

Rotation Name: Inpatient - Morgan - General Medicine Wards

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Goal:

The purpose of this educational unit is to provide internal medicine residents with a wide breadth experience of general medicine problems that require non-ICU level hospitalization. For the intern or PGY-1 to take primary clinical responsibility for the patients with senior resident and attending oversight; and for the senior (PGY-2 or PGY-3) resident to lead the team in terms of clinical education, clinical reasoning, diagnosis and management of the patients on the team. The ultimate goal of this rotation is to prepare PGY-3 resident to have the skills required to care for hospitalized patients without supervision; and for the roles of the PGY1 and PGY-2 residents to have graded responsibilities to achieve that goal.

Objectives:

By the end of this educational block, learners in this rotation will be able to:

Patient Care

1. Assess new patients incorporating all pertinent information from the patient, family, and medical records, including outside records.
2. Demonstrate efficient and effective diagnostic decision making when creating differential diagnoses. Aware of potential cognitive bias.
3. Recognize patients with impending or active life-threatening conditions.
4. Manage patients with serious acute illnesses.
5. Develop treatment plans for complex patients in acute care settings, including requesting consultative care when appropriate

Medical Knowledge

Interpersonal and Communication Skills

1. Demonstrate effective communication with patients and families by using shared decision making and closed loop communication skills in developing care plans.
2. Communicate effectively with non-physician members of the team
3. Ensure safe and accurate handovers, transitions of care, and discharges using a framework
4. Provide care that is sensitive to patients' unique backgrounds and experiences

Professionalism

1. Document clearly, timely and effectively.
2. Interact in an effective professional and collegial manner with all members of the health care team, including consultants

Systems based practice

1. Provide value-based care by ordering appropriate tests and minimizing unnecessary ones
2. Describe the roles of non-physician members of the team and engages them effectively appropriately for patient-centered care

Practice-based learning and improvement

1. Over time, demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care
2. Seek out feedback from multiple observers. Demonstrate using this feedback to make change.

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Bed side rounds	Clinical Reasoning Presentation skills Cardiac auscultation
Didactic lecture	Reading EKGs Interpreting acid base disorders
Faculty direct observation	Over time, demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care Seek out feedback from multiple observers. Demonstrate using this feedback to make change.
Faculty chart audit	Document clearly, timely and efficiently

Required Reading:

(references)

Suggested Reading and/or Resources:

(references, books, website, etc)

Evaluation:

(Ideally, the evaluation items below resemble the learning objectives above)

Assessment Form:

1. Please identify 3 skills you observed the resident do well? (Text Box)
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently? (Text Box)

(Ideally, limit to 8-10 skills that you ask your faculty to assess)

For the remaining items, please rate 1-5 (or did not observe):

1 = cannot do this skill

2 = can do this skill only with direct supervision (some needs to be there to supervise)

3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)

4 = can do this skill unsupervised (they are ready to graduate for this skill)

5 = has achieved mastery of this skill (They can teach others how to do this skill well)

3. Assess new patients incorporating all pertinent information from the patient, family, and medical records, including outside records. PC-4 PC-6

4. Provide value-based care by ordering appropriate tests and minimizing unnecessary ones MK-3 PBLI-1
5. Demonstrate efficient and effective diagnostic decision making when creating differential diagnoses. Aware of potential cognitive bias.PC-3 PBLI-2
6. Over time, demonstrates willingness to re-assess their approach to clinical problems to improve prior practice patterns and provide evidenced-based care PBLI-1 and 2
7. Recognize patients with impending or active life-threatening conditions. PC-4, Prof-3
8. Manage patients with serious acute illnesses. PC-4
9. Develop treatment plans for complex patients in acute care settings, including requesting consultative care when appropriate PC-4
10. Demonstrate effective communication with patients and families by using shared decision making and closed loop communication skills in developing care plans. ICS-1
11. Communicate effectively with non-physician members of the team ICS-2
12. Describe the roles of non-physician members of the team and engages them effectively appropriately for patient-centered care ICS-3
13. Ensure safe and accurate handovers, transitions of care, and discharges using a framework PC-4, ICS-2,SBP-1
14. Document clearly, timely and effectively. PC-6, Prof-3
15. Provide care that is sensitive to patients' unique backgrounds and experiences ICS-1, Prof-2
16. Interact in an effective professional and collegial manner with all members of the health care team, including consultants ICS- 2, Prof-1
17. Seek out feedback from multiple observers. Demonstrate using this feedback to make change. PBLI-2