



BCC 7176
Family Medicine Sub-Internship
2019-2020

Education Director

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Overview

Description

The Family Medicine Sub-Internship is a four-week competency-based clerkship in family medicine, through which the students are expected to actively participate in care of hospitalized patients. Students will be exposed to the full spectrum of care provided by family physicians with an opportunity to provide inpatient care to patients of all ages and a broad range of conditions. Students are expected to assume an expanded level of clinical responsibility for evaluation and management, consistent with an acting intern. Students will participate as a member of inter-professional teams and will work effectively in that capacity to facilitate the optimal care of patients in the hospital setting. Students will be exposed to, and have the opportunity to participate in, a variety of procedures commonly performed by family physicians.

Students will be assigned to the inpatient family medicine service of a residency program, and will participate in the care of hospitalized patients with complex medical needs. Where appropriate, students may also participate in ambulatory encounters that provide additional exposure to the full scope of family medicine and augment their learning, although ambulatory encounters are not required. Students are expected to participate in morning report, noon conferences and other available educational offerings.

Orientation and Syllabus Review

Students are required to review both the [Family Medicine Sub-Internship Orientation](#) video and the syllabus prior to the first day of the clerkship. In addition to review of the syllabus and video, students may be asked to meet the Clerkship Director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to or at the initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the clerkship.

Scheduled Hours/On-Call

The sub-internship is four weeks in duration and will consist of inpatient care, and on-call shifts. Students will work **6 full days per week** and take assigned night and weekend call. **Each student will spend a minimum of 21 days participating in patient care activities during the 4-week sub-internship.** On-call responsibilities are based on the clinical faculty or resident call schedule, but will not be more frequent than once every four days. Specific schedules are determined at each site and will be communicated to the student during on-site orientation or on the first day of the clerkship.

Student Workhour Policy and Documentation

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Students will use the [Encounter Tracking System \(ETS\)](#) to document by self-reporting their daily work hours. Students must enter daily work hours that includes both clinical experience (includes clinical care and documentation in medical record) and assigned educational activities (clerkship meetings, educational meetings at residency programs). Failure to report work hours is considered a breach of professionalism.

Hours that **should not be included in self-reported work hours** include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Absences

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional campus dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the

student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.**

Components

Required Assignment: Personal Educational Goal

The purpose of this assignment is to enhance the student’s ability to recognize their own learning needs and develop a strategy to meet those needs. Students will choose one personal educational goal specific to their current learning needs, appropriate for the specific learning environment and one that can be achieved in a 4-week sub-internship.

- **Goal Selection Submission Guideline:** Students must discuss a preliminary plan regarding their personal goal with assigned Clinical Faculty and Clerkship Director by the end of the first week of the Clerkship. This will be submitted to the Clerkship Director via email for feedback.

The student will create a strategy for self-improvement that includes appropriate evidence-based resources, with pre-selected specific targets by which they will assess their own progress. Using these targets, the student will track advancement of skill, knowledge or behavior throughout the sub-internship. Students are encouraged to seek and incorporate feedback from both Clinical Faculty and their Clerkship Director prior to submitting their final report.

- **Final Submission Guideline:** Students will submit their final report as a Microsoft Word document to be uploaded into Student Academics **by 5 p.m. on Friday of the LAST week of the sub-internship.** *Students are encouraged to send a copy of this report to the Education Director via email in the event that the electronic system is down or otherwise unavailable.*

Evaluation of this assignment will be completed by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement. If remediation is required or the assignment is submitted after the deadline, the student is no longer eligible to be considered for an “honors” grade. If remediation is required, an initial grade of “IR” will be assigned until remediation has been completed.

Evaluation of this assignment will be based on the following:

1. Was the goal specific and achievable?
2. Did the student develop a thoughtful strategy to address educational goal?
 - a. Were there measurable targets?
 - b. Were appropriate evidence-based resources/references identified?
3. Did the student clearly identify next steps in the learning process?
4. Was the student insightful in their reflection on the process?
5. Did the student identify next steps (what was left to learn)?

Evaluation Rubric for Personal Educational Goal:

Goal	Component	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Feedback
	Specific and achievable				
	Targets measurable				
	Resources identified				
	Lessons learned				
	Next steps				
	Insight				
	Overall evaluation				

Inpatient Care

The focus of the Family Medicine Sub-Internship is active participation in the care of hospitalized patients, with an emphasis on diagnosis and daily management for the entire 4-week rotation. Students are expected to assume an expanded level of clinical responsibility consistent with a fourth year medical student on a sub- internship and carry a **minimum load of at least 3 patients at all times**. If that is not possible, students will assist residents and attending physicians with their work load, potentially assuming care of patients they did not admit. Students will participate in all aspects of inpatient care, including hospital admission, daily care, discharge, patient education, preventive care and commonly performed inpatient procedures.

Management expectations include:

1. Perform admission, history and physical examinations;
2. Formulate initial problem lists, treatment plans, and write admission orders;
3. Make daily rounds, monitor the patient's progress, write progress notes and order additional tests and/or treatments; and
4. Complete the discharge assessment and paperwork.

Ambulatory Care

Ambulatory care is not required on this clerkship. Students may participate in ambulatory care during this clerkship if it augments their learning and emphasizes the full scope of practice possible for a Family Physician. If a student chooses to spend some time in the ambulatory setting, the **focus should be on hospital follow-up of patients they cared for during the inpatient portion of the sub-internship**, further developing their understanding of the transitions of care. Other areas of emphasis should expand the scope of care and may include women's health, pediatrics and procedures.

