UCI Internal Medicine Residency Program
Rotation Curriculum

Rotation Name: **Hospitalist-Consult Rotation**
Divisional Sponsor: **UCI Hospitalist Program**
Site: **UCIMC**
Rotation Faculty Director: **Amish A Dangodara, MD**
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Key Faculty Participating in the Rotation: **Amish Dangodara, Solomon Liao, Sonali Iyer, Israel De Alba, Dang Duong, James Williams, Matthew Butteri, Jamie Capasso, Alpesh Amin**

Curricular Goals

- In-patient consultation
- In-patient co-management
- Preoperative evaluation
- Geriatric evaluation
- Communication skills
- Consultation ethics
- Efficiency of in-patient care

Consultation types

- Focused question(s)
- Preoperative evaluation
- Co-management
- Evaluation for transfer of care

Focused consult

- Specific medical issue(s)
- Geriatric medical issue(s) such as fall risk, polypharmacy, dementia, delirium, etc.

Preoperative evaluation

- Preoperative risk assessment of medical comorbidities that may impact surgical risk
- Post-operative evaluation to assess possible complications of medical comorbidities
- Perioperative adjustment of medications

Co-management

- HMO mandated co-management and throughput
    - Address pain if applicable
    - Address diet/fluid management if applicable
    - Address constipation if applicable
    - Address mobility if applicable
    - Address preventable morbidities: VTE risk, line/catheter infection risk, decubitus ulcer risk, polypharmacy, delirium risk, C. difficile risk, aspiration risk, fall risk, etc.
    - Address throughput:
        - transfer to lower/higher level of care
        - D/C IV drips in favor of PO meds to facilitate disposition

        - D/C telemetry if no longer needed
        - consider hospice/Palliative Care consult if terminal prognosis or limited treatment options
        - plan for how further care can be provided in non-acute setting (LTAC, SNF, home Tx, etc.)
- Geriatric co-management for Trauma patients
    - Cognition
    - Medications
    - Gait/Mobility
    - Fall risk
    - Depression screening
    - Decision Capacity
- Orthopedic co-management of medical comorbidities

Evaluation for transfer of care

- Assess for on-going acute care need
- Assess appropriate acuity of care (ICU vs. Step Down vs. Telemetry vs. Medical Surgical Unit)
- Assess appropriate service (cardiology, hematology-oncology, neurology, family medicine, etc.)
- Contact case manager regarding prior authorization for on-going in-patient care under medicine.

Rotation Schedule

Daily rotation

- 7:00 am to 5:00 pm for new consults; complete last consult and sign out from 5:00 pm to 7:00 pm
- Continuity clinic as usual. Resident may need to pre-round prior to clinic or have co-resident cover.

Days off

- An average of one day off per week is mandatory and can only occur on week-end or holiday. Only one resident is required to be present on week-end or holiday. If there are an odd number of holidays during block, the resident who worked the extra day is eligible for two non-clinic half-days off, subject to prior Attending approval.
- Weekday off is only permitted if post night float call or approval by chief resident. Attending cannot approve week days off. Resident taking week day off must arrange coverage.
- Sick and emergency leave per program policy. Please notify Chief Residents and Attending ASAP of absence.

Curriculum

The full curriculum is available as power point presentation at the following link:
(link)

Relevant articles

Principles of effective consultation: an update for the 21st-century consultant.
Salerno SM1, Hurst FP, Halvorson S, Mercado DL.
Arch Intern Med. 2007 Feb 12;167(3):271-5.

2014 ACC/AHA guideline on perioperative cardiovascular evaluation and management of patients undergoing noncardiac surgery
Lee A. Fleisher
JACC 2014 64 (22)

Perioperative beta blockade in noncardiac surgery: a systematic review
Wijeysundera DN, Duncan D, Nkonde-Price C, Virani SS, Washam JB, Fleischmann KE, Fleisher LA.
J Am Coll Cardiol. 2014 Dec 9;64(22):2406-25. doi: 10.1016/j.jacc.2014.07.939. Epub 2014 Aug 1.

The preoperative evaluation and use of laboratory testing.
Michota, F A.
Cleveland Clinic journal of medicine 2006, 73 Suppl 1, S4-7.

Risk assessment for and strategies to reduce perioperative pulmonary complications for patients undergoing noncardiothoracic surgery: a guideline from the American College of Physicians.
Qaseem, A, Snow, V, Fitterman, N, et al. (2006).
Annals of Internal Medicine, 144(8), 575-80.

Aspirin in patients undergoing noncardiac surgery.
Devereaux, P J, Mrkobrada, M, Sessler, D I, et al. (2014).
The New England journal of medicine, 370(16), 1494-503.

Perioperative management of antithrombotic therapy: Antithrombotic Therapy and Prevention of Thrombosis
Douketis, J D, Spyropoulos, A C, Spencer, F A, et al. (2012).
American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest, 141(2 Suppl), e326-50S.

Perioperative management of patients on chronic antithrombotic therapy.
Ortel, T L. (2012).
Blood, 120(24), 4699-705.