

LAC-USC
Internal Medicine Wards

**RESIDENT AND
INTERN
ORIENTATION**

First Day of Rotation:

Report to call room on 7A for signout at 6:30am
Orientation will be at 7:00am in IPT B

Faculty in Charge of Rotation:
Patrick Sarte, MD
323-409-6630
psarte@med.usc.edu

Division of GHPGIM
Keck School of Medicine of USC
2020 Zonal Avenue, IRD 306
Los Angeles, CA 90033
Phone: (323) 226-6571
Fax: (323) 226-2718

DAILY SCHEDULE

6:30 AM – 8:00 AM	Signout, Prerounds, and Resident Rounds
8:00 AM – 9:00 AM	Morning Report/Intern Report
9:00 AM – 9:30 AM	Work Rounds
9:30 AM – 11:30 AM	Attending Bedside Rounds
11:30 AM – 12:00 PM	Multidisciplinary rounds as assigned / Lunch
12:00 PM – 1:00 PM	Lunch/Conference (Grand Rounds,M&M etc)
1:00 PM – 5:30 PM	Patient Care and Management / Afternoon Didactics
5:30 PM – 6:00 PM	Signout to Night Float resident

WEEKLY SCHEDULE

MONDAY

8am-9am **Subspecialty Morning Report**
Inpatient Tower, Conference Room B

1pm-5pm **PGY3 Board Review Afternoon Didactics**

TUESDAY

8am-9am **Palliative Care and Humanities Morning Report**
Inpatient Tower, Conference Room B

1pm-5pm **Intern Afternoon Didactics**

WEDNESDAY

8am-9am **Journal Club**
Inpatient Tower, Conference Room B

1pm – 5pm **PGY2 Afternoon Didactics**

THURSDAY

8am-9am **Subspecialty Morning Report**
Inpatient Tower, Conference Room B

1pm – 5pm **Intern Afternoon Didactics**

FRIDAY

8am-9am **Intern Morning Report/CXR/EKG Conference**
Inpatient Tower, Conference Room B

Noon-1:00pm **Medicine Grand Rounds, IPT, Conference Room B.**

General Internal Medicine Rotation Conferences

1. Morning Report

Morning report starts promptly at 8:00 AM. There are three different formats that are employed.

Subspecialty Morning Report

Mondays and Thursdays, the Program Leadership moderates Morning Report. Medicine ward residents present established patients for discussion. A panel of subspecialists help guide the entire group of residents to identify problems, build a differential diagnosis, and formulate patient care and management plans.

Humanities Morning Report

On Tuesday, Dr. Panush moderates morning report with a humanities perspective on cases, applying the art and history of medicine as it pertains to specific cases.

Program Directors & Chief Residents' Morning Report

On Wednesday, the Program Directors and Chief Residents moderate Morning Report. This session is designed to be more intimate than the Vice Chair's Morning Report. Residents present cases which are discussed by the group with a particular emphasis on differential diagnosis and patient management.

2. Intern Report

Case Report

Intern report is every Friday starting promptly at 8:00 AM. This conference is mandatory to all interns on the medicine ward rotation and open to all interns on other services. It serves as an opportunity to work through challenging cases in a systematic manner that focuses on differential diagnosis, critical thinking, and management. The Chief Residents and the Program Directors moderate intern report.

CXR and EKG Conferences

On select Fridays at 8:00 AM. , faculty from the divisions of Pulmonary and Cardiology will lead a conference teaching interns interpretation skills, differential and approach to management

IMPORTANT PHONE NUMBERS/CONTACT INFO

Medicine Teams

Med Consult 91644

RA 94145	Richard 92161	RC 94147	Marietta 95213
RB 94146	June 95216	RD 94148	Vivian 95212
GA 94013	Gloria 95211	GC 94150	Ada 92164
GB 93987	Anacleto 92163	GD 94151	Sheila 91479
WA 94109	Tachil 92162	WC 94154	Marion 95217
WB 94153	Paul 95218	WD 94155	Lupe 95215

