MOUNT CARMEL
Graduate Medical Education

Policy on Expectations for Medical Students on General Internal Medicine (GIM)

I. **Purpose:**

Medical students are integral members of the General Internal Medicine (GIM) Inpatient Team at Mount Carmel Grove City (MCGC-Purple Team) and Mount Carmel St. Ann's (AACU-MCSA). While students may be pursuing other specialties, the GIM rotation seeks to help them develop medical knowledge and skills that will serve them well in their lifelong learning as a future physician. To support this effort, this policy outlines general expectations and structure in their role working with the IM resident doctors, faculty, and other healthcare professionals to provide comprehensive medical care of adult patients.

II. **Goals & Objectives:**

a. Improve medical knowledge related to the wide spectrum of disease states that a general internist manages, from newly-diagnosed conditions to more stable, chronic disorders.
b. Develop core clinical competencies, such as accurate history-taking, appropriate physical examination, logical workup based on differential diagnosis, as well as formulating foundational assessments and plans based on synthesis of exam findings, lab/imaging results, and other patient factors like social influencers of health.
c. Cultivate written skills related to clinical documentation, such as History & Physicals (H&Ps) and Progress Notes or other appropriate medical records.
d. Refine communication skills necessary for effective patient-centered care utilizing an interdisciplinary team approach.
e. Make preparations to successfully pass end-of-rotation internal medicine shelf exam (e.g. NBME, COMAT).

III. **Structure & Schedule:**

a. Arrive punctually in the morning, usually before 6:30 AM, to receive handoff from the Night Float team.
b. Perform pre-rounding on assigned patients and discuss each care plan with IM residents prior to general group rounds with the attending physician/faculty member. At the start of rotation, students are expected to manage at least one patient while gradually working up to at least two or more by mid-rotation and as further detailed below, depending on complexity of the patient(s).
c. Participate actively in rounds, including providing structured (often in SOAP format or similar), verbal patient presentations as well as related case discussion.
d. Complete clinical documentation, such as H&Ps and Progress Notes, each day on all patients for whom the medical student is helping to manage. These notes are for educational purposes only and, as such, the resident doctor taking care of the patient

cannot cosign or attest these notes so they must still author independent notes separate from the medical student.

e. Attend didactic sessions including Morning Report (usually at 7:15 AM, at least one per week) and Noon Conferences daily (usually from noon to 1 PM), unless otherwise directed.
f. If there is an excellent learning opportunity, like a planned procedure, CODE BLUE, or other inpatient alert, the medical student is encouraged to observe and/or assist in these, after approval by a Senior Resident or attending physician.
g. Experience the general in-house clinical hours required for the Intern so a student is encouraged to remain in the hospital for at least one long-call per week. Medical students are not expected to work with the IM resident team during weekend or holiday shifts.
h. Complete other required activities as directed by their medical school, for which they will be excused from concurrent clinical responsibilities. It is recommended that the medical student inform the IM residents and attending physician of their overall schedule to reduce concerns about any absence and to best avoid scheduling conflicts.

IV. Feedback & Evaluation

a. The medical student is expected to meet with the attending physician/faculty member to discuss this policy/goals/team aspects within the first few days of the start of the rotation or at least by end of week one.
b. The medical student is encouraged to seek informal feedback from the IM residents on a weekly basis or more frequently if able.
c. The attending physician/faculty member will plan to provide mid-rotation feedback, ideally, and scheduled end-of-rotation evaluation utilizing input from the IM residents.
d. The GIM rotation evaluation is based on perspectives from all IM residents, faculty members, and other healthcare professionals who have worked with the student. Accordingly, it is recommended that the medical student confirm that their required evaluation forms have been provided or accessible to the Medical Student Coordinator, IM Program Administrator, or Program Director as well as ensure any required competencies from the medical school (e.g. faculty observation of family meetings, discussion of informed consent) have had an appropriate clinical scenario to evaluate such a domain.

V. Appropriate Supervision & Wellbeing

a. Medical students are still viewed as learners, so the clinical care of Med Clinic patients ultimately falls to the IM residents and attending physician, however, the student is recommended to escalate any supervisory, patient safety, or other concerns until adequately addressed.
b. The IM residents and faculty always keep in mind the physical and mental wellbeing of medical students, but if a patient or clinical interaction would negatively impact these, the

student is instructed to inform the attending physician, at minimum, to consider potential adjustments or other actions going forward.

VI. Additional Details & Tips for Success

a. Hours:

i. Medical Students are expected to arrive by 6:20 AM to be on time for morning sign out and to allow time for senior residents to assign them patients. They are expected to stay until after the team runs the list in the afternoon.

b. Patient Volume:

i. Third-Year Medical Students should be expected to see and present 2-3 patients every day.

ii. Fourth-Year Medical Students, especially if on their Acting Internship or Audition Rotation, should be expected to see and present 4-5 patients every day.

iii. Noting the educational benefits of care continuity and witnessing the progression of a clinical course, student doctors are recommended to follow at least 1-2 of the same patients, unless further directed by the residents and/or attending, particularly if not much is changing in the patient's care.

c. Notes:

i. Medical Students are expected to individually write notes every day. Their notes should be reviewed by a senior resident every day and possibly the attending once a week to provide verbal feedback.

ii. Medical Students can assist with writing discharge instructions for the patients, using the template/Smart Phrase [.MCDCINSTRUCTIONS].

iii. Resident physicians are not permitted to copy medical student notes. Residents are expected to individually write their own notes every day.

d. Patient Care:

i. Medical students are expected to sign into the Care Team contacts of their patients every day, together with the residents. Furthermore, they are expected to assist with providing verbal discharge instructions, providing updates to families, and discussing questions with nurses under the direct supervision of residents.

e. Orders:

i. Fourth-Year Medical Students can pend orders, under the direct supervision of residents, which can be taken over and signed by residents. This privilege is reserved for medical students who demonstrate a clear understanding of the patient's medical condition.

f. Presentations:

i. Medical students are expected to provide clear verbal presentations, given in the typical SOAP format. They are recommended to provide a full history of present

illness, past medical history, past surgical history, family history, allergies, complete physical examination, independently review all relevant laboratory results and imaging studies, as well as present a full differential diagnosis, including the most likely diagnosis. At this stage, a student doctor is not expected to formulate a comprehensive assessment and plan, but it is encouraged that they focus on major key points of management and collaborate with the resident physicians to polish more nuanced details.

ii. It is recommended for medical students to prioritize taking the time to perform a comprehensive history and physical to then create a full differential diagnosis over seeing additional patients.