

University of Tennessee Medical Center at Knoxville
Internal Medicine Residency Program
Curricular Area Worksheet
Revised 9/1/2017

1. Curricular Area: **General Inpatient Medicine PGY-1**
2. Location: Teams 1 & 2: UTMCK, various floors and Emergency Dept.
Team 3: 8 East, UTMCK
3. Faculty: Mark Rasnake, MD, Program Director
Amy Barnett, MD
Michael Carringer, MD
Brad Davis, MD
Dan Ely, MD
Kim Emmett, MD
Crystal Gue, MD
Ben Helms, DO
J.J. Janoyan, DO (305-9081)
Trey LaCharite, MD (305-9081)
Kim Morris, MD
Daphne Norwood, MD, MPH
J. Mark Pierce, MD
Janet Purkey, MD

4. Schedule:

All residents and students will arrive by 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 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. Notes of acceptance from overnight admissions and daily progress notes should be mostly complete as they will be finalized during management rounds or shortly thereafter.

Teams will meet in the afternoon as needed for completion of teaching activities and rounds.

Sign out rounds will occur at 1800.

Teams 1 and 2 will alternate daytime call with admissions to the call team between 0800 -1800. Overnight admissions will be distributed to Teams 1 and 2 Monday through Friday based on capacity, complexity and other factors. The On Call team will be responsible for the CODE and Admission pagers. On weekends, Teams 1 and 2 will have 24 hour call.

Weeknight admissions will be managed by a Nightfloat Senior resident and PGY-1 resident. These individuals will respond to ED and CODE pagers, provide cross coverage for acute issues on Team 1 & 2, and serve as liaison to the Attending on call. The Nightfloat resident will call the Attending on call for all patients considered for ED release, significant changes in clinical condition and unexpected deaths. The PGY-1 will have primary responsibility for all floor calls for Teams 1 & 2 and will assist the Night Float Resident with admissions, dictations and codes. Both residents will depart after sign in is complete.

Coordination of admissions to Team 3 will be directed by the Patient Placement Center and the UTH Attending. UTH Nurse Practitioner and Night UTH Attending will provide cross coverage, night admissions and sign in/out rounds.

PGY-1 residents are limited to a maximum of 80 hours work per week when averaged over a four week period, receive at least ten hours off post call and do not work more than 15 hours of continuous duty. They have one 24-hour period off per week on average.

	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		Grand Rounds, Quarterly Department Mtg., or M & M				
0830-1115	Rounds	Rounds	Rounds	Rounds	Rounds	Rounds
1130-12:10	Patient Safety & QI		Morning Report	Morning Report	Morning Report	
1220-1300	Noon Conference/ Journal Club	Noon Conference	Cardiology Conference, Morrison's	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

Please refer to the Resident Handbook for further details regarding call duties and hospital admissions policies.

5. Related Conferences/Venues:

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

6. 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 rotation will attempt to train residents to obtain competency in the following six core areas of internal medicine:

A. Patient Care

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

B. Medical Knowledge

1. To understand the pathophysiology and basic science for common medical conditions.

2. To understand indications and basic interpretation of common testing used for diagnostic purposes.

C. Practice-Based Learning and Improvement

1. To develop a willingness to learn from errors.
2. To learn how to access references such as textbooks, computer-based resources, and the opinion of colleagues to improve one's knowledge on a continual basis.
3. To identify clinical questions as they present in clinical practice.
4. To respond in a welcoming, productive manner to feedback from all members of the healthcare team.
5. To actively participate in teaching conferences.

D. Interpersonal and Communication Skills

1. To provide timely and comprehensive verbal and written communication to patients/advocates.
2. To learn to use both verbal and nonverbal skills to create rapport with patients and their families.
3. To learn how to use an interpreter or devise appropriately.
4. To learn to demonstrate sensitivity to differences in patients including race, culture, gender, sexual orientation, socioeconomic status, literacy and religious beliefs.
5. To communicate effectively with other caregivers in order to maintain appropriate continuity during transitions of care.
6. To deliver appropriate, succinct oral presentations.
7. To communicate effectively with all members of the health care team.
8. To request consultation in an effective manner and work in conjunction with a consultant for delivery of appropriate medical care.
9. To provide legible, accurate, complete and timely written communication that meets acceptable medical standards.