MICU A 93984 MICU B 93986 MICU
Fellow 93992

Medicine Subspecialty Consults

ALLERGY: 323-226-3813

CARDIOLOGY:

Cards Consult: 93982 CCU VOIP: 93981
Cath lab: 95284, 95783, 97601 Cath
Recovery: 95284
Nuc Med: 97468 Stress Lab Marci:
97468
EKG tech: 97466, 96705
Echo: 97444 Tech 97445. Read: 97520,
97855

ENDOCRINE: 323-442-2807

GERIATRICS: 323-226-3638

GI/LIVER

Consults: 97974
GI work room: 92679
GI Lab/Scheduling: 95530

HEME/ONC

Heme consult: 323-226-6969
Onc consult: 323-226-6395
Pain 213-919-8545 or 97483
Rad Onc: 95019 appt 95023

ID:

Consults: 323-226-3851
TB control: 323 226 7962 Epidemiology:
96645
Rand Schrader clinic 323-343-8255
HIV clinic (5P21) 323-343-8258

PALLIATIVE: 98532

PULM:

Consults: 91599
Bronch Suite 94730
Sleep Lab 97936

RENAL:

Renal consult: call VOIP for fellow A
Renal fellow VOIP: A 93996, B 93997
HD charge nurse VOIP: 93243

RHEUM: 323-226-7889 Rheum
immuno lab: 97141

TOX: 97028

Neurology / Psychiatry

Neuro routine consult: (323) 340-0633
Neuro emergency consult: 96086
Neuro resident VOIP: 94536 Neuro wards
VOIP: 94537
EEG: 97388
Psychiatry: through Orchid
Psych Workroom 96352

Surgical Consults

ACS consults: 97728 (ACS non-trauma VOIP 97769)

ACS A 94737 (213-919-8751)	ACS B 94736 (213-919-8752)
ACS C 94741 (213-919-8755)	ACS D 94752 (213-919-4529)

Burns: 97996
 Cardiothoracic: 97819 NP 213-717-3593
 Colorectal: 213-919-7363
 ENT 213-919-7000 7G: 97309
 HBS: 213-919-8749
 MIS: 213-919-8581
 NSGY ICU: 97405
 Neurosurgery pager: (323) 340-0455
 OB/Gyn: 94198 Gyn-Onc: 213-919-0468
 OMFS: 213-217-0215 OMFS Resident Rm 91558
 Ophtho: 213-919-9254 / Inpt clinic 6C 97225 / Outpt clinic 95227
 Ortho: 97227; 213-919-3487, Ortho On Call 213-208-1193
 Plastics: 213-919-7299
 SICU: 91817 – consults for PEG/Trachs
 Surg Onc: 323-226-4981
 Thoracic Foregut: 323-260-0148
 Tumor/Breast: 213-990-8574
 Urology: 213-919-2156/Workroom: 96995
 Vascular: 213-919-8750
 Vasc Lab: 94618

ED:

Resus 96711 North 96707 West 93750
 East 97095
 Resus 2* 91615 Res 91619 Int 91617
 North 2* 91625 Res 91659; Int 91628, 91629
 West 93750 Psych ED 97085

ED Obs 97229

SOU 97728/97729

Ancillary

Authorization code for long distance calls: 2112039280
 Dietician/Nutritionist: 96901
 Dynamics Orthotics 213-383-921
 Home O2 Eval: Amber 323-729-1462
 Inpatient Translator 93600
 IT: 98000
 Pager operator: 94906
 PICC nurse: 94186, 90779 // 94802
 PT/OT: 97437 Weekends: 95096
 Rancho liaison (Edith): 91333 Rancho admission: 562-401-6554
 RT: 92216
 Speech Therapy: 95082
 SW main: 95253
 SW Inpatient: 97448 SW ED: 96883
 SW Substance Counseling 95363
 SW weekends/nights: 213-919-7063
 Transport: 97348 ICU transport: 95327
 Nurse Manager 91688 Supervisor: 92965
 UR Inpatient: 92962 UR ED: 95001

