

# University of Arizona College of Medicine Internal Medicine – 4<sup>th</sup> Year Sub-Internship

## **Sub-Internship Director**

Dr. Serena Scott, MD, MBA

Email: serenascott@deptofmed.arizona.edu

Phone: 520-626-0990

## **University/VA**

Ryan Wong, Chief Resident

Email: rcwong88@deptofmed.arizona.edu

## **South Campus**

Roberto Swazo, Chief Resident

Email:Roberto.swazo@bannerhealth.com

**Objective:** Build on your medical knowledge while gaining valuable floor experience as an acting intern. Graduate your skills from a reporter to an interpreter/manager.

**Introduction:** Welcome to your Medicine Sub-Internship! This is where you will advance your medical knowledge and decision-making skills while you function as an “**acting intern.**”

In this 4-week rotation, you will take on more responsibility under direct supervision of the senior resident and the attending. As a SubI, you will manage your own patients, participate in medical decisions making and clinical reasoning, and write notes in the EHR like an intern. You will field nursing questions and other calls regarding your patients. This is your time to learn for learning’s sake. Ask as many questions as you can and take a chance.

## **Expectations:**

- See all your patients every day - 3-4 patients (depending on acuity)
- Present your patients every day
- Write H&P’s and progress notes on your patients for your resident and attending to co-sign
- Call consults on your patients
- Interpret basic diagnostic tests and apply to patient care
- Develop a prioritized assessment and diagnostic and therapeutic plan while incorporating patient’s values
- Practice benefit/risk decision making with the team
- Field calls and questions from patient, patient family, nurses
- Prepare sign out on your patients and sign out to the night team at 7PM
- Receive sign out on your patients at 7am
- Get basic procedure experience (AGB, IV)
- Present current literature to team: guidelines are a good place to start
- Self-directed learning and presentation in front of the team
- Complete the feedback survey at the end of the rotation. Include MS4 under comments.
  - It’s anonymous so be honest and your feedback is used to make this rotation better
- BONUS: When your team is on cross cover duties, take the sign out of the other sub-I’s patients.

## **NOTES:**

H&P’s must be complete, detailed, including a review of the past medical history, past surgical history, family history, and social history. Complete 10-system review of systems. Detailed physical examination. Your assessment and plan must include a well-thought out differential and evidence of medical reasoning and interpretation of diagnostic laboratory values and imaging.

Progress Notes are completed in a SOAP note format and include pertinent overnight events, review of systems, physical exam, and UPDATED assessment and plan. The assessment and plan should include how the patient is responding to current therapy or why the current therapy is being changed. Do not simply copy and paste your progress note from the day before. **Your notes will be part of the medical record once your resident has reviewed, edited, and signed your note.**

If your note is insufficient, your resident or attending may ask you to revise your note. This is a learning opportunity. You should expect that adequate feedback is provided as to why you need to revise your note.

#### **SCHEDULE:**

##### **Tucson Campus:**

Team: Attending, Resident, 2 Interns

Admits: All teams can take up to 2 overnight admits

Day admits: Long Call (5 admits); Short Call (2 admits); Post Call (0 admits)

Rapid Response Team: every 6 days]

##### Typical Day:

Arrive at 7AM at the latest to obtain sign-out from night float

Note: Early enough to preround on your patients.

Discuss the plan with your Resident

Attending Rounds begin around 8/8:30AM

Attend conference, complete your work, and field calls on your patient

Sign out your patients to the night team or cross cover team

##### **South Campus**

Team: Attending, 1-2 Resident(s), 1-2 Intern(s) – Team sizes vary depending on the time of the year

Admits:

Overnight Admits – On call team takes the first 5 patients, rest of the patients are distributed amongst other teams

Day Admits: Teams admit patients on a rotation throughout the day

Rapid Response Team: Only required to go to RRs if it is your patient, otherwise, designated RRT responds accordingly