E. Professionalism

1. To document clinical information truthfully.
2. To follow all formal policies of the health care system.
3. To honestly acknowledge personal errors.
4. To demonstrate empathy and compassion to all patients.
5. To demonstrate a commitment to relieve pain and suffering.
6. To respond promptly to all clinical responsibilities including calls and pages.
7. To carry out timely interactions with patients, caregivers, and colleagues.
8. To maintain professional appearance, demeanor and relationships.
9. To recognize when it is necessary to advocate for patient needs.

10. To treat all patients with dignity and respect.
11. To maintain patient confidentiality.
12. To recognize that disparities exist in health care among populations and they may impact health care of the patient.

F. Systems-Based Practice

1. To understand how to utilize hospital-based systems to optimize care in a cost-effective manner.
2. To appreciate the roles of various health care providers.
3. To learn to work effectively as a team member on an interprofessional team to insure safe patient care.
4. To recognize systems forces that increase the risk for patient care error.
5. To learn to identify and learn from critical incidents and near misses of medical error.
6. To learn approximate costs for common diagnostic and therapeutic tests and thus avoid unnecessary tests.

7. Primary Objectives:

A. The resident will learn to obtain an appropriate history, to perform a directed physical examination and to initiate treatment of patients who present with common medical problems.

B. Residents will learn to understand and utilize effective prophylactic therapy with anticoagulants.

C. Residents will learn how to discuss end of life and withdrawal of care issues and how to discuss options regarding resuscitation with patients and their families.

D. Residents will become proficient in many of the procedures commonly used in an inpatient setting

E. Residents will develop and refine their oral presentation skills.

F. Residents will develop effective systems to review radiologic and pathologic results including postmortem examinations of their patients.

G. Residents will enter all orders on patients on the General Inpatient Medicine Service when practically possible. Preferably, the PGY-1 will enter most of the orders. A fourth year medical student may enter orders on the patients they manage with the supervision of the upper level resident. Residents should discuss orders regarding major treatment decisions with the attending physician. Residents are expected to review all charts of patients on the service prior to sign-

out so that consultant's recommendations and test results may be acted upon in a timely manner.

8. Supplemental References, Suggested Readings:

Current UpToDate, Inc. Wellesley, MA. Available in Preston Medical Library and 24 hour online access. <http://www.uptodate.com/index>

The following topics should be read:

Diagnostic Approach to Chest Pain in Adults
Treatment of Community-acquired Pneumonia
Management of exacerbation of Chronic Obstructive Pulmonary Disease.
Diagnostic Approach to Abdominal Pain in Adults.
Management of Moderate and Severe Alcohol Withdrawal Symptoms.
Approach to the adult patient with Anemia.
Approach to the Patient with Abnormal Liver Function Tests
Criteria for the Diagnosis of Acute Myocardial Infarction
Evaluation of Syncope in adults
Management of Diabetes Mellitus in Hospitalized Patients.
Evaluation of the patient with Vertigo
Evaluation of the Patient with Suspected Heart Failure.
Etiology and Evaluation of Hemoptysis in Adults.
Ethical Considerations in Effective Pain Management at the end of life
Pressure Ulcers: epidemiology, pathogenesis, clinical manifestations & staging
Evaluation of Cognitive Impairment and Dementia.
Approach to the Patient with Metabolic Acidosis.
Evaluation of adults with Hyponatremia.
Evaluation of the Patient with Hypokalemia.
Diagnostic Approach to Hypercalcemia.
Basic Principles of Electrocardiographic Interpretation
Simple and Mixed Acid-Base Disorders.
Approach to the Patient with Dizziness.
Approach to the Adult with Fever of Unknown Origin.
Headache Syndromes Other Than Migraine.
Approach to the Adult with Nausea and Vomiting.
Serum Osmolal Gap.
Overview of the Treatment of Chronic Pain
Estimation of Cardiac Risk prior to Noncardiac Surgery.
Clinical Manifestations and Diagnosis of Acute Pancreatitis.
Approach to resuscitation and diagnosis of lower GI bleeding in adults
Approach to Upper Gastrointestinal Bleeding in Adults
Approach to the Patient with Abnormal Liver Function Tests.
Therapeutic Use of Heparin and Low Molecular Weight Heparin.
Therapeutic Use of Warfarin
Diagnostic Approach to Community-Acquired Pneumonia in Adults.

