

Name of rotation: **Med 1-4 General Medicine** **Division: GIM and various subspecialties**
 Inpatient Rotation

Course Director: **Louis Domenici, M.D.** **Site(s): UMMC**
 Susan D. Wolfsthal, M.D.

Duration of rotation: **one month only**
 2 weeks possible

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

The Med 1-4 teams serve as the foundation of the inpatient general medicine services at UMMS. Each service is led by an attending, with subspecialists on Med 1, generalists on Med 2 and academic hospitalists on Med 3 and 4. Patients are admitted from the emergency room, medical clinics or private physicians' offices. All teams consist of an upper level resident, 2 medical interns, 1 subintern and 2 junior medical students, caring for up to 18 patients. Residents care for patients with a broad variety of medical illnesses under the guidance of full-time faculty. Through the use of patient care rounds, teaching rounds led by the attending, and small group discussions, residents learn the basic and advanced clinical skills necessary for internal medicine. Emphasis is placed on cost containment, medical ethics and preventive medicine when applicable. Interdisciplinary care rounds provide residents with an opportunity to learn different methods of evaluating patient function and improve their patients' care. Residents use search engines and other computer applications to obtain current citations to answer their questions about disease processes and clinical management.

Resident responsibilities, including interns and residents:

The resident's clinical and teaching responsibilities are detailed in the Policy Manual. As team leader, the resident is expected to function as the supervisor of all members of the team and guide the clinical care of the patients and the educational development of the interns and students. The interns have primary care responsibility for all patients admitted to them on their night on-call, including a complete history and physical examination, daily progress notes, documentation of all procedures and teaching of subinterns and students. Night float coverage is provided for routine duties Sunday through Thursday nights. All residents are expected to attend Morning Report, Grand Rounds, CPC, Ambulatory Care Seminars and Journal Club.

Educational objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

During this rotation, the PGY-1 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Admit up to 5 patients in 24 hours (or 8 in 48 hours), detailing comprehensive history, physical examination, evaluation and management plan.
3. Write daily progress notes for all patients assigned to the intern.
4. Develop efficiency in providing cross-coverage to patients cared for by other interns and on other teams.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Attain certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills – See master list for these competencies.

1. Enhance their interpersonal, leadership and teaching skills.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.

During this training, the PGY-2 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

During this training, the PGY-3 resident will:

Patient Care

1. Evaluate and manage patients in an independent fashion.
2. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

Check all principle teaching methods used during this rotation:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Attending teaching rounds | <input checked="" type="checkbox"/> | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> | Patient management discussions | <input checked="" type="checkbox"/> | Small group discussions |
| <input checked="" type="checkbox"/> | Conferences specific to 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 type="checkbox"/> | Other: _____ | | |

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

Residents care for patients with a broad mix of general medical illnesses. The service attending is the physician of record for patients without a designated physician who comprise most of the service. The service attending teaches on all patients. Clinical encounters include bedside rounds, work rounds, attending rounds, direct primary care by R-1's and clinical evaluation and supervision by upper level residents. Procedures are done by R-1's when appropriate under the guidance and supervision of a certified resident and the attending.

Check the principal ancillary education materials used:

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|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> | Reading lists | <input checked="" type="checkbox"/> | Pathologic material |
| <input checked="" 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 type="checkbox"/> | Other: _____ | <input checked="" type="checkbox"/> | Case studies |

Methods used to evaluate the resident and the rotation:

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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance and professionalism |
| <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 checked="" type="checkbox"/> | Resident's attendance of rounds and conferences monitored |
| <input type="checkbox"/> | Other: _____ |

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

University Hospital strengthens this rotation by providing supportive ancillary services, including phlebotomy, respiratory therapy and augmented unit clerk activities. A clinical care coordinator acts as case manager facilitating patient care. The computer system facilitates access to clinical laboratory and radiologic data with order entry for radiologic studies, lab tests and medications. No major limitations of the sponsoring institution have been noted.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	UMH	Daily	9:00-11:00 am
Interdisciplinary Rounds	UMH	Daily	Daily, variable start time

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on 9/18/07.