# LEARNING OBJECTIVES: SI INTERNAL MEDICINE SUBINTERNSHIP

| Overarching Goals of Curriculum | Elective objectives: By the end of the rotation, students will be expected to: | Where/how taught | Taught by | How student's achievement of objective is assessed | How feedback is given | Quantity target |
|---|---|---|---|---|---|---|
| **1, 2, 3, 4, 5, 6** | **History skills:** Students are allowed to do this rotation only if they have completed their Internal Medicine clerkship rotations both in the inpatient and outpatient arenas. Thus, by the time they begin the Subinternship there will be an expectation by supervising residents and Attending Physicians that students have acquired substantial skills in data gathering and in the writing of medical histories using accepted formats. Thus, the focus will be more on how the subintern is able to summarize the history succinctly during oral presentations, and is able to advance to the next phase from being a data gatherer to a data analyzer. | Both the supervising resident and Attending Physician will monitor both history taking and analytical skills on every patient admitted by the subintern. | Supervising resident and Attending Physician who will provide feedback, both during regular clinical encounters and at at least two set times during the rotation | A Subinternship is an experience for students to develop the basic skills and experience for a forthcoming internship the following academic year. Therefore, by its very nature the training is not didactic but dynamic, on the wards and in the process of taking care of patients. Therefore, the competence of the subintern is assessed daily on rounds and during informal interactions and at Attending Rounds by the Attending Physician, and by the supervising resident during the time of admitting each new patient. | There are two kinds of feedback each of which are given to the subintern by both the Attending Physician and by the Resident:<br>1). "On the spot" feedback: given either when the supervising resident/Attending Physician believes that instant feedback is essential for it to have the greatest impact:<br>a). May be given the instant the need is recognized or<br>b). Soon thereafter, if the person giving the feedback believes that it is best given in private<br>2). Standard feedback to be given very formally, scheduling an appointment ahead of time that is given:<br>a). during the middle of the | Histories, written and verbally presented on 15 fully worked up new patients during the rotation. |

# LEARNING OBJECTIVES: SI INTERNAL MEDICINE SUBINTERNSHIP

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | rotation and<br>b). At the end of the rotation<br>At these summative feedbacks the Attending Physician will also ask the Subintern whether his or her goals and expectations, discussed at the start of the rotation, have been met and if not what could have been done to have had them met. | |
| **1, 2, 3, 4, 5** | **Physical examination skills:** Students are allowed to do this rotation only if they have completed their Internal Medicine clerkship rotations both in the inpatient and outpatient arenas. Thus, by the time they begin the Subinternship there will be an expectation by supervising residents and Attending Physicians that students have acquired the rudiments of skills in physical diagnosis. Every patient whom the subintern examines is also examined by both the supervising resident and the Attending Physician, and therefore all discrepancies in physical findings are used as teaching opportunities at the bedside. Furthermore, Attending Physicians will also ensure that subinterns are shown physical findings of interest on patients who are not their own but those of other interns or residents on the medical team. | See previous section | Attending physician and supervising resident | A Subinternship is an experience for students to develop the basic skills and experience for a forthcoming internship the following academic year. Therefore, by its very nature the training is not didactic but dynamic, on the wards and in the process of taking care of patients. Therefore, the competence of the subintern is assessed daily on rounds and during informal interactions and at Attending Rounds by the Attending Physician, and by the supervising resident during the time of | There are two kinds of feedback each of which are given to the subintern by both the Attending Physician and by the Resident:<br>1). "On the spot" feedback: given either when the supervising resident/Attending Physician believes that instant feedback is essential for it to have the greatest impact:<br>a). May be given the instant the need is recognized or<br>b). Soon thereafter, if the person giving the feedback believes that it is | Physical examinations to be done and presented to the Attending Physician on 15 new patients. |

# LEARNING OBJECTIVES: SI INTERNAL MEDICINE SUBINTERNSHIP

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | admitting each new patient. | best given in private<br>2). Standard feedback to be given very formally, scheduling an appointment ahead of time that is given:<br>a). during the middle of the rotation and<br>b). At the end of the rotation<br>At these summative feedbacks the Attending Physician will also ask the Subintern whether his or her goals and expectations, discussed at the start of the rotation, have been met and if not what could have been done to have had them met. | |
| **1, 2, 3, 4, 5, 6, 7, 8** | **Knowledge/diagnostic and treatment skills:**<br>It is our firm belief that the *summum bonum* of the Internal Medicine Subinternship is that the bulk of knowledge acquired will be learned at the bedside attending to the needs of patients admitted by the subintern and during call nights also from covering for the patients of colleagues on the medical team. Therefore, it being impossible to predict what kinds of patients will be admitted in a given month on the inpatient team on which the subintern serves, there is no strict qualitative definition of an exact mass of knowledge that should or needs to be acquired during this rotation. That having been said, based on the average experience acquired on a 4-week ward rotation at our Subinternship sites, the subintern would have acquired the following skills in the | During the work-up of the patient, at Work and Attending Rounds and at one-on-one discourses with the supervising resident and Attending Physician. | Resident and Attending Physician | By scrutiny of the written/computer record of the Admission History, Physical Examination, Assessment and Plan and of the Progress notes and a discussion of these with the subintern by the Attending Physician daily. These skills are also | See section on feedback above for History and for Physical Examination. | On average the work up and care of 15 new patients during the rotation. |

