

VAMC General Medicine Inpatient Service

A. General Information

1. Length: Four weeks
2. Attending Staff: Angie Goodson, MD, Luke Lautner, MD
Arun Domodaran, MD, Patrick Kern, DO,
And Maya Johnston, MD

B. First Day Orientation

1. The R1 should report to inpatient medical floor on 3B at the VA Hospital no later than 6:30 AM on the first day of the rotation.
2. The appointed ward service attending physician and VA Senior will provide first-day orientation.
3. A list of patients will be provided. The attending physician will also discuss how formal daily teaching rounds will be conducted for the one-month rotation.

C. Description of Rotation

1. Educational Purposes
 - a. Broad experience in general internal medicine.
 - b. It is expected the resident will see a wide variety of common and uncommon medical disorders cared for by general internists in inpatient settings.
 - c. The resident will learn about preventive medicine and appropriate use of subspecialty and surgical consultations.
 - d. Procedures may include biopsies, joint aspirations, thoracentesis, paracentesis, lumbar puncture, and chest tube insertion.
2. Principal Teaching Methods:
 - a. Daily interaction with the attending staff physicians with teaching at the bedside during daily inpatient teaching rounds. The resident should complete the assigned readings and engage in case-based learning using a core IM text. In addition, junior medical students will be part of the ward team. Teaching and providing guidance to the students will be an additional valuable learning method.

b. The resident will be on call with a second or third year resident assisting and supervising. Covering the medical service patients after hours and admitting patients requiring admission from the emergency room will be important learning methods during this four week rotation.

c. Ancillary Education Materials to be used:

Harrison's Principles of Internal Medicine will be the primary general internal medicine text used. Several electronic texts will be made available for resident use including Harrison's, Micromedex, UpToDate, MD Consult and the PDR. In addition, residents should complete the assigned readings in the on-line syllabus during the rotation.

c. Noon lectures in the areas of general internal medicine, subspecialty medicine, and non-internal medicine areas will be regularly provided by the residency program. Residents may return to IMMC for these lectures, or residents may elect to review these lectures on-line. VA faculty may provide additional lectures at the VA.

e. A monthly schedule of Journal Club, Grand Rounds and CPC Conferences will be provided. These conferences are conducted Wednesday mornings at IMMC from 7:30 a.m. to 8:30 a.m. Residents on VA inpatient rotations are encouraged, but are not required, to attend these conferences.

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 the ability to perform and document history and physical examinations, procedures, and ongoing management of patients with common medical problems encountered on an inpatient internal medicine service.
- Incorporate laboratory and radiologic studies into the diagnostic and therapeutic plan.
- Include patient preferences and individual circumstances when developing patient care plans
- Improve clinical judgment through experience with determining length of hospitalization, discharge planning, and followup care plans for assigned patients.
- Ensure complete and timely handoffs when signing out their patients.

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:

- Apply and broaden their knowledge of common medical problems on an inpatient internal medicine service.
- Improve medical curiosity and commitment to continuous learning by reading about patient problems encountered during the rotation.

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 patient care practices by using the medical literature, consulting with subspecialty consultants, and staffing with attending physicians.
- Demonstrate the ability to use information technology to search the literature, review recognized guidelines when appropriate, and use other tools and resources available on-line in order to provide the best patient care.
- Request feedback and use this feedback to further improve.

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 effective communication skills with patients and families in dealing with patient care issues, including end of life concerns.
- Demonstrate effective communication with nurses and other ancillary staff that are part of the multidisciplinary teams at the VA.
- Efficiently and accurately complete all medical record responsibilities in a timely fashion.

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 and compassion for the Veteran patients assigned to their care.
- Acknowledge mistakes and errors and work hard to correct them.
- Demonstrate positive interactions with other physicians and staff.
- Be a positive role model for the students they supervise.

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 provide patient care and seek ways to use this system to its maximal advantage.
- Learn the VA system and work to provide efficient, safe and cost-effective care of the highest quality to patients within this system.

