Course: **Medicine Sub-internship (IMED 4519)**

Department: Internal Medicine

Faculty Coordinator: Stephen Harder, M.D.

Hospital: Parkland Health & Hospital System, Dallas VA Medical Center, Clements University Hospital

Periods Offered: Period 1-10; Please note no time off for interviews, etc. during any of the periods (and periods 6 and 7 highly discouraged due to this); Periods 11 and 12 by special arrangement only.

Length: 4 weeks

Max no. of students: Either 20 or 15

- Blocks 1,2,3,4, 5, 8 and 9—20 total students (10 PHHS, 4 DVAMC, 3 CUH Hospitalist, 3 Parkland Hospitalist)
- Blocks 6, 7, 10—15 total students (10 PHHS, CUH Hospitalist, 3 Parkland Hospitalist)

First Day Contacts: Stephen Harder, M.D. stephen.harder@utsouthwestern.edu

First Day Time/Place: Orientation at each site, details sent via e-mail prior to start

Prerequisites: Passing grade in 3rd year Internal Medicine Clerkship

**NOTE: Attendance policy is strict.  No time off for interviews or other things will be permitted during the sub-internship; this includes Periods 6 and 7.**

I. Course Description

Students will spend one month in either an inpatient setting at PHHS, UHSP, or DVAMC. The students may request one of four possible sites for the rotation: PHHS wards, VA wards, UHSP 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 academic year via e-mail. If you sign up for the rotation or switch months after the year has started, please contact Dr. Stephen Harder with your preferences, which will be based on availability. Ward teams at the VAMC take every 4th night call. Parkland ward teams will no longer be doing overnight call. Their schedule consists of one early call day and one late call day during a 5 day cycle. 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. One student will be assigned to the UHSP teaching team with interns but no residents. 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. He/she will admit at least 2 patients each call (ward team) and care for at least 4 patients each week (hospitalist team) and be responsible for orders, notes, discharge and dictation. Additional requirement: Completion of the Health Care Financing Module (see Web Curriculum) at [http://meded.swmed.edu/hcs/sub/intro.php](http://meded.swmed.edu/hcs/sub/intro.php)

Two additional excellent resources for students are:

Clerkship Directors in Internal Medicine (CDIM) Primer to the Internal Medicine Sub internship
http://www.im.org/Publications/PhysiciansInTraining/Documents/SubiPrimer.pdf

and a collection of cases/training problems:

Clerkship Directors in Internal Medicine (CDIM) Sub-Internship Training Problems
http://www.im.org/toolbox/curriculum/CDIMsubinternshipCurriculum/Pages/TrainingProblemsStudentGuide.aspx

If the above links are not working, you can access at www.im.org CDIM Sub-internship (free access).

Patient Care:

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.

Objectives:

Students are expected to:

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.

Medical Knowledge:

Students should demonstrate knowledge about a wide variety of medical illnesses and apply this to patient care.

Objectives:

Students are expected to: 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.

Practice-Based Learning and Improvement:

Students should be able to assimilate scientific evidence and improve patient care.

Objectives:

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 therapy and stop therapy if elevated.

Interpersonal and Communication Skills:

Students must be able to communicate effectively between the team, patients, and their families.

Objectives:

Students are expected to:

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 housestaff 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. Example: Communicate with nurses any changes in the plan.

Professionalism:

Students should perform to their best ability and adhere to ethical behavior while taking care of the patients.

Objectives:

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.
III. Methods of Instruction (Didactic & clinical)

Clinical teaching occurs on a daily basis, with daily rounds with attending physician and housestaff.

Schedule of didactics/formal teaching varies according to site and the schedule will be distributed at orientation. There will be a teaching conference for all subinterns at the medical school on Tuesday and Thursday afternoons. VA subIs will also be participating in morning report twice a week. All subinterns at Parkland and UHSP are expected to attend the Chief’s round conference with Dr. Foster or the chief residents at Parkland once a week.

IV. Method of evaluation of students

The student may receive a pass/fail and will be evaluated by the attending physician on the service, with input from the housestaff (wards teams). Standard form will be used. Performance criteria for the subinternship is available at this link: 

REMINDER: DUE TO THE LEVEL OF RESPONSIBILITY OF A SUBINTERN, STUDENTS CANNOT HAVE EXTRA TIME OFF FROM THIS ROTATION (eg FOR INTERNSHIP INTERVIEWS) AND SHOULD TAKE THIS INTO CONSIDERATION WHEN SCHEDULING THEIR FOURTH YEAR.