

General Internal Medicine Inpatient SERVICE
Location: University of Washington Medical Center

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OVERALL EDUCATIONAL PURPOSE

To provide exposure to a broad range of acute medical problems in adults.

To enhance communication, problem-solving, diagnostic, and treatment skills.

To foster independence, self-confidence, and dependability in a well-supervised academic environment.

PRINCIPAL TEACHING METHODS

Direct Supervision of Patient Care

The attending physician provides supervision to all members of the team (senior and junior residents and medical students). The senior resident provides supervision to junior residents and students. Attending and resident team members provide supervision to medical students.

Case-Based Discussion and Review

This occurs in four settings: Daily work rounds, Morning Report (four days weekly), Intern Report (once a week), Attending Rounds at least three hours per week

Attending physicians conduct bedside teaching rounds on the post-call day, for an additional 1.5 – 3 hours per week.

Formal Conferences for Discussion of Patients on the Medicine Service

Medicine X-Ray conference: new films are reviewed with an Attending Radiologist daily.

Chairman's Rounds: discussion of *Medicine* patients on inpatient services weekly. Pathologic material, including x-rays and autopsy findings are presented when available.

Autopsy conference: monthly conference conducted by UWMC Anatomic Pathologists at which patients who have expired on the medicine service are discussed and autopsy findings reviewed.

Mortality and Morbidity: discuss quality improvement issues in care of Medicine patients; held monthly.

Didactic Lectures

These occur three times weekly and cover a broad range of inpatient and outpatient topics.

EDUCATIONAL CONTENT

Mix of Diseases

The UWMC is a tertiary care referral center for the *W*WAMI region and also provides primary hospital care for patients followed in UWMC-based clinics. Patients present with the full variety of acute and chronic medicine problems.

Patient Characteristics

Patients admitted to UWMC come from a broad mixture of ethnic and socioeconomic backgrounds. Patient ages range from young adults to the elderly. There is an equal mix of male and female patients.

Types of Clinical Encounters

All patients seen during the rotation are inpatients receiving care for acute medical problems. Clinical encounters include: emergency room evaluation at the time of admission, full history and physical at the time of admission, morning rounds and daily evaluations by individual team members. Senior residents and interns also participate in discussion of patients under the care of their peers during Morning Report and Interns' Report respectively

Procedures

Procedures most frequently performed during this rotation include thoracentesis, paracentesis, placement of central venous catheters, placement of nasogastric tubes, lumbar puncture (LP), and arthrocentesis.

Services

UWMC has a full range of services available for participation in patient care. There is a full service intensive care unit, an emergency room staffed 24 hours by attending physicians, and full mix of surgical and subspecialty consultative services.

PRINCIPAL EDUCATIONAL MATERIALS USED

Residents have 24-hour access to a small departmental library located in the hospital and daytime access to the UW Health Sciences Regional Library, which is in a building adjacent to the medical center. In addition, selected general medical, subspecialty and pharmacology textbooks are located in housestaff work areas on the nursing units. Computer access to literature searching is available on the wards and in the library. A medical librarian from the Health Sciences Library attends residents morning report and provides assistance in literature searches pertaining to issues discussed there.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

Residents are evaluated by all members of the ward team including the attending physician, the intern or senior resident working with them, and the medical students. This occurs in both

written format as well as in individual feedback sessions. Evaluations address clinical skills, medical knowledge, clinical judgment, interpersonal skills, leadership qualities, and professional behavior. These evaluations are available for review by the residents at any time in the residency office and at the time of their semi-annual evaluation/counseling meetings. Residents also evaluate the attending physician, medical students, and the rotation in general. Residents evaluate the rotation regarding ancillary services, teaching and supervision, patient population, quality of conferences, and overall educational experiences. Each month the Chairman, Chief of Service, and Chief Medical Resident meet with all the interns and residents on inpatient services at UWMC, to debrief them about their experience and the performance of their attending physician(s). This information is then conveyed to the attending in a letter jointly written by the Chair, Chief of Service, and Chief Resident. Rotation evaluations are reviewed by the Chief of Service, the UWMC Associate Physician-in-Chief, and the Director and Associate Directors of the Residency Program.

LINES OF RESPONSIBILITY FOR PATIENT CARE

Trainees rotating on the inpatient wards at UWMC are expected to assume full responsibility for the evaluation and management of the patients seen on this service. In order to ensure optimal patient care, interns are provided with 24-hour access to their supervising residents, attending physician, and consultants. Senior residents covering the Intensive Care Unit, and Surgical Specialties are always in hospital and available for emergent consultation. The attending physician is immediately available through paging, and speaks regularly with the senior resident during on-call periods. Fellows and attending physicians are available, usually within 30 minutes, for assistance with patient evaluation and for performance of procedures. Attending physicians must document their involvement in the evaluation and management of patients daily. (Please see "Guidelines for Attending Physicians" and "Guidelines for Housestaff" at UWMC.)