University of California, Irvine

**Department of Medicine**

**Internal Medicine Residency Program Rotation Curriculum**

## I. Rotation Sites and Supervision

Rotation Name: **Hospitalist Elective**

| Site | Faculty Supervisor | Administrator | Phone |
|---|---|---|---|
| LBMMC | Angie Nguyen, MD<br>angelicn@uci.edu | Angel Arvizu<br>aarvizu@memorialcare.org | 562-933-3804<br>562-933-3806 |

Key Faculty Participating in the Rotation: David Sperling, MD
Mohammad Kamgar, MD

## II. Description of Rotation or Educational Experience

Residents will be paired one-on-one with a private practice/community hospitalist attending physician at Long Beach Memorial Medicine Center. They will work with this hospitalist physician to admit, discharge, and provide ongoing inpatient care for patients on medicine wards.

Residents on this rotation will learn to diagnose, treat, and manage various medical problems in patients who are admitted to general medicine wards. Residents will learn from hands-on experiences in taking care of their patients with appropriate teaching and guidance from hospitalist attending physicians.

Residents can carry a maximum of 10 patients on their own, under the supervision of their hospitalist attending. There will not be interns or medical students on this rotation, providing residents exposure to the life of a Hospitalist after residency.

The Resident will improve their organization, multi-tasking, and efficiency skills.

The Resident will refine communications skills in many areas, including communication with patients and their families, professional colleagues, and ancillary staff.

The Resident will refine skills of professionalism in caring for hospitalized patients.

## III. Competency-based Objectives for the Senior Resident on the Hospitalist-Elective Rotation

**Patient Care**
**Goal**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

**Educational Objectives**
a. Continue to read and enhance knowledge related to patients on his or her service.

b. Demonstrate proficiency in performing an appropriate physical exam related to a comprehensive approach to patient care.
c. Demonstrate a commitment to appropriate and professional communication with peers, supervisors, and other health care professionals.
d. Demonstrate an altruistic and humanistic commitment to professionalism in the care of patients.
e. Demonstrate commitment to confidentiality and the protection of patient information in all areas and interactions.
f. Demonstrate outstanding organizational skills that allow for the efficient care of complicated patients with a variety of medical conditions
g. Demonstrate a commitment to life long learning and evidence-based care through consistent use of appropriate clinical questions and medical knowledge management.
h. Demonstrate appropriate commitment to utilization of resources appropriate to the care of patients.
i. Demonstrate the ability to admit, discharge, and provide on-going inpatient care for up to 10 hospitalized general medicine patients.
j. Demonstrate proficiency in conducting handoff of care.
k. Demonstrate the ability to organize the health care team, including integration of resources and utilization of case management personnel for patient care and discharge.
l. Demonstrate competence in the diagnosis and management of all key topics and sentinel competencies for this rotation.

**This rotation is restricted a resident at the PGY2 or 3 level only.**

| **Patient Care** | PGY2 | PGY3 |
|---|---|---|
| Complete medical data base (H&P) relevant to general internal medicine ward patients and good patient care overall | Manager & Educator: Able to process data at a sophisticated level with diagnostic paradigms which take into account the nuances of patient history. Able to advise junior residents and supervise them in the process of data acquisition. | Competent at the level of a well-trained internist |
| Diagnostic decision making based upon the best evidence | Manager & Educator: Able to coordinate data gathered into a comprehensive decision and differential diagnostic strategy, under the supervision of a faculty attending. | Competent at the level of a well-trained internist |
| Involving patients in decisions about their care | All of the time | |
| Working with other health care professionals to ensure the best care | All of the time | |

