



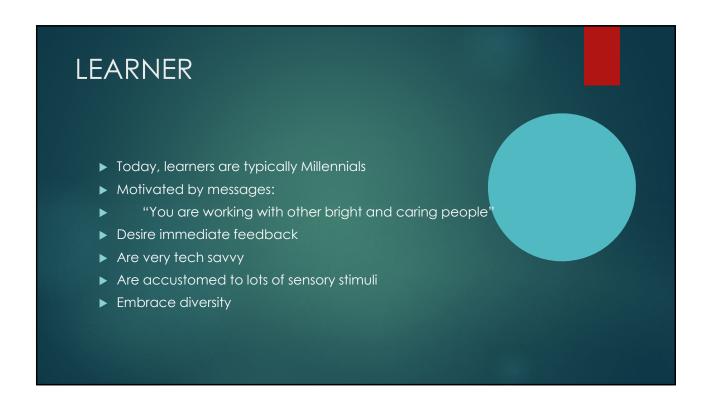
WHAT TO TEACH

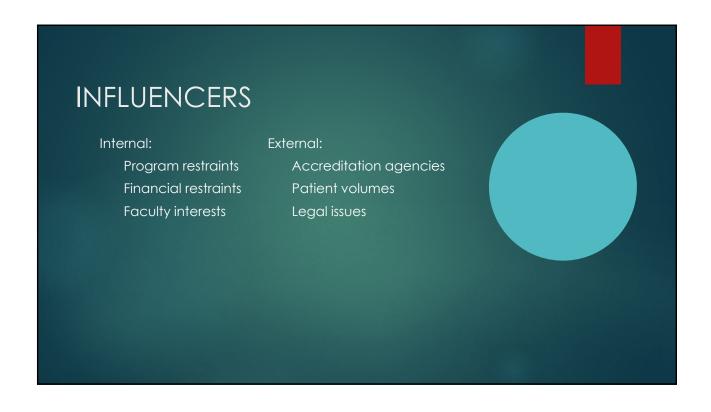
- ▶ Inpatient rotation is different than a specific focused task
- ▶ Learners at varying stages of training, even in same academic year
- ► Learners with differing educational goals
- ▶ Each learner has different experience even though on same service
- ► Each learner requires varying degrees of autonomy

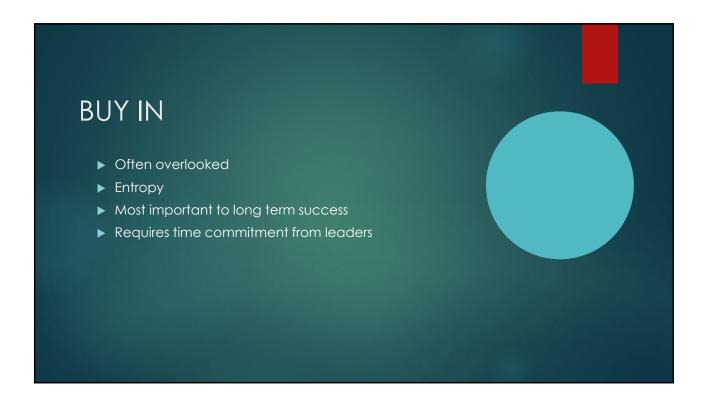
RESOURCES

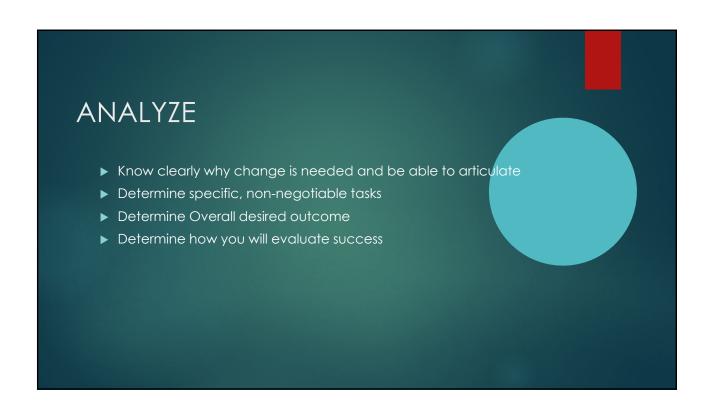
- ▶ Accreditation Council for Graduate Medical Education
- Specialty Societies
- ▶ National Board of Medical Specialists
- ► Curriculum Development for Medical Education
 - ▶ Thomas, Kern, Hughes, Chen