Labs/Pathology

Blood Bank 97134
 Core: 97039 Micro 97012 Cyto 91378
 Cytology/FNA biopsy: 94615
 Heme (get smears): 91804
 Pathology 94606
 Phlebotomy 97040

Pharmacy

Anticoag: 97606 Anticoag Clinic: 95181
 Chemo: 97551
 Inpt Pharm: 97641
 CCU Pharm: 93730
 MICU Pharm: 93936 MICU Pharm: 91888
 Discharge Pharm: 97165
 TPN: 97438

Radiology

trojanimaging.com >> LAC+USC Radiology Directory

Clinics/Outpatient Pharmacy

Adult Primary Care East: 94051 (4p81), 94054 (4p61)

Clinic Tower Pharmacy: 91893

OPD Zonal Pharmacy: 96763

Wards

1E Jail 94568 Jail Command Ctr 213-893-5544

2E 96355 3C 93354

4AL 93929 4AH 93933 4BL 97490 4BH 94005

4C 97405 4D 97111 4M 97112, 97113

5A 97391 5F 97393 5BL 95637 5BH 98050

5C 97819

6A 97730 6B 97812 6C 97225 6D 97227

7A 92592 7B 94021 7C 97312 7D 97304

8A 97651 8B 92746

8A Res Lounge: 98652

Administrative

Chief On Call: 213-375-4455

Chief's Office: 323-409-7644; 96625, 96626, 96627

Office of educational affairs: 323-409-7556

GOALS AND LEARNING OBJECTIVES

First Day on Service:

Separate orientations will be delivered to the Interns and Seniors on the first day of service. The location and time will be emailed to all trainees before the first day on wards. Before their first day on service, signout should occur from the outgoing member to the appropriate oncoming team member (resident to resident, intern to intern)

Person in Charge of Rotation:

Patrick Sarte, MD
323-409-6630
psarte@med.usc.edu

Overview:

The purpose of the rotation on the inpatient general medicine service is to gain experience in management of acute medical illness across a wide spectrum of patient ages and diagnoses.

In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including care coordinators, social workers, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the intricacies of daily hospital care, including discharge planning and triage to higher or lower levels of care, builds competency in systems-based practice, and opportunities to learn from mistakes build patterns of practice-based learning.

Location and Patient Characteristics:

The Wards Service is entirely at the LAC-USC hospital. It comprises floor patients only. The ICU and CCU are separate services and closed units. The patient population at LAC+USC Medical Center is very diverse, with multiple ethnic and socioeconomic groups represented. The spectrum of these encounters will be from primary presentation of new disease processes to the tertiary care for the patient who is referred for subspecialty care. We also receive transfers from outside hospitals needing acute hospitalization for higher levels of care. The care for these patients will occur on either general medicine floors or telemetry floors. Any patient requiring ICU or CCU level care will be transferred to the respective team who will assume care of the patient. Once patient stabilized and can be transitioned out of the ICU or CCU, the care for this patient can be reassumed by the general medicine ward service.

Procedures:

Residents will acquire the skills to perform basic procedures including but not limited to: lumbar puncture, thoracentesis, paracentesis, arterial blood gas, and venipuncture.

Structure of the Rotation:

- Twelve teams represent the General Medicine Service and each team is comprised of one faculty attending, one ward resident, one night float resident and two interns. Additionally, depending on the time of year there can be 2 third year medical students and a fourth year medical student (sub intern). General Medicine admissions are distributed among all twelve ward teams twenty-four hours per day. A faculty attending will be available to the house officers at all times of the day. Each attending will

perform teaching rounds five days per week with their individual teams and one weekend with four teams in their firm. In the event of a “fifth” weekend, each attending will perform teaching rounds on one of the weekend days with two teams in their firm. The housestaff are expected to use this attending as the primary resource for issues regarding patient care.

