Lahey Clinic Internal Medicine Residency Program: Curriculum for the Ward Rotation

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Revision date: June 9, 2006

Overview

The general medical ward rotation is the most intense learning experience during residency. Direct care of hospitalized patients is the cornerstone of developing a resident's skills as an internal medicine physician. This outline and the competency-based curriculum serve as the backbone of the experience and as a reference during this rotation.

Goal

The overall goal of the ward experience is to enhance the resident's skills as a physician by taking responsibility for his or her patients and directing their care. The resident will be functioning as a member of a team, and therefore, effective communication with team members is critical. Residents will have the opportunity to enhance their skills as educators during this rotation by sharing knowledge with others.

Team Organization

Each team of residents consists of one or two PGY-1 residents with a supervising PGY-2 or PGY-3 resident. Other members of the team will include third- and fourth-year medical students from Tufts University School of Medicine and, potentially, pharmacy and physician assistant students.

Admissions

Admissions to the medical service are limited to long call and short call on a rotating four-day call cycle.

Numbers of admissions and resident census are mandated by the ACGME. There are no more than 10 patients on a PGY-1 census, with no more than four admissions on long call and a maximum of seven new admissions on a four-day cycle. The exception is on weekends, when there are no more than five admissions on long call and a maximum of eight new admissions on a four-day cycle.

All patients admitted to the medical service by a PGY-1 resident are reviewed and evaluated by the supervising resident. An effort should be made to evaluate patients jointly.

Conferences

Conference attendance is mandatory during the ward months, and includes the following:

- Resident morning report
- Noon Conference
- Grand Rounds
- Morbidity and Mortality Conference
- Pre-clinic Ambulatory Conference for categorical residents
- Intern report

Rounds

The evaluation of patients as a team is critical to multidisciplinary care. These rounds occur throughout the day; however, they are mandated during certain times.

- Pre-rounds (6:30 to 6:45 am): PGY-1 evaluation of patients to assess critical overnight concerns

- Sign out rounds (6:45 to 7 am): Acceptance and discussion of overnight admissions

- Work rounds (7 to 8 am): Team evaluation and assessment of patients

- Attending work rounds (9 to 10 am): Work rounds with the assigned attending involving patients predetermined by the resident

- Attending rounds (11 am to noon, Monday through Thursday): Didactic discussion of patient management issues, with case presentations of admitted patients. On Thursday, the ward attending presents a discussion of either a case or topic of interest. Discussion of the literature is essential to making this a meaningful learning experience. There is an expectation that the team's senior resident will bring an article or summary of the topic to be presented.

Communication

Daily communication with the attending physician is required to summarize and direct patient care. Such communication is resident-focused and requires the formulation of a plan and discussion of the resident's independent assessment.

Continuous communication between residents and students is critical throughout the day. Any change in patient status, as defined below, requires further communication with an attending physician:

- Transferring of a patient to a different unit, necessitated by a change in clinical status
- A change in code status of a patient
- A persistent change in the vital signs of a patient (e.g., persistent hypotension, hypoxemia, arrhythmia or altered mental status)
- Death of a patient
- A patient who underwent resuscitative efforts by the code team

Principle Educational Goals Based on the ACGME General Competencies

In the tables below, the principle educational goals of the Ward curriculum are listed for each of the six ACGME competencies:

1) Patient Care
2) Medical Knowledge
3) Practice-Based Learning and Improvement
4) Interpersonal and Communication Skills
5) Professionalism
6) Systems-Based Practice

The abbreviations for the types of learning environments and evaluation methods are defined below. Each competency is also defined.

Learning Environments:

RWR Resident work rounds
ART Attending rounds (Teaching)
ARW Attending rounds (Work)
NC Noon Conference

Evaluation Methods:

GA Global assessment
MCX Mini-Cex
RP Resident portfolio
PRE Peer evaluation (360° evaluation)
NE Nursing evaluation (360° evaluation)
ISE In-service examination
PL Procedure log

1) Patient Care

Objective	Learning Environment	Evaluation Method	Year to be Mastered
Perform a comprehensive physical examination	RWR ARW	GA MCX	PGY-1
Obtain advanced cardiac life support (ACLS) certification	ACLS	Certification	PGY-1
Formulate and carry out effective patient management plans	RWR ART	GA PRE	PGY-2

Perform a focused physical examination	RWR ARW	GA MCX	PGY-2
Document clearly and succinctly patient management in the form of admitting notes and daily progress notes	RWR ARW	RP GA	PGY-2
Independently formulate and carry out a patient care plan	ARW ART	GA MCX	PGY-3

2) Medical Knowledge

Objective	**Learning Environment**	**Evaluation Method**	**Year to be Mastered**
Present topics relevant to patient care at attending rounds	ART	GA	PGY-1
Use and access literature sources such as Up-To-Date to direct patient care	AWR, ART	AWR, ATR	PGY-2
Order and interpret appropriate laboratory and radiologic testing	RWR, ART	GA, PRE	PGY-2
Expeditiously acquire relevant clinical literature to enhance direct patient care	AWR, ART	GA, AWR	PGY-3

