



CLERKSHIP INFORMATION SHEET

Medicine Acting Internship

Academic Year: 2024-2025

Duration of Acting Internship (# of weeks): 4 weeks

CLERKSHIP OVERVIEW	1
CLERKSHIP CONTACTS	1
MISSION STATEMENT OF CLERKSHIP	1
CLERKSHIP POLICY OVERVIEW	1
OBJECTIVES OF CLERKSHIP	1
WORK SCHEDULE/DUTY HOURS	2
ORIENTATION DAY REPORTING	2
CALL SCHEDULE	2
WORK HOUR POLICY	2
METHODS OF INSTRUCTION	2
METHODS OF ASSESSMENT	3
DETERMINATION OF GRADING	3
CRITERION-REFERENCED ASSESSMENT/OBJECTIVE ASSESSMENT MAP & CRITERIA FOR PASSING	4
BEHAVIORAL GRADING CRITERIA	5
FAIL & REMEDIATION REQUIREMENTS	6
CLERKSHIP GRADE SUBMISSION DEADLINES	6
RECOMMENDED CLERKSHIP READINGS/TEXTS	6
STUDENT RESOURCES AND POLICIES	8
ATTENDANCE & ABSENCE REQUEST POLICY	8
CONFLICT OF INTEREST (COI) POLICY	8
SPECIAL ACCOMMODATIONS	8
GRADING POLICY	8
SUPERVISION POLICY	8
WORK HOURS POLICY	8
REMEDIATION POLICY	9
ACADEMIC INTEGRITY POLICY	9
REQUIRED CLINICAL EXPERIENCES	9

CONFIDENTIAL COMPLIANCE HOTLINE.....	9
TITLE IX	9
OMBUDS OFFICE	9
CONTACT INFORMATION.....	9
CLINICAL CURRICULUM TEAM	9
STUDENT AFFAIRS	9

CLERKSHIP OVERVIEW

CLERKSHIP CONTACTS

Acting Internship Director:	Eric Barna, MD	eric.barna@mssm.edu
Acting Internship Coordinator:	Navjeet Kaur	Navjeet.kaur@mssm.edu
Elmhurst Hospital Center (EHC) Site Director:	Maritza Brown, MD	BROWMAR@nychhc.org
Mount Sinai Hospital (MSH) Acting Internship Director:	Eric Barna, MD	eric.barna@mssm.edu
Mount Sinai Morningside (MSM) / Mount Sinai West (MSW) Site Director:	Alejandro Prigollini, MD	alejandro.prigollini@mountsinai.org

MISSION STATEMENT OF CLERKSHIP

To improve clinical competence and independent thinking and decision-making in all aspects of patient care, while functioning in an environment that parallels a true Intern experience.

CLERKSHIP POLICY OVERVIEW

OBJECTIVES OF CLERKSHIP

By the end of the clerkship, students must:

Clerkship Objectives	MD Program Objectives
Communicate clearly and effectively with interdisciplinary team members, resident and attending physicians, and consultants	<ul style="list-style-type: none">● Communication Skills 1 (I.F.1)● Communication Skills 2 (I.F.2)
Derive clinical data from the history and physical exam thoroughly and succinctly.	History Taking 1 (I.A.1)
Report clinical data from the history and physical exam thoroughly and succinctly.	<ul style="list-style-type: none">● Communication Skills 5 (I.F.5)
Describe indications for and potential complications of basic procedures and demonstrate correct techniques for such procedures.	<ul style="list-style-type: none">● Procedural Skills 1 (I.C.1)● Procedural Skills 2 (I.C.2)
Display initiative and reliability in completing tasks and following up on results.	<ul style="list-style-type: none">● Teamwork 1 (III.C.1)

Formulate differential diagnoses and management approaches to medical problems that arise commonly on inpatient medical services.	<ul style="list-style-type: none"> ● Clinical Reasoning 1 (I.D.1) ● Clinical Reasoning 2 (I.D.2) ● Clinical Reasoning 3 (I.D.3) ● Medical Decisions Making 1 (I.E.1)
Formulate management approaches to clinical conditions that arise commonly on inpatient medical services	<ul style="list-style-type: none"> ● Clinical Reasoning 1 (I.D.1) ● Medical Decisions Making 1 (I.E.1)
Participate in transitions of care, including hand-offs, admissions and discharges	<ul style="list-style-type: none"> ● Medical Decisions Making 1 (I.E.1)
Communicate clearly and effectively with patients and caregivers	<ul style="list-style-type: none"> ● Communication Skills 2 (I.F.2)
Demonstrate minimum proficiency as an Interpreter on the RIME schema (Reporter-Interpreter-Manager-Educator)	<ul style="list-style-type: none"> ● Clinical Reasoning 1 (I.D.1) ● Medical Decision Making 1 (I.E.1)

WORK SCHEDULE/DUTY HOURS

ORIENTATION DAY REPORTING

Pre-orientation email and timing will be distributed ~ one week prior to start of the clerkship

CALL SCHEDULE

Weekday call schedules will be determined by the clerkship Site.