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| Teaching patients and families | All of the time including utilization of the health literacy assessment. After the Palliative Care Rotation, should be capable of independently conducting the Family Meeting. | |
| Patient triage and evaluation of severity | Manager & Educator: Able to use data gathered to make decisions about appropriate placement and consultation. | Competent at the level of a well-trained internist |
| Response to emergencies | Manager & Educator: Respond in a timely and effective manner including triage, ACLS, risk assessment, and consultation. | Competent at the level of a well-trained internist |
| Commitment to wellness, screening & prevention. | All of the time, including assuring the completion of protocols in care pathways for pneumonia, heart failure, ACS, smoking cessation. | |
| Identification & intervention in psycho-social issues, including domestic violence & depression | All of the time. Knows resources and reports problems when necessary to attendings or program administration. | |

| **Medical Knowledge** | PGY2 | PGY3 |
|---|---|---|
| Medical illnesses with special emphasis to the topics noted in this document. | Manager & Educator | Competent to practice independently |
| Complete differential diagnoses | Manager & Educator | Competent at the level of a well-trained internist |
| Epidemiology & biostatistics | Manager & Educator | Competent at the level of a well-trained internist |
| Research design | Competent in basic issues | Competent in basic issues |
| ICU Medicine, especially as relevant to triage from the ward service to the ICU. | Manager & Educator | Competent at the level of a well-trained internist |
| Recognizing own limitations | Supervises where appropriate and calls for assistance when needed | |

| **Practice-based Learning** | PGY2 | PGY3 |
|---|---|---|
| Take advantage of patient care to read & learn | Consistently demonstrates this commitment. | |
| Use of medical information resources & search tools | Consistently accesses appropriate resources; able to teach others about resources and critical appraisal | |

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| Inspiring others to use Evidence-based resources and make EBM-based decisions | Consistently inspires other to perform EBM and provides feedback on the critical appraisal process |
| Applying critical appraisal techniques consistently to patient resources I use for patient care | Consistently applies a broad medical knowledge base and skills in the competency. |

| **Interpersonal & Communication Skills** | PGY2 | PGY3 |
|---|---|---|
| Create personal relationships with each patient by appropriately engaging them at each encounter by appropriate physical techniques, addressing each patient as an individual, tending to the patient's agenda, and tending to the patient's comfort and person-hood | All of the time. | |
| Use of verbal & non-verbal facilitation | All of the time. | |
| Consistently demonstrate appropriate empathy & **good listening skills** | Consistently and compassionately and explicitly serves as a role model for this behavior | |
| Respectful communication with colleagues & other professionals | Seeks help from others when appropriate. | |
| Involve patients & families in discussions about care. Patient education. | All of the time. Understands the teach-back method. Demonstrates the importance of assessing health literacy levels of patients. Uses ancillary services and educators to ensure the broadest possible | |
| Can say: I go out of my way to ensure the best possible care. | Encourages others in this behavior. | |
| Enlist patients & families in health care decisions, including their feedback | Conducts family meetings according to the protocols defined for competence. Assesses health literacy. Engages all stakeholders in the discussions | |
| Demonstrates the ability to accept & integrate feedback from faculty & peers | Asks for feedback from attending physician | |
| I always sit down at the bedside to speak with my patients. | All of the time | |

| **Professionalism** | PGY3 | PGY3 |
|---|---|---|
| Altruism: patients needs above their own | Most of the time | Most of the time |
| Confidentiality (including HIPAA) | Knowledgeable about regulations in all areas, including electronic medical records. | |
| Ethical behavior | All of the time. | |
| Commitment to excellence | Inspires excellence in others and rewards team members for excellence, especially with respect to professional behavior and commitment to patients | |
| Sensitivity to age, gender, gender-preference, ethnicity, culture & disability | All of the time. | |
| Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances | Performs self-reflection in these areas. | |

