PGY1 Internal Medicine Inpatient Teaching Service Rotation

Location: Community Memorial Hospital

Clinical and Educational Work Hours:

Hours: M-F
7:15 am – 4:30 pm
Coverage every other weekend, 8:00 am-2:00pm

Monthly work hours will be submitted in the New Innovations software program. Total hours worked for that month will be compiled and the weekly average must not exceed eighty hours per week averaged over a 4-week period, inclusive of in-house night call and any allowed moonlighting. Work hour violations will be closely reviewed and addressed by the Program Director.

Residents shall not work in excess of 24 consecutive hours. Allowances for already initiated care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 4 additional hours and must be reported by the resident in writing with rationale to the Program Director and reviewed by the GMEC for monitoring individual residents and programs.

Residents shall have 48-hour periods off on alternate weeks, or at least one 24-hour period off each week and shall have no call responsibility during that time.

Educational Purpose:

To learn about the presentation and management of the variety of general medicine and intensive care patients seen in the inpatient setting. To serve as the primary contact on cases where multiple specialties are involved. To provide complete care for the patient from admission through discharge, including completing appropriate, timely documentation and ensuring communication with the patient’s primary care physician.

Teaching Methods:

For each interaction, the resident will spend sufficient time with the patient to perform an appropriate history and physical examination and then to discuss the case with the internal medicine faculty member. The learning experience surrounding a patient interaction evolves from review of history, physical examination, and laboratory results with faculty. The resident will take direction from faculty, and faculty will provide the resident with references and/or other learning materials to facilitate their independent study for subsequent review with faculty. The resident will also learn, under supervision, how to interact not only with patients and families but also with other physicians caring for the patient.
Disease Mix and Patient Characteristics:

Patients range in age from 18 years to the very elderly and present with a wide range of disease processes.

Residents may also care for patients outside of the acute care setting, for example in inpatient rehabilitation or inpatient palliative/hospice care.

Responsibilities/Procedures:

Residents will perform new admissions and consultations and see patients in follow up daily at Community Memorial Hospital. Residents, under the guidance and direction of the internal medicine attending, will coordinate the evaluation and initial management of the patient’s illness. Residents are expected to communicate with all services involved in the patient’s care. In addition, residents are expected to communicate with ancillary services (Physical Therapy/Occupational Therapy/Speech Therapy/Social Work/Consultants) to ensure that all aspects of the patient’s care are being addressed.

Admitting a patient includes writing admission orders, updating the problem list and ensuring accurate medication reconciliation. The admission history and physical must be documented within 24 hours of the patient’s admission.

Residents are expected to complete all the appropriate paperwork necessary to facilitate the patient’s stay in the hospital. This documentation includes, but is not limited to, admission notes, progress notes, consultation notes, discharge paperwork, and discharge summaries.

Progress notes must be timely and are an integral component of the patient’s care. Residents must be specific in assessments and plans and ensure that notes are not simply a duplicate of a note completed on another day.

Ideally, discharges should be completed so that patients can be discharged early in the morning. This timing improves hospital workflow and patient satisfaction. To facilitate this process, residents should complete discharge paperwork, follow up appointments, and medication reconciliation the day prior and review it the morning of discharge with the attending. Discharge summaries are to be done on the day of discharge. If the resident cannot complete the summary on the day of discharge, they must notify the attending physician.

Medications must be properly reconciled. Discharge medication lists provided to the patient must match the discharge summary.

Discharge summaries must be reviewed by the attending physician.

Residents are expected to notify the PCP prior to discharge to relay information about the patient’s hospital stay. Pending studies or future recommendations should be relayed to primary care provider and be included in the discharge summary.

Residents are required to carry a cell phone with a HIPAA-compliant texting program, in addition to being available at their assigned work station for staff communication. This procedure serves as the primary means of communication for staff in regards to patient care.
Residents are expected to return calls within a timely manner to address concerns regarding patients.

Residents are responsible for Code Coverage during work hours. As such, residents must be in house during their scheduled shifts.

**By the end of the rotation, residents will gain skills in**

- Basic interpretation of laboratory data in conjunction with the patient’s clinical presentation
- Plain film interpretation
- Basic interpretation of CT scan of brain, chest/abdomen/pelvis

**Procedures**

Residents will be exposed to several procedures, with and without ultrasound guidance, including central venous catheter placement, endotracheal intubation (with and without Glidescope guidance), arterial line placement, thoracentesis, paracentesis, and lumbar puncture. Residents are encouraged to assist with or perform procedures under the supervision of internal medicine faculty or a senior level resident as appropriate to their skill level. The level of supervision will be determined by previous exposure to the procedure and at the discretion of the attending physician.

