

LEARNING OBJECTIVES: SI Internal Medicine Ambulatory Subinternship (WEC)

Overarching Goals	Elective objectives: By the end of the rotation, students will be expected to:	Where/how taught <i>(location)</i>	Taught by <i>(attending, fellows, etc.)</i>	How student's achievement of objective is assessed <i>(assessment method)</i>	How feedback is given <i>(feedback method)</i>	Quantity target <i>(target number of patients/ events during rotation)</i>
4, 5, 6	<p>Demonstrate behaviors consistent with the highest standards of professionalism and medical ethics in all patient encounters.</p> <ol style="list-style-type: none"> 1. Demonstrate consideration of each patient's specific value for health and illness. 2. Demonstrate a commitment to caring for all patients regardless of gender, race, socioeconomic status, intellect, sexual orientation, or ability to pay. 3. Demonstrate respect for all members of the health care team, including physician and non-physician providers as well as non-providers who support the caring mission. 4. Practice patient-centered care. 5. Use self-reflection to manage internal feelings to improve therapeutic alliances with patients. 6. Manage professional boundaries in the context of the doctor-patient relationship. 7. Describe and implement basic elements of informed consent. 	Adult Primary Care Center-YNHH (Wednesday Evening Clinic)	Faculty Attendings and volunteer community attendings. Occasionally Fellows and residents if attending in the clinic.	<p>Direct observation, Evaluations by attendings.</p> <p>This Subinternship is an experience for students to develop the basic skills and experience to provide longitudinal primary care in the outpatient setting. Therefore, by its very nature the training is not didactic but dynamic, in the clinic and in the process of taking care of patients. Therefore, the competence of the subintern is assessed during at the time of patient visits and during informal interactions pertaining to patient follow up by the Attending Physicians.</p> <p>Students will need to have 3 formal</p>	<p>There are two kinds of feedback each of which are given to the subintern by the Attending Physicians:</p> <ol style="list-style-type: none"> 1). "On the spot" feedback: given by the supervising Attending Physician in relation to patient encounters. 2) Each student will receive formal feedback by their supervising team attending a) mid-rotation and b) at the end of the clerkship. <p>Elective director will meet with student at least once during the mid-rotation and additionally as needed.</p>	Each student is scheduled 3 patients/ session. The target number of patients is 70 patients for the duration of the rotation.
4, 5, 6	<p>Demonstrate skills for coordination of care and communication with colleagues.</p> <ol style="list-style-type: none"> 1. Participate in requesting a consultation and identifying the specific questions to be addressed. 2. Demonstrate an attitude of teamwork and respect towards all members of the health care team as manifested by reliability, responsibility, and honesty. 3. Demonstrate professional responsibility in working as a team member with other members of the Primary Care Center, Referral Coordinator, Social Workers, Nurses/PCAs and Consultants. 4. Demonstrate acceptance of the premises that various physician styles may each be appropriate and that different valid approaches to patient care may coexist. 5. Work as an effective member of the patient care team. 					
4, 5, 6	<p>Incorporate core concepts for the involvement of the family during the care of patients.</p> <ol style="list-style-type: none"> 1. Explain the importance of understanding family, community, and societal roles in providing care to patients with medical or psychiatric conditions. 2. Appreciate the changing needs of persons across the lifespan. 3. Describe and apply the biopsychosocial model in the care of patients. 4. Demonstrate an ability to work as a member of an interdisciplinary care team. 					

