

**Internal Medicine Residency Program Rotation Curriculum**

**I. Rotation Sites and Supervision**

Rotation Name: GENERAL MEDICINE WARDS

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**II. The educational rationale and goals for this rotation**

The general medicine ward rotation is a core rotation for internal medicine residency training. Residents on this rotation will learn to diagnose, treat, and manage various medical problems in patients who are admitted to internal medicine services at either the LBVAMC or UCIMC. Residents will learn from hands-on experiences in taking care of their patients with appropriate teaching and guidance from faculty attending physicians.

**Competency-based Objectives for the General Medicine Ward Service Rotations at UCIMC and the LBVAMC**

**PGY1 Residents**

Goal: Develop proficiency in the patient-centered care of patients on the general internal medicine wards services.

Educational Objectives: The pgy1 resident will

- a. Continue to read and enhance knowledge related to patients on his or her service.
- b. Become proficient in obtaining a comprehensive, patient-centered history that utilizes communication skills based upon the 5Es of medical communication.
- c. Demonstrate proficiency in performing an appropriate physical exam related to a comprehensive approach to patient care.
- d. Demonstrate consistent use of the principles of communication embodied in the 5Es of patient communication.
- e. Demonstrate a commitment to appropriate and professional communication with peers, supervisors, and other health care professionals.
- f. Demonstrate an altruistic and humanistic commitment to professionalism in the care of patients.
- g. Demonstrate commitment to confidentiality and the protection of patient information in all areas and interactions.
- h. Demonstrate outstanding organizational skills that allow for the efficient care of complicated patients with a variety of medical conditions.
- i. Demonstrate an organization system that is appropriate to the inpatient setting.
- j. Demonstrate commitment to the education of medical students and other members of the health care team.
- k. Demonstrate a commitment to life long learning and evidence-based care through consistent use of appropriate clinical questions and medical knowledge management.

- l. Demonstrate appropriate commitment to utilization of resources appropriate to the care of patients.
- m. Demonstrate awareness of resources available to extend clinical system to provide the highest possible level of care to patients.

**Senior Residents**

In addition to those goals and objectives outlined above:

- Goal: Develop and demonstrate leadership and teaching skills
- Goal: Develop and demonstrate mature and independent clinical skills.

Educational Objectives: The senior resident will

- a. Demonstrate proficiency in conducting handoff of care.
- b. Demonstrate the ability to organize the health care team, including integration of resources and utilization of case management personnel for patient care and discharge.
- c. Demonstrate outstanding clinical teaching skills including the utilization of bedside teaching techniques such as identifying the teachable moment and incorporation of the microskills of teaching.
- d. Demonstrate a commitment to the education of team members through an emphasis on evidence-based medicine, including critical appraisal and critique of the literature.
- e. Demonstrate competence in the diagnosis and management of all key topics and sentinel competencies for this rotation. (*Vide infra section VII*)

**Competency-based Objectives for the General Medicine Ward Services**

**With regard to the following objectives, the resident at each level of training will demonstrate the following level of accomplishment, knowledge, skills, attitudes and attributes.**

<b>Patient Care</b>	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to general internal medicine ward patients and good patient care overall	Reporter & Interpreter: Able to competently and comprehensively gather data on general medicine ward patients and put that data into a disease context	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	Reporter & Interpreter: Understands the importance of a comprehensive differential diagnosis and lists the most	Manager & Educator: Able to supervise PGY1 residents and coordinate data gathered by the PGY1 resident into a comprehensive	Competent at the level of a well-trained internist

	important diagnostic possibilities or those which are life-threatening and must not be missed	decision and differential diagnostic strategy, under the supervision of a faculty attending.	
Involving patients in decisions about their care	Most of the time. Does so all of the time with prompting. Able to identify issues and outline the basics of communication skills. Able to clearly state issues and with assistance, consistently facilitate the decision making process.	All of the time, also guiding the PGY1 resident in the process, utilizing the feedback methods and teaching methods appropriate to the skills of the PGY1 resident	
Working with other health care professionals to ensure the best care	All of the time	All of the time, including advising the PGY1 resident and students and guiding them in this process	
Teaching patients and families	Most of the time. Developing skills to conduct family meeting, pending Palliative Care Rotation.	All of the time including utilization of the health literacy assessment and guiding junior residents in the process. After the Palliative Care Rotation, should be capable of independently conducting the Family Meeting.	
Patient triage and evaluation of severity	Reporter & Interpreter. Able to identify patients who may need triage and to ask for assistance. By the end of the PGY1 year, fully capable of this.	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	Reporter & Interpreter: Able to identify the need for emergency response and competently seek appropriate assistance	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.	Most of the time	All of the time, including assuring the completion of protocols in care pathways for pneumonia, heart failure, ACS, smoking cessation. Monitors his or her team for stress, fatigue, depression, and anxiety. Observes for signs of substance abuse including suspicion roused by changes in behavior or commitment.	
Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time and also points these out to junior residents in the process of care. Monitors for signs of stress and fatigue in team members. Knows resources and reports problems when necessary to attendings or	

		program administration.
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<b>Medical Knowledge</b>	PGY1	PGY2	PGY3
Medical illnesses with special emphasis to the topics noted in this document.	Reporter & Interpreter	Manager & Educator	Competent to practice independently
Complete differential diagnoses	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Epidemiology & biostatistics	Reporter & Interpreter	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.	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time	Supervises where appropriate and calls for assistance when needed	

