

## **R1 BMC General Medicine Inpatient Rotation Description**

### **A. General Information**

1. Rotation Length: Four weeks
2. Attending Staff: Bret McFarlin, D.O.  
Randy Maigaard, M.D.  
Doug Hanson, M.D.  
Alan Hilgerson, D.O.  
James Philson, DO  
Jason Kruse, DO

### **B. First Day Orientation**

1. The resident should report to BMC the afternoon of the day preceding the start of the rotation, or by 6:30 a.m. on the first day of the rotation to complete necessary paperwork and to receive a picture ID for use during the rotation. In addition, the resident will receive instruction on the use of the EMR at Broadlawns during this orientation. The contact person to arrange orientation is LuAnn Vondracek at 282-2581. Please also review the attached *Information & Expectations While at BMC* handout.
2. The assigned senior resident and attending staff physician will help provide orientation to the Internal Medicine Service at BMC.
3. A list of patients currently on the teaching service will be provided. The attending physician and supervising resident can then discuss how formal daily teaching rounds will be conducted during the one month rotation.

### **C. Description of Rotation**

1. Educational Purpose: To gain experience in directing the diagnostic evaluation and treatment of a wide variety of patients with many different medical problems seen in a county hospital setting. The resident will also see selected internal medicine consults as requested and will staff these with the teaching service attending physician. Residents need to arrive each morning **no later than 6:30 am**.
2. Educational Content: The resident will see a variety of common and many uncommon medical disorders seen and cared for by general internists in a county hospital setting. Many indigent patients of both sexes and ages from adolescence to the elderly will be seen.
3. Residents will remain under the policies and procedures of the Internal Medicine Residency Program included in the Resident Handbook and House staff Manual.
4. Ancillary Educational Materials: In addition to daily teaching rounds with the assigned attending physician, there will be morning report and regular noon conference learning activities provided. Residents should complete the assigned readings in the on-line syllabus, and continue to read in a case-based fashion using a core internal medicine text. **Residents must attend the weekly internal**

**medicine morning report sessions from 7:30 to 8:00 AM every Thursday located in the lower level of the Family Health Center. Residents are also expected to attend the noon lectures scheduled daily at Broadlawns unless specifically excused by the Program Director.**

**D. Competency-Specific Rotation Objectives**

**Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Demonstrate the ability to manage a mix of ICU and floor patients.
- Demonstrate the ability to accurately and comprehensively evaluate patients with medical problems commonly found on an adult internal medicine inpatient service, and develop an effective and patient-centered diagnostic and therapeutic plan.
- Demonstrate the ability to perform basic ICU procedures (i.e. intubation, central and arterial line placement), under direct supervision if necessary.

**Medical Knowledge**

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- Know the epidemiology, pathophysiology, diagnosis, and management of medical problems commonly encountered in adults on an inpatient internal medicine service.
- Understand comprehensive management of overdose patients.
- Understand medical management of patients with significant psychiatric illness.
- Initiate medical management of patients with polysubstance abuse, and understand its sequelae.

**Practice-Based Learning & Improvement**

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Access toxicology information when caring for patients with significant overdoses.
- Access information on the sequelae of substance abuse
- Improve delivery of patient care through reflection by the resident on patient care and outcomes and the incorporation of constructive criticism and feedback from the attending physician

**Interpersonal and Communication Skills**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families and professional associates. Residents are expected to:

- Demonstrate adequate communication with patients that DO NOT speak English (i.e. through interpreter).
- Maintain up-to-date medical records when rotating offsite. This includes the expectation that ALL RECORDS will be completed in a timely fashion and according to the policies of the residency program and Broadlawns Medical Center.

- Communicate in a non-judgmental way with patients with polysubstance abuse and alternative lifestyle issues.

### **Professionalism**

Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:

- Learn to work with family practice residents and other health care professionals as part of a team.
- Demonstrate respect for indigent patients and patients of diverse ethnic, racial, cultural, economic and religious backgrounds.

### **Systems-Based Practice**

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients. Residents are expected to:

- Recognize special needs of the indigent patient and coordinate care with Social Services and Nursing.
- Learn to be an effective steward of health care resources through appropriate management of those resources, including considering the cost of resources while still emphasizing delivery of the best quality care possible..

## **E. Patient Care and Logistics**

1. Maximum number of patients for resident to follow = 10.
2. Maximum number of admissions per admitting day = 5. The resident may take up to two additional transfers from the ICU in addition to the five admissions according to ACGME guidelines and program policy.
3. Line of Responsibility: The first year resident will evaluate patients admitted to the teaching service and will write admitting notes and orders for assigned patients under the supervision of senior resident and attending staff physicians.
4. Weekend coverage will be arranged in coordination with the third year resident to allow each resident on the teaching service an average of one day off out of seven free of patient care responsibilities.
5. Continuity of Care Clinic: The resident will not be expected to attend his/her weekly Continuity of Care Clinics. Resident continuity clinics will be scheduled only during the ambulatory block unless specifically requested and approved by the Program Director. However, residents will still be expected to review electronic messages and refill requests at the assigned continuity clinic site on a regular basis, not less than once weekly, and to respond to pages and/or telephone calls from the staff at the assigned continuity clinic site.

**F. Medical Record and Procedural Documentation**

1. The first year resident is responsible for a properly recorded H&P and for dictating a discharge summary for each patient discharged from the teaching service during the rotation.
2. Procedural Documentation: The first year resident will need to assure that proper documentation of procedures requiring supervision is entered into their record electronically. Procedures requiring documentation of supervision by staff or senior residents for certification to perform the procedure without direct supervision include: lumbar puncture (5 directly supervised procedures required), thoracentesis (3), paracentesis (3), arthrocentesis (3), chest tube placement (3), bone marrow aspiration (3) and central venous line placement (5).

**G. Mechanics**

R1s should be in the hospital rounding on their own inpatients by 6:30 am Monday - Friday. This will allow the resident to note any changes in patient status overnight and to obtain information about any new patient admissions to the service overnight prior to daily teaching rounds. The resident may leave by 5:30 p.m. on weekdays if their work is completed and patients have been checked out to the resident on call for that night.

**H. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an electronic evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and approved by the resident and will be kept in the resident's confidential file for future reference.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. Patient Care: Demonstrate ability to effectively evaluate and manage patients with internal medicine conditions and demonstrate competence with required procedures encountered during the rotation.
2. Medical Knowledge: Demonstrate knowledge of medical problems commonly seen on an inpatient internal medicine service, as well as the ability to access and critically evaluate current medical information relevant to conditions seen during rotation and demonstrate understanding of all assigned reading materials.
3. Practice-Based Learning: Demonstrate ability to identify gaps in knowledge and skills in the care of patients with inpatient internal medicine problems and demonstrate real-time strategies to address these gaps. Demonstrate ability to teach assigned medical students. Demonstrate ability to improve delivery of patient care through reflection upon practice and patient outcomes and incorporation of faculty feedback.
4. Interpersonal and Communication Skills: Demonstrate effective communication abilities in dealings with patients and families. Demonstrate timely and complete

medical records, including admission notes, daily progress notes and discharge summaries.

5. Professionalism: Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. Systems-Based Practice: Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive hospital care is provided and appropriate follow-up care arranged, sensitive to financial constraints of the many indigent patients cared for during the rotation.

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