3) Practice-Based Learning and Improvement

Objective	**Learning Environment**	**Evaluation Method**	**Year to be Mastered**
Identify errors made in patient care	RWR, AWR	GA	PGY-1
Identify gaps in knowledge and pursue	ART, ARW	GA, PRE	PGY-2

independent reading to improve			
Perform a literature search effectively to answer a clinical question	Small group conferences	RP	PGY-3
Identify pharmacy, nursing, and PT/OT resources to assist in patient care	ARW, ART, RWR	NE, PRE	PGY-3

4) Interpersonal and Communication Skills

Objective	Learning Environment	Evaluation Method	Year to be Mastered
Deliver effective sign-out and transfer of care	RWR	PRE	PGY-1
Communicate daily with members of the patient care team (attendings, consultants, case managers, etc.)	RWR	PRE, GA	PGY-2
Communicate effectively with patients and their families	ARW, ART	GA, MCX	PGY-2
Coordinate care of patients with multidisciplinary services	AWR	GA, AWR	PGY-3

5) Professionalism

Objective	Learning Environment	Evaluation Method	Year to be Mastered
Treat patients with respect and integrity	ART, RWR	MCX, GA	PGY-1
Maintain patient confidentiality at all times	ART	GA	PGY-1
Organize and lead a team of caregivers into an effective patient management unit	ART, ARW	GA	PGY-2

Recognize and address behavior that is unprofessional in junior colleagues or peers	RWR, ARW	AWR	PGY-3

6) Systems-Based Practice

Objective	**Learning Environment**	**Evaluation Method**	**Year to be Mastered**
Integrate case management early and effectively in patient care	RWR, ARW	GA, NE	PGY-1
Understand the role of clinical pathways in managing disease	AWR, ATR	GA	PGY-2
Implement and review clinical pathways	RWR, ARW	NE, GA	PGY-3

Ward Curriculum Checklist

	Setting: **I** (inpatient) **O** (outpatient)	Date
Cardiovascular		
Acute MI		
Unstable angina		
Arrhythmia		
Atrial fibrillation		
Atrial flutter		
Ventricular tachycardia		
SVT		
Congestive heart failure		
Systolic		
Diastolic		
Valvular heart disease		
Syncope		
Pericarditis		
Aneurysms - aorta		
Hypertensive crisis		
Urgency		
Crisis		

Deep venous thrombosis		
Pulmonary		
Pneumonia		
Asthma		
COPD		
Pneumothorax		
Interstitial lung disease		
Pleural effusion		
Gastroenterology		
Upper GI bleed		
Lower GI bleed		
Acute hepatitis/acute hepatic failure		
Complications of cirrhosis		
Pancreatitis		
Acute Diarrhea		
Acute Jaundice		
Inflammatory bowel disease		
Biliary sepsis		
Parenteral and enteral nutrition		
Hematology		
Acute and chronic leukemia		
Disseminated intravascular coagulopathy		
Approach to anemia		
Clotting disorders		
Hypercoagulable states		
Anticoagulation		
Blood product transfusion		
Thrombocytopenia		
Neutropenic hosts		
Bone marrow transplantation		
Oncology		
Indications and toxicity of chemotherapeutic regimes		
Recognition of oncologic emergencies		
Pain Management		
Primary malignancies of:		
Breast		
Colon		
Lung		
Esophagus		
Stomach		
Endometrium, cervix, ovary		

Kidneys		
Liver		
Bladder		
Brain		
Lymphoma, Non-Hodgkin's and Hodgkin's		
Melanoma		
Multiple myeloma		
Infectious Disease		
Endocarditis		
Osteomyelitis		
Meningitis and encephalitis		
Post-op infections		
Pneumonia		
Fever of unknown origin		
Bacteriemia		
Joint infections		
Febrile neutropenia		
Cellulitis		
Urinary tract infections		
Infectious diarrhea		
HIV-related illness		
Nephrology		
Acute renal failure		
Chronic renal failure		
Hyperkaliemia		
Hypokaliemia		
Hypernatremia		
Hyponatremia		
Metabolic acidosis		
Nephrolithiasis		
Nephrotic syndrome		
Rheumatology		
Vasculitis		
Acute arthritis		
SLE		
Crystal-induced arthritis		
Vascular bone necrosis		
Endocrinology		
Diabetes mellitus		
DKA		
Hyperosmolar coma		
Insulin therapy		

Thyroid diseases		
Hyperthyroidism		
Hypothyroidism		
Adrenal disorders		
Excess		
Deficiency		
Hypercalcemia		
Pituitary		
Hyperfunction		
Hypofunction		
Neuropsychiatry		
Stroke		
TIA		
Delirium/acute change in mental status		
Acute psychosis		
Withdrawal state (e.g., alcohol)		
Headache		
Dementia		
Neuromuscular emergency		