<b>Practice-based Learning</b>	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently	Consistently demonstrates this commitment and encourages this behavior in junior residents and peers through modeling and leadership	
Use of medical information resources & search tools	Consistently accesses appropriate resources	Consistently accesses appropriate resources; able to teach others about resources and critical appraisal	
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	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	Basic understanding	Consistently applies a broad medical knowledge base and skills in the competency.	

<b>Interpersonal &amp; Communication Skills</b>	PGY1	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	Most of the time by taking time and committing to knowing their patients	All of the time and capable of teaching junior residents in this area. Recognizes when junior residents are failing in this competence and brings resources to bear to correct shortcomings	
Use of verbal & non-verbal facilitation	Most of the time	All of the time, recognizes when junior residents are not paying attention to this parameter and guides them in doing so.	
Consistently demonstrate appropriate empathy & <b>good listening skills</b>	All of the time	Recognizes when junior residents miss empathy cues. Consistently and compassionately and explicitly serves as a role model for this behavior	
Respectful communication with colleagues &	All of the time	Notes when junior residents are not interacting	

other professionals		collegially with colleagues. Observes for unprofessional behavior such as arrogance or blocking and corrects behavior. Seeks help from others when appropriate.	
Involve patients & families in discussions about care. Patient education.	Most of the time and demonstrates independently raising family issues and the importance of patient and family education	All of the time. Understands the teach-back method. Demonstrates the importance of assessing health literacy levels of patients. Supervises junior residents in information gathering and strategizing about appropriate information techniques. Uses ancillary services and educators to ensure the broadest possible	
Can say: I go out of my way to ensure the best possible care.	All of the time	Encourages others in this behavior and takes responsibility for the behavior of junior members of the team. Sets an explicit example for others by addressing this concern	
Enlist patients & families in health care decisions, including their feedback	Most of the time identifies the need for family participation. Gathers information and understands family dynamics.	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	All of the time	Observes junior residents for their ability to integrate feedback. Provides them with feedback on their receptiveness. Mentors junior residents on interactions with faculty attendings and other teachers.	
I always sit down at the bedside to speak with my patients.	All of the time		

<b>Professionalism</b>	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time is able to distinguish and prioritize patient needs	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time maintains confidentiality in all communication and in all media	Teaches the importance of confidentiality. Makes this a priority with junior residents and medical students. Maintains a workroom environment conducive to ensuring confidentiality. Knowledgeable about regulations in all areas, including electronic medical records.	
Ethical behavior	All of the time		
Commitment to excellence	All of the time	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	Most of the time	All of the time. Recognizes junior residents' mis-steps in the area and provides formative, constructive feedback	Very sophisticated understanding of these issues. Proactively orients the team to need for sensitivity and respect in these areas.
Awareness of duty hours, fatigue in myself &	All of the time	Serves as supervisor. Consistently aware as the	

others, & other outside stresses, including substance abuse & finances		team manager of duty hours and fatigue concerns in colleagues, junior residents and students.	
Commitment to education & to learning	All of the time	Takes it upon himself or herself to teach. Inspires other to teach.	Accelerated
Personal insight & self-reflection	Most of the time	All of the time when prompted	Perhaps as a matter of course
Completion of assignments	All of the time	Holds others to a high standard and helps them organize to complete tasks while being cognizant of working conditions	
Timely response to pages	All of the time		
Timely completion of medical records	All of the time	Ensures that others comply	
Conference attendance	Meets requirements		
Hand-offs and sign-outs	Consistently well presented. Uses SAIF-IR as the paradigm for handoffs	Consistently of the highest quality. Able to teach SAIF-IR and to provide feedback to others.	
Leadership skills	Developing	Consistent	Consistent

<b>Systems-based Practice</b>	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	Initiates programs and identifies issues.
Use of outside resources	Generally aware	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	Generally aware	Integrates into all plans. Manages the team and assigns tasks appropriately	
Attention to quality, safety, and process improvement	Generally aware	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	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware. Recognizes common terms related to health care organizations and policy,	Sophisticated understanding. Seeks out additional knowledge. Questions case managers and faculty with respect to

		especially where these are relevant to the care of inpatients.	these issues. Able to put these topics into the context of through-put and resources for inpatients.
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<b>Teaching Skills</b>	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment. Consistently engages junior residents and students. 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	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Demonstrates competence during the discharge CEX	Clearly competent. Takes every opportunity to teach patients and role model for junior residents Is especially sensitive for avoiding jargon and ensuring adherence through enlisting patients and assuring understanding. Carefully identifies and addresses obstructions to obtaining care.	

