

Teaching Methods

Internal Medicine Residency Program

Resident Morning Report (MR)

Four mornings each week (Monday, Tuesday, Thursday, and Friday) from 7:45 AM to 8:30 AM, all PGY-2s and PGY-3s on inpatient teams meet with the Chief Resident and at least two faculty members to discuss patients admitted during the preceding days. Program Directors are present to critically assess diagnosis and approach to initial management. Other members of the teaching faculty are encouraged to attend.

Except in emergency situations, attendance is required for all PGY-2/3 residents. Patients are presented briefly by the admitting PGY-2 or PGY-3 with appropriate admission data including electrolytes, blood count, urinalysis, EKG, initial x-rays, gram stained specimens, and peripheral blood smear, and are discussed by the group. Pertinent x-rays, EKGs, and stained slides must be available at Morning Report.

Focus of the discussion is selected by the presenting resident; for example, certain cases may be presented to discuss differential diagnoses, while others may be presented to discuss specific management issues.

Academic Half Day (AHD)

In order to optimize and improve didactics within the program, the educational conferences have been restructured in the form of an Academic Half Day. Current literature suggests that adopting an Academic Half Day as an alternative to traditional noon conferences, has a strong impact on graduate medical education with improvement in resident medical knowledge acquisition and increased learner satisfaction.

The Academic Half Day is a concentrated block of protected academic time that is held on Thursday afternoons from 12:45 – 4:30 p.m., and is divided into four sessions, each lasting 45 minutes each. All residents are excused from clinical duties during this time. The format of the conferences is interactive, case based discussion on topics within the medicine sub-specialties as well as interdisciplinary topics important for the training of a well-rounded internal medical residents.

Intern Report (IR)

Once a week from 4:00 PM to 5:00 PM, all PGY-1s meet with the Chief Resident to discuss one or two cases. The format is similar to that of Resident Morning Report.

Attending Rounds (AR)

Two afternoons each week the teams meet with their Teaching Attending of the month from 4:00 PM to 5:00 PM for Attending Rounds. Two cases should be prepared by PGY-1s for presentation with pertinent diagnostic studies available for scrutiny by the team. The usual format for these rounds include bedside case presentation, followed by an in-depth discussion of the patient led by the Attending.

Groups are encouraged to use alternate forms for Attending Rounds such as physical findings rounds where multiple patients with important physical findings are seen by the group to allow additional bedside teaching of physical examination techniques. Attending Rounds may also be in the form of "Yale Rounds" where a visiting Attending or Professor from Yale University School of Medicine will conduct rounds.

Finally, weekly formal Radiology Rounds are conducted with a radiology attending where selected patient films are reviewed with clinical correlation. The ICU Team will review their patients' radiology images daily with the ICU attending during rounds. Attention should focus on case presentation skills, differential diagnosis, pathophysiology, principals of diagnosis and management, bedside interviewing, physical exam, and interaction as well as pertinent literature.

Location of Rounds

- General Ward Team: 10 Tower Conference Room or 4 South Conference Room.
- ICU Team: Time and location per attending physician's preference.
- Cardiology Team: In the CCU

Morbidity and Mortality Report (M&M)

Morbidity and Mortality Report (M&M) is a joint effort between the departments of Internal Medicine and Pathology. The report is held on Wednesdays during the Noon Conference hour (12:00 PM–1:00 PM). The Chief Residents of Internal Medicine and Pathology work together to select autopsy cases or surgical biopsy cases that, in general, were under the care of the medical house staff.

A member of the medical house staff is required to review the records of the patient and prepare a PowerPoint presentation that consists of a clinical synopsis, differential diagnoses and a discussion of their leading diagnosis. A member of the pathology house staff then gives a presentation on the gross and microscopic pathologic findings and a brief discussion on the final diagnosis. On average, one to two cases are presented during each M and M.

Attending physicians from both the department of Internal Medicine and Pathology supervise and participate in discussions during M and M. The medical house staff receive a written evaluation from the attending regarding: 1) organization and presentation skills, 2) appropriateness of the differential diagnoses, 3) appropriateness of the case discussion; 4) demonstration of medical knowledge; and 5) overall performance.

Clinical Pathology Conferences (CPC)

Presentation of a Clinical Pathological Conference (CPC) is required for PGY-3 residents and is coordinated by the Chief Medical Residents. The presentation is held during Grand Rounds. The resident receives a brief clinical scenario and the results of pertinent laboratory and radiographic studies.

