

Sub-I: Medicine

Description

Welcome to the Sub-Internship in Internal Medicine! Many cite this experience as the defining moment in their medical school careers. The idea of a sub-internship (aka “acting internship” at other institutions) first took hold in the 1940s, in the wake of the physician shortage caused by the World War II draft. Since then it has blossomed into one of the major milestones in the undergraduate medical curriculum.

For the next four weeks, you will be entrusted with many of the roles and responsibilities of a first-year, internal medicine house-officer. Thus, in true intern fashion, rather than presenting cases to and being supervised by the intern, you will be under the direct tutelage of the R2 or R3 on the team.

Over the course of the month you will encounter a wide swathe of cases, ranging from the bread-and-butter to the complex to the truly bizarre. Nonetheless, a key expectation—and an enduring value for the rest of your professional careers—is that you adhere to the highest standards of courtesy, honesty and integrity in all your dealings with patients, colleagues and hospital staff.

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Learning Objectives

By the end of the Medicine Sub-I, the student will be able to:

- Perform the duties required of an intern in Medicine, with appropriate supervision.
- Perform a complete and focused history and physical examination for patients in Medicine. (EPA 1)
- Identify and prioritize the differential diagnosis and recommend a diagnostic approach to commonly presenting signs and symptoms in Medicine. (EPA 2, 3)
- Interpret diagnostic and imaging tests for disease states commonly encountered in Medicine. (EPA 3)
- Demonstrate skills in diagnostic reasoning and clinical problem-solving by forming clinical questions and applying the skills of evidence-based medicine. (EPA 7)
- Outline preventive and management strategies for disease states commonly encountered in Medicine.
- Write complete and accurate clinical notes and orders or prescriptions. (EPA 4, 5)
- Provide clear and accurate oral presentations. (EPA 6)
- Communicate and relate effectively with patients, families, and the medical team.
- Appropriately discuss end-of-life care for persons with terminal illness.
- Collaborate as a member of an interprofessional team and coordinate and transition care with other providers. (EPA 8, 9)
- Recognize urgencies and emergencies in Medicine and initiate appropriate evaluation and management. (EPA 10)

- Describe the indications, contraindications, risks, benefits, and documentation of procedures commonly performed in Medicine.
- Demonstrate the appropriate use of universal precautions and sterile technique in relevant settings.
- Recognize the limits of one's knowledge and skills, seeking consultation with more experienced physicians or specialists when indicated.
- Demonstrate a high level of responsibility, including attendance, reliability, accurate reporting, and personal comportment.
- Demonstrate a commitment to self-improvement by accepting constructive criticism and modifying behaviors appropriately.
- Demonstrate professional relationships with patients by establishing rapport, showing sensitivity to patient needs and perspectives, advocacy, and confidentiality.
- Demonstrate professional relationships with colleagues, the healthcare team and systems by showing respect for, and cooperation with, all colleagues, and by using medical records appropriately.