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1, 2, 3, 4, 5	<p>Obtain an accurate and appropriately focused medical history for a specific setting and amount of time.</p> <ol style="list-style-type: none"> 1. The chief complaint is accurately identified. 2. The history is obtained in a logical, organized, and thorough manner. 3. The student demonstrates effective verbal skills, including appropriate use of open- and closed-ended questions, repetition, facilitation, explanation, summation, and interpretation. 4. The depth and breadth of the history is appropriate to the visit type (e.g., problem-focused visit vs new outpatient visit). 5. The student seeks the family's point of view. 6. Alternate sources of information are used to obtain history when needed, including but not limited to family members, fellow healthcare providers, living facility, and pharmacy staff. 7. Students are allowed to do this rotation only after completion of key Internal Medicine clerkship rotations. Thus, by the time they begin the Subinternship there will be an expectation by 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. 			mini-CEX evaluations by attendings over the course of the year.		
4	<p>Physical examination skills.</p> <p>Students are allowed to do this rotation only after completion of key Internal Medicine clerkship rotations. 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 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 their patients.</p>					
1, 2, 3, 4, 5	<p>Formulate and describe the differential diagnosis and a diagnostic plan for patients presenting with various complaints in primary care.</p> <ol style="list-style-type: none"> 1. The student can synthesize essential clinical information into an accurate patient representation. 2. The student's differential usually includes the correct diagnosis plus other plausible diagnoses. 					

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	<ol style="list-style-type: none"> 3. The student appropriately prioritizes items in the differential diagnosis according to both probability and seriousness. 4. The student identifies key economic, statistical, and clinical factors (e.g., physical risk) that may affect choice among test options. 5. The student elicits and accounts for the patient's perspective in diagnostic decision making. 					
1, 2, 3, 4, 5, 6, 7, 8	<p>Deliver an effective oral presentation and write a note based on the findings from an interview and examination of a primary care patient.</p> <ol style="list-style-type: none"> 1. Completes the oral presentation succinctly, in an appropriate amount of time given the audience and setting including a chronologically-developed present illness, medication list, past history, and pertinent positives and negatives from the family history, social history, and physical and mental status examination. Describes the differential diagnosis. 2. Writes the note in appropriate format as determined by the primary care setting. 3. Completes the note on the day of the visit. 					
1, 2, 3, 4, 5, 6, 7, 8	<p>Develop, describe, and implement appropriate family-centered therapeutic plans.</p> <ol style="list-style-type: none"> 1. Describe key factors to consider in choosing among treatment options, including risks, cost, and efficacy. 2. Formulate an initial therapeutic plan and modify it with family input, explaining the risks and benefits of treatment options. 3. Determine the family's understanding of the therapeutic plan and ability to carry it out. 4. Demonstrate a commitment to involve the patient in his or her health care. 					
1, 2, 3, 4, 5, 6, 7, 8	<p>Demonstrate the learning skills and ability to identify and meet emerging information needs for diagnosis, prognosis and treatment of patients cared for in primary care.</p> <ol style="list-style-type: none"> 1. Develop well-formed, focused, pertinent clinical questions. 2. Acquire, interpret, and apply information from a diverse array of sources to optimize diagnosis and management of individual patients. 3. Classify information sources according to broad scientific categories: original research, meta-analysis, structured reviews, narrative reviews. 					

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1, 2, 3, 4, 5, 6, 7, 8	<p>Develop an understanding of the health care systems and provide longitudinal patient care in the outpatient setting.</p> <ol style="list-style-type: none"> 1. Learn about the health care system and navigate it with the support of supervising attendings and nursing/ancillary staff. This includes placing referrals to specialists, communicating with other health care providers and care takers, following up on consults and tests. 2. Follow up on test results, consults and referrals in between appointments . Call patients to discuss results and future treatment plans upon review with the supervising attending. 3. Call patients periodically in between appointments to review monitored parameters (e.g.: blood pressure, blood sugar, weight) and treatment effects or medications. 4. Review medication requests in between appointments and discuss treatment plans with the attending. 5. Review patient calls in between appointments, call back patients and formulate a treatment plan upon discussion with the supervising attending. 6. Document all follow up tasks and conversations with patients in the EMR in the appropriate format. 7. Participate in QI projects conducted in the adult Primary Care Center and have the opportunity to develop and conduct relevant QI projects under the supervision of the supervising attendings. 					
5, 6, 8	<p>Career/context: Exposure to Internal Medicine training/career pathway. Know key roles that the specialty plays in the health care system.</p>			n/a	Ad hoc discussion with attendings about different subject matter (patients, scope of practice, lifestyle, difficulty) as desired.	n/a