- All potential patient admissions are screened using Interqual criteria, and some undergo a secondary physician review regarding medical necessity for admission. Bed control is first informed of the admission, and once an assignment to a team is made, this is communicated to the primary team. If the patient is in the ED, or an intensive care setting, physician signout to the accepting team will occur.
- General Medicine Ward Teams accept new admissions daily. The resident must see and evaluate all admissions assigned to the intern and medical students who they supervise. The team’s attending is always responsible for all activities no matter the time of day.

Night Float Residents – 5:00 PM – 5:30 AM

Daytime Interns and Residents – 5:31 AM – 4:59 PM

Monday through Friday, *Nurse Practitioners* write admission and hold orders for all patients admitted to the hospital from 6:00 AM to 1:00 PM. This allows house-staff to attend teaching rounds and conferences unencumbered by new admissions. However, H&P’s must be written for these patients within 24 hours.

Day Float Residents will each admit to half the General Medicine Ward Teams from 3:00 PM to 5:30 PM, according to the assignment in amion.

- Teams have 2 hours after assignment to identify bouncebacks to the appropriate team. These bouncebacks will “count” for the receiving team as well as the identifying team. Night float and day float residents that identify these bouncebacks are to signout to the appropriate team. Bouncebacks CANNOT occur when the team is protected (i.e. senior is in clinic, there is a sole intern in-house or due to census constraints)
- Prerounds and Resident Rounds on all of the team's established patients must be conducted with all the team members present every morning from 7AM – 8AM. All team members, therefore, will become familiar with all of the patients on the team. These rounds are led by the resident and without the attending. The goal is to ensure that a management plan for the day as well as the overarching plan for each patient is established daily. Care coordinator should be present at these rounds to review patients slated for discharge. Priorities for work rounds include addressing patients for discharge (as well as placing discharge orders), addressing sick/unstable patients, entering orders for diagnostic testing early, and calling in consultations early in the day.
- The team should strive to see as many patients as possible during this hour, with an emphasis being given to higher acuity patients.
- All house officers on the General Internal Medicine Service will get one day off, on average, each week. Days off will be designated by the Residency office and is available on AMION. Predetermining everyone's days off will ensure that days off are distributed fairly and that the appropriate compliment of residents and interns are in the hospital at all times.
- All house officers on the General Medicine Service must attend their General Medicine Continuity Clinic as assigned in amion. In general, each resident has continuity clinic once during the rotation, and

interns have continuity clinic twice during the rotation. When house officers are in clinic, their ward responsibilities must be performed by the remaining members of their team. When the General Medicine Ward residents are in clinic or have their day off, it is the responsibility of the team's attending and the attending of the day to always be available to supervise the team's admission or answer any questions. Housestaff are not to return to the wards after clinic ends.

- Attending Bedside Rounds are performed from 9:30 AM – 11:30 AM every Monday through Friday. Each team will have a defined meeting place from 9:00 AM – 11:30 AM each Monday through Friday to address learning topics specific to the rotation and/or each individual team's experience. During the bedside component of teaching rounds, the faculty attending should review all of the team's new admissions from the previous twenty-four hours and any of the team's established patients with new, significant developments. This obligation supersedes all other academic or clinical obligations of the faculty attending.
- The Cardinal, Gold, and White Firms will have their multidisciplinary meetings weekly on Mondays, Tuesdays, and Wednesdays respectively in Conference Room D between 11:30 AM and noon. Each team will be allotted 7 1/2 minutes on their assigned day to discuss any or all of their patients with a panel of representatives from many supportive services (i.e. Social Work, PT, nursing, administration, utilization review, risk management, and diagnostic services). The attending, resident, and care coordinator of each team are required to attend. Team A will start at 11:30, team B will start at 11:38, team C will start at 11:45, and team D will start at 11:53 on their assigned day. If necessary, any team is welcome to present a problematic case to the multidisciplinary team on an unassigned day if there is still available time.
- Faculty must perform discharge planning and management rounds daily. Discharge planning and management rounds are afternoon rounds whereby the faculty discusses and briefly visits with the team's established patients not seen during teaching rounds. Rounds may be conducted alone after 5pm or with one or more house officers between 1pm - 5pm. Faculty must evaluate all of their team's patients each day and must co-sign all necessary notes. All documentation, including the initial history and physical must be signed within 24 hours. Each faculty attending is available for their team at all times when they are on service. Additionally, there is an On-Call Hospitalist available to the General Medicine Housestaff between the hours of 6:00 PM and 8:00 AM.

