

Name of rotation: Medical Admitting Officer – MAO

Division: Medicine

Course Director: Wilma Rowe, M.D.

Site(s): Mercy Medical Center

Duration of rotation: one month only
 2 weeks only

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

The medical consultant rotation at Mercy Medical Center is designed to provide residents with a broad experience in internal medicine consultation as well as in the initial management of patients admitted to the inpatient services. The consultant resident provides consultations for patients admitted to Surgery, Ob/Gyn and to the Emergency Department when they are faced with difficult decisions or when patients are about to be admitted to the critical care units. Additionally, the medical consultant evaluates patients as to their appropriateness for assignment to a teaching service. They also provide supervision of interns or medical students/subinterns in devising a plan of initial management for inpatients they have evaluated. The medical consultant will be exposed to the types of illnesses occurring within a community hospital and will, of necessity, be interacting with private physicians so as to gain appreciation of the factors impacting the decision for hospital admission. Structured teaching occurs via rounds with the chief resident and presentation of difficult problems to the Chairman or Associate Chairman of the Department of Medicine. Residents completing this rotation will learn principles of medical consultation and to have gained experience in the initial management of acutely ill medical patients and in teaching medical students and interns.

Resident responsibilities: The medical consultant will:

1. Provide consultations for the Departments of Surgery, Ob/Gyn, Psychiatry and the ER.
2. Act as a liaison between the private attending staff and the residents on patients admitted directly to the hospital (i.e., not through the Emergency Department).
3. Assist the service residents by discussing patients with the admitting intern or student acting intern, particularly in the formulation of initial management plans.
4. Assign medical patients being admitted to one of the 4 medical teams.
5. Lead cardiac arrest codes.
6. Supervise interns and medical students on call during nighttime hours.
7. Evaluate and treat emergencies occurring in non-teaching patients.
8. Attend regular teaching conferences with the Chief Resident.

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

All objectives pertain to PGY-2 and, 3 residents (who only complete this rotation once). PGY-1 residents do not rotate on this service.

During this training, the PGY-2 and 3 resident will:

Patient Care

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate principles of medical consultation and internal medicine from the unique viewpoint of the consultant.
3. Manage acutely ill medical patients effectively and in an evidence-based fashion.
4. Develop increasing independence in patient evaluation and management.
5. Develop triage skills for transferring patients between the ED, the floor and the intensive care unit, including understanding of prognosis, morbidity and mortality.
6. 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. Enhance knowledge base in the diagnosis and treatment of medical conditions commonly seen in a community hospital with particular emphasis on cost containment, utilization, and medical ethics.
3. 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.

1. Demonstrate effective teaching and supervisory skills of interns and students.

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 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 checked="" type="checkbox"/>	Conferences specific to rotation	<input 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:

The most important education feature involves the patient characteristics and mix of diseases. The resident will have ample opportunity to perform procedures, including lumbar puncture, central venous catheter, thoracentesis and paracentesis under supervised conditions. In addition, the resident will interact frequently with private practitioners of general internal medicine as well as subspecialties of internal medicine and should gain substantial appreciation of the factors impacting the practice of IM.

Check the principal ancillary education materials used:

<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:

<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

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

Strengths: (1) Full service library with computer search capability, (2) state of the art computerized clinical data retrieval, (3) phlebotomy and IV infusion teams, (4) full coverage of all subspecialties by geographic full-time faculty, (5) University integrated training programs in place in Surgery, Ob/Gyn, Pediatrics and Emergency Medicine.

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

Morning Report	Med Conf Rm, 3 rd Floor	M,Tu,Th&F	8:00-9:00 am
Grand Rounds	McCauley Conf Room	Wednesday	8:30-9:30 am
Journal Club	Maryland Room	Thursday	12:00-1:00 pm
Specialty Conf	Med Conf Rm, 3 rd Floor	M,Tu,W,F	12:00-1:00 pm

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.