Weekend call schedule: All Acting interns will be required to complete one weekend during the 4 week experience.

All excused absences require a make-up plan. Two extra long-call shifts equate to one full missed day. One extra weekend day (beyond the mandatory weekend requirement) equates to one missed full day and one extra long-call equates to one missed half day.

WORK HOUR POLICY

Please view the ISMMS Clinical Student Work Hour Policy, which outlines the instructional time limitations for third- and fourth-year students, [here](#).

<https://icahn.mssm.edu/education/students/handbook/student-work-hours>

METHODS OF INSTRUCTION

Acting Interns will attend all House Staff didactic sessions including the noon conference series, intern report, and sessions that have been embedded into the curriculum of their respective medical service rotations. Instruction and methods will also include:

- **Patient Care Responsibilities:** Students will be responsible for a panel of patients and you will report directly to the resident on your team. It is expected that you will sometimes need the assistance of one of your interns to help in a patient care matter like cosigning an order, but unlike when you were a third year, the interns will not co-manage patients with you. You are the point person for your patients, and it will be your responsibility to coordinate all of the daily needs of your patients. As part of this coordination of care effort acting interns will be expected to work with our consultation liaison services directly. On average you will carry 3-4 patients, depending on the complexity of the cases and the total census of the team and at the discretion of your senior resident. You are responsible for all of the intern duties on the patients you follow, and therefore you will report directly to the second or third-year resident on your team. It is expected that acting interns will adhere to the same work hour rules that apply to housestaff, namely that the total number of patient care hours in a week is less than 80, and that call duties do not exceed 24 consecutive hours. Specifics on call schedule, charting, sign-out and order writing are covered in the sections on each site.
- **Learning and Educational Activities:** It is expected that the acting intern participate fully in the team's learning. You should plan to attend all didactics that your team attends. Contribute to the team's learning by sharing the information you learned when you researched on your patients' conditions. You will take an active role in both work rounds where you will interact directly with Attendings as well as during teaching rounds.
- **Core Clinical Symptoms and Conditions:** Each clerkship and clinical rotation has defined core clinical symptoms and conditions that students are required to see or learn about during that rotation.

The core clinical conditions for the Medicine Acting internship are:

Dyspnea

Fluids and Electrolyte Management

Fever

Altered Mental Status

Hypotension

Hypertension

Renal disease

Arrhythmia

Thromboembolic disease

METHODS OF ASSESSMENT

DETERMINATION OF GRADING

The procedure for assigning grades (Honors, Pass, Fail) is outlined in the ISMMS grading policy, [here](#). (icahn.mssm.edu > Education > Medical Student Handbook > Assessment and Grading).

Below is a list of clerkship assessments mapped to each clerkship objective. Students must demonstrate competency in all objectives by passing each of the associated assessments. Some objectives are pass/fail, and some objectives are tiered honors/pass/fail. For tiered objectives, students may demonstrate honors-level performance by meeting the criteria listed in the associated assessments. **To achieve a grade of Honors for the clerkship, students must demonstrate honors-level performance in 4 out of 7 of the tiered objectives.**

Updated: 3/4/24

Students who exhibit a concerning pattern of behavior as outlined in the Behavioral Grading Criteria may have their clerkship grade impacted, among other actions. Please see below for more details.

CRITERION-REFERENCED ASSESSMENT/OBJECTIVE ASSESSMENT MAP & CRITERIA FOR PASSING

Medicine Acting Internship Objectives	Assessment	Criteria – Pass*	Criteria – Honors*
Communicate clearly and effectively with interdisciplinary team members, resident and attending physicians, and consultants	CE: Communication and Interpersonal Skills - Team	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Communicate clearly and effectively with patients and caregivers	CE: Communication and Interpersonal Skills - Patient	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Derive clinical data from the history and physical exam thoroughly and succinctly.	CE History ; CE Exam	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Report clinical data from the history and physical exam thoroughly and succinctly	CE: Oral and Written Communication	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Describe indications for and potential complications of basic procedures and demonstrate correct techniques for such procedures	Procedure Module	Complete Module	N/A (Pass/Fail)
Display initiative and reliability in completing tasks and following up on results	CE: Dependability and Engagement	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Formulate differential diagnoses for clinical conditions that arise commonly on inpatient medical services	CE: Differential Diagnosis	On average, meets expectations (column 2)	On average, meets expectations (column 3)
Formulate management approaches to clinical conditions that arise commonly on inpatient medical services	CE: Plans and Follow Up	On average, meets expectations (column 2)	On average, meets expectations (column 3)

