

## 4<sup>TH</sup> YEAR SUBINTERNSHIPS OVERVIEW

**General Description:** All 4th year students are required to do a four-week subinternship in Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry or Surgery. Although the knowledge-based content of the subinternship may vary, the core expectations are the same. Subinterns take primary responsibility for the patient's under their care, with supervision from their resident and faculty attending and are involved in all aspect of their care. The major difference between a 3rd year rotation and a subinternship is the increased level of responsibility in the latter, as well as an increased patient volume. The specific goals and responsibilities for each subinternship are distributed at the beginning of the block.

Subinterns are evaluated based on the 6 ACGME competencies.

1. *Knowledge.* A subintern should exhibit a comprehensive knowledge of the medical problems common to each discipline, including an understanding of pathophysiology and spectrum of disease severity. They should be able to formulate broad differential diagnoses of each medical problem, know the major and minor diagnostic studies, most treatment options, and major and minor complications of disease, studies, and treatments. They should understand and educate their patients on indications and contraindications, risks and benefits of treatments and procedures.

2. *Patient Care.* A subintern should be able to reliably gather data and report accurately and efficiently to their team, be able to independently and accurately interpret most clinical situations and test results, be able to accurately recognize ill patients and changes in clinical situations, be able to independently formulate plans for diagnosis and treatment of most common presentations and diseases, and be able to appropriately obtain informed consent, coordinate care, address issues surrounding end-of-life care.

3. *Professionalism.* A subintern should demonstrate respect, compassion and integrity as well as accountability and excellence in carrying out responsibilities, and take initiative in identifying and addressing needs of patient and team. A subintern assumes responsibility for their own actions and monitors their performance for errors and areas to improve, independently identifies and fills knowledge gaps, is committed to excellence in patient care, and is a patient advocate and works to address patient needs beyond basic medical care.

4. *Interpersonal and Communication Skills.* A subintern should have excellent communication with the patients, family members with detailed attention to the inclusion of relevant information and synthesis of clinical information, rationale for ongoing treatment or new plans utilizing terms appropriate to patient's educational level and scientific jargon. They should be able to effectively communicate and establish rapport with even the most challenging patients, nurses, and staff. Demonstrates understanding of the cultural sensitivities and patient wishes with regards to health care and incorporates this knowledge into the discussions with the patient.

5. *Practice-Based Improvement.* A subintern should effectively assimilate and appraise clinical information and evidence and use it effectively to improve patient care. They should not only recognize what to do for best outcomes, but also why, based on what literature and who says.

6. *System-Based Practice.* A subintern should demonstrate proficiency in coordinating comprehensive and longitudinal patient care both within the hospital and during transition of care from inpatient to outpatient settings, and should demonstrate understanding and coordinate patient care plans utilizing the resources available both in within the hospital and in the community in an appropriate and efficient manner including but not limited to; nursing staff, social work, case-management, specialty consultants and ancillary staff.

Assessment:

All subinterns are evaluated on these competencies by those they have worked with clinically, including house-staff and attending faculty. This evaluation is based on direct observation, and is anchored on the competencies described above.

Sub-Internship Directors:

Family Medicine:

Paul E. Lyons, MD  
paul.lyons@temple.edu

Internal Medicine:

Alisa Peet, MD  
peet@temple.edu

Obstetrics/Gynecology:

Enrique Hernandez, MD  
enrique.hernandez@temple.edu

Pediatrics:

Michael DeVecchio, MD  
mdelvecc@temple.edu

Barry Evans, MD

barry.evans@temple.edu

Psychiatry:

Ruth Lamdan, MD  
rlamdan@temple.edu

Surgery:

Sean Harbison, MD  
sean.harbison@temple.edu