Residents are expected to attend all didactic lectures, Morning Reports and Grand Rounds.

**Overall Goals and Objectives:**

To develop a basic understanding of the following skills needed to consult and perform follow up rounds on a general medicine patient:

1. Obtain a focused history surrounding the patient’s clinical presentation.
2. Perform a directed physical examination, which will provide further information in regards to the patient’s clinical presentation.
3. Identify characteristics that are pathognomonic to the disease process.
4. Be able to order and interpret diagnostic testing related to the patient’s presenting complaint/diagnosis.
5. Learn how to avoid unnecessary testing and practice cost conscious medical care.
6. Develop a management plan in regards to the patient’s disease process.
7. Be able to provide recommendations to the primary team caring for the patient in an efficient and accurate manner if the patient is seen in consultation.
8. Be able to recognize and effectively manage the following commonly encountered disease processes as well as other pathology encountered on the rotation:
   a. Hypercarbic and hypoxic respiratory failure
   b. Pneumonia – nosocomial and community acquired with associated complications
   c. Adult Respiratory Distress Syndrome
   d. Transfusion Associated Lung Injury/Transfusion Associated Cardiac Overload
e. Pneumothorax
f. Massive hemoptysis
g. Pulmonary Embolus
h. Acute exacerbation of congestive heart failure
i. Cardiogenic shock
j. Cardiac arrest associated with use of hypothermic protocol
k. Hypertensive emergency
l. ST Elevation Myocardial Infarction
m. Non-ST Elevation Myocardial Infarction
n. Aortic dissection
o. GI bleeding (PUD/variceal/diverticular)
p. Gallbladder disease
q. Septic shock
r. Anemia--Blood Loss, TTP, Sickle Cell crisis
s. Hemorrhagic shock
t. Complications of neoplastic treatment
u. Tumor Lysis Syndrome
v. Peripheral vascular disease
w. Use of TPA in various settings (PE/PVD/MI)
x. Electrolyte disorders
y. Alcohol withdrawal/intoxication
z. Toxidromes
aa. Endocarditis
bb. Meningitis/encephalitis
c. Acute kidney injury
dd. Acute CVA
ee. Anoxic encephalopathy
ff. Status Epilepticus
gg. DKA and Hyperosmolar Hyperglycemic Syndrome

9. Be able to recognize and manage chronic disease states including but not limited to:
   a. Chronic Obstructive Pulmonary Disease
   b. Congestive heart failure
   c. Myocardial infarctions
d. Diabetes with and without complications
e. Chronic Kidney Disease
f. Peripheral Vascular Disease
g. Substance use
h. Osteomyelitis/chronic wounds/infections
i. Hypertension
j. Dyslipidemia
k. Malignancy
l. End of life care

10. Be fully trained in treatment and infection control protocols and procedures (e.g. personal protective equipment [PPE]) and trained clinically to properly recognize and care for
COVID-19 patients.

**Evaluation methods:**
Supervising faculty will provide verbal feedback to the resident midway through the rotation and formally evaluate the resident at the completion of the rotation via New Innovations. Evaluators will assess the resident’s mastery of core competencies and are encouraged to comment more specifically on the resident’s performance.

The supervising attending will receive the evaluation the last week of their rotation. They must complete the evaluation and discuss it with the resident prior to the completion of their rotation.

If a resident receives an unsatisfactory score, the information is communicated to the Psychiatry Program Director to ensure additional resident education and informal or formal remediation if indicated.

In addition, faculty are required to complete a Mini-CEX on their resident at least once during their rotation.

Residents are also required to evaluate both their rotation and their preceptor at the completion of their month.

**Duration**
Resident will be assigned to the CMH Internal Medicine Teaching Service for one month at a time.

Residents will be assigned to internal medicine faculty attendings.

**Educational Materials/references:**
Selected Sections from Harrisons
Assigned readings from UpToDate based on patient’s pathophysiology


World Health Organization: How to put on and remove personal protective equipment (PPE) [https://openwho.org/courses/IPC-PPE-EN](https://openwho.org/courses/IPC-PPE-EN)