Educational Methods:

Direct observation of patient care and bedside teaching occur in the setting of daily inpatient rounds with the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. Residents additionally attend didactic conferences as indicated above. Recommended educational resources for this rotation include the following:

Evaluation and Feedback Methods:

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.

Reminders for Interns and Residents on the General Medicine Service at LAC-USC

- **Forward all H&Ps and progress notes to the attending on record each day**
- **Forward all progress notes to the attending on record M-F (excluding holidays)**
- **Use the designated examination room on each ward for procedures. If it is unsafe to do so, this must be documented**
- **Document via the attestation for in iMedConsent, if a translator is used when consenting for a procedure**
- **Interns are not to return to the wards when afternoon didactics finishes**
- **During Intern Report, the senior is to hold the team pager and VOIP**
- **Wait for “ED Boarder” status to appear in Orchid before placing orders (an H&P, however) can be done regardless of status**
- **Make sure to communicate with the ED regarding priority of orders placed**
- **When a patient is upgraded to the ICU setting, enter this as an admission in Orchid, NOT AS A TRANSFER**
- **Medicine Reconciliation must be done on all patients**
- **In your notes, Assessment and Plan is built upon diagnosis/problem list placed in Orchid. It cannot be free text**
- **Document Central Line Necessity daily via form in ORCHID**

LEARNING OBJECTIVES FOR TRAINEES

1. Acute and Chronic Cardiac Conditions Requiring Hospitalization
 - Acute Coronary Syndrome
 - Arrhythmias
 - Cardiomyopathies
2. Acute and Chronic Hepatic Conditions Requiring Hospitalization
3. Acute and Chronic Renal Conditions Requiring Hospitalization
4. Acute and Chronic Respiratory Conditions Requiring Hospitalization
 - COPD/Asthma
 - Restrictive Lung Diseases
5. Critical Care – Recognition and Initial Stabilization of Critical Illness
6. Endo of Life Decision Making and Ethics
7. Endocrine Diseases requiring Hospitalization
 - Diabetes and Diabetic ketoacidosis
 - Adrenal Insufficiency
 - Thyroid Disease
8. Fluid and Electrolyte Management
9. Gastrointestinal Diseases Requiring Hospitalization
 - Bleeding
 - Colitis – Inflammatory, Infectious, Ischemic
 - Uncontrolled Symptoms – Diarrhea, Pain, Vomiting,
10. Hypertension and Hypertensive Emergencies
11. Infections +/- Sepsis Requiring Hospitalization
 - Skin/Soft Tissue/Bone
 - Genital/Urinary
 - Vascular
 - Neurologic
 - Respiratory
12. Neurologic Conditions Requiring Hospitalization
 - Syncope
 - Delirium/Dementia
13. Nutrition in the Hospital
 - Malnutrition / Enteral Nutrition / Total Parenteral Nutrition
14. Peri-operative Medical Management
15. Poisoning and Overdose
16. Prophylaxis in the Hospital Setting
 - Stress Ulcer
 - DVT
17. Quality Standards/Improvement – Core Measures
 - Acute Myocardial Infarction
 - Heart Failure
 - Pneumonia
 - Venous Thromboembolism
18. Thromboembolic Disease
19. Uncontrolled Pain Syndromes
20. Substance overdose and withdrawal

