

Wayne State University School of Medicine

Year IV Subinternship

Curriculum and Clinical Competencies

2007—2008

SUBINTERN CURRICULUM AND CLINICAL COMPETENCIES

- I. Communication
- II. Coordination of Care
- III. Information Management
- IV. Procedures

I. COMMUNICATION

- A. Rationale - Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.
- B. Prerequisites- Communication and rapport/relationship development with patients, families and colleagues consistent with Year III curriculum.
- C. Specific Learning Objectives
 - 1. Knowledge - SubInterns *should demonstrate knowledge of:*
 - a. Local and national ethical and legal guidelines governing patient confidentiality with specific attention to:
 - i. Written documentation
 - ii. Verbal communication with the patient and family members
 - iii. Electronic transmission
 - b. Recognition and management denial, grief, noncompliance, depression and psychosis.
 - c. The importance of cultural issues governing health care decision making by patients and their families.
 - d. Appropriate resources available in the inpatient and outpatient setting for the coordination of mental and physical health care.
 - 2. Skills - *SubInterns should demonstrate the ability to:*
 - a. Communicate effectively with patients and family members
 - i. Utilize lay terms appropriate to the patient's or patient's family level of education and be able to explain scientific terminology.
 - ii. Communicate abnormal results and/or "bad news" to patients or their families in a sensitive manner.
 - iii. Discuss end-of-life issues with patients and family members
 - iv. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
 - v. Consider cultural sensitivities and patient wishes when providing information.
 - b. Recognize verbal and non-verbal clues of a patient's mental and physical health.
 - c. Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.
 - d. Initiate a conversation with a patient about advance directives.
 - e. Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.
 - i. Recognition and synthesis of relevant information
 - ii. Communication of clinical information to the primary care physician
 - 3. Attitudes and professional behavior - Subinterns *should:*
 - a. Demonstrate an understanding of the value of effective communication with physician and non-physician members of the health care team and consultants.
 - b. Demonstrate an understanding of the importance of communicating with the patient's primary care physician.
 - c. Understand cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient and family.

II. COORDINATION OF CARE

- A. Rationale - Interns play a central role in coordinating patient care; both during hospitalization and upon transition from the inpatient to outpatient setting. This involves communication between the patient and his/her family, colleagues, consultants, members of the health care team and other hospital personnel. Appropriate; management and coordination is essential to ensure optimal patient care.
- B. Prerequisites
 - 1. Communication skills as outlined above
 - 2. Community health care skills consistent with Continuity of Care Clerkship
 - 3. Coordination of Care consistent with Year III curriculum
- C. Specific Learning Objectives
 - 1. Knowledge - ***SubInterns should demonstrate knowledge of:***
 - a. How to contact members of the health care team, consultants and other hospital personnel.
 - b. How to properly transfer care throughout a patient's hospitalization including end of the day and end of service coverage.
 - c. Availability of community resources.
 - 2. Skills - ***SubInterns should be able to:***
 - a. Prioritize tasks for daily patient care in order to effectively utilize time.
 - b. Appropriately utilize consultants
 - i. Define a consultant's role in the care of a patient.
 - ii. Identify appropriate issues for the consultant referral.
 - iii. Discuss a consultant's recommendation with members of the health care team.
 - c. Effectively coordinate with physician and non-physician members of the health care team including:
 - i. Nursing staff
 - ii. Physician assistants and nurse practitioners
 - iii. Social Workers
 - iv. Therapists (occupational, physical, speech, art...)
 - v. Pharmacists
 - vi. Nutrition support staff
 - vii. Discharge planners
 - viii. Respiratory therapists
 - d. Identify housestaff on-call and cross-coverage schedules among housestaff
 - e. Communicate oral and written transfer of patient care responsibilities to other housestaff (e.g. at sign-out)
 - i. On call days
 - ii. Upon transfer of the patient between services.
 - f. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan.
 - g. Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate
 - h. Coordinate care plan utilizing community resources when necessary.
 - 3. Attitudes and professional behavior - SubInterns should demonstrate:
 - a. Respect for all members of the health care team
 - b. A willingness to assist other members of the health care team
 - c. Altruistic behavior

