

## APPLICATION FOR NEW COURSE

1. Submitted by College of Medicine Date 04/10/07

Department/Division offering course General Internal Medicine

2. Proposed designation and Bulletin description of this course

a. Prefix and Number MED 872 b. Title\* Acting Internship in Med-Peds

\*NOTE: If the title is longer than 24 characters (including spaces), write  
A sensible title (not exceeding 24 characters) for use on transcripts AI in Med-Peds

c. Lecture/Discussion hours per week 2 d. Laboratory hours per week 80

e. Studio hours per week \_\_\_\_\_ f. Credits 4

g. Course description  
A four week direct patient care experience at the level of intern for fourth year students, two weeks in Internal Medicine and two weeks in General Pediatrics

h. Prerequisites (if any)

MD 830

MD 835/MD 831

i. May be repeated to a maximum of 1 time (if applicable)

4. To be cross-listed as  
PED 872 X  Signature, Chairman, cross-listing department  
Prefix and Number

5. Effective Date Fall 2007 (semester and year)

6. Course to be offered  Fall  Spring  Summer

7. Will the course be offered each year?  Yes  No  
(Explain if not annually)

8. Why is this course needed?  
To provide an inpatient learning opportunity in the fourth year for those students interested in a career in Medicine Pediatrics

9. a. By whom will the course be taught? General Internal Medicine and General Pediatrics faculty

b. Are facilities for teaching the course now available?  Yes  No  
If not, what plans have been made for providing them?

## APPLICATION FOR NEW COURSE

10. What enrollment may be reasonably anticipated? 1-2 students per period

11. Will this course serve students in the Department primarily?  Yes  No

Will it be of service to a significant number of students outside the Department?  
If so, explain.  Yes  No

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Will the course serve as a University Studies Program course?  Yes  No

If yes, under what Area? \_\_\_\_\_

12. Check the category most applicable to this course

traditional; offered in corresponding departments elsewhere;

relatively new, now being widely established

not yet to be found in many (or any) other universities

13. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky?  Yes  No

14. Is this course part of a proposed new program:  
If yes, which?  Yes  No

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15. Will adding this course change the degree requirements in one or more programs?  
If yes, explain the change(s) below (NOTE – If “yes,” a program change form must also be submitted.)  Yes  No

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16. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

18. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales.  Check here if 400G-500.

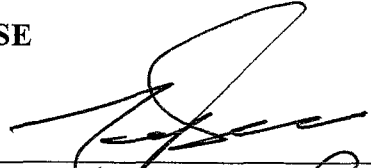
19. Within the Department, who should be contacted for further information about the proposed course?

Name Paula Bailey, MD, MHA

Phone Extension 323-6047

APPLICATION FOR NEW COURSE

Signatures of Approval:



Reported by Department Chair

4/23/07

Date of Approval by Department Faculty

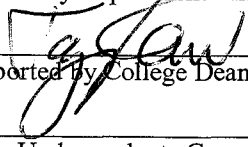
Jennifer Brueckner 10-9-07

Date of Approval by College Faculty

Dr. David Jerry M.O. 8-20-07

\*Date of Approval by Undergraduate Council

Curriculum Committee



Reported by College Dean

10-15-07

Reported by Undergraduate Council Chair

\*Date of Approval by Graduate Council

Reported by Graduate Council Chair

\*Date of Approval by Health Care Colleges Council (HCCC)

Reported by HCCC Chair

\*Date of Approval by Senate Council

Reported by Senate Council Office

\*Date of Approval by University Senate

Reported by Senate Council Office

\*If applicable, as provided by the Rules of the University Senate

# MED-872

## Acting Internship in Internal Medicine and Pediatrics

### Proposed Syllabus

Clerkship Co-Director: Paula Bailey, MD, MHA  
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## Introduction

The Acting Internship in Internal Medicine and Pediatrics(MED-872) is a four-week experience in the inpatient setting during which students will assume the role of “intern” for patients admitted to the internal medicine and pediatric services. Although many define the acting internship by a purely “experiential curriculum,” there is increasing evidence that medical school graduates are inadequately prepared for the tasks of internship. Students completing their AI must develop key professional competencies and skills. Thus, the acting internship, as the culmination of undergraduate medical education, should challenge 4<sup>th</sup> year students and provide them with the skills to become successful interns in the following year.