<b>Organization Skills</b>	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems well. Has an organizational system for ward responsibilities that works well. If not, then is trying systems and making progress with the guidance of senior residents and chief residents.	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)	Basic understanding	Consistent focus	
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

### III. 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.

Residents are encouraged to utilize the program's mini-lecture series ( [www.medicine.uci.edu/residency](http://www.medicine.uci.edu/residency) ) to address important core topic areas in inpatient medicine.

Residents will also read directly about their patients and experiences during the block. Residents should focus on learning related to the actual care of their patients.

### IV. Responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation

**Medical Students** are responsible for admitting and managing patients in internal medicine service with help and teaching from medical residents and interns. They are responsible for following their patients daily and present them during rounds. They are also responsible for reading about their patients and presenting important learning points to other members of the team.

**PGY1** (interns) are responsible for admitting and managing patients in the internal medicine service, cross covering other members of the team when they are off, teaching medical students, giving feedback to students, and doing post hospital follow-ups on their patients. Interns are responsible for order writing on all their patients, for identifying learning issues related to each patient. Interns will evaluate their senior residents, faculty member as well as provide an overall evaluation of the rotation. Interns will also track their duty hours as required by the program.

**PGY2 & PGY3** (senior residents) are responsible for the same things listed above for PGY1, but also for supervising the entire team and teaching and giving feedback to the interns. The senior resident will complete evaluations of the PGY1s, students, faculty, and rotation.

The **attending physician** is responsible for the same things listed above and is responsible for being available to the team and the patients while on service. The attending is responsible for also facilitating transfers to UCIMC. They are also responsible for teaching and giving feedback to the entire team. The attendings will also perform a CEX with verbal feedback for all students and residents. The attending will assure that teaching rounds are structured and incorporate dedicated time for evidence-based questions.

### V. 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

Chapter 21	<a href="#"><b>Fluid &amp; Electrolyte Disorders</b></a>
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#### Text Books

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

**VI. Key procedures for which the resident must know indications, complications, contraindications, alternatives and interpretation. Residents should have the opportunity to become competent in performing these procedures should they desire to do so, and the program will provide resources to ensure procedure competence.**

Paracentesis, thoracentesis, lumbar puncture, central line placement, 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.

**VII. Key topics & Sentinel Competencies**

Refer to Residency Program website, [www.medicine.uci.edu/residency](http://www.medicine.uci.edu/residency) 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/Pulmonary Embolus Prophylaxis and Treatment

**Sentinel Competencies Related to the Ward 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

Residents should utilize the core topic mini-lectures available on the residency website at [www.medicine.uci.edu/residency](http://www.medicine.uci.edu/residency)

**VIII. 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.

**PGY1 Evaluation**

Evaluation Method	Direct Observation & Feedback		Journal Club	Written Exam	Report or Presentation	Other (specify)
	Fac	Peer				
<b>Competency</b>						
<b>Patient Care</b>	X	X			X	<b>Patient Feedback</b>
<b>Medical Knowledge</b>	X	X			X	
<b>Practice-based Learning</b>	X	X	X		X	<b>Feedback during rounds on life long learning behaviors</b>
<b>Communication Skills</b>	X	X			X	
<b>Professionalism</b>	X	X			X	

<b>Systems-based Practice</b>	X	X			X	
<b>Teaching Skills</b>	X	X			X	<b>Feedback from Students/residents</b>

### Senior Resident

Evaluation Method	Direct Observation & Feedback		Journal Club	Written Exam	Report or Presentation	Other (specify)
	Fac	Peer				
<b>Patient Care</b>	X	X			X	<b>Patient Feedback</b>
<b>Medical Knowledge</b>	X	X			X	
<b>Practice-based Learning</b>	X	X	X		X	<b>Feedback during rounds on life long learning behaviors</b>
<b>Communication Skills</b>	X	X			X	<b>Feedback from Students/interns</b>
<b>Professionalism</b>	X	X			X	
<b>Systems-based Practice</b>	X	X			X	<b>Case manager and nursing staff</b>
<b>Teaching Skills</b>	X	X			X	<b>Feedback from Students/interns</b>

- Faculty will also observe each resident's interaction with a patient during the formal history taking and physical exam session (CEX) and give formal feedback.
- 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, their faculty attendings and their peers on the rotation. Rotation evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.

### Relative Team Responsibilities

Member/Responsibility	Work of the Day	Time c Patients	Learning	Teaching & PBL	Leadership Organization	Orientation	Fighting Battles
Attending	+	++	+++++	+++++	+++	+++++	+++++
Senior	++	+++	+++++	+++++	+++++	+++++	++
R1	+++++	++++	+++++	+++	++	++	+
Sub-I	+++	+++++	+++++	+++	+	+	+
MS3	++	+++++	+++++	+++	+	+	

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