

Hospital Medicine and Consult Service

I. General Information

- A. Rotation Length: 4 weeks
- B. Faculty: General internal medicine and hospitalist faculty, Unity Point Physicians
- C. Course Director: William J Yost, M.D.
- D. Contacts: Dr. Yost at 241-5995 (office) or
UP Rounding Nurse: 515/577-0982
Marie Sampson: marie.sampson@unitypoint.org

II. First Day Orientation

- A. The resident will report to hospital at 8:00 AM on the first day of the rotation. The teaching hospitalist will explain the structure and format of the hospitalist medicine and consult service, including rounding, goals of the rotation, and expectations.
- B. The teaching hospitalist will explain how consults are to be performed and will demonstrate what level of documentation should be performed by the resident on assigned patients seen during the hospitalist and consult service rotation.

III. Objectives and Description of Rotation

- A. The primary purpose of this rotation is to help the resident learn the principles of hospitalist and consultative medicine practiced by general internists and hospitalists in an academic medical center. This will include providing general medical consultation to patients hospitalized under the care of non-internal medicine physicians. This will also include doing pre-operative evaluations to assess risk and provide assistance to patients undergoing surgery. In addition, because the volume of consults may be variable and unpredictable, the resident may provide care to adult patients on a hospitalist service, and learn the principles and practice of hospitalist medicine.
- B. Principal Teaching Method: The resident will learn by performing medical consultations on assigned patients from a variety of non-internal medicine services and staffing each patient with the assigned attending physician. The resident will also learn by providing patient care to patients admitted to a hospitalist service. In that role, the resident will serve as the primary physician caring for his or her patient.

- C. Specific skills to be learned during the rotation include:
1. Assessment of perioperative risk in patients referred for medical evaluation prior to surgery.
 2. Learning to identify factors that determine perioperative risk and which factors can be modified.
 3. Becoming familiar with existing classification systems for determining operative risk. Examples include ASA class, the Goldman Index, the Detsky Index, ACC/AHA guidelines, etc.
 4. Learning the art of proper medical consultation, including what to include in written assessment and plans and how to increase compliance with recommendations.
 5. Further refining the skills of a hospitalist caring for patients on a hospitalist service with a wide spectrum of illness.

IV. Educational Content

- A. Patient Mix: There will be roughly 50/50 mix of male and female patients covering a broad spectrum of age and medical status.
- B. Consultations will likely include patients from the cardiology, orthopedics, general surgery, neurology, neurosurgery, obstetrics, physical medicine and rehabilitation, and other non-internal medicine services.
- C. There will also be a variable number of patients with general medicine concerns that the consult team will admit and follow during the course of hospitalization.

V. Ancillary Education

- A. Each resident will be provided a syllabus for use during the rotation. The syllabus is available on-line on our website. The syllabus should be read in its entirety.
- B. The chosen reference textbook for use in this rotation is Hospitalist Medicine, 2nd edition, by Wachter R, Goldman L, and Hollander H. (Lippincott, Williams, and Wilkins, 2005) This book is available in the IMMC Health Sciences Library.

VI. Medical Records and Procedure Documentation

The resident will be responsible for producing a written note on each patient seen. These notes will be reviewed, approved and co-signed by the attending staff physician. The resident should discuss with the attending staff physician who will complete the initial dictation on new patients seen in consultation. The resident should make note of any procedures performed through e-value and have the supervising attending physician sign that the procedure was successfully performed. The attending physician will sign this electronically.

VII. Mechanics of Rotation

- A. The resident will be available to see patients between 8:00 a.m. and 5:00 p.m., Monday through Friday. There will be no evening or weekend responsibilities on this rotation. The resident will be assigned to work primarily with one of the hospitalists who will take primary responsibility for teaching and supervising the resident, as the hospitalist schedule allows.
- B. Marie Sampson, RN (digital pager 234-0263) is the nurse coordinator for the Iowa Health Physicians general medicine consult service. She or her designee will coordinate with the attending physician assignment of patients to the resident on a daily basis.
- C. The resident will see any newly assigned patients and produce a written initial consultation note that will be reviewed and co-signed by the attending staff physician.
- D. The resident will then round on any previously seen patients still being followed by the consult team. A progress note and any necessary orders should be written by the resident and these will be reviewed, approved and co-signed by the attending staff physician. If there is any acute change in patient status necessitating emergent or STAT orders, the attending physician should be contacted immediately.
- E. The attending staff physician will rotate on a weekly basis. There will be daily rounds conducted by the attending staff physician with the resident and Marie Sampson, RN.
- F. The resident will participate in all morning and noon teaching conferences of the residency program during this rotation.
- G. The resident will not attend weekly continuity clinics during this rotation.

VIII. 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 electronically 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 manage patients with perioperative medical conditions.
- b. Demonstrate ability to effectively evaluate and manage adult patients with medical problems commonly seen on an inpatient service.
- b. Demonstrate competence with required procedures encountered during the rotation.

2. Medical Knowledge:

- a. Demonstrate ability to find and critically evaluate current medical information relevant to the medical conditions seen.
- c. Demonstrate understanding of all assigned reading materials in the syllabus.
- d. Demonstrate knowledge of medical problems commonly seen on an inpatient consultative service

3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with medical conditions seen on the consult service and demonstrate real-time strategies to address these gaps.

4. **Interpersonal and Communication Skills:** Demonstrate effective communication skills in dealing with patients and families. Demonstrate timely and complete medical records (consult notes and any assigned H&P and discharge notes). Demonstrate ability to interact and communicate effectively with both referring and other consulting physicians.

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 timeliness, reliability, and punctuality in the completion of all assigned duties and responsibilities.

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.

Revised 6/14/10

Revised 6/30/14

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