Prerequisites:

Successful completion of MD-836: Medical Surgical Care – Medicine

MD-830: Women’s Maternal & Child Health- Pediatrics

## Learning Objectives:

### **Communication Skills**

Rationale: Interns play a key role in communicating aspects of patient care to patients and healthcare providers, often in diverse clinical situations

1. Acting interns 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's family members
  - b. Verbal and non-verbal clues of patient suicidality
  - c. The importance of cultural issues governing health care decision making by patients
  - d. Appropriate resources available in the inpatient setting for the management of grief
  
2. Acting interns should demonstrate the skills to:
  - a. Communicate effectively with patients and patient's family members
    - i. Utilize lay terms appropriate to the patient's level of education and explain scientific jargon
    - ii. Recognize and manage denial and grief
    - iii. Communicate abnormal results and "bad news" to patients in a sensitive manner
    - iv. Discuss end of life issues with patients and family members with attention to the patient's wishes and needs
    - v. Provide concise daily updates for patients and families regarding hospital course and rationale for ongoing or new treatment plans
  - b. Clearly summarize the patient's reason for admission and rationale for clinical plan
  - c. Assess suicidality in a depressed or psychotic patient
  - d. Be able to 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 with attention to the inclusion of relevant information and synthesis of clinical information
  
3. Acting interns should demonstrate professional behavior and attitudes:
  - a. The ability to effectively communicate 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 (PCP)
  - c. Understand cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient

## **Coordination of care**

Rationale: Interns play a central role in coordinating a patient's 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.

1. Acting interns 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 day and end of service coverage
  
2. Acting interns demonstrate the skills to:
  - a. Appropriately utilize consultants
    - i. Identify a consultant's limitations in the care of a patient
    - ii. Request a consultation by identifying a specific question(s) to be addressed
    - iii. Discuss a consultant's recommendations with members of the health care team
  - b. Effectively cooperate 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)
    - v. Pharmacists
    - vi. Nutrition support staff
    - vii. Discharge planners
  - c. Identify housestaff on-call and cross-coverage schedules among housestaff
  - d. Communicate transfer of patient's care responsibilities to other housestaff (e.g. "sign out")
    - i. On non-call days
    - ii. Upon leaving service
    - iii. Upon transfer of the patient between services
  - e. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan
  - f. Communicate plans with outpatient health care provider, arranging for follow-up when appropriate
  - g. Coordinate care plan utilizing community resources when necessary
  
3. Acting interns should demonstrate professional behavior and attitudes:
  - a. Respect for all members of the health care team
  - b. Willingness to assist other members of the health care team

## ***Information management***

Rationale: Interns face an extraordinary challenge in managing the huge amount of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation, and transfer of clinical information are a prerequisite for safe and efficient hospital practice.

1. Acting interns 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 intern
  - c. The necessity for a systematic method to track clinical/laboratory/radiologic data
  - d. Patient confidentiality regulations governing medical records and clinical information
  
2. Acting interns should demonstrate the skills to:
  - a. Prioritize tasks for daily patient care in order to efficiently utilize time
  - b. Document the following in an organized and efficient manner:
    - i. Admission notes
    - ii. Daily progress notes
    - iii. Transfer notes
    - iv. On-call emergencies
    - v. Discharge summaries
  - c. Systematically organize daily tasks (a.k.a. "the scut list")
  - d. Use paper or electronic references to access evidence based medicine to solve clinical problems
  
3. Acting interns should demonstrate professional behavior and attitudes:
  - a. Respect for patient's rights to confidentiality

## **Procedures**

Rationale: For fourth year medical students, the acting internship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents.

