

**Rotation:
Medicine Consult Service**

Goals:

To provide internal medicine residents with the required knowledge base, patient care skills, interpersonal and communication skills, professionalism training, practice-based learning and systems-based practice skills to function effectively as a consultant to all other medical specialties.

Objectives:

By the end of the Medicine Consult Service rotation, all residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Competently interview and examine patients about to undergo an operative procedure or referral by a non-internal medicine service for evaluation of a medical condition.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
	Obtain all other necessary medical information by chart review and review of all other available data.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of medical record	
	Make informed recommendations about diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of medical record	
	Competently and efficiently manage all perioperative and	Clinical Teaching	ABIM global evaluation	

	general medical problems as requested by the consulting physician.	Conferences	form beginning and end-of-rotation open book, web-based test attending review of at least 20 medical records	
	Demonstrate no areas of major patient care disagreement with attending in no more than 50% of patient cases	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	Expand knowledge base in consultative medicine in perioperative care, psychiatry, pregnancy, and neurology.	Self directed reading of syllabus Conferences Direct Patient Care	Attending and resident question review (accuracy \leq 50%) ABIM global evaluation form beginning and end-of-rotation open book, web-based test	
	Access and critically evaluate the medical literature relevant to the cases seen on the service.	Self directed reading of syllabus Conferences Direct Patient Care	Faculty observation of at least 5 literature citations during the month ABIM global evaluation form beginning and end-of-rotation open book, web-based test	
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES			
	Define gaps in knowledge base, skills, and attitudes about consultative medicine and use evidence-based medicine to fill these gaps.	Self Reflection Direct Patient Care Journal Club	Faculty observation of at least 5 literature citations during the month ABIM global evaluation form	

	Use errors or near errors to improve subsequent delivery of health care and report such situations for morbidity and mortality review by the housestaff.	Self Reflection Direct Patient Care Journal Club	Chief resident observation of at least one M&M review ABIM global evaluation form	
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	Communicate effectively with patients and families on the consultative service.	Direct Patient Care Role modeling	Attending interview of patients ABIM global evaluation form	
	Communicate promptly, concisely, and respectfully both verbally and in the written record with all other physicians involved in the care of the patient	Direct Patient Care Role modeling	Audit of three phone conversations Chart audit ABIM global evaluation form	
	Answer all questions raised by the consulting physician.	Direct Patient Care Role modeling	Chart audit ABIM global evaluation form	
	Encourage further consultation by eagerness, promptness, helpfulness, and competence	Direct Patient Care Role modeling	Audit of 3 phone conversations ABIM global evaluation form	
	Assure smooth delegation of patient care responsibilities when in the clinic or absent on weekends	Direct Patient Care Role modeling	Chart Review Patient List Review ABIM global evaluation form	
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			
	Behave professionally toward patients, families, and all members of the health care team.	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Respond sensitively to gender, age, culture, religion, socioeconomic status, and beliefs of patients and professional colleagues.	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Adhere to principles of confidentiality, scientific integrity, and informed consent	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Avoid all chart conflicts by verbal communication. (resident may experience minor conflicts with primary physician 20% of the time)	Direct Patient Care Role modeling Conferences	Audit of chart and verbal communications ABIM global evaluation form	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	Coordinate with the service requesting the consult to assure that all patient care needs are met.	Direct Patient Care Conferences	Audit of chart and verbal communication ABIM global evaluation	

			form	
	Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Apply evidence-based, cost-conscious strategies to diagnosis and disease management	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Identify and correct systems issues to improve patient care in 20-30% of the cases, e.g. anticipate NPO orders and write for a.m. medications, follow protocols for beta blocker and thrombophlebitis prophylaxis	Direct Patient Care Conferences	Chart Review ABIM global evaluation form	

By the end of the Medicine Consult Service rotation, PGY-2 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Competently interview and examine patients about to undergo an operative procedure or referral by a non-internal medicine service for evaluation of a medical condition.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
	Obtain all other necessary medical information by chart review and review of all other available data.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of medical record	
	Make informed recommendations about diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-	

			rotation open book, web-based test	
	Competently and efficiently manage all perioperative and general medical problems as requested by the consulting physician.	Clinical Teaching Conferences	attending review of medical record ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of at least 20 medical records	
	Demonstrate no areas of major patient care disagreement with attending in no more than 50% of patient cases	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	Expand knowledge base in consultative medicine in perioperative care, psychiatry, pregnancy, and neurology.	Self directed reading of syllabus Conferences Direct Patient Care	Attending and resident question review (accuracy $\geq 50\%$) ABIM global evaluation form beginning and end-of-rotation open book, web-based test	
	Access and critically evaluate the medical literature relevant to the cases seen on the service.	Self directed reading of syllabus Conferences Direct Patient Care	Faculty observation of at least 5 literature citations during the month ABIM global evaluation form beginning and end-of-rotation open book, web-based test	

Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES			
	Define gaps in knowledge base, skills, and attitudes about consultative medicine and use evidence-based medicine to fill these gaps.	Self Reflection Direct Patient Care Journal Club	Faculty observation of at least 5 literature citations during the month ABIM global evaluation form	
	Use errors or near errors to improve subsequent delivery of health care and report such situations for morbidity and mortality review by the housestaff.	Self Reflection Direct Patient Care Journal Club	Chief resident observation of at least one M&M review ABIM global evaluation form	
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	Communicate effectively with patients and families on the consultative service.	Direct Patient Care Role modeling	Attending interview of patients ABIM global evaluation form	
	Using more sophisticated methods, communicate promptly, concisely, and respectfully both verbally and in the written record with all other physicians involved in the care of the patient	Direct Patient Care Role modeling	Audit of three phone conversations Chart audit ABIM global evaluation form	
	Answer all questions raised by the consulting physician.	Direct Patient Care Role modeling	Chart audit ABIM global evaluation form	
	Encourage further consultation by eagerness, promptness, helpfulness, and competence	Direct Patient Care Role modeling	Audit of 3 phone conversations ABIM global evaluation form	
	Assure smooth delegation of patient care responsibilities when in the clinic or absent on weekends	Direct Patient Care Role modeling	Chart Review Patient List Review ABIM global evaluation form	
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			
	Behave professionally toward patients, families, and all members of the health care team.	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Respond sensitively to gender, age, culture, religion, socioeconomic status, and beliefs of patients and professional colleagues.	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Adhere to principles of confidentiality, scientific integrity, and informed consent	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Avoid all chart conflicts by verbal communication. (resident may experience minor conflicts with primary	Direct Patient Care Role modeling	Audit of chart and verbal communications	

	physician 10% of the time)	Conferences	ABIM global evaluation form	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	Coordinate with the service requesting the consult to assure that all patient care needs are met.	Direct Patient Care Conferences	Audit of chart and verbal communication ABIM global evaluation form	
	Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Apply evidence-based, cost-conscious strategies to diagnosis and disease management	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Identify and correct systems issues to improve patient care in 10-20% of the cases, e.g. anticipate NPO orders and write for a.m. medications, follow protocols for beta blocker and thrombophlebitis prophylaxis	Direct Patient Care Conferences	Chart Review ABIM global evaluation form	

By the end of the Medicine Consult Service rotation, PGY-3 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

Competency	Required Skill(s)	Teaching Method(s)	Formative Evaluation Method(s)	Frequency of Evaluation
Patient Care	SPECIALTY SPECIFIC OBJECTIVES			
	Competently interview and examine patients about to undergo an operative procedure or referral by a non-internal medicine service for evaluation of a medical condition.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
	Obtain all other necessary medical information by chart review and review of all other available data.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test	

			attending review of medical record	
	Make informed recommendations about diagnostic and therapeutic options and interventions based on clinical judgment, scientific evidence, and patient preference.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of medical record	
	Competently and efficiently manage all perioperative and general medical problems as requested by the consulting physician.	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending review of at least 20 medical records	
	Demonstrate no areas of major patient care disagreement with attending in no more than 80% of patient cases	Clinical Teaching Conferences	ABIM global evaluation form beginning and end-of-rotation open book, web-based test attending examination of patient	
Medical Knowledge	SPECIALTY SPECIFIC OBJECTIVES			
	Expand knowledge base in consultative medicine in perioperative care, psychiatry, pregnancy, and neurology.	Self directed reading of syllabus Conferences Direct Patient Care	Attending and resident question review (accuracy $\geq 75\%$) ABIM global evaluation form beginning and end-of-rotation open book, web-based test	
	Access and critically evaluate the medical literature relevant to the cases seen on the service.	Self directed reading of syllabus Conferences	Faculty observation of at least 8 literature citations during the month	

