



The Florida State University
College of Medicine

**Family Medicine
Sub-Internship
Clerkship**

BCC 7176

2016-2017

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Instructors

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Clerkship Directors

Campus	Director
Fort Pierce	Dr. Nancy Baker
Daytona	Dr. George Bernardo
Orlando	Dr. Douglas Meuser
Pensacola	Dr. Hillary Hultstrand
Sarasota	Dr. Nicole Bentze
Tallahassee	Dr. Julia Weeks
Thomasville	Dr. Calvin Reams (Administrator)
Marianna	Dr. Steven Spence (Administrator)

Course 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 hospital care provided by family physicians, with an opportunity to provide medical 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 also be exposed to a variety of procedures commonly performed by family physicians. Students will be exposed to inter-professional teams and will work effectively with other team members in the care of patients.

Students will be assigned to the inpatient family medicine service of a residency program or hospital-based rural site. Where appropriate, students may also participate in ambulatory encounters that provide additional exposure to the full scope of family medicine and augment their learning. Students are expected to participate in morning report, noon conferences and other available educational offerings.

Course Components

Assignment #1: 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 own current learning needs, appropriate for the specific learning environment and one that can be achieved in a 4-week Sub-Internship. Students must discuss and submit (via email) a preliminary plan regarding their personal goal with assigned Clinical Faculty and Clerkship Director (not Education Director) no later than **Saturday at the end of the first week** of the Clerkship. The student will create a strategy for self-improvement that includes appropriate print and online 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 rotation. Students are encouraged to seek and incorporate feedback from both Clinical Faculty and Clerkship Director prior to submitting the final report. At the end of the block, the final written report in an MS-WORD document format will be submitted to the Student Academics site and to Blackboard. **Final report is due by 5 p.m. on the last day of the Sub-Internship.** Students are encouraged to send a copy of this report to the Education Director in the event that electronic systems are down/unavailable.

Evaluation of this assignment will be done by the Education Director at the conclusion of the sub-internship. The quality of the completed assignment will impact the student's final grade for the Clerkship. Students must submit an **exemplary report to be considered for "honors"** for the Sub-Internship. If remediation is required, the student is no longer eligible for "honors", and will be assigned an initial grade of "IR" 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 resources/references identified?
3. Was the student insightful in his/her reflection on the process?
4. Did the student identify what was learned and what was left to learn (or next step)?

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				

Assignment #2: Transitions across the Continuum Project

The purpose of this assignment is to highlight the importance of properly managing the patient transition at the time of discharge or transfer from the hospital to home or another healthcare facility. This project also emphasizes the importance assessing health literacy and providing appropriate patient education during the discharge process. Because this transition requires a full understanding of the patient's health and life, the project **requires the student to admit a patient and follow them through the hospitalization and discharge.**

Students are encouraged to seek and incorporate feedback from both Clinical Faculty and Clerkship Director prior to submitting the final assignment. At the end of the block, the final written assignment in an MS-WORD document format will be submitted to the Student Academics site and to Blackboard. **Final project is due by 5 p.m. on the last day of the Sub-Internship.** Students are encouraged to send a copy of this assignment to the Education Director in the event that electronic systems are down/unavailable.

Evaluation of this assignment will be done by the Education Director. The quality of the completed assignment will impact the student's final grade for the Clerkship. Students must submit an **exemplary report to be considered for "honors"** for the Clerkship. If the assignment is returned for revision, a student is no longer eligible for "honors", and will be assigned an initial grade of "IR" until remediation has been completed.

The assignment objectives are as follows: *As a result of this activity, the student will...*

- *Advocate for quality patient care and assist patients in dealing with system complexities.*
- *Work effectively with other members of the health care team to provide a smooth transition for the patient at the time of hospital discharge.*
- *Demonstrate the importance of addressing psychosocial and cultural issues to improve patient adherence to a plan of care in an effort to decrease medical errors.*
- *Counsel and educate patients and their families.*
- *Demonstrate the ability to conduct and document a comprehensive admission evaluation.*
- *Demonstrate the ability to perform a thorough review of medications and recognize potential contraindications, interactions and omissions.*
- *Demonstrate the ability to review a patient's hospitalization and document an appropriate discharge summary (or transfer summary if the patient is going to another facility).*
- *Recognize challenges specific for the patient in the transition home or to another facility after hospitalization, especially any unexpected issues that surfaced during the course of hospital stay.*

Required components of this project:

1. **Admission note:** Perform patient admission and write an admission note that is worthy of inclusion in the patient's medical record; it must be **authored by you**. Through this you will demonstrate the ability to accurately document a patient's initial evaluation at the time of admission through the "admission H & P" or Admission Note. The following components will be evaluated: organization, inclusion of pertinent details, appropriate differential diagnosis and initial treatment plan.
2. **Discharge or Transfer Summary:** You will demonstrate the ability to accurately and concisely document a patient's hospital stay by participating in the discharge and authoring the Discharge

Summary or Transfer Summary. You will be evaluated on the following components: organization, inclusion of pertinent details, follow-up care plan including, inclusion of advanced directive or designation of health care surrogate. Strive for a note that is worthy of inclusion in the patient's medical record.

