

MEDICINE CONSULT SERVICE

Location: University of Washington Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

- To learn the skills required for effective consultation and communication with other health care providers.
- To become proficient in pre-operative evaluations.
- To learn about the management of medical illnesses and complications in post-operative patients.
- To expand knowledge base in the various aspects of general internal medicine.

TEAM STRUCTURE

PRINCIPAL TEACHING METHODS

Case discussion and review

Residents prepare a 20-minute talk on any subject related to medical consultation, which they present to the consult attendings. A brief summary, with references is also required.

Rounds

Didactics

Didactic sessions are held between the resident and attending physician throughout the month. Topics are those related to general internal medicine, including pre-operative/post-operative evaluation, management of hypertension, weight loss, renal insufficiency, etc.

EDUCATIONAL CONTENT

Mix of Diseases

Last Revised April 1998 by Dominic Reilly, MD

The consult service provides inpatient medical consultation to all non-medical services at UWMC. Those services include general surgery, vascular surgery, gynecologic surgery, otolaryngology, neurosurgery, neurology, orthopedics, ophthalmology, psychiatry and rehabilitation medicine.

The common illnesses cared for include diabetes, hypertension, coronary artery disease, arrhythmias, obesity, chronic obesity, chronic obstructive pulmonary disease/asthma, and anemia. Residents are frequently consulted for evaluation of fever, dyspnea, chest pain, renal insufficiency, delirium and other acute medical problems.

Because the service works closely with many of the surgical specialties, the residents have the opportunity to manage many medical problems in the post-operative period.

Patient Characteristics

The types of patients seen on the consult service are varied. As a tertiary care center, the University attracts patients with some of the most challenging medical and social problems. Patients vary dramatically in their age, socio-economic status, and types of medical/surgical illnesses. Many are referred from rural communities.

Types of Clinical Encounters

Inpatient: Residents provide consultative support to all non-medical services at UWMC. Residents spend approximately 70% of their time assisting in the care of inpatients.

Outpatient: Residents see patients in the outpatient clinics for both pre-operative evaluations and general medicine consultation approximately 20% of their time on the service. They also maintain their continuity clinic during the rotation, accounting for approximately 10% of their time.

Procedures

Residents on the service may supervise or assist junior residents (on non-medical services) in the performance of basic procedures. These typically include lumbar puncture, thoro-centesis, paracentesis, and the placement of arterial and central venous catheters.

Services

UWMC offers the full range of patient-care services, including an intensive care unit, pharmacy, on-site laboratory, a radiology department, and the full mix of surgical and subspecialty consultative services.

Rotation Specific Schedule

Monday

12:30-1:30 Lunch Conference (RR-110)

Tuesday

12:00-1:00 Chairman's Rounds (D-209)

Wednesday

12:30-1:30 Lunch Conference (RR-110)

Thursday

8:00-9:00 Grand Rounds (UW Health Sciences)

9:15-10:15 Resident Teaching Conference (T-739)

11:30-12:30 General Medicine Conference (RR-110)

Friday

Call and Weekend Responsibilities

None

Principle Educational Materials Used

Recommended Readings

Residents receive handouts and copies of relevant articles from the attendings during didactic sessions. There is a small library in the consult service office with textbooks related to medical consultation and general internal medicine. There is a Macintosh computer available in the office for on-line literature searches, both for patient care and self study. The Department of Medicine library is also available for the residents to use, and the UW Health Sciences library is adjacent to the UWMC.

Pathologic materials

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 and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, 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 and fellow with whom s/he has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

Residents perform inpatient and outpatient internal medicine consultation at UWMC under the direct supervision of an attending physician. Cases are discussed with the attending, and teaching is done in the context of patient care.

Residents provide care for patients on the medicine consult service under the direct supervision of the consult attendings. The attending physicians review the care provided and discuss clinical findings with the resident on a daily basis.