LAC-USC WARDS MILESTONES PER TRAINING YEAR

PGY 1 :

Patient Care

Historical Data Gathering

- Consistently acquires accurate and relevant histories from patients
- Seeks and obtains data from secondary sources when needed

Performing a physical exam

- Consistently performs accurate and appropriately thorough physical exams. Identify pertinent abnormalities using common maneuvers

Clinical Reasoning

- Uses collective data from history, exam, laboratory and imaging studies to identify each patient's central clinical problem
- Develops a valid differential diagnoses for the patient's central clinical problem, using evidence based guidelines
- Makes proper real-time clinical decisions when informed by ancillary staff of findings such as vital sign changes, laboratory abnormalities, imaging findings, EKG results
- Makes proper real-time clinical decisions in response to consultant recommendations

Patient Management

- Recognize situations with a need for urgent or emergent medical care including life threatening conditions
- Seeks additional guidance and consultation from supervising residents and attendings when needed
- Provides appropriate patient counseling during hospitalization, and delivers patient education at time of discharge
- Carries out agreed upon care plan in a timely and efficient fashion, ensuring patient safety and quality care (including patients with multiple diagnoses)
- Work with medical student to provide patient care, but does not directly supervise
- When supervised, can demonstrate the appropriate technique for the following procedures: paracentesis, thoracentesis, lumbar puncture, arterial blood gas sampling
- Consistently obtains informed consent for the aforementioned procedures

Medical Knowledge

Knowledge of core content

- Understand the relevant pathophysiology for common inpatient medical conditions
- Demonstrate sufficient knowledge to diagnose common conditions that require hospitalization.

Diagnostic tests

- Understand basic interpretation of common diagnostic testing, including laboratory abnormalities, imaging findings, EKG results and other pertinent studies
- Can identify the indications, contraindications for each of the aforementioned procedures

Systems Based Practice

Works effectively within an interprofessional team

- Appreciate roles of a variety of health care providers, including, but not limited to, consultants, therapists, nurses, pharmacists, care coordinators and social workers
- Works closely with the assigned care coordinator for the inpatient team
- Work effectively as a member within the interprofessional team to ensure safe patient care

Works effectively within multiple health delivery systems

- Understand unique roles and services provided by local health care delivery systems
- Understands the services available to underserved patients within the community

Recognizes system error and advocates for system improvement

- Recognize health system forces that increase the risk for error including barriers to optimal patient care
- Identify, reflect upon, and learn from critical incidents such as near misses and preventable medical errors and notify supervisor accordingly
- Open to feedback regarding specific decisions that could lead to error or harm

Identifies forces that impact the cost of health care and advocates for cost-effective care

- Open to feedback from EMR and care coordinator on documentation of intensity of service and clinical necessity
- Demonstrates awareness of common socio-economic barriers that impact patient care
- Minimize unnecessary care including tests, procedures, and therapies for hospitalized patients

Transitions patients effectively within and across health delivery systems

- Recognizes the importance of accurate, on-time and updated handovers during transitions of care
- Communicates to all accepting caregivers in a timely and pertinent fashion
- Works effectively with care coordinator to transfer patients with accurate and pertinent documentation in a timely manner

Problem Based Learning and Improvement

Monitors practice with a goal for improvement

- Understands the importance of self-reflection of one's practice and performance

Learns and improves via performance audit

- Understands the importance of using information gathered from an audit to improve one's practice

Learns and improves via feedback.

- Respond welcomingly and productively to feedback from all members of the health care team.

