

Curriculum for the General Medical floor rotation for Internal Medicine Residents

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General Educational Objectives

The purpose of this rotation is to introduce and familiarize the resident in managing patient with a variety of diseases in general internal medicine which need inpatient level of care. Residents are expected to gain the essential knowledge, skills and attitudes expected of physicians managing a hospitalized patient in a general medical ward. Core competencies in the general medical ward include the most common and fundamental elements of inpatient medical care without exhaustively listing every clinical entity encountered.

The overall objectives are to provide the resident with a critical, in depth approach to the diagnosis and management of common medical problems encountered in the inpatient setting. Emphasis is placed on cost effective use of laboratory, radiological and therapeutic procedures, and the pharmacology and appropriate use of drugs as well as ensuring patient safety and proper hand off of care to the other providers.

The objectives of this rotation are

- PGY 1: With direct supervision of the attending/senior resident, PGY 1 resident is able to perform the following

Content Goals and Objectives

1. Initiate basal bolus insulin therapy and manage blood glucose over time
2. Manage elevated blood pressure
3. Initiate appropriate antibiotic(s) for pneumonia
4. Initiate appropriate antibiotic(s) for skin and soft tissue infections
5. Choose the appropriate form of venous thromboembolism prophylaxis
6. Recognize and manage exacerbations of obstructive lung disease
7. Initiate CIWA protocol in patients at risk for alcohol withdrawal
8. Manage derangements of potassium
9. Recognize delirium and identify potential causes
10. Initiate cost-effective workup for anemia
11. Assess and treat pain as a part of daily plan
12. Initiate workup and management of fever

13. Initiate workup and management of acute renal failure
14. Initiate workup and management of pancreatitis

Process-Based Goals and Objectives

1. Acquire accurate and relevant history.
2. Perform an accurate physical exam.
3. Develop prioritized differential diagnoses.
4. Develop an evidence-based diagnostic and therapeutic plan.
5. Demonstrate accurate medication reconciliation.
6. Provide accurate, complete, and timely documentation.
7. Identify the appropriate clinical question for consultative services.
8. Identify clinical questions as they emerge in patient care activities and access medical information resources.
9. Perform bedside presentations that engage the patient and focus the discussion around the patient's central concerns.
10. Demonstrate shared decision-making with the patient.
11. Use teach-back method with patients regarding medications and plan.
12. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately.
13. Minimize unnecessary care including tests.
14. Use feedback to improve performance.
15. Demonstrate empathy, compassion, and a commitment to relieve pain and suffering

- PGY 2: With indirect supervision of the attending, PGY 2 resident is able to perform the following

Content Goals and Objectives

1. Recognize and manage diabetic ketoacidosis
2. Manage extremes of blood pressure
3. Adjust type, dose, and duration of therapy for pneumonia based on clinical course
4. Manage and escalate care in a patient with sepsis
5. Manage anticoagulation in a patient with suspected or known venous thromboembolism
6. Recognize and manage impending respiratory failure
7. Manage benzodiazepines in a patient with alcohol withdrawal
8. Manage derangements of sodium
9. Utilize pharmacologic and non-pharmacologic methods to manage delirium
10. Manage patients with gastrointestinal hemorrhage
11. Manage patients admitted with complications of cirrhosis
12. Demonstrate appropriate use of blood products
13. Use an opioid conversion table to titrate pain management
14. Initiate work up and management of acute mental status changes
15. Manage patients with cancer and complications of treatment of cancer
16. Manage patients who are on end of life care

Process-Based Goals and Objectives

1. Manage the interdisciplinary team.

2. Role model effective communication skills in challenging situations.
 3. Demonstrate shared decision-making with the patient.
 4. Guide and support bedside presentations that engage the patient and focus the discussion around the patient's central concerns.
 5. Gather subtle, sensitive, and complicated information that may not be volunteered by the patient.
 6. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately.
 7. Modify the differential diagnosis and care plan based on clinical course and data as appropriate.
 8. Choose the appropriate consultative services for a given clinical condition.
 9. Minimize unnecessary care including tests.
 10. Integrate clinical evidence into decision making.
 11. Teach physical findings for junior members of the health care team.
 12. Use feedback to improve performance.
 13. Stabilize patients with urgent or emergent medical conditions and transfer to a higher level of care when necessary.
 14. Demonstrate empathy, compassion, and a commitment to relieve pain and suffering
- PGY 3: Without supervision, PGY3 resident is able to perform most of what is listed under PGY 2 objectives and goals

Teaching Methods

The floor medical team consists of a hospitalist one senior resident, two PGY1 residents and 2-3 medical students. This team is responsible for providing medical care for inpatients assigned to their team at Danbury Hospital. Primary teaching mechanism is daily work rounds which include bedside rounds of selected patients which includes oral presentations about the patient by the PGY1 resident/Medical student and in depth discussion about the management plan. Other teaching methods include didactic discussions about relevant clinical topics, direct observation of residents doing physical exams, counseling of patients about procedures and management plans, conducting family meetings etc.

