

MEDICINE WARD ROTATION
Locations: Boise VA Medical Center

Revised 2/08

FACULTY CONTACT:

C. Scott Smith, M.D.
Professor of Medicine & Medical Education
scott.smith2@med.va.gov (208) 422-1325

EDUCATIONAL GOALS

- Exposure to a broad range of acute medical illnesses
- Gain experience in the care of sick internal medicine patients
- Learn clinical skills
- Recognize the need for consultation
- Function appropriately within a medical team
- Develop skills for continuing education

Patient Care Objectives

History & Physical Examination: Demonstrate the ability to interview patients and perform a physical exam while deriving the salient aspects of the clinical presentation.

- PGY1: Generates a differential diagnosis and develops a treatment plan.
- PGY2: In addition to above, integrates medical facts and clinical data while weighing alternatives and keeping in mind patient preference. The physical exam should be advanced to the point of detecting subtle findings and teaching relevant maneuvers and signs to PGY1 and students.

Medical Decisions: Residents will work effectively with healthcare professionals, including those from other disciplines, to provide patient focused care.

- PGY1: Reliably recognizes evidence of clinical decompensation and initiates a response or notifies PGY2 as appropriate.
- PGY2: In addition to above, enlists consultation and other hospital based resources when appropriate. Models techniques of efficient management and planning for discharge. Demonstrates appropriate use of technology to assist in patient care including the electronic medical record, literature search techniques and bedside diagnostic tools including ECG, ultrasound etc.

Procedures¹

- PGY1: Will understand the importance of competently performing medical procedures while minimizing risk and discomfort to patient.
- PGY2: Residents will be supervised where skill level dictates or when a sufficient number of procedures has not been completed. When competency has been established, they will assist their junior peers in skill acquisition.

Medical Knowledge Objectives

- PGY1: Demonstrates knowledge of common procedures and indications. Demonstrate knowledge of basic and clinical sciences. Demonstrates satisfactory knowledge of common medical conditions sufficient to manage urgent complaints with supervision (should be minimal by the end of the PGY1 year).

¹ Complete list of procedures. Wipf et al, "Graded Learning Objectives" UW Medicine Residency Program, 2005:p. 3.

- PGY2:
 - Demonstrates knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) aspects of illness and the application of this knowledge to patient care. Demonstrate a progression in content knowledge and analytical thinking in order to develop well formulated differential diagnoses for multi-problem patients. Exhibits knowledge of effective teaching and evaluation methods, including RIME, one-minute preceptor, and evaluation techniques. Demonstrates self initiative to stay current with new medical knowledge
 - Prepare 2 formal talks over the course of the year on a selected inpatient topic with appropriate faculty mentorship and evaluation.

Practice-based Learning Objectives

- PGY1: Locates new evidence from scientific studies related to their patients' medical conditions. Stays current with new medical knowledge.
- PGY2:
 - Demonstrates use and understanding of an evidence based approach in providing patient care. Develops knowledge of statistical principles including sensitivity, specificity, predictive values, likelihood ratios, number needed to treat and odds ratios. Applies knowledge of study designs and statistical methods to appraise these clinical studies. Assimilates valid new findings into practice.
 - Quickly access appropriate reference material for critically ill patients.
 - Monitors the effectiveness of discharge plans and seeks to improve them

Interpersonal and Communication Skills Objectives

- PGY1: Provide appropriately succinct oral presentations regarding patient care using appropriate medical terminology.
- PGY2:
 - Patient communication: Engage patients in shared decision making for ambiguous or controversial scenarios, and conduct family meeting as in the setting of the end of life decision making. They should be able to successfully negotiate most "difficult" patient encounters. Able to deliver bad news
 - Team Work: Progressively assume a leadership role, facilitating interactions between junior residents, medical students, ancillary staff and attending physicians. This includes establishing expectations for all members of the team, overseeing patient care, ensuring participation in academic discussions, etc. They should also be the primary team members interacting with specialists and primary care outpatient providers.
 - Provides clear and complete sign-out to cross-cover

Professionalism: Residents will demonstrate sensitivity and responsiveness to patient's age, culture, gender, disabilities and sexual orientation.

