

## General Internal Medicine/Inpatient Wards Rotation Objectives

The primary roles of the PGY-2 and 3 residents are supervision and education. This includes:

1. Seeing every patient on the day of admission and writing an Upper Level Addendum
  1. Upper Level Addendum requires a HPI, pertinent PMH, Meds, and PE, along with the Resident's Assessment of the patient's illness and the team-formulated plan
  2. When working with an AI, Resident must write out a full and complete History and Physical, only Medical Students' Review of Systems may be referred to in the Resident note. All other aspects of the H&P must be independently documented by the Resident.
2. Review and approve diagnostic and treatment plans with the interns *every day prior to Attending Rounds*
3. Review patients' progress daily, giving feedback to the intern on progress notes, order writing, and discharge planning
4. If not completed by the PGY-1, Dictating all outside hospital transfers, discharges from the ICU, death summaries and history and physicals
5. Assuming complete responsibility of Interns' patients on PGY-1 days off
  1. Resident will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am
6. Organizing and planning attending rounds, meetings with consultants, and other teaching opportunities
7. Setting time aside for teaching medical students, including reviewing write-ups and giving timely feedback
8. Creating an atmosphere such that the intern is encouraged to ask for help when appropriate
9. Supervising procedures
10. Interacting with nurses and other personnel in a way that respects all members of the healthcare team and encourages their input
11. Being certain all members of the team are familiar with the current literature regarding their patients
12. A Resident will not supervise more than 10 new admissions including in-house transfers; and no more than 16 new patients in a 48 hour period
13. A Resident will not be responsible for the ongoing care of more than 14 patients with 1 PGY-1 or 20 patients with 2 PGY-1s
14. Participating in Ambulatory curriculum on the day of continuity clinic.
15. Being ready and present (when paged) at MHH for multidisciplinary rounds M, W, and F at 11am.

PGY-1 residents, otherwise known as interns, have the following major responsibilities:

1. Initial evaluation of all patients, including assimilation of old records and outside information.
2. Developing a plan for each patient to present to the resident.
3. Dictating all outside hospital transfers, discharges from the ICU, death summaries and history and physicals
4. Communicating with the patient and family about treatment plans, consultations, risks and benefits of procedures and medications, and other aspects of care.
5. Getting write-ups on the chart no later than 8:00 a.m. following a call day.
6. Discussion of "Do-Not-Resuscitate (DNR)" orders and other end-of-life issues when appropriate.
7. Asking surviving family members for permission to perform an autopsy.
8. Working on discharge planning from day one.
9. Writing daily progress notes.
10. Interns work closely with medical students and assist with their education.
11. An Intern will not admit more than 5 new patients plus 2 in-house transfers; and no more than 8 new patients in 48 hour period
12. An Intern will not be responsible for the ongoing care of more than 10 patients
13. Participating in Ambulatory curriculum on the day of continuity clinic.
14. Intern will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am

The primary roles of the Attending Faculty:

1. The faculty must regularly participate in organized clinical discussions. Teaching Faculty on ward services are expected to attend Case Conference.
2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.
3. Teaching rounds must be conducted between 8:00 – 11:40 am Mon-Fri on the General Medicine Services. Faculty may need to rearrange their clinic schedules during their on service months.
4. Teaching attendings will be held responsible for enforcing the duty hour rules.

5. Teaching Faculty must clearly state their expectations at the beginning of the rotation to the housestaff and students
6. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team
7. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff on the team

#### Daily Work/Conferences:

- Residents, Interns, and Students are expected to attend Morning Report at 1pm and Noon Conference at 12pm
- a. Rotation specific conferences that interfere with this schedule are the only accepted reasons for excused absence from Case Conference or Noon Conference
  - b. Rotation specific conferences that interfere with this schedule along with necessity for travel to an alternate location are the only accepted reasons for excused absence from Noon conference

*Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:*

*1<sup>st</sup> Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy*

*2<sup>nd</sup> violation: Housestaff will be required to repeat the month*

#### Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

*Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.*

*If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam*

#### Learning Objectives:

1. The resident will be able to identify the symptom of angina pectoris and describe the evaluation and management of unstable angina and Non-ST elevation myocardial infarction.
2. The resident will be able to describe the treatment of hypertension.
3. The resident will be able to describe the medical treatments of Diabetes Mellitus, type II.
4. The resident will be able to explain the evaluation and treatment of acute renal failure.
5. The resident will be able to describe the evaluation of and treatment of the patient with cirrhosis.
6. The resident will be able to describe the treatment of community- acquired pneumonia.
7. The resident will be able to explain the approach to the patient with atrial fibrillation.
8. The resident will be able to describe the diagnosis and treatment of DVT and PE.
9. The resident will be able to describe the evaluation and management of acute ischemic stroke.
10. The resident will be able to describe the management of an acute upper GI bleed.