

## General Medicine - Inpatient

### **Goal**

Patients of varying age, ethnic background, and economic status with a wide diversity of diseases are managed on the general medicine services. Admissions to these services are arranged from the clinics and Emergency Room or are transferred from an outside institution or from one of our subspecialty units. Learning on this service is patient-based and requires extensive reading on the diseases encountered.

Goals by year of training:

#### HO-I

1. To perfect data acquisition skills including history, physical, pertinent laboratory studies, and cost-effective ancillary studies.
2. To develop the knowledge base required to systematically approach the management of patients hospitalized for acute and chronic medical conditions.
3. To assume the role of central care giver under the careful supervision of supervising residents and faculty. As such, HO-I's will be expected to maintain excellent communication with patients, family members, and other members of the health care team to optimize the care that is provided.

#### HO-II/III/IV

1. To provide leadership in creating an environment which emphasizes quality patient care.
2. To refine the knowledge of diseases requiring hospital management and to share this knowledge base with interns and medical students.
3. To directly supervise and educate interns and medical students in the delivery of high quality medical care.
4. To master the proper use of consultations from other consultative services.

### **Lead Faculty**

Robert Ernst, MD

### **Objectives**

#### Patient Care and Medical Knowledge

Obtain an appropriate history taking and perform a focused physical exam to determine the most likely cause of following symptoms:

- chest pain
- dyspnea
- headache
- mental status changes including delirium and stupor/coma
- acute abdominal pain
- new fever
- new rash
- lower extremity edema
- anorexia, constipation, diarrhea, nausea/emesis
- hematochezia

- cough
- dizziness
- swollen joint
- weakness
- syncope

Obtain an appropriate history taking and perform a physical exam to enable detection of the following illnesses:

- DVT/PE
- DKA
- CAP and Aspiration Pneumonia
- ARF
- Cellulitis/Osteomyelitis/Diabetic foot ulcers
- Asthma and COPD Exacerbation
- UTI/Pyelonephritis/Urosepsis
- Hypertensive Urgency
- Endocarditis
- Meningitis
- CAD/Non-invasive Testing
- Pre-op Evaluation
- Atrial Fibrillation
- CHF
- Anemia
- Hypo/Hyperthyroidism
- Hypo/Hyponatremia
- Acid/Base Disorders
- Sacral Decubiti
- Septic Arthritis
- Obstipation/Partial Bowel Obstruction
- CVA
- Dementia
- Depression
- ETOH Withdrawal
- Chronic Pain Syndromes
- Diverticulitis

Identify the most common causes of the following symptoms in hospitalized patients:

- chest pain
- dyspnea
- headache
- mental status changes including delirium and stupor/coma
- acute abdominal pain
- new fever
- new rash
- lower extremity edema

- anorexia, constipation, diarrhea, nausea/emesis
- hematochezia
- cough
- dizziness
- swollen joint
- weakness
- syncope

List risk factors for the following hospital-acquired conditions:

- nosocomial UTI
- nosocomial pneumonia
- decubitus ulcer formation
- ileus/obstipation
- acute renal failure
- CHF
- mental status changes
- DVT

#### Practice Based Learning and Improvement

Develop a willingness and ability to learn from errors and use them to improve the health care system.

Use information technology to enhance patient education.

Utilize information technology resources to support patient care decisions.

#### Interpersonal and Communication Skills

Demonstrate compassionate, patient-centered interviewing techniques in patients with chronic and recurrent illness; patients who are elderly and slow, are angry/frustrated, are poorly educated.

Demonstrate effective communications and mediation skills regarding family-physician disagreements about end-of-life decision making.

Demonstrate effective negotiation and mediation skills with:

- narcotic-seeking patients
- angry/frustrated patients/families
- family members in disagreement on appropriate care of loved one

Complete discharge dictations in a timely manner.

#### Professionalism

Avoid judgmental behavior in patients with chronic pain syndromes and demonstrate effective communication skills to plan appropriate pain treatment regimens in collaboration with the patient.

Seek methods to enhance effective communication and understanding with patients of different cultural/ethnic backgrounds.

Understand appropriate indications for “comfort care” status as well as “DNR” code status.

Provide meaningful feedback to colleagues regarding his/her performance.

Systems Based Practice

Recognize the importance and added value of contact with the patient’s primary care physician upon patient admission to the hospital.

Interact with social workers and practice management on a daily basis for effective patient discharge planning.

Recognize the added value of direct communication with other health care professionals (nurses, physical therapists, dieticians) when specific orders are desired.

**Teaching Methods**

Residents are expected to read articles and texts regarding their patients' problems.

Attending teaching rounds are conducted daily.

**Evaluation**

All residents are evaluated on the above core competencies each month through an attending evaluation. Time is set aside at mid-month for interim feedback.

**Resources**

General Medicine textbook

MD Consult

**Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	7:00 Work Rounds 8:00 Morning Report 11:00 Attending Rounds	7:00 Work Rounds 8:00 Morning Report 11:00 Attending Rounds	7:00 Work Rounds 8:00 Morning Report 11:00 Attending Rounds	7:00 Work Rounds 8:00 Morning Report 11:00 Attending Rounds	7:00 Work Rounds 8:00 Morning Report 11:00 Chief Rounds
PM	12:00 Noon Conference	12:30 Intern Conference	12:00 Noon Conference	12:00 Noon Conference	12:00 Grand Rounds