

**USC DEPARTMENT OF MEDICINE
GENERAL INTERNAL MEDICINE ROTATION
GOALS AND OBJECTIVES**

I. Educational Purpose:

General internists are responsible for guiding and conducting the diagnostic evaluation of a broad range of patients. Internists must design safe, expeditious, and cost-effective diagnostic evaluations. This requires well-developed decision-making skills that incorporate evidence based and probability based thinking. Combined with the internist's relationship and rapport with patients, the optimal selection of diagnostic tests, choice of treatment, use of sub-specialists, ability to obtain an accurate medical history, and carefully perform a physical examination are fundamental to providing comprehensive care to adult patients. The internist must be able to care for a wide variety of patients, including adults with acute and chronic medical problems and adults with complex life threatening diseases.

The General Medicine Ward Rotation is a great opportunity for housestaff to develop those skills while working with academic hospitalists at LAC+USC. The resident will participate in the care of inpatients under attending supervision. Teaching will include didactics and bedside instruction as well as a multitude of conferences designed to teach the practice of internal medicine in the inpatient setting.

II. Resident Learning Objectives:

Internal medicine is a remarkably wide-ranging discipline encompassing the care of adults while incorporating special recognition of the needs of adolescent and elderly patients. Experts in internal medicine are well recognized by other specialists for the diversity of their training and holistic approach to patient care. The general medicine service allows resident physicians the opportunity to evaluate and care for patients with disease processes reflecting all of the internal medicine subspecialties. One cannot be expected to learn all of internal medicine when on the general medicine service and, therefore, residents should generally tailor their study of internal medicine to those problems encountered by their team while working to achieve the objectives as noted below.

Specific Competencies

Interns (PGY 1):

Patient Care:

- Demonstrate the ability to obtain and document an accurate and complete history from patient, caretaker medical records or outside resources.
- Develop the ability to effectively impart all relevant information regarding patients
- Specific historical areas include:
 - Risk factors for the disease considered
 - Symptom driven history for patients presenting with: chest pain, shortness of breath, abdominal pain, weight loss, failure to thrive, infectious syndromes, acute renal failure, edema, delirium, and syncope
 - Detailed past history for the diagnoses of CHF, DM, HTN, CAD, CRF, COPD/Asthma, HIV, malignancy, and thromboembolism

- Risk assessment for in hospital complications including: falls, malnutrition, thromboembolic disease and delirium
- Demonstrate the ability to perform a routine
 - Systemic evaluation for evidence of hemodynamic instability or infection
 - Cardiac examination
 - Pulmonary examination
 - Abdominal examination
 - Foot examination for evidence of diabetic ulcerations
 - Vascular examination for evidence of venous and arterial insufficiency
 - Pressure examination for those at risk for pressure ulcers
 - Neurologic examination including mini mental status exam
 - Pelvic examination on women with pelvic or abdominal complaints
- Use relevant questions to obtain consultation and follow up on unclear recommendations
- Develop the ability to prioritize the importance of all relevant information regarding patients
- Ensure that the day-to-day details of patient care delivery are addressed
- Explain the indication, contraindications, risks and process of:
 - Venipuncture
 - Arterial puncture
 - Lumbar puncture
 - Paracentesis
 - Joint aspiration
 - Thoracentesis
 - Placement of central venous lines
 - Placement of nasogastric tubes
 - Placement of Foley catheters
- Understand the indications and contraindications for:
 - Cardiac catheterization
 - Exercise Stress testing
 - Echocardiograms
 - CT Scans
 - Head CT and MRI for CVA
 - CT scans and Doppler US for thromboembolic disease
- Interpret reports for:
 - ABG
 - Pulse oximetry
 - CXR for evidence of CHF and pneumonia
 - Pleural fluid analysis
 - Spinal fluid analysis
 - EKG
 - Urine analysis
 - Electrolyte panels
 - CBC
 - Cardiac enzymes
- Reliably recognize critical illness and appropriately seeks assistance

- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence and patient preference.
- Develop skill with patient handover

Medical Knowledge:

- Define, recognize and initiate diagnostic and therapeutic management for:
 - Abdominal Pain
 - Acute Coronary Syndromes
 - Acute Renal Failure
 - Alcohol and Drug Withdrawal
 - Atrial fibrillation
 - Cardiac Arrhythmia
 - Cellulitis
 - Congestive Heart Failure
 - COPD / Asthma
 - Delirium and Dementia
 - Diabetes Mellitus
 - DKA / NKHOC
 - DVT / PE
 - Gastrointestinal Bleeding
 - Non ST Elevation MIs
 - Pain Management
 - Pneumonia: Community and Hospital Acquired
 - Preoperative Assessment
 - Sepsis
 - Stroke
 - Uncontrolled hypertension
 - Volume Depletion
 - UTI / pyelonephritis
- Apply relevant clinical and basic science knowledge in the care of common medical conditions
- Formulate a differential diagnosis and outline a plan for evaluating and managing diverse inpatient medical problems.
- Apply an open-minded, analytical approach to acquiring new knowledge
- Develop clinically applicable knowledge of the basic and clinical science that underlie the practice of internal medicine
- Apply knowledge to clinical problem solving, clinical decision making, and critical thinking