3. **Medication Reconciliation with Discussion:** Prior to discharge you will perform a complete medication reconciliation that outlines contraindications and potential adverse reactions for the prescribed medications, OTC meds and any other relevant substances. Then write a **discussion** that outlines your own concerns for the patient's safety, omissions or over-prescribing, concerns for adherence or other related issues at the time of discharge. Ideally this will be done several times during the patient's stay, but only the discharge review needs to be included with project.
4. **Patient Education:** Create a discharge review form for the patient that includes pertinent details of hospitalization, upcoming appointments, discharge medications and some element of patient education. Be mindful of patient's literacy level and health literacy in creating documentation, and is free of jargon and abbreviations. With the permission of your Attending Physician, share this with your patient and their family prior to discharge.
5. **Reflective Essay:** Write a 500-1000 word essay about the challenges associated with the patient's care and their transition to home or another facility following discharge. Describe the rewards and challenges associated with working as part of a health care team. Include your own lessons learned in the process of caring for this patient and his/her family.
6. Make sure all identifying information is redacted in **compliance with HIPPA**. You may use initials or a fictitious name for your patient.

Evaluation Rubric for Project

Component	Does not meet expectations	Meets Expectations	Exceeds expectations	Feedback
Admission note: Organization, pertinent details, differential, treatment plan				
Discharge/Transfer Summary: organization, pertinent details, follow-up plan				
Medication Reconciliation: interactions, errors, safety concerns, adherence challenges				
Discharge documents: patient education, hospital events, language/health literacy				
Reflection: challenges, lessons-learned, 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 4th year medical student on a sub-internship. 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: a) performing admission history and physical examinations; b) formulating initial problem lists, treatment plans, and writing admission orders; c) making daily rounds, monitoring the patient's progress, writing progress notes and ordering additional tests and/or treatments; and, d) performing the discharge assessment and paperwork. Students are expected to carry a load of at least 2 patients at all times; if that is not possible, students should assist residents and attending physicians with their work load, potentially assuming care of a patient they did not admit.

Ambulatory Care

Students may participate in ambulatory care during this clerkship as it augments their learning and emphasizes the full scope of practice possible for a Family Physician, although there is no specific requirement for numbers or types of encounters. Students should focus 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

Students will record a minimum of **40 patient encounters in the inpatient** setting, with at least 80% of encounters at the full level of participation in patient care. Students will record the following types of encounters in the inpatient setting: 1) Admission History & Physical; 2) Hospital Discharge; and 3) Evaluation in Emergency Department. Students do not have a pre-determined set of conditions or procedures required for this clerkship, but are encouraged to record all encounters and procedures for a comprehensive log of the experience.

Patient encounter data will be collected through the E*Value system. Failure to record the minimum number of patient encounters may result in a grade of "fail" although the Education Director may assign a temporary grade of "IR" and require the student to spend additional time on the clerkship. A student receiving an "IR" grade is not eligible to eventually receive an "honors" grade on the clerkship.

Reading

Students are expected to locate and read pertinent journal articles and guidelines that assist in the evaluation and management of patients. *fmCASES* is available as a resource for students in the Sub-Internship, and has excellent links to other resources pertinent to the cases. There is no required text for this sub-internship, although additional resources and articles will be posted to Blackboard.

Meetings/Lectures

Students will participate in morning rounds, noon conferences and other educational meetings when available. If not available, topics may be assigned by clinical faculty or clerkship director to augment the student's learning.

Students will 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 clinical experiences, progress on documentation of patient encounters, personal educational goal, transitions project and any challenges or concerns. A mid-clerkship formative evaluation will be completed by the clerkship director with feedback provided by the student and clinical faculty.

Evaluations

An evaluation of student clinical performance will be completed by Clerkship Faculty at the end of the sub-internship. 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 sub-internship and include an assessment of each in the final grade summary.

Exam

Students will take a web-based NBME examination in Family Medicine at the end of the sub-internship. This will include the core 80-question exam with additional modules on chronic care and musculoskeletal conditions.

Scheduled Hours/Call

The Sub-Internship is four weeks in duration and will consist of inpatient care, on-call shifts, lectures, conferences, self-identified reading, transitions project and personal educational goal assignment. Students will work at least 5 full days per week and take assigned night and weekend call. Each student will spend a minimum of 20 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 not 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.

Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

Similar to other required clerkships, extended absences from the sub-internship are not permitted. Any **absence from the sub-internship must be pre-approved by the regional campus dean** prior to the beginning of the clerkship. Even with an excused absence, the student will complete the scheduled work as outlined above. The Clerkship Director and Education Director must be notified of any absence in advance. **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.

