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**Senior Medical Student Sub-Internship Rotation**

**Duration:** four weeks

**Meeting Place:** Meritus Family Medicine Robinwood Suite 200 Faculty Offices

 Meritus Medical Center Family Medicine Resident Workroom 3rd Floor

**Hours:** Family Medicine Practice (FMP) 8am - 5pm (unless otherwise noted)

 Inpatient Medicine 6am – 6pm (unless otherwise noted)

**Communication:** By email and personal cell phone

**Dress Code:** FMP – Business attire and white coat

Inpatient Medicine – personal scrubs and white coat

**PPE:**  Surgical mask and goggles or face shield are required for all patient encounters in and out of the hospital. Contact, droplet or aerosol precautions should be followed for identified patients. The student is expected to supply their own N95 mask and face shield for any patients requiring these precautions (PUIs or COVID + patients).

**Documentation**: Students receive review and note writing access to Epic. Documentation of Progress Notes, Admission History and Physicals, and Discharge Summaries can be completed as assigned in Epic with the medical student template (please do not use resident templates). Students will not have access to enter orders or prescriptions but should be prepared to discuss their plan, including specific orders, with residents and attendings.

 INPATIENT Epic Dotphrases: .MFMRSTUDENTHP (History and Physical)

 .MFMRSTUDENTPN (Progress Note)

 .MFMRSTUDENTDC (Discharge Summary)

**Required Reading:** Articles as assigned by Attending and Senior Resident

**Rotation Rationale:** Residency selection is an important part of the senior medical student’s experience and choices are based off an individual’s priorities, values and goals. Meaningful interaction with individual residency programs allows the student to better understand the ways in which training within that program aligns or conflicts with these priorities, values and goals. Simultaneously, identifying future residents who will grow and contribute to the program and surrounding community in robust ways is a priority for many residency programs.

Significant transformation occurs from medical school to residency training.  Skillsets developed during the senior year of medical school are critical to professional success in residency. In order to best prepare senior medical students for the challenges of internship, clear and standardized expectations have been developed. In 2017, the Association of American Medical Colleges (AAMC) established thirteen core entrustable professional activities for entering residency (EPA) that define a set of foundational skills and behaviors expected of all medical school graduates. The core EPAs were created as a practical approach to assess the Accreditation Council for Graduate Medical Education (ACGME) six core competencies in real‐world settings. The full EPAs can be found online at: <https://www.aamc.org/media/20211/download> and are summarized below.



For all of these reasons – mutual alignment of priorities, goals and values, and a quality experience that leads to further preparation for internship and residency – the Meritus Family Medicine Residency medical student Sub-Internship was created.

**Rotation Overview:** Students will spend approximately one half of their rotation duration in the outpatient setting and one half of their time in the inpatient setting. This provides the student with an exposure to the variety of clinical experiences Meritus FMR residents have, while developing skills specific to the EPAs, and also giving the student one-on-one time with experienced faculty. In both the inpatient and outpatient settings you will be expected to work with your attending and senior residents to identify cases that interest you. You will assume responsibility for these patients, acting as an intern in taking a history, performing a physical exam, and developing a plan. Your unique place on the team will often afford you more time with patients than other team members, and as such you will have the opportunity to know your patients better than anyone else. It is expected that you take ownership of your patients and leverage this relationship to positively influence their care and experience.

 There are typically no weekend obligations, which gives the student ample time to review medical topics encountered in the clinical setting and to explore the area around Hagerstown or connect with friends and family.

**Objectives and Competencies:** Skillsets students will develop during this rotation encompass EPAs 1, 2, 3, 6, 7, 8 and 9. In the outpatient and inpatient settings, the student will:

* Prepare for clinical encounters by reviewing a patient’s chart
* Independently assess patients, obtain a history and perform a basic physical exam (EPA 1)
* Submit up at least one full History and Physical (including DDx and basic plan) on a patient to a faculty Co-Director for review (EPA 1)
* Complete daily H&Ps, Progress Notes, and Discharge Summaries for the patients you round on during your inpatient weeks (EPA 5)
* Generate a differential diagnosis and recommend potential testing to further narrow that differential diagnosis (EPA 2 and 3)
* Provide an oral presentation of the clinical encounter to the attending and/or senior resident (EPA 6)
* Develop clinical questions independently and review related literature to provide recommendations that contribute to the care of patients (EPA 7)
* Provide a 20-30 minute lecture on a topic of the student’s choice related to family medicine (EPA 7)
* Receive and give at least one patient sign-out using the IPASS method <https://www.ipassinstitute.com/hubfs/I-PASS-mnemonic.pdf> (EPA 8)
* Work together with residents, nurses, pharmacists, attendings, social workers, and consultants to provide interdisciplinary care for patients (EPA 9)

Specifically, when the student is working with an outpatient *attending* physician, the student will choose 1-2 patients to assess independently and present to the attending. During inpatient weeks, the student will carry 1 – 3 patients for whose care they will be responsible in conjunction with the senior resident or attending. The student will be expected to write at least one full History and Physical (preferably on an inpatient) during the course of their rotation and submit this to Dr. Deaton or Feaga for grading.

**Evaluations**: Verbal feedback will be provided throughout the course of the rotation by attendings and residents. Students may also be provided with paper evaluations to have completed by the attending or resident that they work with. Formal medical school rotation evaluations should be supplied to Drs. Feaga and/or Deaton who will then seek feedback from the supervising physicians the student worked with. That feedback will be compiled and submitted as one evaluation at the end of the rotation. We also value verbal or written feedback from the student about the experience.