Interpersonal Skills and Communication:

- Effectively establishes rapport with patients and families
- Appropriately communicates with other health care professionals and consultants
- Organizes and articulates presentations on rounds
- Functions as an effective team member

- Effectively and efficiently charts in the electronic medical record
- Develop, negotiate, and implement effective patient management plans and integration of patient care
- Perform competently the diagnostic and therapeutic procedures essential to the practice of internal medicine

Professionalism

- Identify ethical issues
- Strive for patient care and knowledge excellence
- Reliably accomplishes assigned tasks
- Demonstrate, integrity, respect for others, honesty and compassion
- Demonstrate timely completion of administrative tasks and documentation

Practice Based Learning and Improvement

- Effective and efficient pre-rounding
- Seek and accept feedback from team about patient care, organization and presentations.
- Learn basic evidence based medicine principles and article review
- Understand limits of own knowledge and appropriately seek help
- Use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education

Systems Based Practice

- Effectively communicate with nurses and other professionals to optimize patient care
- Write effective notes
- Appropriately transition patients to the next level of care and discharge planning
- Use strategies to obtain information from other practitioners about patients' current health
- Develop an awareness of cost effective practices

Junior Residents (PGY 2):

Patient Care:

- Demonstrate the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources.
- Begin to develop skill at providing appropriate balance between supervision and autonomy of interns
- Begin to deal with sensitive topics
 - Sexual history
 - Domestic violence history
 - Psychiatric history
 - Substance abuse history
- Develop skill with patient handover
- Develop skill providing supervision and teaching of junior learners with ongoing feedback and evaluation
- Learn evidence based physical examination
- Reliably recognize critical illness and independently initiate management strategies

- Develop strategy for managing patient referrals and ~~followup~~follow-up in the outpatient arena
- Begin to critically analyze consultant recommendations and manage conflicting opinions of multiple consultants

Medical Knowledge:

- Demonstrate a progression in content knowledge and analytical thinking with well formulated differential diagnoses and management plans
- Understand and apply medical literature related to common medical conditions

Interpersonal Skills and Communication:

- Effectively carry out difficult discussions, such as sensitive topic discussions
- Provide teaching and feedback to junior team members
- Function as an effective team leader
- Coordinate team communication to optimize patient care

Professionalism:

- Identify ethical issues and strategies to address them
- Strive for patient care and knowledge excellence
- Reliably identify and accomplish necessary tasks

Practice Based Learning and Improvement:

- Understand Evidence Based Medicine principles and begin to utilize relevant research to support decision making
- Identify knowledge deficiencies and seek to correct them

Systems Based Practice:

- Develop advocacy strategies for patients with access to health care issues
- Understand and practice cost effective patient care and selective test ordering

Senior Residents (PGY 3):

Patient Care:

- Demonstrate the ability to obtain and document an accurate and complete history from patient, caretaker or outside resources.
- Develop skill with end of life issues
- Master history taking of sensitive topics:
 - Sexual history
 - Domestic violence history
 - Psychiatric history
 - Substance abuse history
- Learn appropriate balance between supervision and autonomy of interns and students
- Provide skilled supervision and teaching of junior learners with ongoing feedback and evaluation
- Demonstrate the ability to reliably recognize abnormalities on the physical exam
- Carry out an accurate physical examination with normal and abnormal physical findings
- Teach evidence based medicine physical examination techniques

- Reliably recognize critical illness and independently initiate emergent and ongoing management strategies
- Critically analyze consultant recommendations and manage conflicting opinions of multiple consultants
- Develop strategy for managing patient referrals and followup in the outpatient arena
- Interpret and plan appropriate procedures for patients
- Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence and patient preference.
- Develop skill with patient handover

Medical Knowledge:

- Demonstrate a progression in content knowledge and analytical thinking with well formulated differential diagnosis and management plans
- Understand and apply medical literature related to common medical conditions
- Apply an open-minded, analytical approach to acquiring new knowledge
- Develop clinically applicable knowledge of the basic and clinical science that underlie the practice of internal medicine
- Apply knowledge to clinical problem solving, clinical decision making, and critical thinking