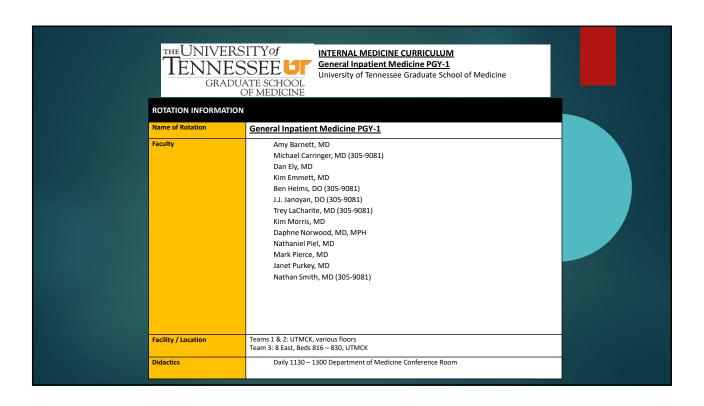








		PGY-1 Blocks	PGY-2 Blocks	PGY-3 Blocks	
		Diocks			
MEDICINE MASTER SCHEDULE 2019 -2020	Inpatient Core General Inpatient Medicine#	5 to 5.5	1.5 - 2	1.5	
	Critical Care Medicine#	1	2 – 2.5	2	
	Night Float#	0	4 – 5 weekends	1-1.5	
	Specialty	1 Cardiology 1	Neurology 1 Pulmonary 1 Infectious Disease 1	Cardiology 1 Hematology/Oncology 1	
	Ambulatory Medicine	4 to 4.5	4	-	
	2 week blocks in various specialty services	GI 1 Nephrology 1 Oncology 1 Emergency Medicine 1	Geriatric Trauma 1 Rheumatology 1 Cardiology 1 Hematology 1	Endocrinology I Allergy I REACT/Acute Care 2	
	Other Core	0.5	0.5-1	0.5-1	
		Scholarly Activity	Community Med 0.5 Geriatrics 0.5	Community Med 0.5 - 1 Geriatrics 0.5	
	Electives	0.5 - 1	0.5 - 1	1.5 - 2	
	Outpatient	State Administra	MARKETS NO.		
	Allergy Student Health Dermatology ENT Integrative Medicine Interventional Radiology Ophthalmology Orthopedies State Orthopedies State Orthopedies Urology Women's Health				
	Inpatient			Marie Control	
	Hospital Medicine				
	Other Research, QI				



	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
0600- 0830	Sign In Meeting /Work Rounds	Sign In Meeting /Work Rounds	Sign In Meeting /Work Rounds	Sign In Meeting /Work Rounds	Sign In Meeting /Work Rounds	Sign In Meeting /Work Rounds
0800- 0900		Multidisciplinary CPC Grand Rounds Quarterly DOM/ M & M Grand Rounds				
0830- 1115	Management Rounds	Rounds 0900	Management Rounds	Management Rounds	Management Rounds	Management Rounds
1130- 12:10	Patient Safety & QI		Morning Report	Morning Report	Morning Report	
1220- 1300	Noon Conference/ Journal Club	Noon Conference	Cardiology Conference	Noon Conference	Noon Conference/Resident Meeting/Quiz Bowl	
1300	Pt. Care/ Student Lecture/ Independent Learning	Pt. Care/ Student Lecture/ Independent Learning	Pt. Care/ Student Lecture/ Independent Learning	Pt. Care/ Student Lecture/ Independent Learning	Pt. Care/ Student Lecture/ Independent Learning	
1800	Sign Out Meeting	Sign Out Meeting	Sign Out Meeting	Sign Out Meeting	Sign Out Meeting	Sign Out Meeting

All residents and students will arrive 0600. Team 1 will meet in the 9E Medicine Conference room 0600 – 0615 for sign in. Team 2 will follow with sign in from 0615 until 0630. Team 3 members will meet at 0600 on 4 North UTH Conference Room for sign in.

Management rounds with the Attending will begin 0830. As possible, attending rounds should be completed by 1115 to allow resident attendance at teaching conferences.

Residents will have all patients seen, and be prepared for rounds with the Attending by 0830. Team 3 residents will have all notes completed in the EMR prior to attending rounds. The majority of notes by Teams 1 and 2 residents should be completed prior to attending rounds and finalized to reflect discussion and decisions made during rounds. PGY-1 residents and MSs will be assigned patients who were admitted overnight. They will be responsible for all details regarding these patients as if they completed the workup personally.

Senior residents should write a succinct addendum for all patients who are new to the team and on patients with new information, test results, change in patient status and significant updates or changes to the treatment plan. Senior residents will write a detailed admission note and progress note on all patients assigned to

Team 3 residents will present their patients at 8E multidisciplinary rounds daily at 1330. This meeting will occur in the Physician/Pharmacy/Case Management conference room.

