

Sub-Internship Expected Inpatient Competencies/Feedback*

Patient Care

- resident and attending are recognized as supervisors
- accurately elicits history from the patient
- routinely ascertains if patient understands and agrees with the plan of care
- involves family members in discussions about care and keeps them updated
- can admit a patient in less than 1.5 hours
- can present a new patient in 15 minutes

Medical Knowledge

- creates a differential diagnosis and thorough problem list without prompting
- determines which basic studies are needed for work-up
- interprets basic test results but may need help with more complex ones
- starting to choose appropriate treatments for common diagnoses
- starting to determine the appropriateness of admission/discharge

Interpersonal and Communication

- communicates information and “to do’s” clearly at sign-out
- shows active listening with patients through eye contact, paraphrasing, and reflection
- learning to redirect talkative patients to move ahead with important agenda items
- avoids jargon when talking to patients
- starting to establish boundaries with challenging patients

Professionalism

- arrives to morning report on time and with a professional appearance
- greets patient with handshake and introduces self and other team members
- recognizes when an interpreter is necessary
- completes assigned tasks and helps with other team needs when able
- acknowledges errors and is able to say “I don’t know”
- notifies chief or attending when s/he needs support

Practice-based Learning

- investigates learning opportunities and shares learning with the team
- gives one short educational talk per week
- asks the question “what is the evidence for this intervention?”
- recognizes deficits in knowledge and notifies supervisors of learning needs/goals
- asks for and provides feedback to the chief/attending

System-based Practice

- reviews medication list, fluids, IV access, need for catheters and telemetry on assigned patients
- addresses prevention of adverse outcomes in the hospital: IS, VTE prophylaxis, fall risk, EtOH w/d
- routinely seeks out nurses to get input and communicate plan
- coordinates with other resources (team members, RN, SW, financial, PT/OT) to meet patient needs
- submits progress notes day of service
- writes a discharge summary for the chief at the time of patient discharge
- thinks about system issues that led to hospitalization and what may complicate outpatient care
- attempts to provide cost efficient care

*This reference lists the expected competencies of a Sub-I midway through their rotation. This document is meant to guide feedback on the sheet provided below, it is NOT a checklist. Please comment on some of the observed behaviors that are listed.

SUB-I

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Self Assessment

1. What did you do well this week?

2. What could you have done better?

Strengths

3. What I saw you do well this week.

Areas for Improvement

4. Suggestions on what you can do to get better.

Documentation

5. Suggestions on the documents that I reviewed this week.

Going Forward

6. Things that I think that you can do to take it to the next level.

Suggestions

7. Are there things that other attendings do that you would like to see on the Family Medicine Service?

SUB-I