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| Commitment to education & to learning | Takes it upon himself or herself to teach. Inspires other to teach. | Accelerated |
| Personal insight & self-reflection | All of the time when prompted | Perhaps as a matter of course |
| Completion of assignments | Holds self to a high standard and completes tasks while being cognizant of working conditions | |
| Timely response to pages | All of the time. | |
| Timely completion of medical records | All of the time. | |
| Conference attendance | As required by residency. | |
| Hand-offs and sign-outs | Consistently of the highest quality. Able to teach SAIF-IR and to provide feedback to others. | |
| Leadership skills | Consistent | Consistent |

| **Systems-based Practice** | PGY2 | PGY3 |
|---|---|---|
| Cost-effectiveness | Integrates into all plans | Initiates programs and identifies issues. |
| Use of outside resources | Integrates into all plans. Knowledgeable of resources and systems for discharge, DME, home health care | Clearly able to marshal multiple resources and coordinate care from many providers and teams. |
| Use of case-management | Integrates into all plans. Manages the team and assigns tasks appropriately | |
| Attention to quality, safety, and process improvement | Integrates into all plans | Makes these a top priority in all areas. Identifies areas for improvement and communicates these to team members and authorities. Implements plans to solve problems |
| Identification of systems issues that affect patient care | Consistently | Consistently |
| Use of the incident reporting systems to identify systems issues | Consistently | Consistently |
| Understanding of the business of medicine, health care systems, & public policy | Generally aware. Recognizes common terms related to health care organizations and policy, especially where these are relevant to | Sophisticated understanding. Seeks out additional knowledge. Questions case managers and faculty with respect to these issues. Able to put these topics into the |

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| | the care of inpatients. | context of through-put and resources for inpatients. |

| **Teaching Skills** | PGY2 | PGY3 |
|---|---|---|
| Commitment to teaching | Strong commitment. Demonstrates enthusiasm for teaching and is skilled in the use of clinical teaching tools. | Highly skilled and makes this a priority in all patient care settings. |
| Use of the microskills of teaching | Skilled | Skilled |
| Understanding of the teachable moment | Skilled | Skilled |
| Patience with learners | Skilled | Skilled |
| Conference presentation | Basic | Skilled |
| Patient education & adherence | Clearly competent. Takes every opportunity to teach patients. Is especially sensitive for avoiding jargon and ensuring adherence through enlisting patients and assuring understanding. Carefully identifies and addresses obstructions to obtaining care. | |

| **Organization Skills** | PGY2 | PGY3 |
|---|---|---|
| Patient care organization systems & practice | Fully integrated; multi-tasks easily. Teaches these skills to junior residents and students. | |
| Ability to prioritize personal issues in accord with personal values & priorities (Get my life in order) | Consistent focus | |
| Ability to help others get organized | Advisor | Educator |
| Organizing for study, reading, & life-long learning | Competent & committed | |
| Organizing teams to include & prioritize learning & teaching | Competent & committed | |
| Organizing to obtain & prepare for careers or fellowships | Competent | |

## IV. The principal teaching methods for this rotation

The residents learn via direct patient care, ward rounds with the attending physician, lectures during rounds, and recommended readings. They will also interact with a number of consultants that offer great learning opportunities. While on this rotation, all residents are required to attend noon conferences and all the other conferences required by the residency program. A primary focus of the learning environment is evidence-based medicine. Faculty members and senior residents set aside specific time during rounds to discuss EBM assignments and critically review literature.

## V. Responsibilities for PGY2 & PGY3 residents and attendings on this rotation

**PGY2 & PGY3** (senior residents) are responsible for admitting and managing patients in their hospitalist attending's service, as well as facilitating discharge. Residents are responsible for order writing on all their patients, for identifying learning issues related to each patient. Residents will evaluate their hospitalist attending, as well as provide an overall evaluation of the rotation. Residents will also track their duty hours as required by the program.

The **attending physician** is responsible for the same things listed above and is responsible for being available to the resident and the patients while on service. They are also responsible for teaching and giving feedback to the resident. The attending will give verbal feedback the resident. The attending will assure that teaching rounds are structured and incorporate dedicated time for evidence-based questions.

