VCU Internal Medicine Training Program Hospitalist Medicine (VCUHS) – Teacher / Leader

Description
Patient Care
Medical Knowledge
Practice Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems Based Practice
How Learning Objectives are Met
Educational Resources
Assessment Methods
Educational Contents

Description of Rotation or Educational Experience

The Hospitalist rotation with the Hospital Medicine Service provides residents in the Hospitalist Pathway experience in a non-resident driven inpatient system. Providing direct patient care under the guidance of a faculty hospitalist, the resident develops more independence in assessment, treatment and discharge planning. In the complex inpatient environment, the resident learns to coordinate care plan across physician co-workers, physician extenders and clinicians from multiple disciplines.

The objectives of this rotation are to provide the senior resident with the skills necessary to transition to a future career as a practicing academic hospitalist physician. To accomplish this, the senior resident will experience many of the roles filled by the Hospital Medicine Service attending physicians. In addition, residents will learn some of the key elements of business of medicine not explicitly taught elsewhere in the curriculum, including principles of billing and coding, throughput and inpatient criteria, and interaction with midlevel providers.

back to top

Patient Care

Provide compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.
Competencies – Teacher / Leader:

- Role model how to gather relevant, subtle and reliable information from the patient
- Demonstrate how to elicit important physical findings
- Routinely identify subtle or unusual physical findings that may influence clinical decision making
- Recognize disease presentations that deviate from common patterns and that require complex decision making
- Demonstrate and teach basic invasive procedures
- Manage patients with conditions that require acute and progressive care
- Recognize, provide initial management and stabilize patients who require intensive care
- Independently manage patients with a broad spectrum of clinical disorders seen in general internal medicine
- Manage complex or rare medical conditions
- Customize care in the context of the patient’s preferences and overall health

Objectives for Rotation:

- Independently admit a patient to the hospital
- Manage a service of up to sixteen patients with significant independence
- Obtain subspecialty consultation when necessary and appropriate to the clinical situation

Medical Knowledge

Know the established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences. Apply this knowledge to patient care.

Competencies - Teacher / Leader:

- Describe the relevant pathophysiology for uncommon or complex medical conditions
- Demonstrate knowledge sufficient to diagnose and treat complex, undifferentiated and emergent conditions, including conditions that require intensive care
- Demonstrate knowledge sufficient to evaluate rare medical conditions and multiple coexistent conditions
- Demonstrate sufficient knowledge of socio-behavioral sciences including health care economics, medical ethics, and medical education

Objectives for Rotation:

Evaluate patient care practices, appraise scientific evidence, and improve patient care.

Implement self-evaluation and lifelong learning.
Competencies – Teacher / Leader:
- Appraise the quality of medical information resources and select based on the clinical question
- Independently appraise study design, conduct, and statistical analysis in clinical research papers
- Independently appraise clinical guideline recommendations for bias and cost-benefit considerations
- Integrate clinical evidence, clinical context, and patient preferences into decision-making
- Reflect on personal experience and feedback, applying insights to future situations
- Take a leadership role in the education of all members of the health care team
- Identify areas in resident’s own practice that can be changed to improve processes and outcomes of care
- Engage in a quality improvement intervention

Objectives for Rotation:
- Identify and apply hospital system and clinical guidelines in the diagnosis and management of patients
- Use information technology to manage patient-specific information and work effectively within the hospital system
- Participate with colleagues in giving and receiving feedback that improves the quality of patient care
- Identify and reflect on journal articles about topics relevant to careers in hospital medicine for discussion

Interpersonal and Communication Skills
Communicate effectively and professionally with patients, their families, and professional associates.

Professionalism
Fulfill professional responsibilities and adhere to ethical principles.
Competencies – Teacher / Leader:

- Provide leadership for a team that respects patient dignity and autonomy
- Recognize, respond to, and report impairment in colleagues or substandard care via peer review processes
- Maintain ethical relationships with industry; recognize conflicts of interest
- Serve as a professional role model for more junior colleagues
- Assist colleagues in the provision of duties as needed
- Advocate effectively for individual patient needs
- Recognize and respond to situations affecting public health
- Recognize and manage conflict when patient values and personal values differ
- Educate and hold others accountable for patient confidentiality
- Advocate for appropriate allocation of limited health care resources

Objectives for Rotation:

- Advocate for patients within the healthcare system, demonstrating sensitivity and responsiveness to patients' culture, age, gender, sexual orientation and disabilities
- Timely documentation of notes in the electronic medical record
- Timely submission of charges to the rotation lead

System Based Practice

Be aware of and responsive to the larger context and system of health care. Identify and utilize other resources to provide optimal health care.

