

The background of the slide features a large, embossed seal of the University of California, Irvine. The seal is circular and contains the text "UNIVERSITY OF CALIFORNIA" at the top and "IRVINE" at the bottom. In the center, there is a shield with a book and a lamp, with the words "IN THE LIGHT OF KNOWLEDGE" written around it. The seal is set against a light brown, textured background.

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**
Rotation Staff Coordinator: **Mercedes Weston**
Phone Number: **714-456-5726**
Email: **aadangod@uci.edu**

Key Faculty Participating in the Rotation: **Amish Dangodara, Matthew Butteri, Jamie Capasso, Israel De Alba, Dang Duong, Sonali Iyer, Solomon Liao, James Williams, Alpesh Amin**

PAGE

3. Description of Rotation
4. Patient Care
5. Medical Knowledge
6. Practice Based Learning Improving
7. System Based Practice
8. Professionalism
9. Interpersonal and Communication Skills
10. Evaluation Methods
13. Educational Resources for Rotation

Description of Rotation and Educational Experience

Residents will:

- Perform general medical consultations on a variety of non-medical hospitalized patients, learn to co-manage non-medical hospitalized patients in coordination with the primary service caring for the patient, learn geriatric management, and learn skills to become well-refined independently practicing physicians in all areas of inpatient care.
- Develop skills for accurate independent assessment and management of common general medical problems that occur in patients hospitalized for non-medical illnesses.
- Master knowledge of preoperative medical risk assessment and perioperative medical care in hospitalized surgical patients.
- Improve their organization, multi-tasking, and efficiency skills.
- Refine communications skills in many areas, including communication with patients and their families, professional colleagues, ancillary staff and written communication.
- Refine skills of professionalism in caring for hospitalized patients.

Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

Competencies

- Master skills for performing accurate preoperative risk assessment and perioperative medical management.
- Master the clinical (bedside) evaluation of heart murmurs and gallops.
- Master the clinical (bedside) evaluation of an abnormal lung exam.
- Master skills that enhance anticipatory management rather than reactive management.
- Master the indication for common inpatient diagnostic tests such as x-rays, CT scans, MRI, nuclear medicine scans, echocardiograms, noninvasive stress testing, endoscopic evaluation, etc.

Objectives

- The senior Resident will master preoperative risk evaluation as determined by the accuracy of predicting postoperative morbidities or mortality and anticipation of potential complications to minimize risk.
- The senior Resident will provide comprehensive medical evaluation and care as judged by the avoidance of preventable inpatient morbidities resulting in functional decline, malnutrition, progression of disrupted skin integrity, nosocomial pneumonia, venous thromboembolism, iatrogenic medication-induced illnesses, or increases in length-of-stay caused by preventable
- The senior Resident will be introduced to the concept of team co-management, including geriatric co-management.

Medical Knowledge

Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to:

Competencies

<ul style="list-style-type: none">• Master in-depth knowledge of common inpatient medications, including dosing, side effects, drug interactions, and precautions for use, especially as medication use relates to patient safety.• Master assessment and management of fluid and electrolyte imbalance.• Master evaluation and treatment of:<ul style="list-style-type: none">○ pneumonia○ all etiologies of chest pain○ all etiologies of shortness of breath○ arrhythmias○ congestive heart failure○ inpatient hypertension and hypotension○ syncope and falls	<ul style="list-style-type: none">○ acute confusion○ fever and leukocytosis○ acute and chronic anemia○ venous thromboembolism and pulmonary embolism○ In-patient diabetes mellitus○ renal insufficiency <ul style="list-style-type: none">• Master the appropriate indications and use of antibiotics for common inpatient infections.• Master knowledge of anticoagulation management for hospitalized patients.• Master knowledge of insurance, billing, and documentation, and how these issues impact patient care delivery.
---	---

Objectives

- The senior Resident will be able to provide a broad differential diagnosis for common inpatient diagnoses and appropriately prioritize their likelihood based on the clinical presentation, as determined by the efficiency of achieving the actual diagnosis and definitive treatment by subsequent confirmatory testing.
- The senior Resident will be able to elucidate the pathophysiology of disease processes that apply to their patients, as defined in the medical literature.
- The senior resident will be able to document the medical record to reflect knowledge of billing requirements as judged by audit of chart reviews for comprehensiveness of documented billing elements.

Practice- Based Learning and Improvement

Goal

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to:

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Recognize when to delegate responsibility so that patient care is not compromised or delayed.
- Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement.
- Recognize, report, and implement practices to reduce medical error.
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems.
- Participate in the education of patients, families, students, residents and other health professionals, as documented by evaluations of a resident's teaching abilities by faculty and/or learners.
- Prepare and present didactic clinical vignette sessions.
- Take initiative for self-learning and problem-solving by using relevant research and coordinating with hospital staff to achieve problem resolution.