## VI. Core primary resource readings

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2012. Access these readings at

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

http://www.accessmedicine.com/guidelines.aspx?type=1

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1

Chapters of specific relevance for this rotation are

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|---|---|
| Chapter 21 | **Fluid & Electrolyte Disorders** |

Text Books

Harrison's Internal Medicine
Current Medical Diagnosis and Treatment
Washington Manual
Up-to-Date
Survival Guide
Evidence-Based Medicine Guidebook

Important Articles

These are a list of articles recommended by faculties and other residents. Please refer to Residency Program Website www.medicine.uci.edu/residency for more extensive list.
Prevention of Venous Thromboembolism: The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy, Chest.2004; 126 (3S); 338S

Antithrombotic Therapy for CAD: The Seventh ACCP Conference on
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Guidelines For Management of Patients with A-Fib - ACC/AHA/ESC – Circulation 2001; 104; 2118
New Therapeutic Options in Congestive Heart Failure: Part I and II; John McMurray, MD, FRCP, FESC; Marc A. Pfeffer, MD, PhD; (Circulation 2002;105:2099-2106, 2223-2228).
Asthma Treatment Guideline: http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf
Initial Management of Glycemia in Type 2 Diabetes Mellitus, Nathan DM, NEJM 2002 Oct 24;347(17):1342-9
Diagnosis and treatment of diabetic ketoacidosis and the hyperglycemic hyperosmolar state; Jean-Louis Chiasson, et.al.; CMAJ; April 1, 2003; 168(7):859.
Antithyroid Drugs, Cooper DS, NEJM 2005 Mar 3;352(9):905-17
Hyper- and hypothyroidism: AACE guidelines. Endocrine Practice 8:457-469, 2002
Osteoporosis Guidelines, AACE. Endocrine Practice 9:544-564, 2003
Delirium in Older Persons Inouye S. K. NEJM 2006; 354:1157-1165, Mar 16, 2006. Review Articles
Critical issues in hematology: Anemia, Thrombocytopenia, Coagulopathy, and Blood Product Transfusions in Critically ill Patients. Drews RE. Clin Chest Med. 2003 Dec;24(4):607-22.
Immune Thrombocytopenic Purpura. Cines DB, Blanchette VS. NEJM. 2002 Mar 28;346(13):995-1008.
Chemotherapy-induced neutropenia: risks, consequences, and new directions for its management. Crawford J, et al. Cancer. 100(2): 228-37 ( 2004)
2002 Guidelines for the use of antimicrobial agents in neutropenic patients with cancer. Hughes WT et al. Clin Infect Dis 34: 730 51 (2002)
Colorectal cancer surveillance: 2005 update of an American Society of Clinical Oncology practice guideline. Desch CE, et al. J Clin Oncol. 2005 Nov 20;23(33):8512-9.
American Gastroenterological Association medical Position Statement: Evaluation of Liver Chemistry Tests. Gastroenterology. 2002 Oct;123(4):1364-6
Helicobacter Pylori Infection. Suerbaum S, Pierre M. NEJM 2002 Oct 10:347(15):1175-86
Acute Pancreatitis: Clinical practice. Whitcomb DC. NEJM 2006 May 18;354(20):2142-50
Consensus Recommendations for Managing Patients with Nonvariceal Upper Gastrointestinal Bleeding. Barkun A, et al. Ann Intern Med. 2003 Nov 18;139(10):843-57
Ttreatment of mild and severe cases of GERD: Review article. Tytgat GN. Aliment Pharmacol Ther. 2002 Jul;16 Suppl 4:73-8
Hyponatremia: Adrogué H. J., Madias N. E. NEJM 2000; 342:1581-1589, May 25, 2000. Review Articles
Management of Acute Hypercalcemia: Drug therapy. Bilezikian, JP. NEJM 326:1196, 1992
Management of Cirrhosis and Ascites. Ginès P., Cárdenas A., Arroyo V., Rodés J. NEJM 2004; 350:1646-1654, Apr 15, 2004. Review Articles
Management of Community-Acquired Pneumonia Halm E. A., Teirstein A. S. NEJM 2002; 347:2039-2045, Dec 19, 2002. Clinical Practice
Endocarditis: http://circ.ahajournals.org/cgi/content/full/111/23/e394