III. INFORMATION MANAGEMENT

- A. Rationale -Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.
- B. Prerequisites -
 1. History acquisition and physical examination skills as per year III curriculum.
 2. Test interpretation as per Year III curriculum.
- C. Specific Learning Objectives
 1. Knowledge - ***SubInterns should demonstrate knowledge of:***
 - a. How to access the clinical information system in use at their hospital
 - b. How panic values are communicated from the hospital laboratory to the responsible team member
 - c. A systematic method to track clinical/laboratory/radiologic data.
 - d. Patient confidentiality regulations governing medical records and clinical information.
 - e. The importance of precision and clarity when prescribing medications.
 2. Skills - SubInterns should demonstrate the ability to:
 - a. Document the following in an organized and efficient manner:
 - i. Admissions notes; including the History and Physical Exam
 - ii. Daily progress notes
 - iii. Transfer notes
 - iv. On-call emergency notes
 - v. Discharge summaries
 - b. Use electronic or paper references to access evidence based medical information to solve clinical problems.
 3. Attitudes and professional behavior - ***SubInterns should demonstrate:***
 - a. A respect for patient confidentiality rights.
 - b. A respect for the patient medical record as a medico-legal document.

IV PROCEDURES

- A. Rationale: For the fourth year medical students, the subinternship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents.
- B. Prerequisites - Basic and advanced procedures per School of Medicine Curriculum
- C. Specific Learning Objectives
 1. Knowledge - the subintern should be able to describe:
 - a. Indications, contraindications, risk and benefits of each of the following procedures;
 - i. Venipuncture
 - ii. Intravenous catheter insertion
 - iii. Arterial blood sampling
 - iv. Nasogastric tube placement
 - v. Lumbar puncture
 - vi. Urethral catheter insertion
 - vii. Intramuscular and subcutaneous injections
 - viii. Bag and mask placement and utilization
 - ix. Other procedures that are service appropriate
 - b. How the information obtained from these procedures will enhance the patient's care
 - c. How to assess patient's competence in order to provide informed consent for a procedure
 - d. Potential procedure related risks for the operator and the need for universal precautions.
 2. Skills - ***Subinterns should be able to:***
 - a. Recognized clinical situations where one or more procedures are indicated
 - b. Effectively explain the rationale, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
 - c. Obtain and document informed consent, if necessary
 - d. Recognize limitations of skill or proficiency in performing one of the above procedures.
 - e. Personally perform, with direct supervision, the above procedures, when possible.
 - f. Write a procedure note
 - g. Ensure that samples obtained are properly prepared for laboratory processing.
 - h. Teach procedure skills to a third year medical student, when appropriate.
 3. Attitudes and Professional Behavior - ***Subinterns should demonstrate:***
 - a. Respect for patient autonomy and the principles of informed consent
 - b. Concern for maximizing patient comfort and privacy
 - c. Commitment to learning how to perform procedures in an efficient and cost-efficient manner.

Year IV SubIntern Clinical Competencies (Abridged Form)

- I. Communication Skills** - Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.
- A. Communicate effectively with patients and family members
 - 1. Utilize lay terms appropriate to the patient's or patient's family level of education and be able to explain scientific terminology.
 - 2. Communicate abnormal results and/or "bad news" to patients or their families in a sensitive manner.
 - 3. Discuss end-of-life issues with patients and family members
 - 4. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
 - 5. Consider cultural sensitivities and patient wishes when providing information.
 - B. Recognize verbal and non-verbal clues of a patient's mental and physical health.
 - C. Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.
 - D. Initiate a conversation with a patient about advance directives.
 - E. Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.
 - 1. Recognition and synthesis of relevant information
 - 2. Communication of clinical information to the primary care physician
- II. Coordination of Care** - Interns play a central role in coordinating patient care; both during hospitalization and upon transition from the inpatient to outpatient setting. This involves communication between the patient and his/her family, colleagues, consultants, members of the health care team and other hospital personnel. Appropriate; management and coordination is essential to ensure optimal patient care.
- A. Prioritize tasks for daily patient care in order to effectively utilize time.
 - B. Appropriately utilize consultants
 - 1. Define a consultant's role in the care of a patient.
 - 2. Identify appropriate issues for the consultant referral.
 - 3. Discuss a consultant's recommendation with members of the health care team.
 - C. Effectively coordinate with physician and non-physician members of the health care team including:
 - 1. Nursing staff
 - 2. Physician assistants and nurse practitioners
 - 3. Social Workers
 - 4. Therapists (occupational, physical, speech, art...)
 - 5. Pharmacists
 - 6. Nutrition support staff
 - 7. Discharge planners
 - 8. Respiratory therapists
 - D. Identify on-call housestaff and cross-coverage schedules among housestaff
 - E. Communicate oral and written transfer of patient care responsibilities to other housestaff:
 - 1. During on-call days
 - 2. Upon transfer of the patient between services.
 - F. Demonstrate proficiency in coordinating a comprehensive, longitudinal patient care plan.
 - G. Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate

II. Coordination of Care (continued)

- H. Coordinate care plan utilizing community resources when necessary.