### **Specific Learning Objectives**

1. Acting interns should demonstrate knowledge of:
  - a. The indications, contraindications, risks and benefits of each of the following procedures:
    - i. Venipuncture
    - ii. Intravenous catheter insertion
    - iii. Arterial blood sampling
    - iv. Nasogastric tube insertion
    - v. Lumbar puncture
    - vi. Urethral catheter insertion
    - vii. Thoracentesis
    - viii. Paracentesis
    - ix. Peripheral intravenous central catheter (PICC line)
  - b. How the information obtained from these procedures will enhance the patient's care
  - c. How to assess patients' competence to provide informed consent for a procedure
  - d. Potential procedure related risks to the operator and the need for universal precautions
2. Acting interns should demonstrate the skills to:
  - a. Recognize 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
  - c. Obtain and document informed consent, if necessary
  - d. Recognize lack of skill or proficiency in performing any of the above procedures
  - e. Personally perform, with supervision, the above procedures
  - f. Write a procedure note
  - g. Ensure that samples obtained are properly prepared for laboratory processing
  - h. Teach procedure skills to third-year medical students when appropriate
3. Acting interns should demonstrate professional behavior and attitudes:
  - a. Respect for patient autonomy and the principles of informed consent
  - b. Concern for maximizing patient comfort
  - c. Commitment to learning how to perform procedures in an efficient and cost-effective manner

## ***Clinical Decision-Making***

### **Symptoms**

Incoming interns are often expected to be able to appropriately evaluate patients with common inpatient problems, make an appropriate assessment and initiate appropriate therapy. By the end of the rotation, acting interns should feel comfortable with the evaluation and management of the following inpatient problems:

#### ***Medicine***

- Abdominal pain
- Acute renal failure
- Altered mental status
- Chest pain
- Dyspnea
- Elevated LFTs
- Fever in hospitalized patients
- Nausea and vomiting
- Pain management

#### ***Pediatrics***

- Fever in different age groups
- Wheezing
- Vomiting and diarrhea
- Seizures
- Abdominal pain

### **Syndromes**

Incoming interns are often expected to be able to appropriately manage patients with common inpatient conditions, including appropriate evaluation and therapy. By the end of the rotation, acting interns should feel comfortable with the evaluation and management of the following inpatient problems:

#### ***Medicine***

- Acute coronary syndrome
- Acute gastrointestinal bleeding
- Alcohol withdrawal
- Arrhythmias – atrial fibrillation
- Congestive heart failure
- Electrolyte disorders
  - Hyponatremia
  - Hypernatremia
  - Hypokalemia
  - Hyperkalemia
  - Hypercalcemia

- Hypertensive urgency & emergency
- Inpatient diabetes management
- Pneumonia
- Venous thromboembolism – PE/DVT

### *Pediatrics*

- Asthma
- Apparent life threatening events (ALTE)
- Sepsis
- Pneumonia
- Failure to thrive
- Meningitis
- Congenital heart defects
- Non accidental trauma
- DKA
- RSV/croup
- Urinary tract infections
- Nutritional management

For each of these scenarios acting interns should demonstrate:

1. Knowledge:
  - a. Common causes of each complaint
  - b. Signs and symptoms specific to each of the conditions
  - c. Pathophysiology of common conditions
  - d. Contribution of co-morbidities, medications, reasons for hospitalization, recent or remote surgical procedures in the development of a logical differential diagnosis
  - e. Appropriate therapy for each patient scenarios
    - i. Delineate appropriate resuscitative measures
    - ii. Indications and contraindications for medications, procedures, etc.
    - iii. Rationale for selecting certain therapies
  - f. Recognize situations which require emergent support from the resident
  - g. Recognize indications for transfer to higher care units (e.g. ICU)
2. Skills:
  - a. Conduct a targeted history:
    - i. Rapidly evaluate the inpatient
    - ii. Consider the reason for hospitalization; co-morbidities; recent procedures, pertinent family history and concurrent medications in this evaluation
    - iii. Conduct a focused chart review
  - b. Conduct a physical examination:
    - i. Evaluate the patient for clinical stability
    - ii. Evaluate the patient for the source of the problem

- iii. Perform an appropriate examination for the above scenarios
- c. Develop a management plan:
  - i. Provide appropriate resuscitative and supportive measures
  - ii. Develop a differential diagnosis utilizing collected data
  - iii. Prioritize the differential and determine the most likely diagnosis
  - iv. Order and interpret appropriate laboratory and radiologic studies
  - v. Perform required procedures
  - vi. Request surgical and sub-specialty consultation as appropriate
  - vii. Write an appropriately detailed cross-coverage or follow-up note to document the evaluation of the patient
  - viii. Provide appropriate follow-up care
- 3. Professional behavior and attitudes:
  - a. Compassionate attitude towards patients
  - b. Sensitivity to the patient during the examination
  - c. Respect for the patient's wishes regarding invasive procedures and treatments
  - d. Sensitivity with the patient and their family regarding the patient's condition
  - e. Professionalism when communicating with colleagues and consultants

## Course Requirements

As students assuming the role of “intern” for patients on the internal medicine inpatient services, all students are required to work a complete 4-week rotation. The Office of Academic Affairs provides a fourth year rotation schedule, in which the weekends in between rotations are not scheduled. Because of patient care issues, all AIs will work through that last weekend.

