

CURRICULUM FOR INPATIENT GENERAL MEDICINE ROTATIONS

I. Educational Purpose.

The management of hospitalized patients remains an essential part of training in Internal Medicine. The General Medicine rotations at both University Hospital and the VA are intended to expose residents to a broad experience in managing all acute and chronic medical problems requiring hospitalization. This will allow residents to refine history and physical exam skills, to develop experience in the selection of diagnostic tests, and to learn the management of a wide variety of diseases. It also affords the opportunity to work in a complex system of social workers, case managers. Residents are also expected to develop skills for long-term planning following discharge. In addition, residents are exposed to uncommon medical conditions and have the opportunity to interact with subspecialists while managing patients with complex conditions. Given the vast array of medical diagnoses that are likely to be encountered on these rotations, it is expected that the residents will aggressively pursue specific reading in regard to relevant patient care issues, as well as practice-based learning.

II. Learning Venue.

- A. Rotation Description. Inpatient General Medicine rotations involve generally a large team of learners, including one attending, one senior resident, two interns, and often several third year medical students and acting interns. In general, the team will care for and manage 14 to 20 patients from admission through to discharge. Ideally, most patients will be admitted by the intern and/or resident on the team. Throughout all phases of care the attending will be actively involved in decision making and teaching.

Generally, Morning Walk Rounds will begin between 8:00 and 8:30, and on some occasions the Attending of Record will actually be there to round with the team. A minimum of 4 ½ hours of formal didactic teaching will occur every week and generally occurs in the latter part of the morning. After noon conference the rest of the afternoon is spent doing further admissions and discharges, with the exception of the day that the intern may go to their continuity clinic. The inpatient experience should offer ample opportunity for doing procedures.

Expectations of R1 – The intern is expected to be fully engaged in patient care. In order to facilitate decision making, interns are expected to write all orders when possible, and to actively participate in the day to day management of their patients. The intern will have detailed knowledge of every patient on the service

(up to 10 patients). R1's should use their senior residents and attendings to help cultivate excellence in patient care and in learning. R1's generally write daily progress notes and coordinate discharge planning. R1's should always actively seek out the opportunity to do admissions.

Expectations of R2/R3 – Senior residents are expected to coordinate all aspects of patient care. This includes supervising interns and students, actively engaging in patient care, calling consultants, teaching and acting as a professional role model. Senior residents have a unique opportunity to help mentor their junior peers. R2/R3 residents are expected to be knowledgeable and a helpful resource. Senior residents are expected to show progressively increasing medical knowledge and to work more independently.

- B. Teaching Methods. The primary learning process during this rotation comes from direct patient care. This involves being involved as soon as a patient has been decided to be admitted to the hospital. It is an opportunity for residents to improve their skills at doing histories and physicals and developing management plans for the patients. Attending rounds will be held most days and teaching will be done either during rounds or separately in didactic format. In addition to patient care and medical knowledge, teaching will often include evidence based medicine and it's principles

- C. Expected Reading. The broad nature of General Internal Medicine requires a constant habit of reading about specific patient problems. The entire array of available electronic and online medical textbooks (such as Harrison's, M.D Consult, Up-To-Date, etc.) is commonly used references and is available at all computers with Internet access.

- D. Mix of Diseases. Residents will encounter patients that have a variety of conditions representative of common medical problems. General Medicine rotation residents act as the primary inpatient physician.

III. Educational Contents.

The broad nature of general internal medicine makes a description of the diseases seen impractical in this format. Among the most commonly seen diagnosis are chest pain, venous thrombotic diseases, serious infections including pneumonia, pyelonephritis, cellulitis, syncope, COPD, GI bleeding, failure to thrive, delirium, dehydration

IV. Evaluations.

All residents are evaluated by their peers, junior and senior, by medical students and attendings. This is done using E-value our on-line electronic evaluation process which mirrors the ABIM's recommended resident competencies evaluation. The use of our on-line evaluation system allows a more timely process of evaluation but is never intended to replace personal feedback that would come from learners at all levels. In addition, this allows us to track progress for residents and to give more specific feedback on areas of performance.

V. Rotation-Specific Competencies.

- A. Patient Care. The Inpatient General Medicine rotation offers the broadest array of experiences and the challenge associated with that task. In addition, there is the opportunity to interact with the Pharmacology residents to broaden experience with drug interactions and an evidenced-based of Pharmacology approach.
- B. Medical Knowledge.
- C. Professionalism.
- D. Interpersonal Communication Skills.
- E. Practice-Based Learning. The comprehensive nature of General Internal Medicine often presents an opportunity for difficult questions or previously unencountered clinical situations to arise. This affords the residents an opportunity to pursue practice-based learning. This is in general an area where our General Medicine faculty excels, and this approach to patient care is mentored during these rotations.
- F. Systems-Based Practice. General Internal Medicine rotations also involve many extended care providers, including social workers, case managers, physician assistants, and nurse practitioners. Because of the nature of General Internal Medicine, there are many chronic diseases which need to be managed long-term in the aftermath of addressing acute issues in the hospital. This is a rotation where residents learn to interact more with a large team of providers, and discharge planning is increasingly complex. Our residents are likely to become more hassled with health insurance issues, placement issues, and supervised living situations, such as nursing home and adult care facilities. The residents are evaluated in their ability to juggle the multiple layers of care and to do it in an efficient manner.

Reviewed & Revised by: V. Frechette, MD

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