

Rotation Description: VAMC Senior Supervising Resident, General Medicine Inpatient Service

A. General Information

1. Rotation Length: Two to four weeks duration, as assigned

2. Attending Staff: Chief Resident(s)
 Angie Goodson, M.D.
 Luke Lautner, M.D.
 Arun Damodaran, M.D.
 Patrick Kern, D.O.
 Maya Johnston, M.D.

B. First Day Orientation

1. The resident should report to the inpatient medical floor on 3B at the Des Moines VA Medical Center.

2. The Attending Physician assigned to the inpatient teaching service to which the VA Senior Resident is assigned will provide orientation on the first day. The VA Senior Resident will provide direct patient care to patients in the ICU and see consults under the direction and supervision of the general internists and hospitalists on faculty.

C. Description of Rotation

1. Educational Purpose: To gain experience in teaching and helping to direct the evaluation and treatment of a wide variety of patients with many different medical problems in an ICU and as an internal medicine consultant. The VA Senior will see and follow internal medicine consultations requested by other physicians.

2. Principal Teaching Methods: The VA Senior Resident will see and follow any internal medicine consultations requested during normal duty hours by another physician, and staff those patients with one of the staff physicians assigned to the teaching service. The VA Senior will be encouraged to attend all available conferences and lectures at the VA, and, when possible, Iowa Methodist Medical Center.

3. Educational Content: It is expected that the VA Senior Resident will see a wide variety of both common and uncommon medical disorders cared for by general internists in an inpatient setting. Disorders that the VA Senior Resident may see will include coronary artery disease, chronic obstructive lung disease, diabetes mellitus and its complications, hypertension, a wide variety of malignancies, pneumonia, chest pain syndromes, common infections, renal failure, and electrolyte and acid base disorders.

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 medical problems and the promotion of health. Residents are expected to:

- improve their ability to perform and document independent history and physical examinations, interpret data, and demonstrate sound clinical judgment by supervising and teaching students and interns.
- demonstrate responsibility for patient care by directing care plans and discharges under supervision.
- manage common perioperative problems and complex post-operative patients.
- Direct the care of critically ill adult patients in the ICU

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:

- broaden and deepen their knowledge of internal medicine by the variety of patients they will see.
- continually work to improve their knowledge base and apply that to patient care.

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:

- improve their patient care practices by using the medical literature, consulting with subspecialty consultants, and staffing with attending physicians.
- Work with new technology which should be incorporated into their assessment tools.
- Request feedback and use this feedback to improve patient care.

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:

- Improve their communication skills necessary to provide effective patient care.
- Develop improved communications with patients and families in dealing with sensitive patient care issues, including end-of-life concerns.
- Strive to be a positive role model for the students they supervise.
- Demonstrate clear, effective, and respectful communication with nurses and other ancillary personnel.

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 professional behavior towards all other people they encounter.
- Be honest and compassionate in dealing with patients and their families.
- Demonstrate positive interactions with other physicians and staff.
- Be a positive role model for the students and interns.

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:

- Use the VA electronic medical record system to benefit patient care and seek ways to improve this system.
- Adapt to the VA system and work to provide efficient and cost-effective care to patients within this system.
- Demonstrate flexibility and adaptability.

E. Patient Care Duties

1. **Line of Responsibility:** The VA Senior Resident will see and staff consultations with the Attending Physician assigned. The VA Senior Resident will provide direct patient care under the direct and indirect supervision of the cardiology and critical care attending physicians. The resident will also help supervise procedures performed by medical students and subinterns or externs. The resident should be proactive in helping interns. The VA Senior Resident will receive direct and indirect supervision from the general internal medicine, hospital medicine, and critical care and cardiology faculty physicians.
2. The VA Senior Resident will be asked to see and follow consults. The resident will respond to requests for medical consultation in a timely fashion, evaluate the patient, and staff the patient with the assigned attending. The VA Senior will continue to follow his or her patients as appropriate and as agreed upon with the attending physician.
3. The VA Senior Resident will help where needed as discussed with the inpatient Chief Resident and/or Attending Staff Physicians on a daily basis. If one of these teams needs assistance (e.g. due to high census or when that team's resident is post-call), the VA Senior Resident may be asked to help.
3. **Limitations:** Residents will not be assigned more than 10 new patients per admitting day or more than 16 new patients in any 48 hour period. Residents will not be responsible for on-going supervision of more than 12 patients during this rotation.
4. **Weekend Coverage:** This will be coordinated with the Chief Resident who makes the weekend rounding schedule. The resident will be allowed at least one day out of seven free of patient care responsibilities during the rotation.
5. **Continuity of Care Clinics:** The resident will be expected to attend his/her weekly continuity of care clinics unless the resident is post call.

E. Mechanics

Resident is expected to be in the hospital by 6:30 a.m. daily in order to attend formal sign-in and sign-out. The VA Senior will then round on his or her patients as necessary, and in a manner consistent with best medical practice. The VA Senior Resident will sign his or her patients out formally to the night medicine resident at 5:00 PM. On Fridays, the VA Senior must contact the resident on call on Saturday to discuss the consults that may need to be

followed over the weekend.

The resident will attend his or her Continuity Clinic during this rotation.

F. 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 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:**
 - a. Demonstrate ability to effectively evaluate and direct the management of patients with clinical conditions commonly encountered on an internal medicine service.
 - b. Demonstrate competence teaching and assisting with performance of required procedures encountered during the rotation.
2. **Medical Knowledge:** Demonstrate appropriate knowledge base, and ability to apply this knowledge clinically. Demonstrate ability to access and critically evaluate current medical information relevant to internal medicine and 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.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate effective 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 interaction with other members of the teaching team 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.