Competencies and Assessment

Domain	Entrustable Professional Activity	Competency	Assessment
Patient Care	EPA 1: Gather a history and perform a physical examination	Demonstrate the ability to assess the patient's unique circumstances and experience of illness and incorporate that information into his/her care.	Transitions project Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 1: Gather a history and perform a physical examination	Perform an organized hospital admission that includes appropriate data gathering (history and examination).	Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 2: Prioritize a differential diagnosis following a clinical encounter	Perform accurate clinical assessments that include appropriate differential diagnoses in the inpatient setting.	Direct observation by clinical faculty Mid-clerkship feedback Summative evaluation at end of clerkship
	EPA 1: Gather a history and perform a physical examination	Recognize pertinent normal and abnormal examination findings.	Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 3: Recommend and interpret common diagnostic and screening tests	Develop appropriate plans for diagnostic evaluation.	Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Evaluate the functional status of patients during discharge planning and arrange for appropriate safety measures at home as indicated.	Transitions project Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Evaluate the health literacy by assessing patient's comprehension of written material, verbal instructions and understanding of health information.	Transitions project Direct observation by clinical faculty
Medical Knowledge	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Perform detailed review of patients' medications that included indication, treatment targets interactions with other medications, contraindications and potential adverse events.	Transitions project Patient log Direct observation by clinical faculty Summative evaluation at end of clerkship
	EPA 7: Form clinical questions and retrieve evidence to advance patient care	Develop clinical questions and identify the resources needed to evidence to provide excellent patient care.	Direct observation by clinical faculty
Practice-Based Learning and Improvement	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Evaluate the specific challenges and risks for a patient at the time of discharge, and then provide an analysis of potential improvements in that process.	Transitions project Direct observation by clinical faculty
Interpersonal and Communication Skills	EPA 1: Gather a history and perform a physical examination	Respond with empathy and sensitivity to patients with challenging behaviors.	Direct observation by clinical faculty

		Communicate diagnostic information and care plan to patients with empathy and sensitivity.	Direct observation by clinical faculty Summative evaluation at end of clerkship
		Demonstrate cultural competency in interactions with patients from diverse backgrounds. Recognize and address personal bias/prejudice when interacting with patients.	Direct observation by clinical faculty Transitions project
	EPA 6: Provide an oral presentation of a clinical encounter	Communicate diagnostic information and clinical reasoning to healthcare team with suggested intervention and plan of care through effective oral presentation.	Direct observation by clinical faculty Summative evaluation at end of clerkship.
	EPA 5: Document a clinical encounter in the patient record	Demonstrate the ability to document medical encounters including comprehensive admission evaluation, progress notes in a hospitalized patient and discharge summary.	Transitions project Direct observation by clinical faculty
Professionalism		Identify personal learning needs and choose a goal for improvement during the clerkship. Develop a strategy to address personal educational goal that includes specific targets by which to measure progress.	Educational goal assignment Mid-clerkship feedback and communication with clerkship director
		Demonstrate motivation to learn. Incorporate feedback into clinical care and other activities.	Direct observation by clinical faculty Mid-clerkship feedback and communication with clerkship director
	EPA 9: Collaborate as a member of an interprofessional team	Demonstrate respect for the contributions of all healthcare providers (physicians, nurse practitioners, physician assistants, nurses, social workers, other staff, etc.) involved in the care of a patient.	Direct observation by clinical faculty Summative evaluation at end of clerkship
Systems-Based Practice	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Advocate for and assist patients in arranging follow-up care at the time of hospital discharge.	Transitions project Direct observation by clinical faculty
	EPA 9: Collaborate as a member of an interprofessional team	Work effectively with other healthcare providers, social workers, community agencies, nurses and other healthcare professionals.	Transitions project Direct observation by clinical faculty Summative evaluation
	EPA 13: Identify system failures and contribute to a culture of safety and improvement	Understand the importance of addressing psychosocial and cultural issues to improve patient adherence to a plan of care in an effort to decrease medical errors.	Transitions project Direct observation by clinical faculty Summative evaluation

Policies

Americans with Disabilities Act

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.

[The Office of Student Counseling Services](#)

Medical Science Research Building G146

Phone: (850) 645-8256 Fax: (850) 645-9452

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

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Academic Honor Code

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. (Florida State University [Academic Honor Policy](#))

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](#) details of attendance policy, notice of absences and remediation.

Library Policy

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.

Required Materials

Resource Needs

All of the physical resources necessary for this course are either in place or currently being recruited. Affiliation agreements with each of the participating hospitals and residency programs are in place, and new affiliations are occurring all the time. Rural sites are also being identified and recruited. Student learning areas complete with computers, textbooks and internet access are available at each regional campus site and at the Family Medicine Residency Programs. Taken together, these resources—people, equipment, materials, services—are adequate to provide an excellent educational experience for students.

Required Readings

There is no required textbook for this clerkship. Reading of the medical literature and/or medical textbooks is strongly encouraged. What the student reads should be dictated by their own personal education needs and the care needs of patients with whom the student is involved.

Grading

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