Faculty and Housestaff Guide to the Acting Interns

1. **What are the expectations of Acting Interns (AI)?**
   - Transitioning from "reporters" to "interpreters" and "managers" on RIME schema (reporter-interpreter-manager-educator).[iii]
   - Day 1 – students have SOM-wide AI orientation (typically 3-5pm) and they only attend for their first AI rotation
     - Students are taught how to perform handoffs using I-PASS, call an effective consult, introduced to what admission orders entail, and tips to cross-coverage
   - AIs should start the rotation by following at least 3 patients (ideally get to 5 or more)
   - Average 1 day off in 7 (day off should correlate with upper level; *no unexcused absences*)
   - AIs should perform all aspects of care for the patients they are covering, including:
     - Performing comprehensive H&Ps, daily patient evaluations
     - Writing admission H&Ps and daily SOAP notes independently
     - Cover the team AI virtual pager (if applicable) and address patient care issues
     - Present patients to the team in a concise, pertinent, and disease-specific manner
     - Call consults with succinct history and clinical question
     - Perform both written and verbal sign-out using I-PASS format for patient handoffs
     - Complete all aspects of discharging a patient (complete discharge instructions, arrange follow-up, work with SW and/or CC, write discharge summary)
   - AIs should cite literature for **EVERY admission H&P** that they write up to support their decision-making and/or diagnosis
   - NIGHT AIs – should cross-cover one full team of patients under the supervision of the upper-level resident and admit at least 1 patient/night
   - Students have to be **directly observed** (2x/activity) and have an online checklist filled out by their supervising physician performing the following activities:
     - giving a verbal handoff
     - calling a consult
     - placing a set of orders (admission orders or multiple orders over the course of a few days)

2. **What are my responsibilities as their upper level resident or Attending?**
   - Think about their skills as "Reporters vs Interpreters vs Managers"
   - Residents
     - Observe ideally at least 1 Admission H&P and pre-rounding patient encounter (history and exam) to determine competence – if competent gathering history or exam, then no further *direct* observation needed
     - "**Trust but verify**" – when *trusting* AIs to perform responsibilities based on your assessment, you need to continually *verify* if the trust is warranted by repeating key portions of the patient care[iii]
     - Supervise ***all Interpreter tasks*** (reading ECGs, applying test/imaging results to the patient, responding to nursing pages including triaging patient issues, noting significant exam findings, etc.)
     - Verify and co-sign electronic orders placed by the AI (otherwise orders are not actionable)

    - Directly observe their patient handoffs (written and verbal) to provide feedback for improvement and ensure appropriate handoff performed
    - Balance "autonomy" with appropriate supervision
    - Help foster development of practical clinical skills and independently constructed management plans
    - Fill out direct observation forms and provide feedback to student performing a handoff, calling a consult, and/or placing orders (students need 2 of each over course of their AI)
- Attending
    - Attempt to treat the AI as the Intern
    - Majority of time on rounds with AI should be focused on their management plans - ensuring the AIs are independently attempting to develop and fully understand rationale behind the plan
    - As with M3s, continue to assess their knowledge base and ability to apply their knowledge
    - Consider having the AI perform ***all of the patient interaction*** in the room on rounds (ask their pertinent questions again to verify patient response while being able to ask additional questions posed on rounds), which allows direct observation of the AI's bedside manner and communication skills
    - Cosign and review their clinical documentation (Admission H&Ps, daily notes, DC summaries)
    - Fill out direct observation forms and provide feedback to student performing a handoff, calling a consult, and/or placing orders (students need 2 of each over course of their AI)

3. What should I teach? How can I incorporate this into my day/work-flow?

- This does not have to be formal "chalk-talk" teaching, incorporate clinical pearls within your work-flow
- Think *"out-loud"* – by explaining your decision-making process, demonstrating your "interpretation" of the clinical data AFTER their attempt
- Prompt AI's to make certain decisions you have in mind (change/start/stop antibiotics, etc.)
- Emphasize common guidelines, standards of care, landmark studies that directly pertain to their patients or direct AI to look up
- *Encourage high-value care* – taking pre-test probability, cost, risks, and benefits into the decision-making process during the patient work-up
- *Feedback, Feedback, Feedback* – does not have to be formal nor scheduled. Frequent feedback, even on the "fly" is beneficial for the growth of the AI

4. **How should I be evaluating the AIs? Don't they all get Honors anyway?** *(the answer is "no")*

- At the completion of the AI, the M4 student should be functioning at the level of a new intern
- Assess their ability to perform milestones independently and therefore their ability to achieve competences/EPAs that encompass multiple milestones (a copy of evaluation is on the website)
- Avoid falling into the trap of judging the AI by his/her presentation skills, this might be a false representation of their capabilities (especially those that reiterate the resident's plan on rounds)
    - Ask probing questions to assess their comprehension for a better understanding of their reasoning and knowledge

- Assess if they are transitioning away from solely being a “Reporter” to becoming an “Interpreter” and “Manager”
- Evaluations are competency-based
- Please provide mid-point feedback to avoid surprising grades and allow the opportunity for the AI to improve
- Specific examples of their abilities and performance are essential to helpful formative and summative feedback

---

[i] Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine : Journal of the Association of American Medical Colleges, 74*(11), 1203-1207.

[ii] Rodriguez, R. G., & Pangaro, L. N. (2012). AM last page. mapping the ACGME competencies to the RIME framework. *Academic Medicine : Journal of the Association of American Medical Colleges, 87*(12), 1781. doi:10.1097/ACM.0b013e318271eb61 [doi]

[iii] Santen, S. A., Seidelman, J. L., Miller, C. S., Brownfield, E. D., Houchens, N., Sisson, T. H., & Lypson, M. L. (2015). Milestones for internal medicine sub-interns. *The American Journal of Medicine, 128*(7), 790-8.e2. doi:10.1016/j.amjmed.2015.02.001 [doi]