**4th Year Acting INternship ROUTING SHEET - Academic Year – 2021-2022**

**CAMPUS: DEPARTMENT:**

**ACTING INTERNSHIP TITLE: COURSE NUMBER: 9\*\*\***

 **(91-Bismarck, 92-Fargo, 93-Grand Forks, 94-Minot, 95-ALL)**

**DEPT/CAMPUS CONTACT:** **DATE:**

**Department Educational Director:**

**Please Circle One*: A.)*** *NEW AI* ***B.)***  *NEW Section of AI #: \_\_\_\_\_\_\_\_\_*

 ***C.)*** *REVISED AI* ***D.)*** *Adding AI Course #\_\_\_\_\_\_\_\_\_\_to Another Campus*

[ ]  ***Check here if applying approved course description to other courses and please list the courses below:***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**INSTRUCTIONS:**

**When Preparing the New or Revised Acting Internship, ensure that:**

* the acting internship description is accurate,
* the acting internship description meets UMEC approved formatting (see attached example),
* faculty appointments are approved and up to date, and
* *if a new location;* ensure there is an affiliation agreement in place
* Note: *The course number will be assigned by the Office of Record (SMHS Student Affairs) AFTER elective approval process is completed (Education Resources will submit this after UMEC approval).*

**I. Submitting Department Actions**

A. **Department ensures the following:**

[ ]  AI meets the UMEC approved formatting

[ ]  Faculty appointments approved and up to date **(Faculty/Preceptors need to be listed on AIs)**

[ ]  Grammatical and wording errors are corrected

[ ]  AI description is accurate

 B. **Review by Department/Campus**

[ ]  Reviewed by the Department Clinical Education Director

[ ]  Reviewed by the Department Chair

[ ]  Reviewed by the Campus Dean

 C. **Electronic Submission for Initial Review**

[ ]  Send Word Document of AI with this routing sheet to shae.carlson@UND.edu in Education Resources.

*(Shae will send AI to the Elective Review Group. From there it will return to department for edits. Once received back from department, it will advance onto P2P3C and UMEC for final approval.)*

**II. Final Review and Signatures by after Committee Review and Approval**

[ ]  Department Chairperson Signature – *Obtained by Education Resources through DocuSign (Shae Carlson)*

[ ]  Campus Dean Signature – *Obtained by Education Resources through DocuSign (Shae Carlson)*

[ ]  Senior Associate Dean & UMEC Chair Signature – *Obtained by Education Resources through DocuSign (Shae Carlson)*

 *(The Campus Office, Department and SMHS Student Affairs will automatically receive the final all signatures version through DocuSign)*

**FOR EDUCATION RESOURCES USE ONLY-----------------------------------------------------------------------------------------------------**

[ ]  Reviewed by the Elective Review Group Course Credits: \_\_\_\_\_\_\_\_\_

**Action recommended:** [ ]  Return to Department for additional edits [ ]  Forwarded to P2P3C w/ recommendation to approve

[ ]  Affiliation Agreement Verified [ ]  Faculty Appointment Verified

[ ]  Submit to P2P3C for approval Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Forward to UMEC for approval & chair signature Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Submit to Department Chair, Campus Dean, UMEC Chair and Senior Associate Dean for Medicine & Research for Signature through DocuSign

[ ]  Submit official signed copy to Student Affairs through DocuSign (SMHS Office of Record)

[ ]  Submit course spreadsheet request to Student Affairs [ ]  Course number received from Student Affairs

[ ]  Notify Home department/campus of new course # [ ]  Post on UND SMHS Website [ ]  Input into LEO



**Acting Internship Description**

**Campus:**  **Department:**

**Acting Internship Title:** **Course Number:**

**Location of Acting Internship:**

**Preceptor(s):**

**Period(s) offered:**

**Number of students per period:**

**Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Objectives: After completing the acting internship, the student will be able to**

* + - 1. Obtain a history and perform a physical exam.

*EPA #1; Competency 3.1*

* + - 1. Present the history and physical in a concise, well-organized format.

*EPA #6; Competency 3.7*

* + - 1. Form and prioritize a differential diagnosis. Select a working diagnosis.

*EPA #2; Competency 3.3*

* + - 1. Discuss orders and prescriptions and construct evidence-based management plans.

*EPA #4; Competency 3.4, 3.8*

* + - 1. Select screening and diagnostic studies and labs and interpret the results of these tests.

*EPA #3; Competency 3.2, 3.3*

* + - 1. Recognize patients who are critically ill or require emergent care and initiate the appropriate initial steps in that care. Reassess patients on an ongoing basis and adjust plan of care as appropriate.