Patient Log (ETS)

Students will record a minimum of 50 patient encounters in the inpatient setting, with at least 80% of encounters at the full level of participation in patient care. Students will record a hospital admission and hospital discharge in the inpatient setting.

Patient encounter data will be collected through the encounters tracking system (ETS). Failure to record the minimum number of patient encounters by the end of the clerkship will result an initial grade of "IR" and clinical remediation may be required; noncompliance with recording patient encounters may result in a failing grade for the clerkship. Students do not have a pre-determined set of specific conditions or procedures required for this clerkship, but are encouraged to record all encounters and procedures for a comprehensive log of the experience.

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For "Level of Participation in Patient Care" the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

Meetings and Lectures

Students will participate in morning rounds, noon conferences and other educational meetings when available. Students may be asked to present to residents at one of the educational meetings, and specific topics may be assigned.

Students are required to **communicate weekly with Clerkship Director** throughout the sub-internship; this may be via in-person meetings, email or telephone. This real or virtual meeting will include discussion on clinical experiences, progress on documentation of patient encounters, personal educational goal and any challenges or concerns. Mid-clerkship Evaluation will be completed by the Clerkship Director, and will include feedback from the Clerkship Faculty.

End of Clerkship Exam

On the last day of the clerkship, students will take the NBME Clinical Subject Examination for Family Medicine. The examination consists the core 80-question exam with additional modules on chronic care and musculoskeletal conditions. There are NBME self-assessment tools available by request to your Student Support Coordinator.

Learning Resources

Readings

Students are expected to locate and read pertinent journal articles and guidelines that assist in the evaluation and management of patients. There is no required text for this sub-internship, although additional readings may be assigned by faculty, clerkship director or residents to augment student learning. Students may access the COM Charlotte Edwards Maguire Medical Library for additional resources, and are encouraged to reference the [Family Medicine Subject Guide](#).

Modules

[Aquifer Family Medicine](#) is available as a resource for students in the sub-internship, and has excellent links to other resources pertinent to the cases. A practice exam based on curriculum in Aquifer Family Medicine can be arranged through the Clerkship Director at the student's Regional Campus.

Institutional Resources

The [COM Charlotte Edwards Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters.

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that a student is not encountering adequate inpatient experience, efforts will be made to specifically address this issue with the clerkship faculty.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Clerkship Specific Grading

The standardized clerkship policy can be found on the [Office of Medical Education website](#).

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Minimum 50 inpatient encounters, 80% of which must be full involvement (pass/fail)
4. Minimum of least one admission and one discharge (pass/fail)
5. Satisfactory and timely performance on personal educational goal expected (pass/fail)
6. Clinical performance must be exemplary to be considered for honors

7. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Policies

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and report the incident as soon as possible.

College of Medicine Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation. Students must use the [absence request form](#) that is located on Student Academics.

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy>).

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
<http://www.disabilitycenter.fsu.edu/>

College of Medicine Student Disability Resources

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Competencies

The following table outlines the **Family Medicine Sub-Internship** clerkship competencies and assessment method for each, intended to be used as a guide for student learning.

Each clerkship objective/competency is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and [ACGME Core Entrustable Professional Activities \(EPAs\)](#). To view the complete table and for an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Competency	Assessment				
	NBME	Observation	Oral presentation	Patient	Project
Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.		x			
Conduct accurate and thorough physical examination.		x		x	
Develop appropriate plans for diagnostic evaluation.		x			
Demonstrate the ability to assess the patient's unique circumstances and experience of illness, and incorporate into the patient's care.		x		x	
Demonstrate the ability to elicit an accurate and thorough medical history.		x	x		
Recognize normal and abnormal findings on physical exam.		x		x	
Evaluate health literacy by assessing patient's comprehension of verbal & written health information, and assist patients in obtaining and understanding health information.		x			
Perform accurate clinical assessments that include appropriate differential diagnoses in the inpatient setting.		x		x	
Perform detailed medication review that includes indication, treatment targets, interactions, contraindications and potential adverse events.	x	x			
Describe basic bio-behavioral and clinical science principles used to analyze and solve problems related to the diagnosis, treatment and prevention of disease.	x	x			
Develop clinical questions and identify the evidence-based resources needed to provide excellent patient care.	x	x			x
Demonstrate the effective use of pharmacotherapeutic agents and other therapeutic modalities.	x	x		x	
Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.		x			x
Formulate and use strategies to support life-long learning to remain current with advances in medical knowledge and practice.		x			x
Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.		x			
Demonstrate culturally and linguistically appropriate interviewing skills with patients from diverse backgrounds.		x			
Demonstrate effective oral communication skills with colleagues and other health professionals.		x			
Demonstrate effective written communication with colleagues and other health professionals, including comprehensive admission evaluation, progress notes in a hospitalized patient and discharge summary.		x	x	x	
Display professionalism, high ethical standards, and integrity in relationships in all aspects of medical practice, especially with respect to confidentiality, informed consent, and justice.		x			
Demonstrate respect for the contributions of medical colleagues, other health care professionals, agencies, and families, to the health of the individual and the health of the community.		x			
Demonstrate the ability to utilize shared decision-making in negotiating a plan of care.		x		x	
Recognize one's personal abilities and limitations, knowing when to request assistance.		x			
Recognize and demonstrate the ability to address the unique needs of patients from underserved environments.		x			