

**Name of rotation:** Med A, B, C, and Y – Gen Med Inpatient **Division:** Medicine  
**Course Director:** Wilma Rowe, M.D. **Site(s):** Mercy Medical Center  
**Duration of rotation:**  one month only  
 2 weeks possible

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

The A, B, C and Y services at Mercy Medical Center comprise 3 general medical teaching services for patients admitted from the emergency room, medical clinics or private physicians' offices - the latter either directly or through the ER. Because Mercy Medical Center is an acute care community based hospital, the ratio of service to private patients is 1:2. The main goals of this rotation are to (1) provide residents exposure to the types of illnesses occurring primarily in private patients from the community, (2) expose residents to the principles of medical care from the perspective of the practicing general internist, (3) provide an opportunity to interact with physicians, and (4) gain an appreciation for the factors affecting the practice of medicine with an emphasis on cost containment, utilization, quality assurance and medical ethics. There are 3 general medical teams - each consisting of an upper level resident, 2-3 medical interns, 1-2 senior student subinterns and 2 junior medical students caring for 18-24 patients. Residents care for patients with a broad variety of medical illnesses under the guidance of geographic full-time faculty in general medicine, endocrinology, gastroenterology, pulmonary and rheumatology. Through the use of teaching rounds led by an attending plus frequent interaction with practicing internists and consultant subspecialists, residents learn the basic and advanced skills necessary for internal medicine.

**Resident responsibilities, including interns and residents:**

As team leader, the resident functions as the supervisor of all team members and guides the clinical care of patients and educational development of interns and students. The interns have primary care responsibility for all patients admitted to this teaching service on their on-call nights, including a complete history and physical examination, daily progress notes, and the teaching of acting interns and junior students. Night float coverage is provided for new admissions arriving after 9 pm. All residents are expected to attend morning report, noon subspecialty conferences, Medical Grand Rounds, and journal club during this rotation.

**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 checked="" type="checkbox"/>	Other: Daily discussions with private physicians admitting to the teaching service		

**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 occurring in the downtown commercial center and the surrounding communities from which private patients are admitted. The hospital, its location and patient mix, result in a 1:2 ratio of service to private cases. This provides the resident with exposure to a different population with different pathology than at other rotation sites. A non-teaching detoxification unit further decreases exposure to these types of patients. A service attending is the physician of record for patients without a designated physician but teaches on all patients, including those with private attending physicians. Clinical encounters include bedside rounds, work rounds, interactions with private physicians who have patients on the teaching service, direct primary care by R-1's and evaluation and supervision by R-2 and R-3's.

**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 |

**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   |
| <input type="checkbox"/>            | Other:  |

**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.

Limitations: No cardiac surgery or elective angioplasty. No PACS.

**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 (A)	10th Floor Conf Rm	M,W,F	9:00-11:00 am
Attending Rounds (B)	14 <sup>th</sup> Floor Conf Rm	M,W,F	9:00-11:00 am
Attending Rounds (C)	12th Floor Conf Rm	M,W,F	9:00-11:00 am
Morning Report	Med Conf Rm, 3 <sup>rd</sup> 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
Subspecialty Conf	Med Conf Rm, 3 <sup>rd</sup> 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 7/18/07.*