Learns and improves at the point of care

- Aware of the strengths and weaknesses of specific sources of medical information
- Can use validated medical resources to form clinical questions
- With assistance, appraises clinical research reports, based on accepted criteria

Professionalism

Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)

- Consistently respectful in interactions with patients, caregivers and members of the interprofessional team
- Seeks assistance in challenging interprofessional situations
- Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team
- Emphasizes patient privacy, confidentiality and autonomy in all interactions
- Respond promptly and appropriately to clinical responsibilities including, but not limited to, calls and pages

Accepts responsibility and follows through on tasks

- Completes administrative and patient care tasks in a timely fashion, working effectively with care coordinators
- Completes assigned professional responsibilities without the need for reminders
- Completes all assigned rotation, attending and peer evaluations in a timely fashion
- Dress and behave appropriately

Responds to each patient's unique characteristics and needs.

- Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference and modifies care plan accordingly
- Understanding the specific needs of the patient population specific to our safety net institution

Exhibits integrity and ethical behavior in professional conduct.

- Document and report clinical information truthfully
- Accept personal errors, demonstrates accountability and follows formal hospital policies

Interpersonal and Communication Skills

Communicate effectively with patients and caregivers

- Engages patients in shared decision making while asking for assistance in facilitating discussions in complicated situations
- Is able to engage in communication with persons of different socioeconomic and cultural backgrounds
- Provides empathetic, timely and accurate communication to patients/advocates
- Consistently uses an interpreter to communicate with patients, caregivers and family in the clinical setting

Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

- Engages in collaborative communication with appropriate members of the team by using verbal, non-verbal, and written methods that facilitate care
- Attempts to deliver appropriate, succinct relevant presentations
- Presentation skills improve with feedback

Appropriate utilization and completion of health records.

- Health records are organized and accurate with feedback from residents and attendings

PGY 2/3/4:

Patient Care

Historical Data Gathering

- Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion
- Uses elements of the history to formulate a prioritized differential diagnosis, assessment and plan
- Obtain collateral information when relevant to the case

Performing a physical exam

- Consistently performs accurate and appropriately thorough physical exams. Identify pertinent abnormalities using common maneuvers
- Demonstrate and teach how to elicit important physical findings for junior members of the healthcare team
- Performs accurate physical exams that are targeted to the patient's complaints

Clinical Reasoning

- Uses collective data from history, exam, laboratory and imaging studies to generate a prioritized differential diagnosis and problem list
- Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
- Guides junior trainees on real-time clinical decision-making
- Recognizes complex clinical presentations and effectively coordinates care
- Makes appropriate decisions regarding the need for consultative care

Patient Management

- Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences
- Independently manages inpatients who have multiple active disease processes.
- Appropriately weighs recommendations from consultants in order to effectively manage patient care
- Appropriately manages situations requiring urgent or emergent care
- Effectively supervises the management decisions of the team
- Possesses technical skill and can guide junior trainees through procedures required for certification
- Teaches the rationale, risks and benefits associated with common procedures and anticipates potential complications when performing procedures patient counseling and patient education throughout hospitalization and at the time of discharge
- Carries out agreed upon care plan in a timely and efficient fashion, ensuring patient safety and quality care (including patients with multiple diagnoses)
- Directly supervises medical students to provide patient care,

Medical Knowledge

Knowledge of core content

- Understand the relevant pathophysiology and basic science for common, uncommon or complex medical problems
- Demonstrate sufficient knowledge to diagnose common, uncommon or complex conditions that require hospitalization.
- Demonstrates socioeconomic and behavioral knowledge that is required to provide care for complex medical conditions

Diagnostic tests

- Interprets complex diagnostic tests accurately
- Understands the concepts of pre-test probability, sensitivity, specificity, PPV and NPV of diagnostic tests
- Understand indications for and is skilled in interpreting more advanced diagnostic tests

Systems Based Practice

Works effectively within an interprofessional team

- Understands the roles and responsibilities of and effectively supervises all members of the team
- Actively engages in team meetings and collaborative decision-making
- Is receptive to proposed alternative solutions provided by other teammates
- Works closely with the assigned care coordinator for the inpatient team
- Work effectively as a member within the interprofessional team to ensure safe patient care

