Loyola Internal Medicine Residency Training Program
Loyola Inpatient General Medicine Service
R1/R2/R3 Experience

Revision Date: April 25, 2014

Staffing:
1 Attending
1 Senior Resident (PGY 2/3/4)
1 Intern (PGY 1)
Plus a variable number of students assigned by the SSOM

Rotation Specific Conferences (Location)
Monday, Wednesday, Thursday @ 8:15a (Foley Library) – General Medicine Morning Report
Friday @ 8:15a (7601) – General Medicine Morning Report

Purpose:
The objective is to deliver high-quality, cost-effective inpatient care in an educational environment.

Learning Objectives
At the end of the rotation, residents will be able to:

- **Patient Care:**
  - **R1** – Under the supervision of a senior resident or attending:
    - Admit and manage the hospital course of a diverse group of patients presenting to Loyola University Medical Center with a wide variety of acute general medical illnesses and/or exacerbations of chronic diseases.
    - Learn to work efficiently in the ED (or other site of initial patient evaluation) to take a complete H&P, perform a thorough PE, obtain and interpret initial labs, perform any urgent procedures, develop an initial DDX, and initiate a management plan.
    - Acquire experience, when appropriate, in the following procedures: paracentesis, thoracentesis, NG tube placement, and arterial puncture.
    - Gain experience with the practice of EBM; initiate the process of patient-question driven education.
    - Supervise/oversee M3 students performing basic daily operations (writing progress notes, doing EKGs, etc).
  - **R2** – As above – in addition:
    - develop the skills to independently assess and manage the spectrum of patients admitted;
    - continue to develop competency in common inpatient procedures;
    - perform efficient and focused H&Ps for common medical illnesses; develop context-appropriate differential diagnoses for common medical complaints and management plans;
    - become comfortable with indications for hospital admission, determining appropriate level of care (ward vs. telemetry vs. ICU), and arranging eventual disposition.
  - **R3** – as above, in addition:
• develop competence in the independent assessment and management of common medical conditions presenting to the inpatient setting;
• develop proficiency in the coordination of medical care in the inpatient setting;
• develop teaching and leadership skills in supervising an inpatient medicine ward team.

• Medical Knowledge:
  - R1 –
    • Acquire basic knowledge of the etiology, pathophysiology, clinical manifestations, exam and diagnostic evaluation findings, and appropriate inpatient management for common medical conditions including acute illnesses and / or exacerbations of chronic conditions.
    • Learn to teach M3 students by example, and with guidance, on daily operations and basic skills.
  - R2 –
    • As above – plus:
      • Acquire the knowledge and identify resources for acquiring knowledge necessary to manage patients with less common and more complex medical illnesses.
      • Learn to teach junior residents / interns / students effectively, both at bedside and in the classroom.
      • Be able to identify teaching points to share with fellow housestaff by presenting at the general medicine morning report
  - R3 –
    • Master the above identified knowledge base – in addition:
      • Become more comfortable teaching junior residents / interns / students effectively, both at bedside and in the classroom.

• Practice-Based Learning and Improvement:
  - R1 –
    • Be able to utilize available resources to make both timely and appropriate diagnostic and management decisions, emphasizing the use of evidence-based medicine.
  - R2/R3 –
    • As above — in addition
      • Consistently evaluate and target areas for self-improvement, and develop means to do so.
      • Learn to analyze patient-care experiences and implement strategies to improve future quality of care.
      • Learn to prioritize tasks so that patient care is optimized and work is completed efficiently.
      • Manage a team effectively, including delegation of responsibilities, so that patient care, work, and teaching are completed effectively and efficiently.
      • Conduct verbal mid-month feedback sessions with interns and students and complete end-of-rotation evaluations.
      • Be aware that you serve as a very influential role model.

• Interpersonal and Communication Skills:
  - R1 –
    • Develop and practice the ability to interact with other physicians (including consultants), nursing and clerical staff, and patients and their families in a professional, respectful, and effective manner.
    • Be diligent in keeping legible, complete, and timely medical records including mindfulness of note accuracy and appropriate use of the cutting and pasting function.
    • Learn to document patient care activities in succinct H and Ps and daily SOAP notes.
    • Be able to then verbally present this information to the attending and consultants.
    • Complete timely discharge summaries within 24 hours of discharge.
  - R2/R3 –
• As above – in addition
• serve as a role model and instructor in the above outlined skills; act as a valuable consultant to other inpatient services while on call.

• Professionalism:
  o R1 –
    • Demonstrate respect and compassion in interactions with colleagues and patients and their families, including sensitivity and responsiveness to their race, gender, age, socioeconomic status, and other defining characteristics.
    • Demonstrate professionalism in interactions with patients and other housestaff / services in terms of appropriateness of admissions / transfers.
    • Uphold patient confidentiality and informed consent.
  o R2/R3
    • As above – in addition
    • Serve as a role model and instructor for others in the outlined behaviors.

• Systems-Based Practice:
  o R1 –
    • Become familiar with the practice of inpatient medicine at Loyola University Medical Center and the process by which a multidisciplinary approach to patient care is utilized to optimally manage patients both while hospitalized and while transitioning to home or other patient care facilities. This includes obtaining general knowledge of quality improvement and of the publically local and national quality metrics critical to general medicine.
  o R2/R3 –
    • As above – in addition
    • Use a multidisciplinary approach in patient management involving other subspecialties when appropriate, PT / OT, social services, dieticians, diabetic educators, speech pathology, pharmacists, lab and radiology technicians, hospital staff, religious support, etc.
    • When deficiencies are recognized, learn to work with health team members to develop new strategies to improve systematic processes of care.
    • Become aware of insurance issues, especially length of stay, and learn what is and is not reimbursed during a patient’s hospitalization.
    • Focus on adequate handoffs to the primary care physician.

How Learning Objectives are met:
• Interaction with ward attending during teaching and work rounds.
• Direct patient care
• Interaction with consultants and support staff
• Attendance at and participation in the general medicine morning report.
• Literature searches to answer clinical questions that arise on rounds or during patient care.

Expectations:
• Patient Care: Provide excellent patient-centered care to all patients, communicate all relevant patient care information to the attending physician in a timely fashion, and keep family members appropriately updated.
• Attend daily discharge planning (WIND rounds) on your assigned medical unit.
• Attendance / Punctuality. Call the appropriate CMR ASAP to report acute illness or personal / family emergency necessitating absence so that ward and clinic coverage may be found.
• Professional behavior
• Student Teaching and supervision.
• Discharge summary completion within 24 hours of the patient’s discharge from the hospital.
• Completion of the above learning objectives and reading.
• Team work rounds prior to attending rounds each day.
• Be punctual and prepared at the general medicine morning report and all required departmental conferences.

Evaluation:
• Attendings will evaluate housestaff via an online evaluation system. These evaluations should be discussed in person with the housestaff. There should also be a mid-rotation meeting with the attending to discuss performance and recommendations for improvement.
• Housestaff will evaluate attendings via an online evaluation system. Please complete these evaluations in a timely manner as they are very useful to attendings and the department.
• Housestaff log procedures performed via an online evaluation system.
• Participate in the end-of-month student evaluation sessions.