Rotation Name: Inpatient - Morgan - General Medicine Wards
Rotation Site Leader: Kelly Sopko
Updated by: Sandi Moutsios and Kelly Sopko
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Goal:

The purpose of this educational unit is to provide internal medicine residents with a wide breadth experience of general medicine problems that require non-ICU level hospitalization. For the intern or PGY-1 to take primary clinical responsibility for the inpatients with senior resident and attending oversight; and for the senior (PGY-2 or PGY-3) resident to lead the team in terms of clinical education, clinical reasoning, diagnosis and management of the patients on the team. The ultimate goal of this rotation is to prepare PGY-3 resident to have the skills required to care for hospitalized patients without supervision; and for the roles of the PGY1 and PGY-2 residents to have graded responsibilities to achieve that goal.

Objectives:

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

Patient Care
1. Assess new patients incorporating all pertinent information from the patient, family, and medical records, including outside records.
2. Demonstrate efficient and effective diagnostic decision making when creating differential diagnoses. Aware of potential cognitive bias.
3. Recognize patients with impending or active life-threatening conditions.
4. Manage patients with serious acute illnesses.
5. Develop treatment plans for complex patients in acute care settings, including requesting consultative care when appropriate.
6. Develop appropriate patient-centered discharge plans and effective hand off of the patient to the outpatient setting.

Medical Knowledge
1. Demonstrate evidenced based clinical decision making for general medical conditions (e.g. acute coronary syndrome, acute kidney injury, substance withdrawal, asthma, cardiac arrhythmia, COPD, pneumonia, delirium/dementia, diabetes mellitus, gastrointestinal bleeding, heart failure, hypertension, hyponatremia, pain management, acute pancreatitis, perioperative medicine, sepsis, skin and soft tissue infections, syncope, urinary tract infections, venous thromboembolism)

Interpersonal and Communication Skills
1. Demonstrate effective communication with patients and families by using shared decision making and closed loop communication skills in developing care plans.
2. Communicate effectively with non-physician members of the team
3. Ensure safe and accurate handovers, transitions of care, and discharges using a structured format
4. Provide care that is sensitive to patients' unique backgrounds and experiences

Professionalism
1. Document clearly, timely and effectively.
2. Interact in an effective professional and collegial manner with all members of the health care team, including consultants and multi-disciplinary team members

Systems based practice
1. Provide value-based care by ordering appropriate tests and minimizing unnecessary ones
2. Descibe the roles of non-physician members of the team and apply the knowledge to effectively engage them in patient-centered care

Practice-based learning and improvement
1. Over time, demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care
2. Seek out feedback from multiple observers. Demonstrate using this feedback to make change.

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Bed side rounds - Huddles	- Clinical Reasoning - Development of value-based patient centered treatment plans - Presentation skills - Physical Examination skills - Interpersonal communication skills with patient and family - Roles of non-physician members of the team and apply the knowledge to effectively engage them in patient-centered care - Communicate effectively with non-physician members of the team - Ensure safe and accurate handovers, transitions of care, and discharges - Interact in an effective professional and collegial manner with all members of the health care team, including consultants and multi-disciplinary team members
Didactic lecture - Noon conference - CXR conference (VA) - Electrolyte Rounds (VA) - "Gel" Rounds (VA)	- Medical Knowledge topics - Interpreting chest X-rays - Interpreting electrolyte and acid base disorders - Ultrasound skills
Faculty direct observation	- Demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care - Seek out feedback from multiple observers. Demonstrate using this feedback to make change.
Faculty chart review	- Document clearly, timely and efficiently - Ensure safe and accurate handovers, transitions of care, and discharges
Morning Report - Intake Report - Clinical Reasoning Conference	- Clinical Reasoning - Medical Knowledge - Presentation skills and personal growth through research of medical topics

- Death Conference (VA)	- Pathophysiology

Suggested Reading and/or Resources:

Guides for the Core Competencies of Hospital Medicine:
   The Core Competencies in Hospital Medicine 2017 Revision. Section 1: Clinical conditions
   J Hosp Med. 2017 Apr;12(4 Suppl 1):S1-S43. doi: 10.12788/jhm.2727.

   The Core Competencies in Hospital Medicine 2017 Revision. Section 2: Procedures
   J Hosp Med. 2017 Apr;12(4 Suppl 1):S44-S54. doi: 10.12788/jhm.2728.

Given medical knowledge is continually changing, these references are meant to be a general resource:
Acute Coronary Syndrome
- [AHA/ACC: Guideline for the management of patients with non-ST-elevation acute coronary syndromes](#) (2014)

Asthma
- [National Heart, Lung, and Blood Institute (NHLBI): A report from the National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) Expert Panel Working Group – Focused updates to the asthma management guidelines](#) (2020)

CIWA protocol
- Symptom-Triggered Therapy for Alcohol Withdrawal Syndrome in Medical Inpatients, Jaeger, T.N., et al, Mayo Clinic Proceedings, 2001, 76(7); 695-701

COPD
- [ERS/ATS: Clinical practice guideline for management of COPD exacerbations](#) (2017)

Community acquired pneumonia
- Metlay JP, Waterer GW, Long AC, Anzueto A, Brozek J, Crothers K, Cooley LA, Dean NC, Fine MJ, Flanders SA, Griffin MR, Metersky ML, Musher DM, Restrepo MI, Whitney CG. Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. Am J Respir Crit Care Med. 2019 Oct 1;200(7):e45-e67. doi: 10.1164/rccm.201908-1581ST. PMID: 31573350; PMCID: PMC6812437.

Heart Failure
- [ACC/AHA/HFSA: Guideline for the management of heart failure, focused update](#) (2017)

Sepsis
- Surviving Sepsis Campaign (SSC): International guidelines for the management of septic shock and sepsis-associated organ dysfunction (2020)

Skin and soft tissue infections
- [Infectious Diseases Society of America (IDSA): Practice guidelines for the diagnosis and management of skin and soft tissue infections, update](#) (2014)

Venous thromboembolism

- [American Society of Hematology (ASH): Clinical practice guidelines on venous thromboembolism](#) (2020)

Evaluation:
(Ideally, the evaluation items below resemble the learning objectives above)

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. Assess new patients incorporating all pertinent information from the patient, family, and medical records, including outside records. PC-4 PC-6

4. Provide value-based care by ordering appropriate tests and minimizing unnecessary ones MK-3 PBLI-1

5. Demonstrate efficient and effective diagnostic decision making when creating differential diagnoses. Aware of potential cognitive bias.PC-3 PBLI-2

6. Over time, demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care PBLI-1 and 2

7. Recognize patients with impending or active life-threatening conditions. PC-4, Prof-3

8. Manage patients with serious acute illnesses. PC-4

9. Develop treatment plans for complex patients in acute care settings, including requesting consultative care when appropriate PC-4

10. Demonstrate effective communication with patients and families by using shared decision making and closed loop communication skills in developing care plans. ICS-1

11. Communicate effectively with non-physician members of the team ICS-2

12. Describe the roles of non-physician members of the team and engages them effectively appropriately for patient-centered care ICS-3

13. Ensure safe and accurate handovers, transitions of care, and discharges using a framework PC-4, ICS-2,SBP-1

14. Document clearly, timely and effectively. PC-6, Prof-3

15. Provide care that is sensitive to patients' unique backgrounds and experiences ICS-1, Prof-2

16. Interact in an effective professional and collegial manner with all members of the health care team, including consultants ICS- 2, Prof-1

17. Seek out feedback from multiple observers. Demonstrate using this feedback to make change. PBLI-2