III. Information Management - Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.

- A. Be able to access the clinical information system in use at their hospital.
- B. Understand how panic values are communicated from the hospital laboratory to the responsible team member
- C. Use a systematic method to track clinical/laboratory/radiologic data.
- D. Be aware of patient confidentiality regulations governing medical records and clinical information.
- C. Understand the importance of precision and clarity when prescribing medications.
- F. Document the following in an organized and efficient manner:
 - 1. Admissions notes; including the History and Physical Exam
 - 2. Daily progress notes
 - 3. Transfer notes
 - 4. On-call emergency notes
 - 5. Discharge summaries
- G. Use electronic or paper reference to access evident based medicine to solve clinical problems

IV. Procedures - The subinternship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents. The subintern should be able to:

- A. Describe indications, contraindications, risks and benefits of each of the following procedures:
 - 1. Venipuncture
 - 2. Intravenous catheter insertion
 - 3. Intravenous catheter insertion
 - 4. Arterial blood sampling
 - 5. Nasogastric tube placement
 - 6. Lumbar puncture
 - 7. Urethral catheter insertion
 - 8. Intramuscular and subcutaneous injections
 - 9. Bag and Mask placement and utilization
 - 10. Other procedures that are service appropriate
- B. Recognize clinical situations where one or more procedures are indicated.
- C. Effectively explain the rationale, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
- D. Obtain and document informed consent, if necessary
- E. Recognize limitations of skill or proficiency in performing one of the above procedures.
- F. Recognize potential procedure related risks for the operator and the need for universal precautions.
- G. Personally perform, with direct supervision, the above procedures, when possible.
- H. Write a procedure note.
- I. Ensure that samples obtained are properly prepared for laboratory processing.
- J. Teach procedure skills to a third year medical student, when appropriate.

MS4 - SUBINTERN SURVEY

SUIBINTERN SITE _____ MONTH/YEAR _____

Please select the response you most closely agree with:

1. The orientation session was useful and served to prepare me for the rotation.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

2. The education objectives of this rotation was well defined (i.e. I knew what I was expected to learn).
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

3. The ancillary staff understood my role as a subintern
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

4. The housestaff (interns, residents and attendings) understood my role as a subintern.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

5. I was given the opportunity to explain the reason for admission and rationale for clinical plan to the patient/and or family.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

6. I was given the opportunity to provide daily updates regarding patient progress to the patient and/or family.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

7. I provided oral and written summaries of my patients to members of the health care team.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

8. I learned to prioritize tasks in order to complete daily patient care tasks.

Strongly agree

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

9. I learned to appropriately utilize consultants.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

10. I learned to coordinate tasks between physicians and non-physician members of my health care team in terms of providing services to my patient(s).

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

11. I learned to identify on-call and cross-coverage schedules among housestaff.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

12. I provided oral and written patient care responsibilities to other housestaff:

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

13. I provided longitudinal patient care plans.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

14. I participated in discharge care planning for my patients
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

15. I learned to use community resources to provide hospital after-care.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

16. I am able to access clinical information via the system used in my hospital.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

17. I am able to track patient laboratory and radiographic data .
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

18. I am able to provide medical information and comply with government and hospital rules regarding patient confidentiality.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

19. I accessed evidence based medicine to solve clinical problems.
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

For Questions 20 and 21 consider the following list of procedure. If you performed other procedures, please delineate: venipuncture, intravenous catheter insertion, arterial blood sampling, nasogastric tube placement, lumbar puncture, urethral catheter insertion, intramuscular injection, subcutaneous injection, bag and mask utilization,

20. I obtained informed consent for the following procedures: Please List

21. I personally performed the following procedures: Please List

_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision
_____	<input type="checkbox"/> with supervision	<input type="checkbox"/> without supervision

COMMENTS: