

**Curricular area: Inpatient Internal Medicine**

**Specific Rotations:** Medicine Inpatient Service

**Responsible faculty:**

**Goals:**

Residents will develop and refine the necessary knowledge base, medical interviewing skills, and clinical acumen to diagnose and manage patients with requiring admission to an inpatient medicine service .

**Setting:** Inpatient medicine wards/telemetry units of Doctors Hospital at Renaissance (DHR).

**Key to Competencies:** PC = Patient care MK = Medical Knowledge I/C = Interpersonal/communication skills  
PR = Professionalism PBL = Practice based learning SBP = System based practice

**Teaching activities:**

On the inpatient medicine wards, combined teaching/patient care rounds are conducted by the attending physician daily. Topics relevant to the inpatient medicine ward rotation are also covered in the resident lecture series, and in selected M and M conferences. Residents attend morning report several times a week and journal club monthly.

**Level of supervision:**

The attending physician rounds on all patients admitted to the medicine service daily. Invasive procedures are supervised or performed by qualified personnel according to the guidelines outlined in the Resident Policy Manual. The attending physician provides face to face feedback to the resident physician at the end of the rotation and as needed during the course of the rotation. The resident physician is expected to ask for specific feedback at the midpoint of the rotation.

**Patient characteristics:**

Patients cared for on the internal medicine wards at DHR are a diverse group which include men and women, age 16 and over with acute and chronic diseases commonly encountered in internal medicine practice (see attached list of conditions commonly encountered in the inpatient medicine rotation). Many patients are indigent and may be Spanish speaking or come from other linguistic or ethnic backgrounds.

**Reading lists/resources:**

Residents are expected to read independently about their patients' conditions. Residents have access to online library resources, Uptodate, and electronic textbooks. Additional reading materials and sources relevant to specific cases are provided by the attending physician.

**Sample schedule: medicine inpatient ward team**(residents should contact the ward attending or upper level resident prior at the start of the rotation for specific details of the schedule for the month. Times for attending rounds, night float admissions, and other specifics can vary depending upon circumstances)

	7:00-8:00 am: work rounds with PGY-1 and upper level resident, students	8:00-9:00am morning report or Grand Rounds	9:00-11:00 am: attending rounds	11:30-12:30: Conference/lunch	12:30 – 5:00 patient care	5:00 check out rounds
--	---	--	---------------------------------	-------------------------------	---------------------------	-----------------------

Continuity clinic: Residents on the inpatient medicine ward service attend one continuity clinic/week from 1 pm -5 pm. Ward responsibilities should be handled by another member of the team when the resident is in clinic. Residents on night float do not have continuity clinic for that month.

Call days: There are two medicine teams. Teams will alternate admission days, from 7 am to 3 pm.

Additional information about distribution of short calls, night float schedule and other administrative issues are discussed at the start of each rotation. Questions about the schedule, call days, etc should be directed to the chief residents or the attending on the service.

Days off: Residents have one day off per week. The upper level resident on the team is responsible for devising a schedule of days off. The attending physician must approve the schedule and be available to supervise the team when the upper level resident is off.

**Inpatient General Internal Medicine**

<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
<p>Residents will learn to evaluate patients admitted to the inpatient medicine service by history and physical examination, and use this information to generate an appropriate plan for further diagnostic testing and management. Residents will be able to convey these findings to other members of the team.</p>	<p>History taking/Physical examination:</p> <p>PGY-1:</p> <ul style="list-style-type: none"> <li>• Obtain relevant history. Identify key elements of the chief complaint and HPI. Perform a complete physical examination emphasizing key elements related to the chief complaint.</li> <li>• Guide medical students in the skills required to obtain a medical history and perform a physical examination.</li> <li>• Utilize appropriate resources to obtain historical information important to the diagnosis and management of inpatients, including accessing medical records, data from other health care facilities and physicians and family members as appropriate.</li> <li>• Demonstrate the ability to convey key information to the resident, attending and other members of the health care team in a logical, coherent manner.</li> </ul> <p>PGY-2</p> <ul style="list-style-type: none"> <li>• Demonstrate understanding and recognition of important positive and negative elements of the CC, HPI, ROS and other aspects of the history, particularly as they relate to the patient's chief complaint.</li> <li>• Increase physical examination skills to include recognition of sentinel signs and findings in a variety of commonly encountered inpatient medical conditions. Increase use of provocative maneuvers and advanced examination techniques.</li> <li>• Supervise and instruct PGY-1 residents in obtaining an adequate medical history and performing a physical examination. Show the ability to demonstrate key findings to learners.</li> <li>• Be able to synthesize key elements of the history and physical in a logical, coherent manner leading to the development of an appropriate differential diagnosis.</li> </ul> <p>PGY-3</p> <ul style="list-style-type: none"> <li>• Master all elements of history-taking and physical examination of medical inpatients.</li> <li>• Demonstrate the ability to teach these techniques to other residents and students.</li> </ul>	<p>PC, MK, I/C,</p>	<p>Teaching rounds, Resident lecture series, Intern learning group</p>	<p>Global eval</p>
<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
<p>Residents will develop the necessary knowledge base to identify and manage conditions commonly encountered on medicine inpatient wards. Residents will demonstrate skills to triage patients</p>	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>• Recognize patients requiring urgent stabilization and evaluation by experienced staff</li> <li>• Know initial presentation, evaluation and management of common inpatient medical conditions*</li> <li>• Demonstrate knowledge of and use of basic resources for learning about diseases commonly managed by internists, including regular reading in an internal medicine textbook, and use of the medical literature to increase knowledge base.</li> <li>• Be certified in BLS and ACLS</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>• Be competent in the identification and stabilization of patients requiring urgent care such as cardiac arrest, respiratory distress, acute mental status changes, seizures.</li> <li>• Be certified and competent in BLS and ACLS and be able to function in the role as team leader in a code situation</li> <li>• Demonstrate sufficient medical knowledge to be able to generate an appropriate differential diagnosis for patients admitted to the inpatient medicine service and to</li> </ul>	<p>PC, MK, PBL</p>	<p>Teaching rounds, Resident lecture series, Intern learning group</p>	<p>Global eval In-service scores on cardiology ECG examination</p>

<p>requiring urgent or more intensive care.</p>	<p>initiate an appropriate sequence of diagnostic and therapeutic interventions.</p> <ul style="list-style-type: none"> <li>• Demonstrate continued commitment to learning and study.</li> </ul> <p>PGY-3:</p> <ul style="list-style-type: none"> <li>• Demonstrate the medical knowledge required to recognize and manage conditions that fall within the scope of care of a Board Certified Internal Medicine physician*</li> <li>• Demonstrate a commitment to life-long learning and an understanding of how to pursue the goal of life long learning.</li> <li>• Show the ability to foster learning in students and other residents on the team.</li> </ul> <p>*see appendix A for a list of medical conditions commonly managed on the inpatient medicine wards</p>			
<p><b>OBJECTIVES &amp; SKILLS</b></p>	<p><b>EXPECTATIONS BY PGY LEVEL</b></p>	<p><b>COMP</b></p>	<p><b>TEACHING ACTIVITIES</b></p>	<p><b>EVAL</b></p>
<p>Residents will learn the indications for diagnostic tests relevant to inpatient medicine. Residents will be able to interpret results and apply to patient care.</p>	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>• Know indications for and interpretation of diagnostic tests commonly used on the inpatient medicine wards*</li> <li>• Be able to use the results of diagnostic tests to refine a differential diagnosis and initiate additional testing or a therapeutic plan.</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>• Demonstrate increased understanding of diagnostic tests, including more specialized and less commonly performed tests, and how to apply the results to patient care.</li> <li>• Demonstrate the ability to teach others indications for and interpretation of diagnostic tests</li> </ul> <p>PGY-3:</p> <ul style="list-style-type: none"> <li>• Demonstrate mastery of diagnostic testing in the management of internal medicine inpatients and the use of these tests to enhance patient care.</li> <li>• Be able to explain the purpose and meaning of diagnostic tests to students and residents on the team.</li> </ul> <p>*see Internal Medicine Inpatient Appendix B: list of common diagnostic tests</p>	<p>PC, MK, PBL,</p>	<p>Teaching rounds, Resident lecture series, Intern learning group</p>	<p>Global eval Inservice examination</p>
<p>Residents will know how to inform patients and obtain voluntary consent for the general plan of medical care and specific diagnostic and therapeutic interventions.</p>	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>• Understand which procedures/interventions require written, informed consent</li> <li>• Understand how to counsel patients and surrogates about the risks and possible benefits of diagnostic and therapeutic interventions in order to obtain informed consent.</li> <li>• Understand when surrogates should make decisions for patients who lack decision-making capacity, and how to select a surrogate.</li> <li>• Know the principles that apply when the physician must decide for a patient who lack decision-making capacity when there is no surrogate decision maker.</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>• Know specific risks/complications of procedures and interventions commonly used in the management patients on the medicine inpatient service.</li> <li>• Demonstrate the ability to effectively counsel patients and assist them in the decision-making process.</li> </ul>	<p>PC, I/C, MK, SBP</p>	<p>Teaching rounds, resident lecture series</p>	<p>Global evaluation</p>

	<p>PGY-3:</p> <ul style="list-style-type: none"> <li>Master the skills required to inform patients and surrogates about the plan of care and obtain informed consent when required.</li> </ul>			
<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
Residents will learn indications for and recommended techniques for diagnostic and therapeutic procedures important in the management of patients on the internal medicine service	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>Know indications for and technique for: <ul style="list-style-type: none"> <li>central venous catheter placement</li> <li>lumbar puncture</li> <li>Nasogastric tube placement</li> <li>bladder catheterization</li> <li>obtaining arterial blood gases and venous samples of blood</li> <li>paracentesis (diagnostic and therapeutic)</li> <li>thoracentesis.</li> </ul> </li> <li>Recognize complications related to procedures performed on the internal medicine ward and know the initial management of complications.</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>Demonstrate competence in the performance of these procedures. Acquire additional experience in less commonly performed procedures including: <ul style="list-style-type: none"> <li>endotracheal intubation.</li> <li>Management of BIPAP and CPAP,</li> <li>arthrocentesis,</li> <li>biopsy of tissue as appropriate</li> <li>I and D of abscesses</li> </ul> </li> <li>Know how to manage complications related to these procedures.</li> <li>Understand when lines/monitoring devices may be safely discontinued.</li> <li>Demonstrate the ability to teach others the indications for and the proper performance of these procedures.</li> </ul> <p>PGY-3:</p> <ul style="list-style-type: none"> <li>Demonstrate mastery of diagnostic and therapeutic procedures in internal medicine inpatients, including indications for procedures, technical performance, and recognition and management of complications.</li> </ul>	PC, MK, PBL	Teaching rounds, Direct instruction by staff/upper level residents	Global eval Direct observation of procedural technique MiniCEX
<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
Resident will demonstrate interpersonal/communication skills required for successful management of patients admitted to the internal medicine	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>Be able to communicate important findings and plan of care to attendings and other members of the team.</li> <li>Serve as the primary source of information for patients and families. Maintain a therapeutic relationship with patients under the care of the team.</li> <li>Communicate effectively with consultants, nursing staff, and other members of the health care team</li> <li>Communicate effectively with students and other learners regarding their responsibilities and performance.</li> <li>Maintain the medical record, including daily progress notes, discharge summaries, procedure notes, and additional documentation of sentinel events/changes in status.</li> </ul>	I/C, SBP	Teaching rounds Interviewing course	Global evaluation Peer evaluation Student evaluation

inpatient service	<p>PGY-2:</p> <ul style="list-style-type: none"> <li>In addition to mastering the skills listed above, the upper level resident should provide effective team leadership by defining and communicating the responsibilities of each team member.</li> <li>Supervise and provide feedback on the clinical skills of students, PGY-1s and other members of the team, including reviewing the written record, cosigning notes, and providing feedback.</li> <li>Demonstrating increasing skills in interpersonal relations and communication skills, including management of difficult patients and patients with complex psychosocial issues complicating their care.</li> </ul> <p>PGY-3:</p> <ul style="list-style-type: none"> <li>Master the interpersonal/communication skills required to be an effective practicing internal medicine physician, including maintaining professional relationships with other members of the health care team and developing therapeutic relationships and effective communication with patients and family members.</li> </ul>			
<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
Residents will demonstrate skills in practice-based learning required to master management of internal medicine patients.	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>Demonstrate evidence of study to improve knowledge of diseases and conditions being managed in the inpatient service.</li> <li>Demonstrate the ability to access appropriate resources, including practice guidelines, online textbooks, and other medical literature to improve patient care</li> <li>Seek feedback from attendings and other members of the health care team to improve performance. Show evidence of reflection and the ability to learn from errors.</li> <li>Promote student education and facilitate learning by the student members of the team.</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>Increase ability to generate questions based upon cases encountered on the medicine wards, and to use the medical literature to answer these questions.</li> <li>Understand the approach to evaluating the quality of medical literature and how to apply the literature to patient care</li> <li>Promote scholarship and learning by all members of the team.</li> </ul> <p>PGY-3</p> <ul style="list-style-type: none"> <li>Demonstrate increasing competence in the use and interpretation of the medical literature to enhance patient care.</li> <li>Demonstrate an understanding of how to analyze medical errors and poor outcomes and use this experience to improve performance.</li> </ul>	MK, PBL, PC	Journal club Morning report Attending rounds M and M conferences	Journal club portfolio  In-service exam  Global evaluation  Mid rotation feedback form  MiniCEX
<b>OBJECTIVES &amp; SKILLS</b>	<b>EXPECTATIONS BY PGY LEVEL</b>	<b>COMP</b>	<b>TEACHING ACTIVITIES</b>	<b>EVAL</b>
Residents will demonstrate appropriate systems-based practice	<p>PGY-1:</p> <ul style="list-style-type: none"> <li>The resident will understand his/her responsibilities including daily work rounds on all patients, completion of all tasks determined to be necessary for the care of the patient, and attendance at required conferences/rounds.</li> <li>Learn the role of ancillary services such as dietary, physical and respiratory therapy,</li> </ul>	SBP PBL PC I/C	Attending rounds  Work rounds  Discharge planning	Global evaluation  Peer evaluation

<p>required to care for patients on the internal medicine inpatient service.</p>	<p>and other available services. Learn to use these services effectively to enhance patient care.</p> <ul style="list-style-type: none"> <li>• Learn the role of consultants and demonstrate the ability to use consultants appropriately to enhance patient care.</li> <li>• Participate in discharge planning to facilitate the inpatient/outpatient transition.</li> <li>• Learn the role of home health services and how to initiate home health care.</li> <li>• Maintain appropriate professional relationships with nurses, pharmacists, clerks, and all other members of the health care team.</li> <li>• Ensure that patients discharged from the inpatient service have an appropriate plan for outpatient follow-up.</li> </ul> <p>PGY-2:</p> <ul style="list-style-type: none"> <li>• In addition to the above, the upper level resident will be responsible for assigning schedules to each team member, supervising daily work rounds, supervising procedures, cosigning notes and maintaining appropriate lines of communication with the attending physician.</li> <li>• Upper level residents should ensure that students and junior residents are able to complete their responsibilities and have performed appropriate documentation.</li> <li>• Upper level residents should be able to teach students and junior residents when to involve ancillary services and consultants in the care of the patients, and the appropriate role for these services.</li> </ul> <p>PGY-3:</p> <ul style="list-style-type: none"> <li>• Master aspects of systems-based practice needed to ensure optimal patient care and utilization of available resources.</li> <li>• Demonstrate patient advocacy within the system of care.</li> <li>• Teach students and junior level residents how to use the system to optimize patient care.</li> </ul>		<p>conferences</p> <p>M and M conferences</p> <p>Morning report</p> <p>House staff conferences</p>	<p>Student evaluation</p>
--	---	--	--	---------------------------