Demonstrate minimum proficiency as an Interpreter on the RIME schema (Reporter-Interpreter-Manager-Educator)	CE: RIME Scale	Average “Interpreter” on RIME Scale	N/A (Pass/Fail)
--	----------------	-------------------------------------	-----------------

CE = Clinical Evaluation

* The clinical evaluations from attending(s) and resident(s) will be used to determine Honors/Pass/Fail designations using the table above. Intern(s) will submit clinical evaluations; these will be used for formative feedback and for the narrative assessment but will not contribute to the Honors, Pass, Fail designation.

BEHAVIORAL GRADING CRITERIA

Any and all behaviors listed in the table below are concerning and will result in referral to the Office of Student Affairs. If the behavior is egregious and/or part of a concerning pattern of behavior, it may also result in referral to the Promotions Committee for consideration of disciplinary action and/or documentation in the Academic Progress section of the Medical Student Performance Evaluation (MSPE). Additionally, the below list is not exhaustive; there are behaviors not described below that may result in escalation and/or disciplinary action (see: [Student Code of Conduct](#)).

The following table is used to determine the impact of the listed behaviors **on the student’s AI grade**. The AI Director has the discretion to determine if the student has exhibited any of the listed behaviors and will incorporate these observations into the calculation of the student’s final grade.

1 mark – Eligible for Honors. Referral/escalation as above.

2-3 marks – Not eligible for Honors. Eligible for grade of Pass or Fail. Referral/escalation as above.

4 or more marks – Fail grade. Referral/escalation as above.

<i>Behavior</i>	<i>Marks (per occurrence)</i>	<i>Assessment Method</i>	<u><i>Relevant Policy</i></u>
Unexcused Absences (including arriving late or leaving early) from...			
Clinical experiences (e.g. patient encounters, team rounds, preceptor rounds)	1	CT*, CE**	Excused Absence Policy
Clerkship assessments (e.g. Oral Presentation)	1	CT	
Classroom-based learning activities (e.g. didactics, sim sessions)	1	CT	
Clerkship meetings (e.g. orientation, mid-rotation and end of rotation meetings)	1	CT	
Unexcused Late Submissions^			
Clerkship assessments or assigned tasks	1	CT	Clerkship Specific Requirements

Other			
Violates academic integrity policy	Fail Grade	CT	Academic Integrity Policy

*CT – Clerkship Team. Includes behaviors directly observed by clerkship team (e.g. AI Director, Site Director, AI Coordinator, Site Coordinator) and/or communicated to clerkship team by another individual.

**CE – Clinical Evaluation form (via One45)

^In order to request an excused late submission of an assessment or assigned task, student must submit the request by email to their Site Director **prior to the deadline** for the assessment or assignment. The decision to grant (or deny) the request is at the sole discretion of the Site Director.

FAIL & REMEDIATION REQUIREMENTS

Students who fail a clerkship or clerkship assessment should refer to our ISMMS remediation policy, [here](#). (icahn.mssm.edu > Education > Medical Student Handbook > Assessment and Grading).

CLERKSHIP GRADE SUBMISSION DEADLINES

Start Date	End Date	Pod	Grades-Due* (6 wks from end date)
7/1/2024	7/26/2024	1	9/6/2024
7/29/2024	8/23/2024	2	10/4/2024
8/26/2024	9/20/2024	3	11/1/2024
9/23/2024	10/18/2024	4	11/29/2024
10/21/2024	11/15/2024	5	12/27/2024
No Clerkships		6	
1/6/2025	1/31/2025	7	3/14/2025
2/3/2025	2/28/2025	8	4/11/2025
4/7/2025	5/2/2025	10	6/13/2025

RECOMMENDED CLERKSHIP READINGS/TEXTS

- Rodrigo GJ, Rodrigo C, Hall JB. Acute asthma in adults: a review. Chest 2004;125:1081-1102
- Cleland JG, Yassin AS, Khadjooi K. Acute heart failure: focusing on acute cardiogenic pulmonary oedema. Clin Med 2010; 10:59-64
- Moghissi ES. Review: Addressing hyperglycemia from hospital admission to discharge. Current Medical Research & Opinion Vol. 26, No. 3, 2010, 589-598.
- Kelly CP and LaMont JT. Clostridium difficile -- More difficult than ever. N Engl J Med 2008;359:1932-40.
- Niederman M. In the clinic: community acquired pneumonia. Ann Int Med 2009 Swartz M. Cellulitis. N Engl J Med 2004;350:904-12.

