

GENERAL MEDICINE INPATIENT SERVICES (ST. LUKE'S INTERNAL MEDICINE)

Location: St. Luke's Regional Medical Center

FACULTY CONTACT:

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Clinical Instructor

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OVERALL EDUCATIONAL PURPOSE

- To learn the presenting features, diagnostic strategies and management of common inpatient medical conditions.
- To learn appropriate indications for specialty consultation and to develop effective working relationships with specialists.
- To enhance communication skills to improve discussions with patients and their families.
- To gain experience in the multidisciplinary management of inpatients
- To gain experience in a community based hospital setting.

TEAM STRUCTURE

Medicine Attending

One R1s

PRINCIPAL TEACHING METHODS

Case discussion and review:

All cases seen by the resident will be discussed and reviewed in detail with the attending.

Rounds

The resident will have daily work rounds with the attending.

EDUCATIONAL CONTENT

Mix of Diseases

Resident will see a wide range of illness including, but not limited to:

- Cardiac disease including unstable angina, acute MI and CHF
- Pulmonary disease including COPD and interstitial lung disease
- Gastrointestinal disease including GI bleeding, inflammatory bowel disease and pancreatitis
- Oncologic disease including lung, prostate, colon and breast cancer
- Hematologic disease including DVT and pulmonary embolus
- Infectious disease including cellulites and soft tissue infection, pneumonia
- Metabolic disease including diabetes mellitus and its complications

Patient Characteristics

The patient population reflects that of the community, and includes an equal mix of men and women of all ages, primarily Caucasian.

Types of Clinical Encounters

Patients are initially evaluated in the Emergency Department and followed through all aspects of care regardless of acuity.

Procedures

Residents will become proficient in placement of central venous catheters, pulmonary artery catheterization, thoracentesis, paracentesis, lumbar puncture and arthrocentesis.

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

Daily rounds at 8:00 a.m.

Call/Weekend Responsibilities

Overnight call every fifth night with four days off during the month

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 resident is responsible for the initial evaluation, examination and management of the patient. The resident will write all notes and orders. Each patient will be examined and discussed daily with the attending of record, who retains ultimate responsibility.