

# Sub-Internship Inter-Institution Equivalency Questionnaire

University of Illinois College of Medicine

**Information to be completed by Student:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UIN: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Below Information to be completed by Sub-Internship Physician Director:**

Sub-Internship Specialty: \_\_\_\_\_

Institution: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Weeks

Director First & Last Name: \_\_\_\_\_

Director Email Address: \_\_\_\_\_

**1. In this experience, will the student have primary responsibility in a 4-week inpatient rotation and report directly to an attending or senior resident?**

YES

NO *If no, please explain:*

**2. Will there be continuity with patients during the course of the rotation?**

YES

NO *If no, please explain:*

**3. Which of the following patient conditions do you anticipate the student will encounter?**

Acute Neurological Changes

Bleeding

Abdominal Pain

Hemoptysis

Allergic Reactions

Hyper/Hypo-glycemic States

Arrhythmia

Hyper/Hypo-tension

Chest Pain

Common Infections

Dyspnea

Pain

Fever

Seizures

Fluid and Electrolyte Balance

Comments or description of other patient conditions:

**4. Which of the following procedures do you suggest the student should seek an opportunity to perform?**

- |  |   |
|--|---|
| <input type="checkbox"/> Arterial puncture                                   | <input type="checkbox"/> Inserting a nasogastric tube       |
| <input type="checkbox"/> EKG Interpretation                                  | <input type="checkbox"/> Lumbar puncture                    |
| <input type="checkbox"/> Inserting a Foley catheter ( <i>Female</i> )        | <input type="checkbox"/> Skin suturing / removal of sutures |
| <input type="checkbox"/> Inserting a Foley catheter ( <i>Male</i> )          | <input type="checkbox"/> Venipuncture                       |
| <input type="checkbox"/> Manage an airway, including endotracheal intubation |   |

Comments (or description of other procedures suggested):

**5. Which of the following responsibilities will students have appropriate autonomy and ownership for their patients?**

- Admission Notes and Orders
- Daily Notes and Orders
- Working with Consulting Services
- Handoffs
- Pre & Post-Operative Services

Comments:

**6. Is there any additional information that you would like to share about the Sub-Internship experience?**

Please provide your signature below and return to the student.

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_