Updated: 3/4/24

- Kieninger AN and Lipsett PA. Hospital -acquired pneumonia: pathophysiology, diagnosis, and treatment. Surg Clin N Am 2009;89:439-461
- Young J and Inouye SK. Delirium in older adults. BMJ 2007;334:842-846
- Mackenzie I, Lever A. Management of sepsis. BMJ 2007;335:929-32
- CJ and Delanty N. Hypertensive emergencies. Lancet 2000;356:411-17
- Mangrum JM, DiMarco JP. The evaluation and management of bradycardia. N Engl J Med 2000; 342:703-709
- Linton NWF and Dubrey SW. Narrow complex (supraventricular) tachycardias. Postgrad Med J 2009;85:546-551

STUDENT RESOURCES AND POLICIES

ATTENDANCE & ABSENCE REQUEST POLICY



Absence Requests should be submitted *at least* 4 weeks in advance of the first day of the clerkship (this does not pertain to illness or death in the family). It is the responsibility of the Clerkship Director to approve excused absences. More information about Attendance Standards can be found in the Student Handbook online, or by clicking [this link](#).

To request clerkship absences, students must complete the *Year 3 & 4 Absence Request Form*, by scanning the QR code.

CONFLICT OF INTEREST (COI) POLICY

The COI policy ensures that a provider of any health services to a medical student has no current or future involvement in the academic assessment of, or in decisions about the promotion of that student. This applies to all faculty, residents, other clinical staff, and current or prior clinical or familial/intimate relationship with that faculty. Students and educators may submit the names of any individual with whom they have a conflict of interest to the Clerkship Director. The Clerkship Director will reassign any student. The reason given for the reassignment is duality of interest; the nature of the specific duality of interest situation need not be identified.

While the primary responsibility for reporting COI sits with each educator, students can also report potential conflicts of interest. **Students should report a possible COI to the Clerkship's Director and Coordinator.** Reports should be made *at least 4 weeks in advance* of the first day of the clerkship.

SPECIAL ACCOMMODATIONS

The Icahn School of Medicine is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this class, and your program, please contact the Disability Officer, Christine Low, to engage in a confidential conversation about the process for requesting accommodations.

More information can be found online at <http://icahn.mssm.edu/education/students/disability> or by contacting the Disability Officer: christine.low@mountsinai.org

GRADING POLICY

Please view the ISMMS grading policy for Years 3 and 4 in our student handbook [here](#).

<https://icahn.mssm.edu/education/students/handbook/grading>

SUPERVISION POLICY

Please view the ISMMS Supervision Policy for Years 3 and 4 [here](#).

<https://icahn.mssm.edu/education/students/handbook/year-3-4-policies-procedures>

WORK HOURS POLICY

Please view the ISMMS Clinical Student Work Hour Policy, which outlines the instructional time limitations for third- and fourth-year students, [here](#).

<https://icahn.mssm.edu/education/students/handbook/student-work-hours>

REMEDIATION POLICY

Please view the ISMMS the Year 3 remediation policy [here](#).

<https://icahn.mssm.edu/education/students/handbook/grading>

ACADEMIC INTEGRITY POLICY

Please review the following Student Code of Conduct and Academic Integrity policies.

<https://icahn.mssm.edu/education/students/handbook/student-faculty-conduct>

REQUIRED CLINICAL EXPERIENCES

Please view the ISMMS RCEs policy in the Student Handbook under Year 3 and 4 Policies and Procedures, [here](#).

<https://icahn.mssm.edu/education/students/handbook/grading>

CONFIDENTIAL COMPLIANCE HOTLINE

1-800-853-9212 To report legal, ethical, quality, behavioral or practical concerns.

TITLE IX

TitleIX@mssm.edu Cell: 646-245-5934

OMBUDS OFFICE

ombudsoffice@mssm.edu

A confidential, informal, neutral, and independent resource for students to discuss any issue of concern.

CONTACT INFORMATION

CLINICAL CURRICULUM TEAM

clerkships@mssm.edu ; 212-241-6691

STUDENT AFFAIRS

Student.affairs@mssm.edu ; 212-241-4426