

Name of rotation: Hospitalist Elective

Division: General Internal Medicine

Course Director: Majid Cina, M.D.

Site(s): UMMC

Duration of rotation: one month only
 2 weeks possible

General description of the training including educational purpose, rationale or value:

The resident will experience various facets of hospital medicine that may be underemphasized within the core curriculum. This elective's curriculum will include the following: medical consultation, perioperative care, cost effectiveness, billing and coding practices, hospitalist career mentorship, quality improvement, transplant medicine, hospital policy and safety meetings, and/or procedure technique.

Resident responsibilities:

The resident will serve as the primary point of contact for medical consultation within the Medical Center, fielding consultation requests and managing the service under the direct supervision of a hospitalist. The resident will carry the medical consultation pager and field all calls between 8 a.m. and 4 p.m. If there are two residents on the rotation, this duty will be shared.

The resident will engage in self-directed learning outlined in the curriculum, including online modules emphasizing key elements of inpatient general medical consultation, a review of the latest perioperative management guidelines, details on cost effective practice, analysis of good general consultation practice, and dissection of coding nuances and billing. In addition, if desired, the resident will have access to hospitalist career mentoring.

The resident will additionally select one or more areas of emphasis, from the following areas:

- A quality improvement project, with guidance.
- Procedure technique, depending on availability of Critical Care attending guidance.
- Inpatient transplant medicine on the Med 5 service, rotating one day a week.
- Hospital policy and safety meetings, with possibilities including but not limited to:
 - Quality Assurance
 - Outlier Board
 - Venous Thromboembolism Prophylaxis
 - Clinical Utilization and Effectiveness
 - Abstractions

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation. The rotation is restricted to residents in the second half of the PGY-1 year or above. **During the first half of the academic year (blocks 1-6), this elective is not offered to PGY-1 residents.** No more than two residents will be assigned to the elective simultaneously.

During this training, the PGY-1 resident will:

Patient Care

1. Perform timely initial comprehensive assessments of patients on non-medical services, including targeted preoperative assessments of patients scheduled for surgery.
2. Follow patients on the consultation service, leaving meaningful recommendations at appropriate intervals for referring services.
3. Cogently present patient care data during attending rounds with the Medical Consultation hospitalist.

Medical Knowledge

1. Identify aspects of inpatient medicine that are not emphasized on inpatient service rotations, including:
 - a. Billing levels, including the clinical justification and required documentation to achieve such levels.

- b. Cost-effective approach to evaluations and recommendations.
 - c. The medical legal aspects of inpatient care.
- 2. Discuss areas of general medicine that overlap with other specialties, including:
 - a. Perioperative care.
 - b. Management of medical illness in the mentally ill.
 - c. The intersection of chronic disease with pregnancy.

Practice-Based Learning

- 1. Analyze the total cost of care for one patient's hospitalization.
- 2. Consider initiating a quality improvement project emphasizing the role of a hospitalist. Potential areas of focus could include reduction of non-remunerative inpatient complications ("never" events), patient safety, and/or quality measures.
- 3. Utilize primary literature to support patient care recommendations.

Interpersonal and Communication Skills

- 1. Communicate effectively as a consultant with the referring physician to optimize patient care and safety.
- 2. Document initial assessment and subsequent care notes that clearly list recommendations.
- 3. Document recommendations that directly answer the questions asked by referring physicians.

Professionalism

- 1. Respond to consultation requests in timely fashion.
- 2. Interact courteously with requesting physicians.
- 3. Recognize the importance of professional interaction as it pertains to the business model of successful consultation in private medical settings.

System-Based Practice

- 1. Coordinate the transfer of appropriate patients to medical services.

During this training, the PGY-2 resident will:

Achieve all objectives for the PGY-1 resident, and in addition will:

Patient Care

- 1. Demonstrate appropriate triage of patients for transfer to the medical services.

System-Based Practice

- 1. Define the role of the medical consultant as a liaison within a complex multi-department medical center.

During this training, the PGY-3 resident will:

Achieve all objectives for the PGY-2 resident, and in addition will:

Professionalism

- 1. Engage proactively in the care of patients on the consultation service, taking initiative to ensure high patient care quality by the primary team.

Check all principle teaching methods used during this training:

<input checked="" type="checkbox"/>	Attending teaching rounds	<input type="checkbox"/>	Interdisciplinary rounds
<input checked="" type="checkbox"/>	Patient management discussions	<input checked="" type="checkbox"/>	Small group discussions
<input type="checkbox"/>	Conferences specific to the rotation	<input checked="" type="checkbox"/>	Bedside clinical rounds
<input checked="" type="checkbox"/>	Individual instruction of procedures	<input checked="" type="checkbox"/>	Review of diagnostic studies, including radiology
<input checked="" type="checkbox"/>	Interactive curriculum for independent review		

x* = optional

Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

The rotation's educational content will feature clinical exposure to patients with primary medical problems less frequently encountered on Department of Medicine patients, including serious surgical disease, major trauma, psychiatric illness, and pregnancy. Additional learning pertaining to medical consultation will occur via online modules and a review of pertinent literature. Learning pertaining to cost effectiveness will occur via interaction with attending physician hospitalists and self-directed analysis of actual cost of a patient's hospitalization. Where possible, procedure education will occur under the guidance of critical care attending physicians.

Check the principal ancillary educational materials used:

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|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists | <input type="checkbox"/> | Pathologic material |
| <input type="checkbox"/> | Radiologic studies | <input type="checkbox"/> | Other noninvasive studies |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input checked="" type="checkbox"/> | Online modules on perioperative care | <input type="checkbox"/> | Case studies |

Methods used to evaluate the residents and the rotation:

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> | Rotation assessment by resident |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency |
| <input checked="" type="checkbox"/> | Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input checked="" type="checkbox"/> | Other: proof of completion of self-directed curriculum |

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths: broad exposure to multiple duties of a hospitalist, face time with attending physicians without a fellow "buffer," opportunity to tailor rotation to one's own preferences

Limitations: variable patient care demand inherent to inpatient consultation

Conferences or attending/Patient Care Rounds:

No specific rotation-specific conferences. Residents may attend regularly scheduled residency conferences, including Morning Report and Noon Conference.