

Harbor-UCLA Medical Center GOALS & OBJECTIVES

Internal Medicine Wards Transitional Year Intern Rotation

The **GOAL** of this rotation is to provide clinical experience with patients having a variety of acute illness requiring inpatient hospitalization. Patients will be followed from admission (most patients admitted from the Emergency Department), through the ward and/or ICU, and until discharge. Medical, psychosocial, ethical, and other aspects of acute illness will be discussed. At the conclusion of this rotation, residents will have gained insight into the diagnosis and management of acute inpatient medical problems, the role of subspecialty consultation, diagnostic methods, the natural history of disease, and strategies for efficient workup and treatment. The relationship between ambulatory and inpatient medicine will be examined through patient encounters and discharge planning.

A. The **CLINICAL EXPERIENCE** may include patients having:

1. acute respiratory failure (ARDS, COPD, asthma)
2. acute and chronic renal failure
3. gastrointestinal bleeding
4. complications of cancer
5. sepsis
6. pneumonia, tuberculosis, empyema
7. congestive heart failure
8. acute myocardial infarction
9. bacterial endocarditis
10. complications of AIDS and other immune compromised states
11. electrolyte disturbances
12. severe hypertension
13. cirrhosis, hepatitis, biliary disease, pancreatitis
14. altered mental status, cerebrovascular disease, meningitis
15. medical diagnostic problems, including fever of unknown origin
16. diabetic ketoacidosis
17. drug overdose or toxicity, drug/alcohol withdrawal

Reading, discussion, and other educational activities should be directed at understanding the pathophysiology, clinical course, and management of the disorders listed under A.

B. Exposure to these **PROCEDURES**, including indications, contraindications, and complications, is likely on this rotation:

1. thoracentesis
2. lumbar puncture
3. phlebotomy

4. urinalysis
5. examination of peripheral blood smear
6. arterial puncture

Exposure to and experience with indications and decisions regarding: hemodialysis, fine needle aspiration, bone marrow aspiration and biopsy, gastrointestinal endoscopy, fiberoptic bronchoscopy, cardiac catheterization, echocardiography, pulmonary function testing, exercise tests. These procedures are performed by subspecialists.

C. EDUCATIONAL RESOURCES available during this rotation include:

1. Work rounds with residents
2. Attending physician teaching rounds
3. Department of Medicine Grand Rounds (weekly)
4. Medical M&M Conference (weekly)
5. Medicine Housestaff Discussion Series (weekly)
6. Subspecialty residents, fellows, and attending physicians providing consultation
7. Morning Report (daily, optional for R1)
8. Medicine Ethics Discussion Series
9. 5E ICU Rounds, daily if patients admitted to this area
10. Interns' Report (weekly)
11. Other Department of Medicine conferences
12. Primary Care Lecture Series (weekly)

F. During this rotation, SUPERVISION will be provided by:

1. Ward Attending Physician
2. Ward Resident (R2 or R3)

D. EVALUATION of performance will be provided by written evaluation by the Attending Physician and Ward Resident. TY Residents will evaluate teaching performance of Attending Physician and Senior Residents.

Competency-based Objectives of the Inpatient Internal Medicine Rotation:

1. Patient Care

- Demonstrates an effective approach to management of medical problems requiring hospitalization
- Plans a diagnostic and therapeutic program for acutely ill patients establishes priorities for evaluation and management, including time management, organization, written documentation, and discharge planning documentation
- Performs an appropriate (general and focused) inpatient medical history and physical examination performs the procedures likely to be encountered in taking care of hospitalized medical patients (including documentation of required procedures)
- Responds to unanticipated emergent problems of inpatients (cross-coverage)
- Writes appropriate admitting and daily orders based on diagnostic and therapeutic plans
- Makes a discharge plan

2. Medical Knowledge

- appropriate knowledge of pathophysiology, diagnosis, and treatment of medical illness
- can explain the indications for and complications of commonly used diagnostic tests and medical therapy
- demonstrates awareness of areas of needed improvement in inpatient internal medicine knowledge

3. Practice-Based Learning and Improvement

- shows appropriate use of consultation with medical and non-medical services, including special diagnostic studies
- uses evidence from the medical literature to answer clinical questions
- identifies areas for potential improvement in personal delivery of care
- maintains a positive attitude towards learning, including attendance and participation on rounds and conferences, and evidence of reading or other methods of gaining knowledge
- participates actively in teaching others, including students, residents, and faculty

4. Interpersonal and Communications Skills

- presents a patient effectively and efficiently, avoiding jargon, and concisely summarizing pertinent information and plans
- communicates with patients and concerned others effectively
- writes accurate, complete, and legible entries in the medical record
- works constructively as part of a team
- communicates between peers (cross-coverage)
- completes discharge summaries in a timely manner

5. Professionalism

- focuses on issues of appropriate and adequate pain management
- recognizes the importance of a patient's cultural, language, or family background and support
- recognizes end of life issues, including decision-making and forgoing of care
- demonstrates respect and compassion for patients, including issues of informed consent
- consistently interacts with other health care workers in a professional manner

6. Systems-Based Practice

- appreciates the relationships between different levels of inpatient care, including general wards, progressive care, and ICU care. provides continuity of care between levels of care both entering and leaving the inpatient environment (including followup ambulatory care)
- understands basic information about cost-effectiveness and knows where to seek further information demonstrates awareness of resources for optimal patient care,

including ancillary services, guidelines, patient education, social services, and non-physician care specialists