

## **DESCRIPTION OF RESIDENT ROTATION R3 GENERAL MEDICINE INPATIENT SERVICE, IMMC**

### **A. General Information**

1. Rotation length: 6 weeks
2. Division Director: Jay Rosenberger, D.O.
3. Attending Staff: General Internal Medicine Teaching Physicians from Iowa Health Physicians.

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

1. The resident should report to Younker 7 Resident Room by 6:30 a.m. on the first day of the rotation.
2. The assigned teaching service attending staff physician and Dr. Yost will provide orientation on this first day.
3. A list of patients currently on the teaching service will be provided.

### **C. Objectives and Description of Rotation**

1. **EDUCATIONAL PURPOSE:** To gain experience in overseeing and directing the diagnostic evaluation and therapeutic program on a wide variety of patients assigned to the internal medicine service.
2. **PRINCIPLE TRAINING METHODS:** Directing a multi-disciplinary care team with specific responsibilities of overseeing the first year resident and directly teaching medical student members of the patient care team.
3. **EDUCATIONAL CONTENT:** A variety of patients can be expected reflecting a general medicine inpatient, infectious disease, and neurology patient population.
4. **ANCILLARY EDUCATION MATERIALS:** In addition to bedside daily teaching rounds with the assigned attending physician, there will be didactic teaching conferences, regular radiology rounds, and teaching sessions conducted by the pharmacology consultation service. The senior resident physician will also have some teaching responsibilities for the team, especially for the third year medical students on the team.

## **D. Competency-Specific Learning 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 perform accurate, relevant, and complete evaluations that include a history and physical exam, and generate a relevant differential diagnosis
- be able to formulate a diagnostic and therapeutic plan that is patient-centered, and communicate this plan effectively to the patient and family
- counsel patients and families effectively
- perform procedures with competence

### **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:

- demonstrate knowledge of basic sciences and medical specialty and subspecialty content appropriate to level of training
- be able to apply that knowledge in a patient-centered and appropriate fashion

### **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:

- demonstrate an understanding of the principles of evidence-based medicine (EBM) and be able to apply these principles in decision-making
- demonstrate facility with information technology and use to facilitate teaching students and other learners

### **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:

- create an effective therapeutic relationship with patients
- use and demonstrate effective listening skills
- work effectively as a member or leader of the inpatient service

### **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:

- demonstrate respect, compassion, and integrity, and a responsibility to the needs of patients that supersedes self-interest

- demonstrate an understanding of and commitment to ethical principles involving provision/withholding care, confidentiality, and informed consent
- demonstrate sensitivity to culture, age, gender, and disabilities

### **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:

- practice cost-effective care that does not compromise quality
- know the health care system and its complexities, and be able to efficiently access available resources
- advocate for quality care and assist patients in dealing with system complexities

## **E. Patient Care**

1. Maximum number of patients for resident to follow: 10 if only one intern on service. Maximum number may increase to 16 if two interns on service.
2. **LINE OF RESPONSIBILITY:** Third year resident will coordinate all admissions to the teaching service with that month's attending physician. They will assist the medical student and intern in having the first opportunities to evaluate patients admitted to the teaching service. They will be expected to write an admission note on all patients admitted during the day and to see and supervise care to patients admitted to the service nights and weekends. The senior resident will also supervise all procedures performed by the first year resident and students. The senior resident will, in turn, be directly and indirectly supervised by the attending physician.
3. **WEEKEND COVERAGE:** This will be coordinated with the first year residents so that an average of one day off out of seven free of patient care responsibilities is provided to all resident members of the team.
4. **CONTINUITY OF CARE CLINIC:** The resident will be expected to attend his/her weekly continuity of care clinics.

## **F. Mechanics**

The third year resident is expected to be on the ward by 6:30 a.m. to assist the team prior to daily teaching rounds. The third year resident should plan to attend all Wednesday morning conferences, and to adjust daily teaching rounds on this day accordingly. The resident may leave by 5:30 p.m. after sign-out if their work is completed and patients have been checked out to the resident on call for that

night.

## **G. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

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

### **1. Patient Care:**

- a. Demonstrate ability to effectively evaluate and direct the management of patients with a variety of conditions requiring hospitalization.
- b. Demonstrate competence teaching and assisting with performance of required procedures encountered during the rotation.

### **2. Medical Knowledge:**

- a. Demonstrate ability to access and critically evaluate current medical information relevant to problems manifest by patients on service.
- b. Demonstrate understanding of medical literature reviewed during the rotation.

### **3. Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with a variety of conditions encountered during the rotation and demonstrate real-time strategies to address these gaps. Demonstrate ability to teach junior learners, both interns and medical students. Interns and students will evaluate the senior resident's teaching performance during the rotation.

### **4. Interpersonal and Communication Skills:** Demonstrate adequate 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. Demonstrate good and positive interactions with all members of the teaching service and with any referring or consulting physicians.

### **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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