Works effectively within multiple health delivery systems

- Effectively utilizes services provided by local health care delivery systems
- Effectively utilizes services available to underserved patients within the community

Recognizes system error and advocates for system improvement

- Identifies and reacts to and guides team members regarding the systemic causes of medical error
- Navigate causes of error to provide safe patient care
- Advocates for safe patient care and optimal patient care systems
- Reflects upon and learns from own incidents that may lead to medical error

Identifies forces that impact the cost of health care and advocates for cost-effective care

- Demonstrates proficiency in documentation of intensity of service and clinical necessity.
- Consistently works to address patient specific barriers to cost-effective care
- Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)
- Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests

Transitions patients effectively within and across health delivery systems

- Role models and teaches effective handover communication to other healthcare providers during transitions of care
- Communicates to all accepting caregivers in a timely and pertinent fashion.
- Works effectively with care coordinator to transfer patients with accurate and pertinent documentation in a timely manner

Problem Based Learning and Improvement

Monitors practice with a goal for improvement/Learns and improves via performance audit

- Analyzes personal practice habits data compared to local and/or national benchmarks and explores possible explanations for deficiencies
- Uses practice habits data of the inpatient team to modify/improve care plans
- Actively engages in quality improvement and patient safety initiatives

Learns and improves via feedback.

- Solicits feedback from all members of the interprofessional team and patients
- Consistently Uses feedback to change clinical practice when necessary
- Delivers constructive feedback to all members of the care team
- Integrate teaching, feedback, and evaluation with supervision of interns' and students' patient care

Learns and improves at the point of care

- Precisely formulates clinical questions relevant to specific disease processes
- Effectively and efficiently searches evidence-based resources
- Appropriately appraises study design, conduct, and statistical analysis of various evidenced based resources

Professionalism

Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel).

- Provide support (physical, psychological, social and spiritual) for suffering patients and their families
- Serve as a professional role model for more junior colleagues (e.g., medical students, interns)
- Recognize the need to assist colleagues in the provision of duties
- Recognize and manage conflict when patient values differ from their own
- Role models ideal interactions with patients, caregivers and members of the interprofessional team
- Is available and responsive to needs and concerns of patients, caregivers and members of the interprofessional team
- Emphasizes patient privacy, confidentiality and autonomy in all interactions
- Respond promptly and appropriately to clinical responsibilities including, but not limited to, calls and pages.

Accepts responsibility and follows through on tasks

- Completes administrative and patient care tasks in a timely fashion, while working with the care coordinators in an effective manner.
- Completes assigned professional responsibilities without the need for reminders
- Completes all assigned rotation, attending and peer evaluations in a timely fashion
- Dress and behave appropriately

Responds to each patient's unique characteristics and needs.

- Uses each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference to modify care plan accordingly
- Conveys the needs of our patient population to all members of the team

Exhibits integrity and ethical behavior in professional conduct.

- Educate and hold others accountable for patient confidentiality.
- Document and report clinical information truthfully.
- Accept personal errors, demonstrates accountability and follows formal hospital policies

Interpersonal and Communication Skills

Communicate effectively with patients and caregivers

- Engages patients in shared decision making and facilitates discussions in complicated situations
- Assists other members of the care team with participation in complicated discussion
- Communicates effectively with persons of different socioeconomic and cultural backgrounds
- Utilize patient-centered education strategies
- Provides empathetic, timely and accurate communication to patients/advocates
- Consistently uses an interpreter to communicate with patients, caregivers and family in the clinical setting

Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel).

- Engages in collaborative communication with appropriate members of the team by using verbal, non-verbal, and written methods that facilitate care.
- Provides guidance to junior team members to deliver appropriate, succinct relevant presentations

Appropriate utilization and completion of health records.

- Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning
- Health records are succinct, relevant, and patient specific
- Uses knowledge of ideal documentation to guide junior members of the team

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