

## **YEAR IV - SUBINTERN CLINICAL COMPETENCIES (long version)**

- I. Communication
- II. Coordination of Care
- III. Information Management
- IV. Procedures

## **I. COMMUNICATION**

- A. Rationale - Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.
- B. Prerequisites- Communication and rapport/relationship development with patients, families and colleagues consistent with Year III curriculum.
- C. Specific Learning Objectives
  - 1 Knowledge - ***SubInterns 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 and family members
      - iii. Electronic transmission
    - b. Recognition and management denial, grief, noncompliance, depression and psychosis.
    - c. The importance of cultural issues governing health care decision making by patients and their families.
    - d. Appropriate resources available in the inpatient and outpatient setting for the coordination of mental and physical health care.
  - 2 Skills - SubInterns should demonstrate the ability to:
    - a. Communicate effectively with patients and family members
      - i. Utilize lay terms appropriate to the patient's or patient's family level of education and be able to explain scientific terminology.
      - ii. Communicate abnormal results and/or "bad news" to patients or their families in a sensitive manner.
      - iii. Discuss end-of-life issues with patients and family members
      - iv. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
      - v. Consider cultural sensitivities and patient wishes when providing information.
    - b. Recognize verbal and non-verbal clues of a patient's mental and physical health.
    - c. Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.
    - d. 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.
      - i. Recognition and synthesis of relevant information
      - ii. Communication of clinical information to the primary care physician
  - 3. Attitudes and professional behavior - ***Subinterns should:***
    - a. Demonstrate an understanding of the value of effective communication 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.
    - c. Understand cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient and family.

## II. COORDINATION OF CARE

- A. Rationale - Interns play a central role in coordinating patient 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.
- B. Prerequisites
  - 1. Communication skills as outlined above
  - 2. Community health care skills consistent with Continuity of Care Clerkship
  - 3. Coordination of Care consistent with Year III curriculum
- C. Specific Learning Objectives
  - 1. Knowledge - SubInterns should 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 the day and end of service coverage.
    - c. Availability of community resources.
  - 2. Skills - ***SubInterns should be able to:***
    - a. Prioritize tasks for daily patient care in order to effectively utilize time.
    - b. Appropriately utilize consultants
      - i. Define a consultant's role in the care of a patient.
      - ii. Identify appropriate issues for the consultant referral.
      - iii. Discuss a consultant's recommendation with members of the health care team.
    - c. Effectively coordinate 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, speech, art...)
      - v. Pharmacists
      - vi. Nutrition support staff
      - vii. Discharge planners
      - viii. Respiratory therapists
    - d. Identify housestaff on-call and cross-coverage schedules among housestaff
    - e. Communicate oral and written transfer of patient care responsibilities to other housestaff (e.g. at sign-out)
      - i. On call days
      - ii. Upon transfer of the patient between services.
    - f. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan.
    - g. Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate
    - h. Coordinate care plan utilizing community resources when necessary.
  - 3. Attitudes and professional behavior - SubInterns should demonstrate:
    - a. Respect for all members of the health care team
    - b. A willingness to assist other members of the health care team
    - c. Altruistic behavior

### III. INFORMATION MANAGEMENT

- A. Rationale -Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.
- B. Prerequisites -
  - 1. History acquisition and physical examination skills as per year III curriculum.
  - 2. Test interpretation as per Year III curriculum.
- C. Specific Learning Objectives
  - 1. Knowledge - ***SubInterns 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 team member
    - c. A systematic method to track clinical/laboratory/radiologic data.
    - d. Patient confidentiality regulations governing medical records and clinical information.
    - e. The importance of precision and clarity when prescribing medications.
  - 2. Skills - ***SubInterns should demonstrate the ability to:***
    - a.
    - b. Document the following in an organized and efficient manner:
      - i. Admissions notes; including the History and Physical Exam
      - ii. Daily progress notes
      - iii. Transfer notes
      - iv. On-call emergency notes
      - v. Discharge summaries
    - c. Use of electronic or paper reference to access evidence based medicine to solve clinical problems.
  - 3. Attitudes and professional behavior - ***SubInterns should demonstrate:***
    - a. A respect for patient confidentiality rights.
    - b. A respect for the patient medical record as a medico-legal document.