Skin and soft tissue infections:
http://www.journals.uchicago.edu/CID/journal/issues/v41n10/37519/37519.html
Line Infections:
http://www.journals.uchicago.edu/CID/journal/issues/v32n9/001689/001689.html
Practice Guidelines for the Management of Bacterial Meningitis. Allan RT et al. Clinical Infectious Diseases 2004;39:1267-84
Diagnosis and Treatment of Diabetic Foot Infections. Benjamin AL et al. Clinical Infectious Diseases 2004;39:885-910
National Kidney Foundation Practice Guidelines for Chronic Kidney Disease - Evaluation, Classification, and Stratification - Ann int Med.2003; 139; 137
Early Goal-Directed Therapy in the Treatment of Severe Sepsis and Septic Shock, NEJM 2001 Nov 8;345(19):1368-77 "Rivers article"
The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: The JNC 7 Report, Aram V. Chobanian, JAMA, May 2003; 289: 2560 - 2571.

Key physical diagnosis skills

Bates' Physical Examination and History Taking.

## VII. Key procedures that the resident should be able to *perform*

Paracentesis, thoracentesis, lumbar puncture, central line placement, arthrocentesis, ABG, venipuncture, NG tube insertion, evaluation and interpretation of EKG.

Certification in the cognitive aspects of procedures is accomplished on-line structured didactics and evaluation.

## VIII. Key topics & Sentinel Competencies

Refer to Residency Program website, www.ucihs.uci.edu/intmed for more details. Some examples of the important topics that need to be covered during the rotation include,

**Key Topics**

Coronary artery disease
Acute coronary syndrome
Congestive heart failure
Atrial Fibrillation
Management of Diabetes
Diabetic ketoacidosis/Hyperglycemic hyperosmolar state
Community acquired pneumonia
Line infection
Skin and soft tissue infection
Acute/Chronic Pancreatitis
Upper and lower gastrointestinal bleeding
Asthma
COPD
Deep Vein Thrombosis / Pulomary Embolus

**Sentinel Competencies Related to the Hospital Elective Rotation**

Acid-base Disorders
Alcoholism
Anemia
CHF Management
Community Acquired Pneumonia
DKA
Dizziness
EKG Interpretation
Hypertension Treatment
Immunization
Informatics
Nutritional Assessment
Pain Management
Physical Exam, Comprehensive
Pre-operative Evaluation
Sepsis Early Intervention

## IX. Evaluation Methods

Faculty will evaluate each resident's performance in several different areas of professional competencies as mentioned below. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

**Senior Resident**

| Evaluation Method | Direct Observation & Feedback | Journal Club | Written Exam | Report or Presentation | Other (specify) |
|---|---|---|---|---|---|
| **Competency** | **Faculty** | | | | |
| **Patient Care** | X<br>X | | | **X** | **Patient Feedback** |
| **Medical Knowledge** | X<br>X<br>X | | | **X** | |
| **Practice-based Learning** | X<br>X | | | **X** | **Feedback during rounds on life long learning behaviors** |
| **Communication Skills** | X<br>X | | | **X** | |
| **Professionalism** | X | | | **X** | |
| **Systems-based Practice** | X<br>X | | | **X** | **Case manager and nursing staff** |
| **Teaching Skills** | **X**<br>**X** | | | **X** | |

Evaluation forms will be submitted on-line to the Residency Program for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation and their faculty attending on the rotation. Rotation evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.

## X. Assessment Method (Program Evaluation)

Rotation and faculty evaluation form completed by the Residents.

## XI. Level of Supervision

Direct faculty observation.

Updated 6/2014