For 2006-2007, the scheduled blocks for AI are as follows:

	<u>First day of rotation</u>	<u>Last day of rotation</u>
Period 1	Monday, July <sup>st</sup>	Sunday August <sup>th</sup>
Period 2	Monday, August <sup>th</sup>	Sunday, September <sup>th</sup>
Period 3	Monday, September <sup>th</sup>	Sunday, October <sup>nd</sup>
Period 4	Monday, October <sup>rd</sup>	Sunday, November <sup>th</sup>
Period 5	Monday, November <sup>th</sup>	Sunday, December <sup>th</sup>
Period 6	Tuesday, January <sup>h</sup>	Sunday, February <sup>th</sup>
Period 7	<i>Advanced Clinical Pharmacology &amp; Anesthesiology</i>	
Period 8	Monday, March <sup>th</sup>	Sunday, April <sup>th</sup>
Period 9	Monday, April <sup>th</sup>	Sunday, May <sup>th</sup>

**NOTE: Acting interns will be assuming the intern role on the first day of their rotation. They are expected to call their upper-level resident prior to the beginning of their rotation to discuss: (1) which patients they will need to see, (2) the timing and location of rounds on the first day. AIs are expected to be on rounds on the first day ready to present their patients!**

### ***Duty Hours***

All AIs will be expected to conform to the same duty hours regulations as established by the ACGME and the University of Kentucky. Duty hours are defined as all clinical and academic activities related to the clerkship, patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Acting interns will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. **AIs are required to attend the case conferences on Tuesday mornings, so Tuesdays cannot be assigned as a day off!**
3. Adequate time for rest and personal activities will be provided. This consists of a 10 hour time period provided between all daily duty periods and after in-house call.

## **Clinical Activities**

During the AI, 4<sup>th</sup> year students are responsible to the attending physician on their service, and in their absence, the upper-level resident in charge of the team. All duty hours will be determined by the attending physician and upper-level resident as in compliance with the above duty hours regulations. As an AI, you will be expected to carry ½ the workload of an intern. This should provide a solid “experiential” education while still leaving plenty of time to read and study the required clinical competencies.

As an acting intern, you are expected to fulfill all of the duties performed by interns, including:

1. Writing a comprehensive admission H&P on each new patient you admit
2. Writing all orders on the patients you are following
3. Writing daily SOAP notes on all patients that you are following
4. Assisting the upper-level resident with the writing of Discharge Summaries for any patient discharged while you were caring for them on service. This should be organized with the help of the upper-level resident physician. **Hospital Policy states that AIs are not permitted to dictate discharge summaries.**
5. Performing cross coverage while on call for the patients that you are following

With regard to writing orders, both the University of Kentucky and the VA Medical Center now have completely computerized order entry. At the University of Kentucky Hospital, medical students should enter orders on behalf of their resident (or the attending physician if the resident is not present). These orders **must** be verified by either the resident or attending **before** they can be carried out. A flag in the **“To Verify”** column will remind residents and attending physicians that an order needs to be verified. Medical Students can **NOT** discontinue or cancel orders because they can not be verified in SCM. Similar procedures should be followed at the VA Medical Center, AIs should enter all orders in CPRS but they should not sign them. The resident on the service will review all of the orders and then sign them.

## **Call Schedule**

AI’s will take call with the assigned team. If at the VA, the call schedule will be every fourth night, IM call at UK will be every fifth night, and Gen Peds call will be every fourth night.

## **Conferences**

### **1. Orientation**

On the first day of the rotation, all AIs will meet with the Clerkship Director, Dr. Bailey, in **MN542** at 8:00 am. This will consist of a brief overview (15-20 minutes) of the AI responsibilities and requirements.