Interpersonal Skills and Communication

- Effectively carry out difficult discussions with patients
- Function as an effective team leader with decreasing reliance on attending
- Coordinate team communication to optimize patient care
- Provide teaching and feedback to junior learners on their communication styles
- Develop, negotiate, and implement effective patient management plans and integration of patient care
- Perform competently the diagnostic and therapeutic procedures essential to the practice of internal medicine

Professionalism

- Identify ethical issues and strategies for resolving them
- Set a tone of respect and collegiality for the team and acts as a role model for patient care and professional behavior
- Strive for patient care and knowledge excellence

Practice Based Learning and Improvement

- Appropriately integrate evidence based medicine with expert opinions and professional judgment
- Able to accurately self assess skills and performance
- Able to systematically compare personal practice patterns to larger population and seek to improve disparities in own patient care
- Demonstrate evidence based medicine research and preparation when teaching junior learners

- Use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education

System Based Practice

- Consistently advocate for patients, insures appropriate referrals and progress notes accurately reflect care
- Assume leadership role in management of complex care plans
- Practice cost effective patient care and selective test ordering

Attending Physician

- Supervise and assume ultimate responsibility for the care of inpatients admitted to the medicine team. This includes appropriate continuing care, discharge planning, and medicine follow-up
- Interact at regular intervals with patients
- Conduct daily teaching rounds
- Communicate effectively with the resident staff regarding management.
- Co-sign all H&P, progress notes, and discharge summaries.
- Ensure that all discharge summaries are dictated in a timely fashion.

General Competencies (all levels)

Patient Care: *Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, and treatment of disease recognizing the unique requirements of those patients at the end of their lives.*

Medical Knowledge: *Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and to apply their knowledge to patient care and the education of others.*

Practice-Based Learning and Improvement: *Residents are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices*

Interpersonal and Communication Skills: *Residents are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.*

Professionalism: *Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development and ethical practice. Residents are expected to understand and remain sensitive to the impact of diversity on patient care and to be appropriately responsible to their patients, their profession, and society.*

Systems-Based Practice: Residents are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

III. Daily Format of Medicine Wards System

- 6:00 AM – 7:00 AM Pre-Rounds / Night Float to Ward Team Sign Out
- 7:00 AM – 8:00 AM Work Rounds
- 8:00 AM – 9:00 AM Morning Report
 - Monday, Thursday (~~Subspecialty~~—Vice-Chair Morning Report)
 - Tuesday, Wednesday, Friday (~~Generalist~~—Morning Report)
- 9:00 AM – 11:2:00 ~~APM~~ _____ Attending Rounds
- 12:00 PM – 1:00 PM Medicine Conferences / Lunch
- 1:00 PM – 4:5:030 PM Patient Care
- ~~4:00 PM – 5:030 PM~~ _____ Short Shift to Long Shift Sign Out to Night Float
- ~~5:00 PM – 8:00 PM~~ _____ Patient Care (Long Shift Teams)
- ~~8:00 PM – 9:00 PM~~ _____ Long Shift to Night Float Sign Out
- ~~8:00 PM – 6:00 AM~~ _____ Patient Care (Night Float Residents)

IV. Work Rounds

The residents, interns, and medical students conduct work rounds on all days at a time separate from attending rounds. During work rounds, the residents, interns and medical students should see ~~every~~ established patients together. This hour will allow the daily work to begin earlier and encourage early patient discharge. Work rounds are designed to evaluate problems that have occurred, plan the workup, and make treatment decisions on established patients or new patients with urgent problems. It gives the resident the opportunity to develop the skills to lead an internal medicine team and to make focused and appropriate patient care plans. Work rounds leads to more efficient and comprehensive attending rounds where the focus can be new and complicated patients and teaching cases.

V. Attending Teaching Rounds

Attending teaching rounds occur daily. Though attending rounds may be used to provide guidance and assistance with patient care and medical decision-making, the purpose of teaching rounds for the attending physician is to be involved in the educational aspects of the cases. Teaching rounds must be patient based, focusing on interpretation of clinical data, pathophysiology, differential diagnosis, specific patient management, and disease prevention. Teaching rounds must involve direct resident and attending interaction with the patient. The attending should work with the resident physician to establish and achieve didactic goals for teaching rounds.

VII. Evaluation:

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians (R2, R3), interns, and medical students on Verinform or ~~MedWeb~~Oasis, respectively. Evaluations must be completed within one week of completing a rotation. The attending must meet face-to-face to provide end-of-rotation feedback with all of the house officers and medical students that they evaluate and indicate that discussion on the evaluation form.