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Defining the Role of a Medical Student during a Sub-Internship

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Abstract

Sub-internships are generally regarded as being highly valued learning experiences and opportunities for matching at a desired residency program. It provides medical students with the opportunity to demonstrate their knowledge and skillset honed throughout their years of medical education. However, many novice students do not have clear guidelines as to how they are perceived by faculty and administration while they are rotating during their sub-I. This is further complicated by the varying roles of students during an observership, and clinical year core rotations. This brief manuscript aims to provide students with a faculty oriented perspective as to the general expectations of students during clinical training at various stages of their medical education.

Key Words

Sub-Internship; Medical Student; Medical Education; Clinical Rotation; Electives

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Introduction:

In a well-written article published by Bridget O'Brien *et al.* in 2012¹, surveyed residents reflected upon their 4th year of medical school and the completion of sub-internships (Sub-I's). The majority of the resident's surveyed agreed that Sub-I's are a valuable experience attributable to the level of responsibility and exposure to the role of an intern (N=17)¹. In a quoted reference from some of the residents

"...The internal medicine sub-I is one of the very few places... that you actually have the responsibilities of a sub-intern, carrying your own patients, reporting to the resident and not the intern, working the hours of an intern where nothing is really padded for you ... I think that really gives you experience that you need for residency." [PSY1]

"I got to the point where I thought, towards the end of my sub-I, that, yeah, I could be an intern. It's not as scary any more. So I think it did give me a mental preparation, as well as the skill-set and knowledge base, to feel that I could become an intern." [IM7]..."

While many former medical graduates agree that Sub-I's are important in the training of being a physician and obtaining a residency, many medical students do not have a clear understanding of how their performance is evaluated. Generally, the common understanding is that the role of a medical

student during a sub-I is to take on the role of an intern and work effectively with the hospital team in managing patient care.

To begin, Sub-I's are very different from a student observership, despite many students treating them the same. An observership is more of a precursor for a student's education in a subject, in this case a particular medical specialty. During an observership, the medical student is responsible for learning through observation and inquiry about their field of interest. It is an active process in the sense that the learning is entirely student driven, while also being a passive process because there is no direct scrutiny for a student's evaluation. While a student is completing an observership period, it is recommended that the scope of observation not be limited to techniques/procedures or patient interviews/assessments, but should be widened to include the understanding of the workings of a department and the social behaviors of all levels of personnel within the workplace including nurses, administration, residents, faculty, physician assistants/nurse practitioners, and technicians. The main reason for such widened observation is attributable to the social niche created by all of these members to maintain functionality. As a future member of such an environment, understanding such interprofessional relationships are vital to future success. Observerships can be completed by students at all levels of medical education, and best

serve those needing an introduction to a discipline.

On the other hand, a sub-internship (Sub-I) is more appropriate for a senior medical student. During this period, which is typically 1-month long, students have the opportunity to demonstrate the skills they honed during medical school and learn about more advanced concepts pertinent to their selected field. A comparable analogue to Sub-I's include the 3rd year clinical clerkship, where medical students undertake some clinical responsibilities. Likewise, in both Sub-I's and clinical clerkships students are evaluated to their performance and their interprofessional collaboration efforts are substantially highlighted. Thus, one can conclude if students learn the art of interprofessional collaboration early, they are taking the right steps towards successful Sub-I's and the benefits of doing so which includes but not limited to networking within their desired field, gaining clinical knowledge, and becoming a more polished physician-leader.

Additionally, like third year clinical clerkships, students during a Sub-I should focus on absorbing as much information as possible while simultaneously demonstrating to faculty, residents, and staff that they are capable and worthy of being included in the environmental niche to not only maintain functionality, but to actually to make systematic improvements. As a caveat, a student is not expected to revamp the system, but rather they can focus on making small meaningful changes to help make the system run smoother. Amongst many noteworthy efforts, those noted by resident's and staff to be memorable include staying after hours to help the chief resident, pre-rounding on patients with residents, and helping with case presentations if given the opportunity. At the end of the sub-I, students receive a personal evaluation by the faculty, and they have a better perspective on

whether that student fits within their system or not. A common misunderstanding that auditioning medical students have is that brown-nosing faculty is necessary to improve the chance of obtaining a position. However, some faculty are particularly sensitive to detecting these intentions by students and such behavior may potentially diminish their chances of obtaining a positive evaluation, that has a significant impact on the student's chances to land a residency position in the field and perhaps at the rotating institution. Rather than spending a substantial amount of time with faculty, medical students should actively work with residents to be an integral member of the team, and practice effective and professional communication with nurses, staff, and patients because the observed interaction and feedback received from these individuals significantly impact a student's chance of obtaining a positive evaluation which is vital to their future career.

In conclusion, observerships function as an introduction to a field pursued purely by the interest of a student; while a Sub-I is more like a third year clinical clerkship which is more appropriate for a senior student and can be likened to a 1-month job interview. All three roles have an important role in the development of a student's professionalism and education.

Conflict of interest:

The authors declare that they have no conflict of interest.

Reference

1. O' Brien, B, Niehaus, B., Teherani, A., Young, J. Resident's perspectives on the final year of medical school. *International Journal of Medical Education*. 2012; 3: 151-158.

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