		Direct Patient Care	ABIM global evaluation form beginning and end-of-rotation open book, web-based test	
Practice Based Learning and Improvement	SPECIALTY SPECIFIC OBJECTIVES			
	Define gaps in knowledge base, skills, and attitudes about consultative medicine and use evidence-based medicine to fill these gaps.	Self Reflection Direct Patient Care Journal Club	Faculty observation of at least 8 literature citations during the month ABIM global evaluation form	
	Use errors or near errors to improve subsequent delivery of health care and report such situations for morbidity and mortality review by the housestaff.	Self Reflection Direct Patient Care Journal Club	Chief resident observation of at least one M&M review ABIM global evaluation form	
Interpersonal and Communication Skills	SPECIALTY SPECIFIC OBJECTIVES			
	Communicate effectively with patients and families on the consultative service.	Direct Patient Care Role modeling	Attending interview of patients ABIM global evaluation form	
	With more frequency and sophistication, communicate promptly, concisely, and respectfully both verbally and in the written record with all other physicians involved in the care of the patient	Direct Patient Care Role modeling	Audit of three phone conversations Chart audit ABIM global evaluation form	
	Answer all questions raised by the consulting physician.	Direct Patient Care Role modeling	Chart audit ABIM global evaluation form	
	Encourage further consultation by eagerness, promptness, helpfulness, and competence	Direct Patient Care Role modeling	Audit of 3 phone conversations ABIM global evaluation form	
	Assure smooth delegation of patient care responsibilities when in the clinic or absent on weekends	Direct Patient Care Role modeling	Chart Review Patient List Review ABIM global evaluation form	
Professionalism	SPECIALTY SPECIFIC OBJECTIVES			
	Behave professionally toward patients, families, and all members of the health care team.	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Respond sensitively to gender, age, culture, religion, socioeconomic status, and beliefs of patients and	Direct Patient Care Role modeling	Direct Observation ABIM global evaluation	

	professional colleagues.	Conferences	form	
	Adhere to principles of confidentiality, scientific integrity, and informed consent	Direct Patient Care Role modeling Conferences	Direct Observation ABIM global evaluation form	
	Avoid all chart conflicts by verbal communication. (resident should experience no conflicts with primary physician)	Direct Patient Care Role modeling Conferences	Audit of chart and verbal communications ABIM global evaluation form	
Systems-Based Practice	SPECIALTY SPECIFIC OBJECTIVES			
	Coordinate with the service requesting the consult to assure that all patient care needs are met.	Direct Patient Care Conferences	Audit of chart and verbal communication ABIM global evaluation form	
	Understand, access, and utilize the resources, providers, and systems necessary to provide optimal care	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Apply evidence-based, cost-conscious strategies to diagnosis and disease management	Direct Patient Care Conferences	Audit of all consult presentations ABIM global evaluation form	
	Identify and correct systems issues to improve patient care in almost all cases, e.g. anticipate NPO orders and write for a.m. medications, follow protocols for beta blocker and thrombophlebitis prophylaxis	Direct Patient Care Conferences	Chart Review ABIM global evaluation form	

Learning Venues:

Inpatient consultative service at the Med and MUH – All inpatient consultations will be reviewed and staffed promptly by the attending physician with immediate feedback on care plans to the housestaff. Residents will round at least every other day with their attending providing general medical care as requested by the consulting service. All patient care will be reviewed daily by the attending physician.

Outpatient preoperative clinic at the VA – All consult residents will see preoperative consults in the VA clinic two half days each week. The attending physician there will also evaluate the patients providing immediate feedback on the plan of care.

Syllabus tutorial and reading list– Residents will read Dr. Lewis’s preoperative evaluation handout and all articles in the web-based consultative medicine syllabus. They will also purchase or check out the textbook Just the Facts: Perioperative Management by Cohn, Smetana, and Weed (2006). In addition they will meet three to four times each week to review 20-45 test questions on key consultative topics – cardiology, pulmonary, thrombophlebitis prevention, endocrine, hematology, liver disease, infectious diseases, nephrology, neurology, psychiatry, obstetrics, legal medicine, ophthalmology, and miscellaneous topics. Residents are expected to review and attempt to answer these question sets in advance.

Noon Conferences – Twice a year noon conferences are devoted to preoperative evaluation and postoperative care. Powerpoint slides from these conferences are available on the website.

Competency Evaluation:

1. A beginning and end-of-rotation open book, web-based test will be administered to evaluate patient care, medical knowledge, practice-based learning and improvement, and some aspects of professionalism and communication skills. A score of 80% by PG2s and 3s and 70% by PG1s is expected at the end of the rotation on this rather difficult test
2. The ABIM global evaluation form will be completed by the attending at each site and reviewed by the housestaff. This form will assess all six competencies along with a medical record audit.

Outcomes Assessment:

1. The educational success of this elective will be measured by the post-training evaluation form sent to all program graduates, by individual attending evaluations performed at the end of each month and annually, and roughly by the inservice and ABIM aggregate scores by the residents.