*EPA #10; Competency 3.5*

* + - 1. Document the clinical encounter in a timely fashion.

*EPA #5; Competency 3.7, 5.7*

* + - 1. Communicate effectively with patients and their families regarding diagnoses and plans of care with respect for cultural and socioeconomic backgrounds.

*Competency 3.9, 4.1*

* + - 1. Work effectively as a member of the interprofessional healthcare team including giving and accepting patient handoffs at transitions of care.

*EPA #8, #9; Competency 3.5, 7.5*

* + - 1. Research a clinical question relating to patient care with appropriate evaluation of resources and use of evidence-based information.

*EPA #7; Competency 1.6, 1.10, 2.7*

* + - 1. Formulate or update an accurate problem list for patients under his or her care.

*EPA # 5; Competency 3.3, 3.7*

**Specialty Specific Objectives**: (These should be linked to EPAs and Year 4 Competencies which can be found at [*https://med.und.edu/education-resources/phase3.html#Yr4O*](https://med.und.edu/education-resources/phase3.html#Yr4O) under “*Overview & Objectives”)*

Please include any procedures the student will be expected to perform.

12. *(If appropriate to the specialty*) Obtain informed consent for procedures.

13.

14.

15.

**Instructional Activities: During this elective, the student will be involved in/experience:**

1. The student will assume primary responsibility of his or her assigned patients under the supervision of an upper level resident or attending.

2.

3.

4.

5.

**Evaluation Methods: The preceptor will:**

1. By direct observation, evaluate the student’s ability to perform a complete history and physical pertinent to the AI specialty and present his or her findings. *(AI Objective #1,2)*
2. By direct observation or review of written work, evaluate the student’s ability to form a complete differential diagnosis and select a working diagnosis. *(AI Objective #3)*
3. By direct observation or verbal discussion, evaluate the student’s formulation of patient management plans including those for patients requiring emergent management. *(AI Objective #4, 6)*
4. By direct observation, verbal discussion or review of written work, evaluate the student’s selection and interpretation of screening and diagnostic laboratory tests. *(AI Objective #5)*
5. By direct observation, evaluate the student’s documentation of clinical encounters. *(AI Objective #7, 11)*
6. By direct observation and via feedback from the healthcare team, patients, and families, evaluate the student’s communication skills including patient handoffs. *(AI Objective #8,9)*
7. By review of written or verbal presentation made by the student, evaluate the student’s use of evidence-based information to research a patient care question*. (AI Objective #10)*

**Specialty Specific Evaluation Methods:** Include below the evaluation methods to be used for the specialty specific objectives. *Link the evaluation method to the AI objective #.*

8.

9.

10.

**Assessment:**

Evaluation methods #1-7 will be assessed using the Entrustability scale.

|  |  |  |
| --- | --- | --- |
| **Level** | **Descriptor** | **Example** |
| 1 | “I had to do” | Requires complete hands on guidance, did not do, or was not given the opportunity to do |
| 2 | “I had to talk them through”  | Able to perform tasks but requires constant direction |
| 3 | “I had to prompt them from time to time” | Demonstrates some independence, but requires intermittent direction  |
| 4 | “I need to be there in the room just in case” | Independence but unaware of risks and still requires supervision for safe practice |
| 5 | “I would not have needed to be there other than to fulfill regulatory requirements” | Complete independence, understand risks and performs safely, practice ready |

 *\*This scale was adapted from the Ottawa surgical competency operating room evaluation (O-SCORE): A tool to assess surgical*

*competence. Acad Med. 2012; 87:1401-407.*

Please indicate below the method of assessment for the specialty specific evaluation methods.

2.

Please indicate who will be completing the assessment. If more than one preceptor, how will scores be compiled?

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**Grading Criteria:**

To receive honors, the student must: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To pass the AI, the student must: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the student does not pass, remediation will consist of:

 If a student fails an AI, the AI director and campus dean will work with the student to form a written remediation plan (signed by all 3) that specifically addresses the competencies that the student did not meet during the rotation. A copy of this plan will be sent to Student Affairs. In order to pass the AI, the student will be required to meet the original passing requirements. A student may not receive honors on an AI that was initially failed.

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**AI Course: \_\_\_\_\_\_\_\_\_\_\_\_ (Continued from previous page)**

**Signatures: (this page purposely left as its own)**

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Department Chairman Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Campus Dean Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Chair, Undergraduate Medical Education Committee (UMEC)** **Date**

**Asst. Dean for Medical Curriculum**

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Senior Associate Dean for Medicine and Research Date**