- Administrative competence
 - Completes tasks as directed, follows up pages, lab results in timely manner.
 - Understands how to work with patients with advance directives, DNR; understands concepts of futility, informed consent, withholding or withdrawing care
- Honesty
 - Understands and recognizes mistakes, informs stakeholders when appropriate
 - Makes honest use of billing, coding, referrals
 - Understands / maintains patient confidentiality

- Compassion
 - Attitude manifests interest in providing compassionate care
- Respect for others
 - Demonstrates respect and compassion for all patients
- Professional responsibility
 - Recognizes that physicians have a responsibility for the safety and well being of their patients, colleagues and staff
 - Willing to provide coverage for sick or unavailable colleagues
 - Spontaneously teaches and exhibits concern for educational development of fellow residents and students
 - Provides leadership on the team
 - Completes documentation – forms, daily notes, procedure notes, discharge summaries in a timely manner

Systems-based Practice Objectives:

- PGY1: Appropriate use of medical testing taking into consideration resource allocation
- PGY2:
 - Appropriate delegation of responsibility to different levels of learners
 - Understanding of the VA healthcare model as it interacts with other veteran’s hospitals, community and academic healthcare delivery systems
 - Continuous quality improvement: Analysis of practice experience and performance of practice based improvement activities using a systemic methodology. These include: 1) active participation in quality improvement practices pertaining to patient care (Morbidity and Mortality Conference) 2) use of self assessments of knowledge, skill base and professional attitudes to develop plans with insight and initiative for addressing areas of improvement 3) voluntary planning of learning experiences in procedures not yet mastered
 - Develop awareness for costs, risks, and benefits of diagnostic and therapeutic procedures.

PRINCIPAL TEACHING METHODS

- Direct supervision: inpatient cases generate material for experiential learning, discussion, procedures. Teaching occurs within all levels of the hierarchy: attending to residents, residents to students.
- Case based discussions: attending rounds (see below), morning report (daily), interns report (weekly), M&M conference (quarterly)
- Formal attending rounds: three times / wk
- Discharge review rounds
- Didactic conferences: Mondays, Tuesdays, Fridays covering core topics for internal medicine; Grand Rounds weekly; monthly conferences in an ongoing renal and cardiology lecture series.
- Radiology Rounds: daily discussion with staff radiologists
- Journal Club monthly covering inpatient and outpatient medicine topics.
- Special Conferences including annual 2 day John Butler Lung Conference, annual 3 day off-site retreat ACP conference sponsored by BVAMC

EDUCATIONAL CONTENT

Mix of Diseases The resident will see a wide range of acute and chronic medical illnesses.

Patient Characteristics

Typical of our VA (mostly older men, but an increasing number of young men and women). The age distribution reflects boluses of participation from all recent wars and conflicts (World War II, Korean era, Vietnam era, Gulf war, and OAF/OIF veterans)

Types of Clinical Encounters

All encounters are inpatient. The residents will first see the patient in the ambulatory care or emergency area. The resident will then care for the patient on the general medical ward, intensive care unit, or telemetry unit.

Services

A full complement of laboratory, radiological, social work, and pharmacy services are available at all sites. Internal medicine subspecialty consultation, surgery, and psychiatry resources are variably available.

Team Structure

Medicine Attending	or	Medicine Attending
1 R2		2 R2s
1 R1		2 R1s
1 MS3		2 MS3s

Rotation Specific Schedule

Monday

Work Rounds 0730
ICU Rounds 0815
Radiology Rounds 0930
Morning Report 1000
Attending Rounds 1100
Noon Conference 1200

Tuesday

Work Rounds 0730
ICU Rounds 0815
Radiology Rounds 0930
Morning Report 1000
Attending Rounds 1100
Noon Conference 1200

Wednesday

Work Rounds 0730
ICU Rounds 0815
Radiology Rounds 0930
Attending Rounds 1100
Ambulatory Conference / Interns Report 1200

Thursday

Work Rounds 0730
Grand Rounds 0800
ICU Rounds 0915
Radiology Rounds 1000

Attending Rounds 1100
Renal Conference (monthly) 1200

Friday

Work Rounds 0730
ICU Rounds 0815
Radiology Rounds 0930
Morning Report 1000
Attending Rounds 1100
Noon Conference 1200

PRINCIPAL EDUCATIONAL MATERIALS USED

The computer network has an array of on-line resources including Up-to-Date, MicroMedix, and clinical practice guidelines.

There is a complete medical library at the VA Medical Center with texts and journal holdings situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated by all current inpatient attendings using the standard U.W. resident evaluation. This instrument contains components for each element of clinical competence.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

Dr. Smith has oversight responsibility for this rotation.