Acting Internship Overview

A. Each student is required to complete two, 4-week acting internships, at least one of which must be a “Core Acting Internship”. The second experience may be an “Acting Internship-Non-Core.” All acting internships should be “hospital-based” rather than “ambulatory-based.” Any acting internship, regardless of the offering department/division, must allow students to experience the responsibilities of an early year intern – even if there are no other interns on the service. Students must be provided with appropriate supervision by faculty physicians, residents, and other healthcare professionals for all patient care activities.

1. Students should experience the level of responsibility/autonomy similar to that of an early-year intern on the service.

2. Participate in overnight call (or night float) if appropriate for a particular service.
   a. Work hours must be restricted to those allowed by the MCW Student Work Hours policy.
   b. All overnight call experiences must be supervised by faculty physicians, residents, or other healthcare professionals such as Advanced Practice Providers.
   c. Overnight call may not be a requirement

3. Students should participate in the educational activities appropriate for interns on the clinical rotation. These may include, but are not limited to:
   a. Attendance at educational conferences (with the exception of attending to urgent patient care responsibilities)
   b. Teaching more junior members of the team (i.e., students in earlier clinical rotations)

Key Features of the Acting Internship

A. Each student must have the opportunity to:

1. Complete initial patient assessments as the "physician of first contact" for assigned patients, including:
   a. Recognize acutely ill patients who need immediate intervention and managing the short-term needs of these patients
   b. Organize and prioritize patient care responsibilities based on acuity and severity

2. Take first call for de novo problems arising on assigned patients.

3. Formulate prioritized problem lists and generate differential diagnoses that reflect the use of analytic skills to differentiate between more probable and less probable diagnoses.

4. Develop and monitor patient management plans that incorporate considerations of cost awareness and risk-benefit analysis of available options.

5. Maintain comprehensive, timely, and accurate medical records. These records may include H&Ps, daily progress notes, and discharge summaries.

6. Ensure continuity of care throughout transitions between providers (e.g. sign-out or
handoffs) and settings (e.g. discharge or transfer).

7. Counsel and educate patients and (as appropriate) their families to empower them to participate in their care and enable shared decision-making.

8. Communicate effectively with healthcare team members to coordinate patient care.

9. Participate in cross-coverage and consult activities appropriate for the service.

10. Performance of diagnostic and medical (i.e. minimally invasive) procedures considered essential for the start of internship on this service.

B. Additional Distinguishing Features of a Core Acting Internship

1. The “Core Acting Internships” will exist as an extension of the core clerkship experiences, defined by the AAMC to include Internal Medicine, Pediatrics, Surgery, Obstetrics/Gynecology/Women’s Health, Family Medicine, Psychiatry, and Neurology.

2. The “Core Acting Internship” will mimic the experience of an intern experience in that field. For example, for a Surgery Core Acting Internship the learning activities should primarily be centered around the inpatient care of surgical patients rather than operating room care.

3. The clinical experience should be of appropriate breadth, matching that of the Core Clerkship experience but with enhanced responsibility and expectations as outlined in the overview above.

4. A “Core Acting Internship” can only exist on a service where the local or at least national experience includes intern level trainees participating on said service.