### **2. Acting Intern Case Conference:** Tuesday morning from 8:00 – 9:00

All acting interns will be expected to attend case conference on each Tuesday morning during the rotation. During orientation, a packet of 12 clinical cases and questions will be distributed. Acting interns are responsible for reading over 4 cases each week and

answering the questions about each case. These will be turned in each week at the case conference and the cases will be reviewed. These sessions are **mandatory** for all acting interns and all absences must be approved in advance.

**3. Morning Report:** Daily 8:00 – 9:00

Acting interns are expected to attend morning report as frequently as possible. This is an outstanding educational experience which helps trainees generate extensive differential diagnoses as well as learn the initial treatment and management of common (and uncommon) medical problems. Morning report will prepare students for their roles as interns and upper-level residents. Acting interns are expected to attend at least once per week, but are encouraged to attend as often as possible.

**4. Internal Medicine Grand Rounds:** Friday 12:00 – 1:00

**Pediatric Grand Rounds:** Thursday 8:00- 9:00

Acting interns are expected to attend grand rounds every Friday they are on Medicine and every Thursday they are on Pediatrics if they have clinical duties on that day. Students who have been given a scheduled day off are excluded from attending.

**5. Noon Conference:** Monday-Thursday 12:00 – 1:00

With a revolving schedule of core topics, noon conference is another beneficial educational experience for 4<sup>th</sup> year students. All acting interns are encouraged to attend daily.

## ***Medical Records***

It is a requirement of the Joint Commission for Accreditation of Health Care Institutions that medical records must be completed in a timely fashion. This is very important both for billing purposes as well as patient care. All residents and acting interns are responsible for maintaining timely and legible notes and making sure all orders are signed by their upper level resident.

The patient's record is a legal document which serves to inform all who are caring for the patient. The record is not a tool for airing issues of professional disagreement or petty interactions with other health care personnel. Acting interns are advised that there are alternative mechanisms for dealing with such issues, and medical records should never contain any language that would be interpreted in such a manner.

## ***Evaluation***

The final grade will be determined based upon clinical evaluations, attendance at required conferences and the final examination. The exact breakdown is as follows:

- 40% Attending physician clinical evaluation
- 40% Upper-level resident clinical evaluation
- 10% Case Exercises
- 10% Final Examination

A student must obtain a passing score on each of the three components in order to pass the clerkship. **A failing score on any of the four components will result in an unsatisfactory grade.**

All clinical evaluations will be based upon the Clinical Assessment Form of the University Of Kentucky College Of Medicine. Students will be graded on a 1-5 scale in seven different categories:

1. History and patient evaluation
2. Use of knowledge/judgment
3. Patient rapport
4. Functioning in the clinical setting
5. Professional relationships
6. Desire to learn
7. Progress and growth in patient management

The scores on the seven categories will be averaged to obtain an overall evaluation score. An A will be awarded for excellent performance (90 – 100), a “B” for expected performance (80 – 89), a “C” for marginal performance (70 – 79), a “U” for unsatisfactory performance (60-69) and an “E” for grades less than 60. Clinical performance should be reviewed at mid-rotation with both the attending physician and the upper level resident physician in order to receive formative feedback on improvement. **The acting intern should schedule a time for mid-rotation feedback at the beginning of the rotation.** The Clinical Assessment Form also includes a satisfactory or unsatisfactory grade for professional appearance and attendance. An unsatisfactory grade in either of these areas on either the resident or attending evaluation form will result in a failure of the clerkship.

The case exercises will consist of 12 clinical scenarios followed by a series of questions about each scenario. Acting interns will be expected to complete 4 clinical scenarios each week, which will be reviewed in the Monday morning case conference. These cases are “open book,” so acting interns should feel free to consult books, journal articles, colleagues, etc. The four cases for each week must be turned in at the beginning of the Tuesday morning case conference.

The final examination will consist of a series of clinical scenarios for which the student must write an assessment and plan for each problem. This should be comprehensive, including a summary of the patient’s presentation, a differential diagnosis, designation of a primary diagnosis and a complete plan (testing, therapy, counseling, etc). The final exam will be distributed during the last Monday case conference of the month and must be turned in by 12:00 pm (noon) on Friday to Emily Miller’s office. This exam reflects your own work – no outside help should be obtained from other physicians or students. However, feel free to consult books, journals or other professional resources.