

Surgical Sub-Internship Compliance Form

USUHS Department of Surgery

Sub internship agreement for _____, USU Class of _____
(Student's Name, Rank)

Dates of This Rotation: _____

Other Rotations Scheduled: _____

Department of Surgery Policy on Credit for Sub-Internship Rotations

Sub-internships differ from standard clinical clerkships in that the learning objectives fall under two separate but equally important categories, 1) gaining knowledge, skills, and experience related to the clinical specialty and 2) developing competency in core practical skills required of a house officer, (e.g. caring for inpatients, evaluating and admitting patients to the service, and taking call). A sub-I is expected to perform as closely as possible to the level of a PGY 1. To ensure that department of surgery sub-I rotations satisfy these objectives, we ask that you, as the Faculty member taking responsibility for the USU Student on this rotation, certify that the following criteria are expected to be met during the student's four weeks:

(Please check each and sign on the responsible faculty signature line. Form will be submitted by the student to the USU advanced surgical clerkship director for final SUBI approval.)

Yes The rotation will include DAILY experience in the care of inpatients, to include rounds, notes, orders, and participating in the coordination of the patients' care. The average daily inpatient census of the service (including inpatients being followed in consultation) is typically no less than 3.

No

Yes The rotation will include call for the student at the same level as the most junior resident on the service taking overnight call. This can take the form of either in-house call at least once/week (but not more than once every third night) or home call if the service does not require residents to stay in-house. If the sub-I pulls home call, he or she will be contacted by either pager or cell phone in order to participate in the evaluation of new patients.

No

Yes Our service can provide the student the opportunity to evaluate at least 8 NEW patients during the 4 week subinternship. I understand that at least 4 of these new patients should be seen in a setting not associated with routine clinic visits (e.g. ED, or inpatient consults etc)

No

Signature, Responsible Faculty Member Date

Specialty (i.e. ENT, SICU, etc)

Printed Name of Responsible Faculty Member

Name of Medical Facility

Approve

USUHS Surgery Advanced Clerkship Director
Signature

Disapprove

This completed form should be submitted for review PRIOR to the start of the rotation. Please submit the completed form for Surgery Department review to Kellie Nealeigh, USU Department of Surgery; email: kellie.nealeigh.ctr@usuhs.edu, fax: 301-295-3627, phone: 301-295-3155