**[Sub-internship Title]**

**Department of [NAME]**

**Boston University Chobanian & Avedisian School of Medicine**

**GOAL AND SUMMARY**

This section should have the following completed:

### The [TITLE] sub-internship is designed to immerse the student in [DISCIPLINE] which [BRIEFLY DESCRIBE THE BASIC ACTIVITIES AND WORKING DEFINITION OF THE DISCIPLINE IN 20 WORDS OR LESS]. The student will be an integral part of the [NAME OF THE SERVICE/DISCIPLINE] in the [DESCRIBE THE LOCATIONS OF THE SERVICE WHERE THE STUDENT WILL BE WORKING: operating room, inpatient unit, outpatient clinic, emergency department, or others as indicated] at [INSTITUTION(S): e.g. Boston Medical Center] during this 4-week sub-internship experience.

**DESCRIPTION OF ELECTIVE**

A paragraph that describes

* where the subinternship takes place
* how students will interact with patients and teaching staff (including – but not limited to -- residents, attendings, and any allied health professionals)
* what are the expected teaching contact hours
* how is this subinternship a valuable experience to the student and what makes it a more immersive experience than an analogous clerkship or related elective (if applicable)
* how are acute and chronically ill patients encountered and managed by the subintern on this rotation
* are there any expected assignments for this subinternship
* what specific skills will be obtained by the end of this subinternship, and define a method of tracking these skills (e.g. patient types to see during the course of the subinternship, procedures to participate in by the end of the elective, etc).
* The following language should be included in the Description, and the subinternship’s curriculum must include these as a part of the student’s educational experience:

### The student will be expected to function as a subintern with responsibilities commensurate with this educational requirement:

### Function as acting interns responsible for the evaluation and continued management of their own patients, under the direct supervision of the attending physicians and residents.

### Care for at least three new patients per week, and possibly more depending on the opportunities for patient care.

### As part of patient care you will be expected to do the following: perform initial history and physicals, write orders, assist in coordinating care, assist with or perform supervised procedures as applicable and appropriate for the sub-intern, present cases, use evidence-based medicine principles to help guide patient care, participate in teaching sessions, and take call alongside residents and attending physicians.

**OBJECTIVES**

* minimum of three objectives
* each objective should be a specific statement of observable learned behaviors, linked to the appropriate Medical Education Program Objectives (MEPOs, [http://www.bumc.bu.edu/busm/education/academic-affairs/mepos/)](http://www.bumc.bu.edu/busm/education/academic-affairs/mepos/%29). This link will lead you to the Educational Program Objectives landing page. On this page is a link to the current MEPO implementation. It lists the Institutional Learning Objectives in one column, and the Medical Objectives in the other column. For each Objective in your course, you should list all of the Medical Objectives that apply to your course’s objectives. This will map your objectives to the institutional objectives, which is a requirement of the School of Medicine in accord with the Liaison Committee on Medical Education.

The format for stating objectives should follow the below template (shown below for a three objective course):

By the end of this elective, the BU medical student will be able to:

* Action verb + content (Linked MEPOs)
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* Action verb + content (Linked MEPOs)

An example of how to display the information required above: “Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment, and plan (MK.2, MK.3, MK.4, MK.5, MK.6, MK.7, MK.8, CSDR.1, CSDR.3, CSDR.4, [etc])”

**CURRICULUM**

listing of educational activities such as bedside rounds, lectures/conferences, patient

encounters, resident teaching, reading assignments, etc.)

It should be stated, and you may start with a phrase such as “The curriculum includes…”, if you choose.

**EVALUATION**

* based on the learning objectives, how will the student be evaluated? Be as quantitative as possible and specifically outline how this will be done.
* specify that grades (H/HP/P/F) will be used and the criteria for achieving each grade (be sure to specify how this is linked to your objectives)
* specify who will be responsible for mid-clerkship feedback; please note that this is required for subinternships, and the review must be done and documented with any points for improvement relayed to the student
* if the student is not on track to meet the objectives and goals of the subinternship, then the Course Director needs to provide a plan (which may be as short as a statement or longer depending on the needs) on how to get the student back on track.
* specify who will be doing the final summative evaluation
* the course director will need to submit grades to the Registrar 2 weeks after a student has completed the course. Please also include the following language in your course evaluation section: “Grades will be submitted to the Registrar in accord with Chobanian & Avedisian SOM policies for grading”

**FACULTY**

* List the faculty primarily involved in this Course, including the Course Director(s), with the following information: Name, degree, Department at Chobanian & Avedisian SOM
* Specify contact information for each

**CONTACT AND COURSE ORIENTATION INFORMATION**

* contact information of the person overseeing the rotation (administrative assistant or course director if there is no administrative assistant)
* when and where to report the first day

**NUMBER OF STUDENTS**

number of BU 4th year medical students who can sign up per block

**LENGTH OF ELECTIVE**

4 weeks

**AVAILABLE BLOCKS / SEMESTERS**

These need to be specified in your Elective when submitted

**WILL THE STUDENTS WORK WITH RESIDENTS DURING THIS ELECTIVE?**

Please state as “Yes” or “No”

*Updated 2/28/23*