Based on this information, the resident is to formulate a differential diagnosis, suggest further diagnostic modalities to aid in achieving a final diagnosis, and then give a discussion on their leading diagnosis. CPCs cover a wide range of internal medicine topics.

Each CPC is supervised by an attending from the Department of Internal Medicine and they give a written evaluation of the resident regarding: 1) organization and presentation skills; 2) appropriateness of the differential diagnosis; 3) appropriateness of the case discussion; 4) demonstration of medical knowledge; and 5) overall performance.

Resident Journal Club (JC)

The Journal Club series is held monthly, with the exception of nephrology, which is held weekly.

Grand Rounds (GR)

Grand Rounds take place each Wednesday from 8:00 AM to 9:00 AM in the Health Education Auditorium (with the exception of the third Wednesday of the month when the Department of Medicine Business Meeting will convene). A variety of formats are used: topic review, clinical pathological conferences, case of the month, etc. It is mandatory that all residents attend Grand Rounds; promptness is imperative.

Cardiac Cath Conference (CCC)

Cardiac Cath Conference meets each Wednesday from 5:00 PM to 6:00 PM in the 5 West Conference Room. Clinical history and exam, EKGs, echocardiograms, and MUGA scans are correlated with the catheterization findings. The Section of Cardiology and usually a cardiac surgeon attend this conference. Attendance is mandatory for Cardiology Team residents and interns.

Other Conferences

Other conferences held at Danbury Hospital are listed in the monthly Continuing Medical Education calendar located under "Clinical Assistance" on the Intranet web site. This includes Journal Clubs, Nephrology Forum, EKG Conference, Pulmonary Conference, and many other departmental functions.

Work Rounds

A. Sign-In

Will commence in the Resident Computer Room promptly at 7:00 AM on Monday through Friday and at 8:00 AM, on Saturday, Sunday and holidays. At this time, the Night Float intern will redistribute the sign-out sheets and discuss any significant developments with the appropriate PGY-1. The senior residents will receive the newly admitted patients by the nightfloat team. All residents and interns on duty for admitting rotations must be present.

B. Work Rounds

Each house staff team will conduct work rounds from 7:15 AM until 8:30 AM on Monday, Tuesday, Thursday, and Friday, and beginning at 8:30 AM on weekends and Hospital holidays. Grand Rounds are scheduled on the first, second and fourth Wednesday of each month at 8:00 AM. Attendance by all residents is mandatory.

Work Rounds on Wednesdays will begin at 7:15 AM and resume at the conclusion of Grand Rounds. To facilitate the completion of rounds, there should be no interruptions by attending or nursing staff for non-emergency problems. Nurses are encouraged to participate in work rounds in all units, but especially in the intensive care units. All patients on each team should be seen every day by that team on work rounds with the exception of floor team patients and 8W Telemetry whom the supervising resident determines to be stable, receiving prolonged therapy, or awaiting placement.

The intern and resident should see these patients after work rounds. The most critically ill patients and the new admissions should be seen first, since it may not be possible to see all patients during this time. The remainder of the patients may be seen after attending rounds. On work rounds, the PGY-1 should succinctly present each case, summarize the problem list and plans for the day. The current chart data, problem list, medications, and IVs should be scrutinized by the team and updated as necessary.

Orders, but not progress notes, must be written during work rounds. The team should perform a brief, pertinent regional physical exam. The team leader should insure that rounds begin promptly, are attended by all members of the team, and provide the appropriate teaching to the junior members of the team. This includes bedside clinical evaluation, discussion of pathophysiology and management rationales, and providing pertinent examples from the literature.

C. Sign-Out Rounds

- Sign-out rounds are at 5:00 pm Monday–Friday. PGY-2s and PGY-3s must give full sign-out in-person to the PGY2/3 on call for that team
- Daily, each PGY-1 must pass on a printed or typed complete sign-out on each of his patients to the PGY-1 on call for his service. The ICU Team PGY-2/3 must leave a written triage list for moving patients out of the ICU
- The Cardiology Team PGY-2/3 must leave a written triage list for removing telemetry monitors and moving patients off 8W and out of CCU. The Floor Team PGY-2/3 must leave a written triage list for removing telemetry monitors from more stable patients

For More Information

Please [contact us](#) if you have questions about the Internal Medicine Residency Program at Danbury Hospital, or would like more information.