

School of Medicine Universal Acting Internship Objectives

1: Gather a history and perform a physical examination

Core competencies:

- a. Demonstrate ability to independently and efficiently perform both a comprehensive and focused history and physical
- b. Display proficiency in performing physical examinations and identifying abnormal findings

2: Develop a differential diagnosis following a clinical encounter

Core competencies:

- a. Independently develop and prioritize differential diagnoses
- b. Show ability to explain rationale behind differential
- c. Provide evidence-based support for the differential

3: Recommend and interpret common diagnostic and screening tests

Core competencies:

- a. Identify appropriate diagnostic and screening tests to substantiate diagnoses
- b. Incorporate results of diagnostic tests to the clinical presentation

4: Enter and discuss orders and prescriptions

Core competencies:

- a. Identify and complete core admission orders within EMR or propose and/or enter orders alongside the supervising physician as allowed by the facility in which they are training.
- b. Prioritize and complete daily patient-care orders via EMR

5: Document a clinical encounter in the patient record

Core competencies:

- a. Write comprehensive admission H&Ps with documented decision-making
- b. Compose succinct daily progress notes (including transfer and procedure notes, status updates) with independently formulated plan

- c. Explain medical decision-making thought-process/rationale within the medical record
- d. Comprehend essential components of a discharge summary and demonstrate proficiency in completing discharge summaries independently

6: Utilize effective communication in the clinical setting

Core competencies:

- a. Perform accurate, concise, hypothesis-driven clinical presentations on rounds
- b. Communicate effectively with patients and family members in an understandable manner, avoiding medical jargon

7: Form clinical questions and retrieve evidence to advance patient care

Core competencies:

- a. Utilize the literature to help guide decision-making process and diagnosis
- b. Recognize the utility and limitations of protocols and/or clinical guidelines

8: Give or receive a patient handover to transition care responsibility

Core competencies:

- a. Describe essential components to providing an effective and safe written signout/handoff
- b. Perform a verbal and written signout/handoff utilizing IPASS as a template
- c. Directly facilitate longitudinal transitions of care (inpatient to outpatient/facility and outpatient to inpatient)

9: Collaborate as a member of an interprofessional team

Core competencies:

- a. Communicate directly and effectively with nurses, patients and healthcare team members including social workers and care coordination
- b. Recognize roles of each team member within an interprofessional team
- c. Explain when consults are needed and demonstrate how to effectively call consults

10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

Core competencies:

- a. Recognize patients with unstable vital signs
- b. Identify patients that requires immediate attention by a supervising physician (upper level resident and/or Attending)
- c. Assist with implementing initial steps to manage a patient with an urgent condition or change in clinical status
- d. Recognize when and how to activate a Rapid Response and Code Blue
- e. Appropriately triage patients on cross-cover and resolve common cross-cover issues
- f. Realize self-limitations and when to seek additional assistance and escalate care

11: Perform tests and/or procedures

Core competencies:

- a. Identify indications for common procedures
- b. Recite risks, benefits, and indications of these procedures to patients and families in an easily understood fashion in order to obtain informed consent under supervision of the upper level resident and/or attending
- c. Assist and perform appropriate procedures under supervision

12: Identify system failures and contribute to a culture of safety and improvement

Core competencies:

- a. Recognize situations that could lead to adverse-events in patient care
- b. Articulate steps to correct potential patient safety issues
- c. Demonstrate ability and rationale for reporting a patient safety issue or event

13. Identify potential complications of care or disease related complications

Core competencies:

- a. Anticipate potential pitfalls of patient care decisions and its impact on patient outcomes

b. Recall advantages and disadvantages of high-risk treatment options and incorporate this into management plan decisions

c. Identify strategies to minimize risk of complications

14. Demonstrate professionalism and maturity in all aspects of patient care

a. Display integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team including patients and their families

b. Show respect for patient confidentiality

c. Incorporate cultural considerations into patient care plans

AI Expectations

1. Formulate a systematic method for prioritizing patient care responsibilities

2. Anticipate patient care needs during the course of hospitalization

3. Reassess patients frequently

4. Directly provide care for at least 3 patients at a time (not to exceed 5 patients)

5. AIs will average 1 day off for each 7-day period averaged over a 4 week period and in compliance ACGME resident 80 hour work week regulations

6. AIs should work directly and under supervision of an upper-level resident

7. Attend all intern conferences and rotation-specific required conferences during the AI (recognizing that urgent patient care issues take priority over conferences)

8. Solicit and incorporate feedback into daily practice