The major responsibility of the PGY1 resident is to pre-round independently on their patients and seek advice from their supervising senior resident when necessary. The PGY1 resident will formulate his/her own differential diagnosis, management plan, and discuss these aspects with the rest of the team during rounds. The responsibility of the senior resident is to supervise and teach junior residents and medical students and communicate with the attending when further guidance is needed. These situations include when there is sudden unexpected worsening of a patient's condition, when a patient is transferred to a higher level of care and when a patient dies. The senior resident is also responsible of making sure that the team is punctual to all teaching activities.

Procedures/Special testing

As per ABIM rules, residents are only required to physically perform peripheral blood draws, insertion of peripheral venous lines, ABGs, PAP smears and ACLS. These procedures are arranged by the residency program in other settings. The other 14 procedures which the residents are required to do by ABIM rules are in the form of videos which are available online through the Library. Regardless, residents are encouraged to perform these 14 procedures under the supervision of relevant sub specialists which is also facilitated by the residency program.

Educational Content

Diseases that the resident will encounter include but not limited to cardiac, respiratory, gastroenterology, musculoskeletal, neurological systems as well as multisystem disorders such as diabetes, atherosclerotic vascular disease, infections and autoimmune conditions.

Patient characteristics include hospitalized medical patients who range in severity of disease, but tend to be acutely ill with multi-organ system processes. Patients' age range from 16 through 100 +, and include both genders and various ethnicities. Residents will also get exposure to inpatient palliative and end of life care discussions and follow up with the palliative care team or the supervising hospitalist.

Educational resources

- Harrison's Text Book of Medicine
- MKSAP (also available on CD-ROM)
- New England Journal of Medicine
- Annals of Internal Medicine
- Up to Date
- Visual Diagnostics

Resident schedule

7:00a.m.: Residents arrive and receive sign out from the Night Float team

7:15a.m.: PGY1 residents begin pre-rounding on their existing patients and senior residents evaluate new admissions

8:45a.m.-9:00 a.m.: Team gathers and has sit down rounds with the attending; during this time they:

- Get brief updates on each patient from PGY1 residents/sub interns/students
- Senior resident present the new admissions
- Senior resident decide which patients should be seen with the attending during bed side rounds

9:00a.m.-11:30a.m.: Bedside teaching rounds with the attending. The entire team will be seeing the patients as decided previously. Attending will model strategies for effective communication with patient and families, breaking bad news etc. In addition, attending and senior resident will point out key clinical findings to PGY1 residents/sub interns/medical students. Attending will review daily progress notes for each selected patient and provide feedback regarding documentation

11:30a.m.: Team goes to radiology rounds/interdisciplinary rounds

12:00p.m. -1:00p.m.: Noon conference

1:00p.m.-3:00 p.m.: Senior resident rounds on each patient he/she has not seen yet.

3:00 p.m.-3:20 p.m.: Team meets up again; updates are given, discharges are planned for the next day

3:20 p.m.-4 p.m.: PGY1 residents work on discharge paperwork, medication reconciliation list etc. Senior resident helps and supervises the PGY1 residents with completion of the other tasks

4 p.m.-5 p.m.: Team goes to sub-specialty rounds/Chairman rounds/Yale rounds/Board review

5 p.m.: Residents sign out to the on call team

Method of Evaluation of Resident's Competence

The resident will meet with the supervising attending at the end of 2 weeks for constructive feedback. At the end of the block (usually 4 weeks), residents meet with the supervising attending again for another session of feedback and to review progress since the previous evaluation. These evaluations will be submitted to the Internal medicine residency program coordinator for use in overall evaluation of the resident performance. In turn the resident evaluates the faculty's performance as well as the rotational experience which is also submitted to the residency program coordinator to be reviewed by the Residency Program Director and the Director of the Hospitalist Service.