

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. For which of the following responsibilities will the student have appropriate autonomy and patient ownership during this rotation?

- 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: _____