Objectives

- The senior Resident will demonstrate improvement in areas of deficit based on incorporating feedback.
- The senior Resident will research the medical literature to support medical decision-making in areas of clinical uncertainty as judged by their performance of literature searches resulting in the ability to find journal articles relevant to the clinical situation.

Goal

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Competencies

- Work effectively in various health care delivery settings including the emergency department, intensive care unit, step-down unit, and medical-surgical ward.
- Coordinate patient care within the health care system to transition care within various inpatient settings and then from the acute hospitalized setting to post-acute levels of care.
- Incorporate considerations of cost awareness and risk-benefit analysis in patient care.
- Advocate for quality patient care and optimal patient care systems.
- Practice evidence-based medicine as it applies to system-based quality indicators, core measures, and clinical pathways relevant to patient care.
- Perform patient and family education regarding medication reconciliation upon admission and discharge to minimize medication-related errors.
- Work in inter-professional teams to enhance patient safety and improve patient care quality.
- Participate in identifying systems errors and in implementing potential systems solutions.
- Develop fluent computer skills to enhance patient care and minimize error.
- Understand how systems-based administrative policies and budgeting impact patient care.
- Adhere to hospital policies regarding documentation, safety, and patient care.

Objectives

- The senior Resident will document core measures and quality indicators for diseases in which such indicators are being monitored, as measured by their compliance rate in chart audit reviews.
- The senior Resident will use only approved abbreviations as measured by their rate of using unapproved abbreviations in chart audit reviews.
- The senior Resident will educate patients on medication reconciliation at the time of discharge.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Competencies

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Respect for patient privacy and autonomy
- Accountability to patients, society, and the profession
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- Truthfulness in communicating own shortcomings or limitations
- Working in a collegial manner for the good of the team to promote patient care

Objectives

- Senior Residents will conduct themselves in a professional manner at all times as measured by feedback from patients, professional colleagues, and ancillary staff.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information in coordination with patients, their families, and professional associates. Residents are expected to:

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds regarding their medical condition and therapeutic options in a manner that clearly delineates the risks and benefits.
- Communicate effectively with physicians, other health professionals, and health related agencies.
- Work effectively as a member or leader of a health care team to deliver efficient coordination of overall patient care.
- Act in a consultative role to other physicians and health professionals.
- Maintain comprehensive, timely, and legible medical records that incorporate the necessary elements for billing.
- Master communication skills regarding end-of-life care.
- Master both verbal and written communication skills necessary for comprehensive, safe, and confidential patient handoffs.
- Master communication skills necessary for efficient discharge planning.

Objectives

- The senior resident will be able to effectively lead a patient-family care conference as measured by patient and family feedback regarding empathy, compassion, and communication skills.
- The senior Resident will be able to effectively communicate recommendations in their role as a consultant as judged by the referring physician.
- The senior Resident will be able to perform comprehensive “handoff” communication as judged by the seamless continuity of care provided by receiving physicians.

Teaching Methods

- Clinical teaching
- Participation in patient-family care conferences
- Didactic lecture on preoperative cardiac evaluation for non-cardiac surgery
- Faculty mentoring and role modeling
- Didactic clinical vignette teaching sessions on ethics and consultative medical topics that may be clinically underrepresented
- Medical literature analysis as it applies to patient care

Assessment Method (residents)

Faculty evaluation that incorporates:

- Direct faculty observation and completion of on-line evaluation.
- Feedback form covering night-float Residents regarding adequacy of handoff communication.
- Feedback from covering weekend faculty regarding adequacy of handoff communication, medical knowledge, clinical skills, and quality of general medical care provided by the Resident.
- Feedback from ancillary staff, nurses, and Case Managers regarding communication skills, discharge planning skills, and professionalism.
- Feedback from patients and their families regarding perceived quality of care, empathy, compassion, bedside manner, communication skills, and professionalism.
- Feedback from consulting/referring physicians regarding perceived quality of care, communication skills, and professionalism.
- CEX evaluation.

Evaluation Method	Direct Observation & Feedback	Clinical Vignettes	Written Exam	Report or Presentation	Other (specify)
Competency					
Patient Care	X			X	
Medical Knowledge	X	X	X	X	
Practice-based Learning	X			X	
Communication Skills	X			X	Evaluation of written clinical documentation
Professionalism	X			X	
Systems-based Practice	X			X	
Teaching Skills	X	X		X	

Assessment Method (Program Evaluation)

- Rotation and faculty on-line evaluation completed by the Residents
- Evaluation of pretest and post-test.

Level of Supervision

- Direct faculty observation.

Educational Resources

Relevant Clinical Studies:

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

Wijeyesundera 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.

Other Resources

1. Mobile device application to guide preoperative evaluation: Preop Eval



2. Perioperative Medicine Consult Handbook: Jackson (University of Washington).
3. [Postoperative Respiratory Failure Risk Calculator](#)