Teams will meet in the afternoon as needed for completion of teaching activities and rounds on new admissions as time permits.

Sign out rounds will occur at 1800.

Weekday admissions from 0800 -1700 to Teams 1 & 2 from the ED, UT IM Center and FIM will be directed to the On Call senior Resident who will distribute to PGY-1s and MSs based on capacity, complexity and other factors. In addition, senior residents from Teams 1 and 2 will communicate capacity to the UTH NP who will distribute unassigned patients to these teams. The On Call Team will be responsible for the CODE and Admission pagers.

Weeknight admissions will be managed by a Nightfloat Senior resident and PGY-1 from Teams 1 and 2. These individuals will respond to ED and CODE pagers, provide cross coverage for acute issues on Teams 1 & 2, and serve as liaison to the Attending on call. The Nightfloat resident will call the Attending on call for all patients

Related Conferences/Venues:

Morning Report, Noon Conference, Grand Rounds, Multidisciplinary CPC, Journal Club, Patient Safety, QI, Morbidity and Mortality, Quarterly Department of Medicine Meeting: DOM Conference Room.

Primary Goals:

This rotation will teach the resident to evaluate and initiate treatment for patients presenting for hospitalization from both the ambulatory setting and the Emergency Department. The PGY-1 Resident will learn to care for patients as they transition from the critical care setting to a regular inpatient care site. The resident will learn to communicate with all members of the health care team as well as the patient and their caregivers/family. The PGY-1 resident will learn to be responsible for both the overall coordination of patient care as well as the role of a consultant to various specialty services. The PGY-1 will be supervised by an upper level resident who will provide direct and immediately available indirect supervision as well as an attending physician who will provide direct, immediately available indirect, and/or oversight supervision. The PGY-1 will learn a structured process of patient hand off to insure both continuity of care and patient safety. This rotation will allow the opportunity for progressive responsibility for inpatient care. The senior resident will determine if follow-up after hospitalization can be made in a timely manner with the existing PCP or if patient will need follow-up appointment in the REACT clinic. The rotation will attempt to train residents to obtain competency in the following six core areas of internal medicine:

Patient Care

- efficient, prioritized manner.
- To obtain appropriate, verified data from secondary sources such as family members and outpatient pharmacy staff.
- To perform an accurate physical examination that is targeted to the patient's complaints and medical conditions.
- To accurately track important changes in the physical examination
- To learn to synthesize all data, including interviews, examinations and laboratory data to identify the main clinical problem.
- To recognize clinical situations which need urgent medical care.
- To recognize when to seek additional guidance.
- To provide appropriate preventive care and to teach patient self-care.
- To manage patients with common disorders which are frequently seen in the inpatient setting.
- To learn how to manage the transition of patient care from the hospital to the outpatient setting.

Medical Knowledge

- To understand the pathophysiology and basic science for common medical conditions.
- To understand indications and basic interpretation of common testing used for diagnostic purposes.

Practice-Based Learning and Improvement

- To develop a willingness to learn from errors.
- To learn how to access references such as textbooks, computer-based resources, and the opinion of colleagues to improve one's knowledge on a
- To identify clinical questions as they present in clinical practice.
- members of the healthcare team.

Interpersonal and Communication Skills

- To provide timely and comprehensive verbal and written communication to
- To learn to use both verbal and nonverbal skills to create rapport with patients and their families.
- To learn to demonstrate sensitivity to differences in patients including race,
- To communicate effectively with other caregivers in order to maintain appropriate continuity during transitions of care.
- To deliver appropriate, succinct oral presentations.
- To communicate effectively with all members of the health care team.
- To request consultation in an effective manner and work in conjunction with a consultant for delivery of appropriate medical care.
- To provide legible, accurate, complete and timely written communication that meets acceptable medical standards.

Professionalism

- To honestly acknowledge personal errors.
- To demonstrate a commitment to relieve pain and suffering.
- To respond promptly to all clinical responsibilities including calls and pages.
- To carry out timely interactions with patients, caregivers, and colleagues...

- To treat all patients with dignity and respect.
- To recognize that disparities exist in health care among populations and they

Systems-Based Practice

- To understand how to utilize hospital-based systems to optimize care in a cost-
- To learn to work effectively as a team member to insure safe patient care.
 To recognize systems forces that increase the risk for patient care error.

- To learn approximate costs for common diagnostic and therapeutic tests and thus avoid unnecessary tests.





