

BMC Medicine Service Senior Resident Rotation Description:

A. General Information

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

A. First Day Orientation

1. The resident should report to BMC 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. Contact person to arrange orientation = LuAnn Vondracek at 282-2581.
2. The assigned teaching service attending physician will 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 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.
2. Principal Teaching Method: Learning to direct a busy internal medicine inpatient service team with specific oversight responsibilities for family medicine and internal medicine residents and medical students assigned to the internal medicine service.
3. 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 that range from adolescence through the elderly will be seen.
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. **The Senior Resident must attend and help lead the weekly (Friday) internal medicine morning report sessions. Residents are expected to attend the daily noon lectures scheduled 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 ability to manage a mix of ICU and floor patients.

- demonstrate ability to perform basic ICU procedures (i.e. intubation, central and arterial line placement).

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:

- understand comprehensive management of overdose patients.
- understand medical management of patients with significant psychiatric illness.
- initiate medical management of patients with polysubstance abuse 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 polysubstance abuse sequelae.
- Improve delivery of patient care through reflection on patient care and outcomes and incorporation of constructive criticism and feedback from attending physicians
- Demonstrate effective teaching skills

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.
- 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 as part of a team.
- demonstrate respect for indigent patients and patients of diverse ethnic, racial, economic, cultural 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.

E. Patient Care

1. **Line of Responsibility:** The supervising resident will coordinate admissions to the teaching service. They will see each admission and assist the medical students and family practice residents in directing the diagnostic evaluation and treatment for each of these patients. There are no specific medical record documentation requirements.
2. In addition, the senior resident will see selected consults and will staff these patients with the assigned attending physician.
3. **Night and Weekend Coverage:** The resident will be asked to assist with limited night and weekend call responsibilities. Night call may be taken from home. Weekend call includes rounding on patients either Saturday or Sunday and assisting with new admissions throughout the w/e call day. The call schedule should be discussed with the BMC attending physician prior to starting the one month rotation.
4. **Continuity of Care Clinics:** The resident will be expected to attend his/her weekly continuity of care clinics. The schedule for clinic absences from BMC will need to be discussed with the attending physician at the start of the rotation.

F. Mechanics

The supervising resident is expected to be at Broadlawns Medical Center by the start of morning report on a daily basis. The resident should plan to see any intensive care unit medical patients and the more acutely ill floor patients prior to beginning teaching rounds each morning Monday through Friday, 8:00am-4:00 pm. Residents should not leave the hospital before 5:30 p.m. Monday through Friday except on clinic days unless this is discussed in advance with the assigned attending staff physician. The resident will be directly and indirectly supervised by the general internal medicine faculty at all times.

G. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and a written evaluation form will be completed and returned to the residency office. The written evaluation form will be reviewed and signed 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 a wide variety of internal medicine conditions and demonstrate competence with required procedures encountered during the rotation.
2. **Medical Knowledge:** Demonstrate knowledge of medical conditions commonly encountered on an inpatient internal medicine service, as well as the ability to access and critically evaluate current medical information relevant to internal medicine 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 the variety of conditions seen during the rotation and demonstrate real-time strategies to address these gaps. Demonstrate the ability to improve the delivery of patient care based upon reflection and incorporation of feedback. Demonstrate ability to effectively teach junior learners.

4. Interpersonal and Communication Skills: Demonstrate effective communication abilities in dealings with patients and families. Demonstrate leadership in directing the care of patients on service during the rotation.
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 care provided.

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