| | | | | | | |
|---|---|---|---|---|---|---|
| | approach to the diagnosis and management of: patients presenting with or having as a part of their illness:<br><br>1). Acute chest pain,<br>2). Acute or sub-acute shortness of breath<br>3). Community acquired and nosocomial pneumonia<br>4). COPD and/or asthma exacerbations<br>5). Anemia<br>6). Acute non-surgical abdominal pain<br>7). Ascites<br>8). Diabetes mellitus<br>9). Hypertension<br>10). Common electrolyte and acid base disorders<br>11). Alcohol withdrawal<br>12). Chemical intoxication<br>13). Hypertension<br>14). Acute diarrhea in an inpatient setting<br><br>In addition to the conditions listed above, it is hoped that the subintern will also have exposure to other conditions, and when they present on the team, it is anticipated that knowledge around the presentation, diagnosis and management of those conditions will also be expected.<br><br>One of the key elements that will be stressed during this rotation is how to proceed after the acquisition of information – historical, both past and present, that attained after a physical examination and after the gathering of basic laboratory and imaging data, current and past – in terms of arriving at a differential diagnosis and ultimately a diagnosis or diagnoses to explain the patient's presentation. This will entail taking the subintern through the process of initially succinctly summarizing key features in the history, examination and investigations available on admission, to then deciding which key elements to focus on and ultimately through a logical process of clinical reasoning and further investigation ordered after careful circumspection, to the arrival of a plausible diagnosis. | | | assessed on acquiring an insight into the mind of the subintern upon hearing the verbal presentations of patients at Work Rounds and overall at Attending Rounds. | | |
| **4** | **Procedural skills:** To anticipate a subintern to memorize the indications and risks of every procedure would be an unreasonable expectation and if required would be worthless expenditure of mental energy. Hence, we do not very deliberately provide such a list. Instead, the indications, | On the wards, as and when a subintern's patient requires a | Supervising resident | Not applicable as there is no set goal to teach procedures, but to expose subinterns to details about | See sections on feedback above | Not defined for reasons stated |

# LEARNING OBJECTIVES: SI INTERNAL MEDICINE SUBINTERNSHIP

| | | | | | | |
|---|---|---|---|---|---|---|
| | risks and individual benefits of procedures to patients will be discussed with the subintern as and when a patient to whom that subintern is providing care requires that procedure. In each case the subintern will also be tutored about informed consent. The types of procedures involved include diagnostic thoracenteses and paracenteses, joint aspirations, and lumbar puncture. The subintern may be taught to do such a procedure by a certified resident if it be a procedure such as the drawing blood for arterial blood gasses. | procedure | | procedures that their individual patients may require | | |
| **4, 5, 6** | **Professionalism and Interpersonal Communication:**<br>1. Demonstrate professional responsibility in working as a team member with other members of the Internal Medicine Team, Care Coordinators, Social Workers, Nurses and Consultants.<br>2. Provide patient centered care.<br>3. Learn the skill so important to a medical resident, (which is what the Subinternship prepares a student for), and that is the skill of interpersonal communication. | The expectations are clearly spelled out during the pre-rotation meeting with the Internal Medicine Program Director and reiterated at the start of the rotation by the Attending Physician. | Monitored by the Attending physician and Resident. Attending Physician discusses this with the supervising resident. | | Feedback provided twice during each rotation most certainly involves professionalism issues as well | |
| **5, 6, 8** | **Career/context:** | All medical students are exposed career advice by the Department of Internal Medicine at two types of sessions:<br>1). Meetings with the Internal Medicine Interest Group. Here different types of career paths in | 1). By the Chairman, Program Director and Associate Program directors of the Internal Medicine Residency Programs.<br>2). Talks about their work and career given by senior members of | Not applicable | Not applicable | Not applicable |

# LEARNING OBJECTIVES: SI INTERNAL MEDICINE SUBINTERNSHIP

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Internal Medicine and its subspecialties are explained in detailed and community physicians are also invited to talk to the students about career as community internists or subspecialists 2). At 4 dinner meetings held every year of the Atkins Society, hosted by the Department of Internal Medicine | the faculty, who personalize their talks by informing the students of how they personally embarked on their careers, how they received mentorship themselves and how and where mentorship is available to students interested in a career in Internal Medicine | | | |