Competencies – Teacher / Leader:

- Demonstrate management of an interprofessional team
- Dialogue with care team members to identify risk-for and prevention-of medical error
- Demonstrate understanding of system-level quality improvement
- Identify health care stakeholders and their impact on cost and access to care
- Describe principles of coding and reimbursement
- Demonstrate incorporation of cost-awareness in complex clinical situations

Objectives for Rotation:

- Demonstrate an understanding of the complexity of directing effective patient-centered care in a hospital system
- Gain familiarity in the billing process for inpatient admissions, daily care, and discharges
- Perform post-discharge paperwork and discharge summaries as required by hospital, insurance, and government guidelines and as needed to ensure safe transitions of care
How Learning Objectives Are Met

- Work 8-9 clinical shifts on the Hospital Medicine Service supervised by an attending hospitalist (in a two-week rotation). The number of each shift will depend on the residents specific goals for the rotation, which will be solicited by the rotation lead prior to making a schedule. They will be contacted regarding schedule requests (i.e., need for specific days off) prior to the start of the rotation.

- Rounding shifts: Primary responsibility will be independent management of a minimum of 8 patients, with the goal to manage up to 16. The goal is to work with a nurse practitioner on these shifts with the attending there for guidance and coaching.

- MAA/Admitting Shifts: Primary responsibilities will be performing admissions to the Hospitalist Service, interacting with the ED and transfer center, and performing inpatient consults when they arise during times when the med consult service is not available.

- Afternoon/Evening/Night shifts: Primary responsibilities include cross-covering the rounding teams, interacting with the ED and transfer center to assign admissions, and admitting to the Hospital Medicine Service.

- Attend discharge rounds daily while working rounding shifts. Attend Throughput rounds when working the MAA shift.

- Complete the Coding 101 modules and quizzes. Submit charges on all patients for which you write a note to the rotation lead by email so that they may review them and provide feedback.

- Attend all conferences required by the DOIM residency program. Submit excuse requests for morning reports that will need to be missed due to shift schedule, as the chief medical residents do not know in advance when night shifts would make attending morning report impossible.

- Attend Hospital Medicine Grand Rounds, QI Fridays and Division of General Medicine Grand Rounds when scheduled during the rotation.

- Complete 2 modules in SHM consults curriculum of the resident’s choosing. Inform the rotation lead by the end of the first week which modules they have chosen, so that they may prepare to discuss these with the resident.

- Identify two or more articles relevant to hospital medicine topics (for example: cost-conscious care, patient satisfaction or patient safety) and bring them for discussion with the hospitalists with whom you are working.

Educational Resources

- Coding 101 (an online billing educational module)
- SHM Consults
- SHM Core Curriculum Topics
- UpToDate
- www.guidelines.gov
- Literature searches to answer specific clinical questions
- Baylor’s Resident Instruction in Hospital Medicine Manual
Assessment Methods

Resident

- Residents should seek feedback from the supervising attendings after each shift.
- The rotation lead will solicit feedback from each attending and will provide end-of-rotation feedback during the wrap-up session on the last day of rotation.
- Residents will be evaluated by the supervising hospitalists on New Innovations

Program Evaluation

- Residents will provide feedback on the rotation to the rotation lead at the wrap-up session, so that future residents may benefit from an enhanced educational experience.
- Residents will evaluate supervising attendings on New Innovations

Educational Topics (Society of Hospital Medicine Core Competencies)

<table>
<thead>
<tr>
<th>Clinical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute Renal Failure</td>
</tr>
<tr>
<td>• Alcohol and Drug Withdrawal</td>
</tr>
<tr>
<td>• Asthma / Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>• Cellulitis</td>
</tr>
<tr>
<td>• Community Acquired Pneumonia / Hospital-Acquired Pneumonia</td>
</tr>
<tr>
<td>• Congestive Heart Failure</td>
</tr>
<tr>
<td>• Delirium and Dementia</td>
</tr>
<tr>
<td>• Diabetes Mellitus</td>
</tr>
<tr>
<td>• Gastrointestinal Bleed</td>
</tr>
<tr>
<td>• Pain Management / Palliative Care</td>
</tr>
<tr>
<td>• Perioperative Medicine / Hospitalist as Consultant</td>
</tr>
<tr>
<td>• Sepsis Syndrome</td>
</tr>
<tr>
<td>• Venous Thromboembolism</td>
</tr>
</tbody>
</table>

Education Systems

REVISED DATE: 04.24.14
REVISED BY: Laura Paletta-Hobbs, MD and Kim Pedram, MD