##### Typical Day:

Arrive at 6AM at the latest to obtain sign-out from night float team

Discuss the plan with your team prior to dispersing to chart review

Attending Rounds begin at around 8:30AM (approximately – attending dependent)

Attend conference complete your work, field calls for your patient using the house phone (if provided by resident/intern)

Sign out your patients to the night team at 6PM

##### **VA**

Team: Attending, Resident, 2-3 interns

Admits: Day Call (2 night + 4 day) – Long Call (2 night + 6 day) – Post Call (0 admits)

Rapid Response Team: every 3 days

##### Typical Day

Arrive at 7AM at the latest to obtain sign-out from night float

Note: Early enough to preroound on your patients.

Discuss the plan with your Resident

Attending Rounds begin around 8:30/ 9AM

Attend conference, complete your work, and field calls on your patient, prepare sign-out

Please remind the interns you would like to take the calls on your patients

Sign out your patients to the night team or cross cover team

#### MANDATORY CONFERENCES:

	University Campus	South Campus	VA
<b>Monday</b>	12-1pm: Noon Conference	11am-12pm: Morning Report	12-1pm: Noon Conference
<b>Tuesday</b>	1130a-1230p: Goldman EKG Rounds (bring a joke!) 1 1-2pm: Small Group Session (room 5120)	11am-12pm: Morning Report 1-2pm: Small Group Session	12-1pm: Mgt Conference (2 <sup>nd</sup> /4 <sup>th</sup> Tuesday a month) 1-2pm: Code Sim 2-3pm: Procedure Sim
<b>Wednesday</b>	12-1pm: IM Grand Rounds	11am-12pm: Morning Report 12-1pm: IM Grand Rounds	12-1pm: IM Grand Rounds
<b>Thursday 1 – 4pm:</b>	Resident Academic Half Day	Resident Academic Half Day	Resident Academic Half Day
<b>Friday</b>	12-1pm: Noon Conference	N/A	12-1pm: Noon Conference 1-2pm: Small Group Session

Note: Patient care situations may arise which may inhibit you from attending conference.

#### DAYS OFF:

You will get 4 days off during your rotation, typically one day off per week. You and the senior resident should take **different** days off, in order to maximize patient continuity. You will work closely with the intern and attending when your resident is off. Exceptions may be granted on an individual basis. On your day off, an intern will be following your patients. Before your day off, you will need to give a detailed sign out to the intern who will cover your patient(s) on your day off. This should include the expected plan of action for the next day.

#### COMMON MEDICINE TOPICS: (Be ready to learn and discuss on rounds)

- Acute Kidney Injury
- Acid/Base
- Asthma
- Atrial Fibrillation
- Chest Pain
- NSTEMI/UA/STEMI
- COPD
- Electrolyte Management
- GI Bleed (Upper/Lower)
- Glucose Management
- Heart Failure
- Hyponatremia
- Pancreatitis
- Pneumonia (Community vs Hospital vs Aspiration)
- Sepsis
- UTI/Pyelonephritis

#### PAGER SYSTEM AND GENERAL RESOURCES:

- BUMC – Tucson
  - Page System: Dial 80 – pager number – call back number
- BUMC – South
  - Phone System: use AZCOMs (house phones) provided – dial 4-digit extensions to contact other services at South (Ex.: Team A = 2002)
- VA
  - Page System: Dial 5555 (VA) or 4444(UMC) – pager number – call back number

- General Resources
  - UMass Pocket Medicine
  - Washington Manual
  - UpToDate
  - Daily Rounds Sheet: <http://www.medfools.com/downloads/medicine.pdf>

#### ATTENDING EXPECTATIONS:

Your attending is expected to give you meaningful feedback regarding your notes and oral case presentations, he/she (or senior resident) is expected to observe you doing a physical exam. Your attending will give you meaningful feedback daily (including formal midway and summative at the end).

**If you have any questions, concerns, suggestions or if your attending does not go with expectations, please contact Dr. Scott or Ryan Wong (contact info above) immediately.**

*Have a good time!*