**IV PROCEDURES**

- A. Rationale: For the fourth year medical students, the subinternship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents.
- B. Prerequisites - Basic and advanced procedures per School of Medicine Curriculum
- C. Specific Learning Objectives
  1. Knowledge - the subintern should be able to describe:
    - a. Indications, contraindications, risk and benefits of each of the following procedures;
      - i. Venipuncture
      - ii. Intravenous catheter insertion
      - iii. Arterial blood sampling
      - iv. Nasogastric tube placement
      - v. Lumbar puncture
      - vi. Urethral catheter insertion
      - vii. Intramuscular and subcutaneous injections
      - viii. Bag and mask placement and utilization
      - ix. Other procedures that are service appropriate
    - b. How the information obtained from these procedures will enhance the patient's care
    - c. How to assess patient's competence in order to provide informed consent for a procedure
    - d. Potential procedure related risks for the operator and the need for universal precautions.
  2. Skills - ***Subinterns should be able 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 and/or his/her family.
    - c. Obtain and document informed consent, if necessary
    - d. Recognize limitations of skill or proficiency in performing one of the above procedures.
    - e. Personally perform, with direct supervision, the above procedures, when possible.
    - f. Write a procedure note
    - g. Ensure that samples obtained are properly prepared for laboratory processing.
    - h. Teach procedure skills to a third year medical student, when appropriate.
  3. Attitudes and Professional Behavior - ***Subinterns should demonstrate:***
    - a. Respect for patient autonomy and the principles of informed consent
    - b. Concern for maximizing patient comfort and privacy
    - c. Commitment to learning how to perform procedures in an efficient and cost-efficient manner.

### **Summary: Year IV SubIntern Clinical Competencies (Short Version)**

- I. **Communication Skills** - Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.
- A. Communicate effectively with patients and family members
    - 1. Utilize lay terms appropriate to the patient's or patient's family level of education and be able to explain scientific terminology.
    - 2. Communicate abnormal results and/or "bad news" to patients or their families in a sensitive manner.
    - 3. Discuss end-of-life issues with patients and family members
    - 4. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
    - 5. Consider cultural sensitivities and patient wishes when providing information.
  - B. Recognize verbal and non-verbal clues of a patient's mental and physical health.
  - C. Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.
  - D. 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.
    - 1. Recognition and synthesis of relevant information
    - 2. Communication of clinical information to the primary care physician
- II. **Coordination of Care** - Interns play a central role in coordinating patient 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.
- A. Prioritize tasks for daily patient care in order to effectively utilize time.
  - B. Appropriately utilize consultants
    - 1. Define a consultant's role in the care of a patient.
    - 2. Identify appropriate issues for the consultant referral.
    - 3. Discuss a consultant's recommendation with members of the health care team.
  - C. Effectively coordinate with physician and non-physician members of the health care team including:
    - 1. Nursing staff
    - 2. Physician assistants and nurse practitioners
    - 3. Social Workers
    - 4. Therapists (occupational, physical, speech, art...)
    - 5. Pharmacists
    - 6. Nutrition support staff
    - 7. Discharge planners
    - 8. Respiratory therapists
  - D. Identify housestaff on-call and cross-coverage schedules among housestaff
  - E. Communicate oral and written transfer of patient care responsibilities to other housestaff
    - 1. On call days
    - 2. Upon transfer of the patient between services.
  - F. Demonstrate proficiency in coordinating a comprehensive, longitudinal patient care plan.
  - G. Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate
  - H. Coordinate care plan utilizing community resources when necessary

**III. Information Management** - Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.

- A. Be able to access the clinical information system in use at their hospital.
- B. Understand how panic values are communicated from the hospital laboratory to the responsible team member
- C. Use a systematic method to track clinical/laboratory/radiologic data.
- D. Be aware of patient confidentiality regulations governing medical records and clinical information.
- E. Understand the importance of precision and clarity when prescribing medications.
- F. Document the following in an organized and efficient manner:
  - 1. Admissions notes; including the History and Physical Exam
  - 2. Daily progress notes
  - 3. Transfer notes
  - 4. On-call emergency notes
  - 5. Discharge summaries
- G. Use electronic or paper reference to access evidence based medicine to solve clinical problems

**IV. Procedures** - The subinternship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents.

- A. The subintern should be able to describe indications, contraindications, risks and benefits of each of the following procedures:
  - 1. Venipuncture
  - 2. Intravenous catheter insertion
  - 3. Intravenous catheter insertion
  - 4. Arterial blood sampling
  - 5. Nasogastric tube placement
  - 6. Lumbar puncture
  - 7. Urethral catheter insertion
  - 8. Intramuscular and subcutaneous injections
  - 9. Bag and Mask placement and utilization
  - 10. Other procedures that are service appropriate
- B. Recognize clinical situations where one or more procedures are indicated
- C. Effectively explain the rationale, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
- D. Obtain and document informed consent, if necessary
- E. Recognize limitations of skill or proficiency in performing one of the above procedures.
- F. Recognize potential procedure related risks for the operator and the need for universal precautions.
- G. Personally perform, with direct supervision, the above procedures, when possible.
- H. Write a procedure note.
- I. Ensure that samples obtained are properly prepared for laboratory processing.
- J. Teach procedure skills to a third year medical student, when appropriate.