E. Patient Care

1. Maximum number of inpatients per R1 will be 10.
2. Maximum number of admissions to the R1 is 5 per 24 hour shift or 8 in 48 hours. In addition, residents may take up to two ICU transfers daily in addition to those five daily admissions.
3. Logistics: Each R1 will be assigned to one of the inpatient teams during the four week rotation. One attending physician will be assigned to the resident team as supervising physician during the rotation. The first year resident will follow all patients admitted to their service during the month up to a maximum of 10 patients. The first year resident will follow only patients on the ward and not the ICU.
3. When averaged over the one-month rotation, a resident will have one day out of 7 free of patient care duties. A weekend rounding schedule will clarify who rounds over the weekend and which day the resident will be off-duty.
4. Continuity of Care Clinic: The resident will be expected to attend his/her weekly Continuity of Care Clinics except when post-call.
5. The resident will attend formal sign-in and sign-out rounds at 6:30 AM and 5:30 PM Monday through Friday. Sign-in and sign-out will take place at 6:30 AM and 6:30 PM on Saturdays and Sundays for assigned residents. First year residents can expect to take short call once each week, and once on a weekend during the rotation.
6. The resident will be assigned to one of the internal medicine teams, and will be **responsible** for his or her patients and for assisting teaching third year medical students. The resident will receive direct and indirect **supervision** (with direct supervision immediately available) from senior residents in internal medicine and attending physician faculty.

E. Medical Record and Procedure Documentation

1. The R1 is responsible for completing all records in a timely fashion within the guidelines of the Medical Records Department at the VA. This includes a thorough H&P, daily progress note and discharge summary on all patients. The H&P and discharge summary notes may be dictated. Medical students daily progress notes may be cosigned but do not serve as the patient note of record.
2. Residents need to assure they have appropriate documentation of procedures in the medical record, including the identification of the person who supervised the procedure. Residents then need to input these procedures into the E-Value system.

F. Mechanics

The R1 should be in the hospital before 6:30 a.m. Monday - Friday. There will be required daily sign-in rounds at the start of each day to review overnight admissions and to discuss assignment of new patients that day. This will occur in the resident work room. The resident will then conduct work rounds to evaluate any newly admitted patients and to assess the status of previously admitted patients prior to daily teaching rounds with the attending physician. The resident may leave by 5:30 p.m. on weekdays if their work is completed, unless on short call, 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 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:** Interns will be evaluated on their ability to perform accurate and complete history and physical exams. They should interpret H&P information, in conjunction with lab and radiology information, to generate a differential diagnosis for patients admitted to the hospital. Interns will demonstrate critical thinking to make a logical and defensible diagnostic and treatment plan. They should make sure the treatment plan is instituted and follow-up on all tests ordered. They should know their patients' medications and why they are used. They should recognize abnormal lab tests and how these apply to their patients. They should be able to recognize when it is appropriate for a patient to be discharged and will be responsible for organizing appropriate follow-up.

2. **Medical Knowledge:** Interns will be evaluated on their ability to apply their knowledge of internal medicine to complicated patients admitted to the hospital. They should work to improve their knowledge base to enhance patient care and timely discharge from the hospital. Their ability to consider multiple complicating factors when making a decision will be evaluated.
3. **Practice-Based Learning:** Interns will be evaluated on their ability to use the medical literature to help solve problems in patient care. They should share this information with medical students and the rest of the team. They should be receptive to feedback and constantly seek to improve their performance.
4. **Interpersonal and Communication Skills:** Interns will be evaluated on their ability to communicate effectively with patients and families. This includes delivering bad news, discussing and educating them about their disease, and obtaining informed consent. Presentation skills in communicating information to other physicians, both on rounds and with consults, will be evaluated. Medical records will be reviewed and evaluated for thoroughness and organization. Interaction with nursing and other ancillary personnel will be evaluated as well.
5. **Professionalism:** Interns should demonstrate respect and compassion when interacting with patients and treat them as they would like their own family member treated. They should offer informed consent to patients and be aware of privacy and confidentiality needs at all times. They should demonstrate honesty and acknowledge mistakes and work to correct them. Interns should function as role models for students that work on the team. They should answer pages from nursing promptly and evaluate any patient that they are called to see on a timely basis. They should demonstrate an attitude of cooperation and team-work.
6. **Systems-Based Practice:** Interns will be evaluated on their ability to utilize the VA electronic record and work to improve it. They should be able to access any information needed for patient care including looking for old charts and x-rays as well as calling local hospitals for test results and discharge summaries. They should be able to work with the system to improve patient care. If there are system-based problems, they should work to address them with the attending or appropriate supervisor to help solve these problems.

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