Clinical Manifestations and Diagnosis of Edema in Adults.
Management of Anti-Coagulation before and After Elective Surgery.
Treatment of Cellulitis.
Clinical Manifestations; Diagnosis; and Treatment of Acute Pyelonephritis.
Clinical Manifestations of Seasonal Influenza in Adults.
Clinical Manifestations and Diagnosis of Volume Depletion in Adults.
Maintenance and Replacement Fluid Therapy in Adults.
Diagnostic Approach to the patient with Acute and Chronic Kidney Disease.
Overview of the Evaluation of Stroke.
Evaluation of the First Seizure in Adults.
Treatment of Acute Exacerbations of Asthma in Adults.
Approach to the Patient with Dyspnea.
Overview of Acute Pulmonary Embolism.
Treatment of Acute Pulmonary Embolism.
Treatment of Deep Venous Thrombosis.
Suicide Ideation and Behavior in Adults.
Post Lumbar Puncture Headache.

Cardiovascular Medicine Calculators:

Framingham 10 year risk of general cardiovascular disease in men.
Framingham 10 year risk of general cardiovascular disease in women.
Atrial Fibrillation CHADS 2 score for stroke risk.
TIMI score for unstable angina non ST elevation MI
TIMI score for ST elevation acute MI

9. Procedures:

The PGY-1 resident will learn the indications, contraindications and complications of procedural skills used commonly in the practice of General Inpatient Medicine. They will have the opportunity to perform procedures such as advanced cardiopulmonary resuscitation, central venous line placement, thoracentesis, abdominal paracentesis, nasogastric intubation, arthrocentesis of the knee, lumbar puncture, arterial puncture, and interpretation of electrocardiograms. In addition, they will have the opportunity to become more skilled in the interpretation of chest radiographs. The PGY-1 resident must have direct supervision of all procedures performed during the first six months of training and thereafter, until a sufficient number has been completed to demonstrate competency. The PGY-1 must be certified utilizing MedHub. The PGY-1 resident must complete all assignments on procedures consult and in the Simulation Center. When the PGY-1 resident has demonstrated competency, he/she will be allowed to supervise others who are performing the procedure.

10. Other Resources:

The PGY-1 resident will benefit from interactions with other members of the healthcare team including nursing staff, case managers, and physical, occupational, speech and

respiratory therapists. They will also interact with attending physicians from both medical and surgical specialties as well as resident physicians from other disciplines. A clinical pharmacologist and a pharmacy resident will participate in management rounds on most post-call days.

11. Research Opportunities:

PGY-1 residents are encouraged to develop case reports based on interesting patients seen on service. These may be submitted for publication or for oral or poster presentation at the Tennessee ACP meeting. Faculty members are available to assist with these efforts.

12. Method of Resident Evaluation:

Each resident is informally and continually evaluated during the course of the rotation. This evaluation will include global faculty evaluations, resident evaluations, nursing evaluations, and mini-CEX examinations (a minimum of four per year are expected). The Night Float senior resident will evaluate the PGY-1 cross coverage decisions, patient work ups, sign out and communication skills. A summative evaluation form will be completed by each attending physician via MedHub at the end of the rotation with direct verbal feedback given.

3. Method of Rotation Evaluation:

Residents are asked to provide direct feedback to the attending in an informal manner during the course of the rotation. They will complete a formal evaluation using MedHub at the end of the rotation. Cumulative feedback to the attending faculty member will be given during the annual faculty evaluation by the Departmental Chair in a non-identifying manner. The residents will participate in a once yearly program evaluation.