometimes needs help deciding how to respond. Able to articulate the rationale behind orders <input type="checkbox"/>	Recognizes abnormal test results and responds appropriately  Can tailor or deviate from standard order sets as appropriate for different patients. <input type="checkbox"/>	Takes into account the patient condition when ordering tests. Can explain how orders and results will influence clinical decision making.  Considers cost and a patient’s ability/willingness to proceed with the plan. <input type="checkbox"/>	N/A <input type="checkbox"/>
EPA 5: Document a Clinical Encounter in the Patient Record	Notes disorganized, inaccurate, not updated. <input type="checkbox"/>	Notes are largely accurate and updated but miss some key points. <input type="checkbox"/>	Notes are organized and complete with a clear plan. <input type="checkbox"/>	Notes are comprehensive. Complete yet concise, very well-organized with excellent plan. <input type="checkbox"/>	N/A <input type="checkbox"/>
EPA 6: Provide an Oral Presentation of a Clinical Encounter	Presents in a disorganized and incoherent fashion. Fabricates information if unsure of answer. <input type="checkbox"/>	Presentations are usually well-organized but occasionally misses details and/or includes unnecessary information. <input type="checkbox"/>	Presentations are concise and well-organized. Complete but not exhaustive. <input type="checkbox"/>	Outstanding presentations at the level of a senior resident. Cites literature while presenting. Incorporates new data to the plan. <input type="checkbox"/>	N/A <input type="checkbox"/>
EPA 7: Form Clinical Questions and Retrieve Evidence to Advance Patient Care	Does not reconsider approach to a problem, ask for help, or seek new information  Unable to recognize limitations <input type="checkbox"/>	Needs help to translate information needs into clinical questions.  Accepts findings from clinical studies without critical appraisal. <input type="checkbox"/>	With prompting, can cite data from the literature  Occasionally brings papers or data to rounds. <input type="checkbox"/>	Consistently brings papers to rounds and presents data to answer clinical questions related to patient care. Develops knowledge guided by well-formed clinical questions. <input type="checkbox"/>	N/A <input type="checkbox"/>

# “The 14<sup>th</sup> EPA” – Administrative tasks

- ▶ Please turn in everything on time! Vivian has a lot to keep track of and emailing everyone 15 times does not make it easier.
- ▶ If things are not turned in on time, we will take off 20% off your grade for those assignments unless you have a valid excuse.
- ▶ If the lateness is particularly egregious it will be 40% off.

# Sick Procedures

- ▶ **Student HOTLINE: 708-216-1170 – call for guidance!**

**You must notify your ward attending AND myself/Vivian Ortiz for missed work due to illness. If you miss a significant portion of clinical time, we will decide on make-up time on a case-by-case basis.**

# What is a “good intern”?



- ▶ “Gets things done”
- ▶ Team player
- ▶ Good communication skills
- ▶ Positive attitude
- ▶ Organized
- ▶ Takes ownership
- ▶ Teacher
- ▶ Intellectual Curiosity

# How do I get there?

- ▶ Take advantage of your fourth year and your Sub-months
- ▶ Self-reflect
- ▶ Stay motivated and find happiness in work
- ▶ Build an organization model for your day to day work that works for YOU
- ▶ Create relationships with your attendings, residents, fellow students, and patients

# Burnout

- ▶ Prevalence is higher among med students than the general population (up to 75%)
- ▶ Impacts can be
  - ▶ Physical
  - ▶ Psychological
  - ▶ Social
  - ▶ Performance



# What can you do?

- ▶ Evaluate your own well-being and risk of burnout
- ▶ Keep an eye on the big picture while focusing on short-term achievable targets
- ▶ Do things to promote your own professional identity and empathy to optimize your time at work

# The Name of the Dog

---

## The Name of the Dog

Taimur Safder, M.D., M.P.H.

It was July 1, my first day of residency, and a queasy feeling lodged in my stomach as I donned my new white coat. It was different from the previous ones I'd worn — not just longer, but heavier. I was carrying in my pockets everything I thought I needed as a freshly minted doctor: my

three favorite pens, a glossy Littmann Cardiology III stethoscope, copies of studies related to my patient with cirrhosis, and of course my trusty purple Sabatine's *Pocket Medicine*.

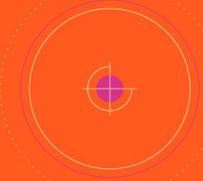
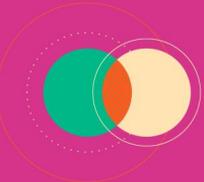
Before the day was over, my bodily-fluid-covered white coat would have made a fitting prop

for a *CSI* episode, my attending physician wasn't nearly as impressed as I'd hoped with the studies I waved in front of her, and worst of all, I had lost all three of my pens. But with the aid of my pockets, I'd gotten through. I'd played my part reasonably well most of the day, but the moment

# Find Happiness in Work

- ▶ Humanistic patient care
- ▶ Advocacy
- ▶ Cynicism is infectious, watch out.
- ▶ Humor
- ▶ Intellectual Curiosity
- ▶ Relationships – with colleagues and patients

# SMART GOALS

S	<b>Specific</b>	Make your goals specific and narrow for more effective planning.	
M	<b>Measurable</b>	Define what evidence will prove you're making progress and reevaluate when necessary.	
A	<b>Attainable</b>	Make sure you can reasonably accomplish your goal within a certain timeframe.	
R	<b>Relevant</b>	Your goals should align with your values and long-term objectives.	
T	<b>Time-based</b>	Set a realistic, ambitious end-date for task prioritization and motivation.	

# Example

For the year of 2025, I will complete at least one Spanish lesson per day on Duolingo.

Why is it SMART:

S: Spanish lesson on Duolingo

M: one lesson per day

A: Achievable time commitment

R: Relevant to my goal in improving Spanish fluency

T: clear time

<b>S</b>	<b>Specific</b>	Make your goals specific and narrow for more effective planning.	
<b>M</b>	<b>Measureable</b>	Define what evidence will prove you're making progress and reevaluate when necessary.	
<b>A</b>	<b>Attainable</b>	Make sure you can reasonably accomplish your goal within a certain timeframe.	
<b>R</b>	<b>Relevant</b>	Your goals should align with your values and long-term objectives.	
<b>T</b>	<b>Time-based</b>	Set a realistic, ambitious end-date for task prioritization and motivation.	

# Conclusions

- ▶ Take advantage of this experience! Med school is almost over and this is the closest thing to an internship.
- ▶ Feedback! Please give me feedback on anything!
- ▶ QUESTIONS??
- ▶ [brebailey@lumc.edu](mailto:brebailey@lumc.edu)