

## **GENERAL MEDICINE INPATIENT SERVICES**

**Location: Boise VA Medical Center**

### **FACULTY CONTACT:**

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## **OVERALL EDUCATIONAL PURPOSE**

Exposure of the resident to a broad range of acute medical illnesses.

To learn clinical skills and gain experience in the care of sick internal medicine inpatients.

To learn to recognize the need for consultation.

To learn the communication skills needed to deal with patient, their families, fellow housestaff and attending physicians, consulting physicians, nurses, and ancillary hospital personnel.

To learn a means for continuing education.

## **TEAM STRUCTURE**

Medicine Attending

2 R2s

2 R1s

2 MS3s

## **PRINCIPAL TEACHING METHODS**

Direct supervision: The inpatient teams are organized in such a manner that the attending supervises and teaches the senior residents, junior residents and the medical students. The senior resident supervises the junior residents and medical students, and the junior resident supervises and teaches the medical students.

Case-based discussions occur in attending rounds, morning report (senior residents), interns report, Tumor Board, and a weekly grand rounds.

Attending rounds occur at least three times weekly for two hours and are clearly distinguished from attending bedside work rounds which occur after each admitting day.

There are frequently scheduled didactic conferences relevant to inpatient and outpatient medicine. These include noon conferences on two days a week, a weekly community medical education program, and frequent one-half to two or three day specialty seminars including a

retreat specifically designed for the internal medicine residents held yearly, lasting three days, and for which all residents are freed up to attend.

Self-directed learning is at all times encouraged with access provided to medline, multiple textbooks, current and past journals. Resident participation is achieved by assigning specific patient oriented topics for discussion at attending round, morning report or grand rounds. There is a resident organized and run journal club with faculty advisers.

## **EDUCATIONAL CONTENT**

### **Mix of Diseases**

The resident is exposed to a wide range of acute medical illnesses, but there is a preponderance of certain problems: complications of chronic atherosclerotic disease with angina syndromes and myocardial infarction; congestive heart failure from multiple different cardiac etiologies; chronic obstructive pulmonary disease; malignancies; hypertension and its complications; diabetes mellitus and its complications; stroke; degenerative neurologic conditions.

There are no segregated inpatient areas, and the admitting resident team takes care of its patients throughout the hospital course regardless of diagnosis or acuity of illness.

### **Patient Characteristics**

At the Boise VAMC ninety to ninety five percent of the patients are men. There is a bimodal age distribution reflecting the large number of veterans generated in the World War II and Korea era and the Vietnam era.

### **Types of Clinical Encounters**

All encounters are inpatient. The residents will first see the patient in the ambulatory care or emergency area. The resident will then care for the patient on the general medical ward, intensive care unit, or telemetry unit.

### **Procedures**

The resident is expected to learn and become competent at the full range of procedures necessary for the practice of inpatient medicine in the general medical ward as well as the intensive care unit. The most commonly encountered procedures include: central line placement, pulmonary artery catheterization, intubation, thoracentesis, paracentesis, lumbar puncture, placement of arterial lines, arthrocentesis, transvenous pacemaker placement, and procedures for risk stratification of patients with angina (exercise tolerance test, exercise thallium, dipyridamole thallium).

### **Services**

Inpatient medicine services include an intensive care unit, telemetry unit, general medicine ward, and geriatric evaluation unit. Pulmonary function testing, bronchoscopy, GI endoscopy, non-invasive cardiovascular testing (echo, arterial and venous studies), and hemodialysis are available. There is an emergency room/admitting area available to our patients 24 hours a day. There is inpatient surgery, psychiatry, substance abuse treatment, and an attached nursing home care unit. Consultations from subspecialty medicine, surgery and psychiatry are readily available. Ancillary services include a laboratory staffed 24 hours daily; radiology with capacity for nuclear medicine, ultrasound, vascular studies, and CT; and inpatient pharmacy with 24

hour coverage.

### **Rotation Specific Schedule**

#### Monday

Morning Report at 7:30 a.m.  
ICU Rounds at 8:15 a.m.  
Attending Rounds at 10:30 a.m. (three times weekly)  
Noon Conference

#### Tuesday

Morning Report at 7:30 a.m.  
ICU Rounds at 8:15 a.m.  
Attending Rounds at 10:30 a.m. (three times weekly)  
Noon Conference

#### Wednesday

Morning Report at 7:30 a.m.  
ICU Rounds at 8:15 a.m.  
Attending Rounds at 10:30 a.m. (three times weekly)  
Noon Conference

#### Thursday

Grand Rounds at 8:00 a.m.  
ICU Rounds at 9:15 a.m.  
Attending Rounds at 10:30 a.m. (three times weekly)  
Renal Conference (once monthly)

#### Friday

Morning Report at 7:30 a.m.  
ICU Rounds at 8:15 a.m.  
Attending Rounds at 10:30 a.m. (three times weekly)  
Interns' Report/Ambulatory Conference

### **PRINCIPAL EDUCATIONAL MATERIALS USED**

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to

Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

## **METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE**

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

## **EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE**

The attending faculty physician is responsible for every patient admitted to the medical service. There is a hierarchal structure of supervision and responsibility. Every admission to medical service has a history and physical examination and evaluation performed by junior and senior housestaff on the team. The attending physician will interview, examine and review with the housestaff every patient within 24 hours of admission and will enter a note on the chart documenting that initial review.

There will be documented involvement by the attending in any major therapeutic or diagnostic decision, transfer of a patient in or out of intensive care unit, transfer of a patient to another service, discharge of a patient, or decision by the patient not to be resuscitated.

While the attending must be involved in all these areas of supervision, each attending is explicitly instructed to assess the senior residents capabilities and allow independence to make it a meaningful experience.

The attending writes no orders in the inpatient medical record unless there is an emergency and the resident is unavailable. The junior resident generally writes all progress notes and orders. When a medical student is assigned to a patient the junior resident or senior resident supervises and co-signs the student orders and progress notes.