

**Rotation Name:** Hospital Medicine Resident Elective

**Rotation Site Leader:** Michael D. McCann, Bethany Scanlan

**Updated by:** Michael D. McCann

**Date:** 03/01/22

**Goal:**

The purpose of this educational unit is to provide an experience focusing on the development of self-rated competency and skills in autonomy through the use of an elective in Hospital medicine. This rotation strives to diminish the gap in the transition from resident to attending, by advancing skills in autonomy, efficiency, and competency and exploring the field of Hospital medicine.

**Objectives:**

By the end of this educational block, learners in this rotation will be able to:

1. Patient Care
  - a. At the end of this elective rotation, the medical resident will improve in their ability to proficiently care for hospitalized patients.
  - b. Effectively gather clinical data via direct patient interactions to formulate assessment and plan
  - c. Demonstrate an understanding of how different rounding styles affect patient care.
2. Medical Knowledge
  - a. Formulate assessment and plan based on application of evidence-based medicine.
3. Interpersonal and Communication Skills
  - a. Successfully communicate patient care plan to patient and caregivers
  - b. Discuss care goals of patients with the interprofessional team
4. Professionalism
  - a. Lead a team of medical professionals of other disciplines and understand their role in the care of hospitalized patients (PT/OT, nutrition, speech therapy, social work, case managers).
5. Systems based practice
  - a. Utilize triage skills of hospitalized patients and determine acuity of care to appropriately balance ill patients amongst a census of patients with different needs
  - b. Ensure an understanding regarding the criteria and goals of hospitalizations, while considering principles of utilization management, and be able to communicate said goals to the patient, caregivers, and hospital staff to optimize length of stay and implementation of early disposition planning.
  - c. Identify ongoing interdisciplinary initiatives across hospital units (early discharge, hospital-acquired condition prevention, etc.) and implement these best practices in the care of hospitalized patients.
  - d. Recognize the impact of hospitalists on transitions of care (including intra-service upgrades, inter-service transfers of care, and discharge transitions to post-acute care and primary care providers) and safely implement transitions of care across the patient care continuum
6. Practice-based learning and improvement
  - a. Apply principles of High Value Care by taking into consideration the value equation (Value = Quality of Care + Patient Experience / Cost of Care) when discussing plans of care, especially when considering different diagnostics and consultation services.
  - b. Optimize medical documentation—and thus billing and coding—as frequently as possible and recognize that high quality documentation can impact the quality of care not only to the population cared for by the health system, but also the individual patient.

- c. Recognize that becoming an attending hospitalist is associated with steep learning and personal growth curves. It is not expected that the resident learner will have all the ‘right’ answers to clinical scenarios or questions. This rotation hopes to minimize a “gap” in preparation for independent practice.
- d. By the end of this elective rotation, the medical resident will utilize attending Hospital medicine faculty as a resource to explore post-graduate opportunities in Hospital medicine and utilize faculty as an opportunity for mentorship and career growth.

**Educational Strategies:**

Educational Strategy	Skills (taught and/or assessed)
Bed side rounds/Direct Observation/Feedback	History taking Physical exam skills Clinical Reasoning Reflection on Feedback
Individualized Goal & Expectation Setting with rotation director prior to rotation	Identification of learning goals Self-directed learning skills
Didactic – Hospital Medicine Grand Rounds	
Leading Case Management Care Coordination Huddles	Care Coordination Principles of High Value Care with regards to the hospitalized patient Principles of Health Systems Science with regards to the hospitalized patient

**Required Reading:**

none

**Suggested Reading and/or Resources:**

“Choosing Wisely®: Things We Do For No Reason” series from *Journal of Hospital Medicine*:

<https://shmpublications.onlinelibrary.wiley.com/index/15535606?startPage=&ContentItemCategory=Choosing%20Wisely%3A%20Things%20we%20do%20for%20no%20Reason>

“Choosing Wisely®: Next Steps In Improving Healthcare Value” series from *Journal of Hospital Medicine*:

<https://shmpublications.onlinelibrary.wiley.com/index/15535606?startPage=&ContentItemCategory=Choosing%20Wisely%3A%20Next%20Steps%20in%20Improving%20Healthcare%20Value>

“Clinical Guideline Highlights for The Hospitalist” series from *Journal of Hospital Medicine*:

<https://shmpublications.onlinelibrary.wiley.com/index/15535606?startPage=&ContentItemCategory=Clinical%20Guideline%20Highlights%20for%20the%20Hospitalist>

Books (If interested, please ask Dr. McCann to lend his copy to you):

Nichani, S., Fitterman, N., Lukela, M., & Crocker, J. (2017). The Core Competencies in Hospital Medicine 2017 revision: A framework for curriculum development. Society of Hospital Medicine.

Introduction & Methodology: <https://doi.org/10.12788/jhm.2715>

*Journal of Hospital Medicine* Volume 12, Issue S1:

<https://shmpublications.onlinelibrary.wiley.com/toc/15535606/2017/12/S1>

Skochelak, S. E., Hammoud, M. M., & Lomis, K. D. (2021). Health Systems Science. Elsevier.

<https://www.elsevier.com/books/health-systems-science/skochelak/978-0-323-69462-9>

## **Evaluation:**

Assessment Form:

1. Please identify 3 skills you observed the resident do well? (Text Box)
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently? (Text Box)

(Ideally, limit to 8-10 skills that you ask your faculty to assess)

For the remaining items, please rate 1-5 (or did not observe):

1 = cannot do this skill

2 = can do this skill only with direct supervision (some needs to be there to supervise)

3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)

4 = can do this skill unsupervised (they are ready to graduate for this skill)

5 = has achieved mastery of this skill (They can teach others how to do this skill well)

3. Effectively gather clinical data to formulate assessments and plans and successfully communicate plans to patient and caregivers.
4. Effectively triage hospitalized patients to appropriately balance ill patients amongst a census of patients with different needs.
5. Establish criteria and goals of hospitalizations, and communicate these goals to the patient, caregivers, and hospital staff.
6. Lead a team of medical professionals of other disciplines and understand their role in patient's care (PT/OT, nutrition, speech therapy, social work, case managers).
7. Implement ongoing interdisciplinary initiatives across hospital units (such as early discharge, hospital-acquired condition prevention, etc.).
8. Identify in-hospital delays, and needs and barriers to discharge (home IV antibiotics, oxygen, etc.) to implement early discharge planning
9. Apply principles of High Value Care (Value = Quality of Care + Patient Experience / Cost of Care) when discussing plans of care, considering different diagnostics and consultation services.
10. Recognize the impact of hospitalists on the different transitions of care, implement quality transitions of care, and ensure proper post-hospital follow up needs.
11. Optimize medical documentation-and thus billing and coding-as frequently as possible.
12. Comfortably care for medically and socially complex patients in the hospital.
13. Apply evidence-based principles when possible.

Created by Moutsios, S. Jan 2021. Adapted from Thomas P and Kern D. Curriculum Development for Medical Education: A Six Step Approach. Johns Hopkins Press. Baltimore, MD. January 29, 2016. 3rd Ed.