

Course Code:	MEDI-G800
Name of Rotation/Elective:	Internal Medicine Inpatient Teaching Service Acting Internship
Duration:	4 weeks (4 credit hours)
Possible Rotation Dates:	September 29 – October 24, 2025 October 27 – November 21, 2025 November 24 – December 19, 2025 NOTE: Visiting student rotation dates <u>MUST</u> match the dates listed above; No off-cycle rotations
Applicant Requirements:	<ul style="list-style-type: none"> • Letter of Interest (max 300 words; Must articulate your interest in Prisma Health Upstate) • Letter of Recommendation from faculty member or attending-level physician • Current Curriculum Vitae (CV) or Resumé • Transcript • Proof of passing Step 1
Course Location:	Prisma Health–Upstate (Greenville Memorial Hospital)
Residency Website:	https://academics.prismahealth.org/graduate-medical-education/residencies/internal-medicine-greenville
Typical Schedule:	<p>Students will engage in team-based patient care with daytime, overnight, and weekend duty hours, following a resident schedule.</p> <p><u>Daily Schedule</u></p> <ul style="list-style-type: none"> • Workdays will usually begin around 5:00 to 6:00 AM to allow enough time for pre-rounds. • Workdays will usually conclude by 5:00 PM, unless on the Day Call admitting team (in which case, work will conclude after the 7:00 PM handoff of the admitting pager to the Overnight Call team). • Attending physicians and supervising residents may modify work hours to ensure patients receive optimal care and students meet duty hour limits (see below). <p><u>Overnight Call</u></p> <ul style="list-style-type: none"> • Students will take in-house overnight call on the medical teaching service. During overnight call, the admitting team will carry the pager from 7:00 AM to 7:00 PM, admitting patients from the Emergency Department and outside facilities. • When scheduled for overnight call, students work the day shift making it a 28-hour shift (therefore, students should not arrive before 6:00 AM). • On post-call days, students and residents are expected to complete their patient care duties and leave the hospital by 10:00 AM to comply with duty-hour restrictions. Students are excused from conference attendance on post-call days. • The last Thursday of the rotation is the last possible night for overnight call shifts. If a student's team is scheduled for Night Call on the final Friday of the rotation, it is appropriate instead to work with the day team the final day (with consent/approval of the upper-level resident). All students are released from clinical responsibilities at 5:00 PM on the last Friday of the rotation. <p><u>Days Off</u></p> <ul style="list-style-type: none"> • Per LCME accreditation guidelines, medical students will take 1 day in 7 free from all educational and clinical responsibilities, averaged over the course, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical and educational duties. • Students are scheduled to work all holidays with their teams, with the exception of Thanksgiving Day and the day after Thanksgiving. Residents and attendings may grant additional holiday time off as they feel appropriate, <u>if</u> the course director has already approved.
Course Objectives:	<ol style="list-style-type: none"> 1. Assume leadership of the medical care of patients, under supervision of an attending physician. 2. Refine the basic techniques learned as a third-year medical student for the medical interview, physical examination, and case presentation, with emphasis on improving accuracy and efficiency.

3. Refine diagnostic decision-making skills, to include prioritizing problems, constructing a differential diagnosis, selecting diagnostic tests, proposing and initiating treatment plans, and adjusting plans based on patient response.
4. Design practical treatment plans that consider the patient's financial resources, home environment, personal and cultural beliefs, cognitive or physical limitations, and preferences.
5. Assist patients and their families in complicated ethical and social issues, such as estimating prognosis, determining advance directives, and making end-of life decisions.
6. Develop the interpersonal and communication skills necessary to establish an effective therapeutic relationship with patients and their families.
7. Triage patients according to medical acuity and to determine which patients require hospitalization and which patients may be treated in the outpatient environment.
8. Determine the appropriate follow-up for problems managed in the outpatient environment.
9. Recognize those disorders requiring joint management with or referral to a primary care physical or medical subspecialist.
10. Provide the appropriate preventive healthcare services to maintain patient health and prevent disease.
11. Interact effectively with other members of the outpatient medical team, including nurses, medical technicians, dietitians, social workers, and home health providers.
12. Improve medical knowledge through self-directed reading of texts, journals, and on-line references.
13. Research the medical literature for answers to clinical questions arising in patient care and apply the findings to management of patients.

Course Description:

Students are assigned to an inpatient general medicine team, composed of one attending physician, one PGY-2 or PGY-3 resident, one to two PGY-1 residents, and at times third-year medical student(s). Acting Interns care for patients as their primary caregivers, under the direct supervision of the upper-level resident. Together with their teams, Acting Interns take in-house call every sixth night, admitting patients with all types of medical illnesses. Acting interns usually admit 2 to 3 new patients each call night, with a maximum census of 6 to 8 patients for ongoing care. Patient load may be adjusted as needed based on student comfort and patient complexity. Acting Interns evaluate all assigned patients, completing and recording the medical interview, physical examination, diagnostic assessment, and management plan. Acting Interns reevaluate their patients daily, reassessing their diagnoses and therapeutic plans. Acting Interns present their patients and discuss their impressions on daily rounds and in teaching conferences with the Internal Medicine residents and faculty. Acting Interns learn to interpret laboratory data, chest x-rays and electrocardiograms and to perform procedures, which usually include central line placement, lumbar puncture, paracentesis, stress testing and thoracentesis. Clinical learning is supplemented by self-directed reading and required conferences. Conferences include informal discussions, lectures, grand rounds and bedside rounds. Acting Interns take in-house overnight call based on their schedule, but typically during the first weekend of the rotation.