Family Medicine Residency
Internal Medicine In-house I Rotation

Rotation Goal
Admission, evaluation, treatment and appropriate specialty consultation of adult hospitalized patients from either the ER, outpatient transfer, or directly from the UT clinic. During the rotation residents will become familiar with the following:

- obtaining adequate information through history and physical examination with assistance as needed from faculty and upper level residents.
- writing admission orders for admissions including labs for further diagnostic evaluation and treatments.
- evaluation of patients with unstable vital signs and incorporating ACLS protocol into resuscitation of patients as needed.
- quality care markers and published guidelines for specific disease states such as congestive heart failure exacerbation, acute coronary syndromes, and pneumonia.
- discussing overall situation, plan of care and prognosis of patients who are being admitted to the hospital.
- follow patients admitted to the hospital on a daily basis including those in the critical care unit and determine appropriate day to day lab/imaging orders and management plans.

Supervision
Supervision is provided by direct observation by 2nd and/or 3rd year residents, direct observation by faculty, and verbal consultation with 2nd and 3rd year residents and/or faculty.

Rotation Objectives
By the end of the Internal Medicine In-house I rotation, PGY I 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.

<table>
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<tr>
<th>Competency</th>
<th>Required Skill(s)</th>
<th>Teaching Method(s)</th>
<th>Formative Evaluation Method(s)</th>
<th>Frequency of Evaluation</th>
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<tbody>
<tr>
<td>Patient Care</td>
<td><strong>SPECIALTY SPECIFIC OBJECTIVES</strong></td>
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<td>Under direct supervision, perform the following procedures generally performed on the Inhouse Internal Medicine Rotation (procedures denoted with an &quot;*&quot; are optional)</td>
<td>Conference/Didactics, Grand Rounds, Patient Assessment, Case Presentations</td>
<td>Direct Feedback, Global Evaluation, In-training Exam, QA Review</td>
<td>Daily, Monthly, Annually, Monthly</td>
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</table>
• Admission to cardiac monitor/telemetry (10)
• Admission to intensive care unit
• Number of Admissions (15)
• Medical Resuscitation (10)
• X-Ray Interpretation (10)
• *Casting and splinting (5)
• Electrocardiogram interpretation (25)
• *Endometrial biopsy (1)
• Fracture management simple non-displaced (5)
• Foreign body removal (1)
• Laceration repair (5)
• Lumbar puncture adult (3)
• *Lumbar puncture pediatric (3)
• I&D abscess or cyst (3)
• Intrauterine device placement and removal (3)
• Joint aspiration and injection (1)
• Nasogastric intubation (1)
• *Pap smear (1)
• *Pediatric Advanced Life Support
• *Neonatal Advanced Life Support
• Regional anesthetic block (1)
• Skin biopsy (1)
• Soft tissue injections (1)
• Uncomplicated joint reduction (3)
• Wound debridement (2)
• Bone marrow biopsy in adults (1)
• Diagnostic paracentesis (1)
• Diagnostic thoracentesis (1)
• Paracentesis (3)
• Thoracentesis (3)
• Central venous access (10)
• Intubation (5)
• Procedural Sedation (5)
• Eye Exam for Foreign Body (1)
• Trauma Resuscitation (5)
<table>
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<tr>
<th>Medical Knowledge</th>
<th>SPECIALTY SPECIFIC OBJECTIVES</th>
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</table>
| • Medical Resuscitation (10)  
• X-ray Interpretation (10)  
• Anterior nasal packing (1)  
• Arterial puncture (1) | Develop basic understanding of the normal anatomy and physiology.  
Develop a basic knowledge of the following diseases commonly seen on the Internal Medicine Inhouse rotation:  
• Cardiovascular conditions including cardiac arrest, myocardial infarction, dysrythmias, congestive heart failure, hypertension, cardiomyopathies, pericarditis and coronary artery disease. |

| Develop skills that allow for up to date, compassionate care of the adult patient admitted to the hospital while integrating evidence based medicine, local standards of care, nationally defined quality care markers and specialty recommendations upon consultation | Conferences/Didactics  
Grand Rounds  
Patient Assessment  
Case Presentations | Direct Feedback  
Global Evaluation  
In-training Exam  
QA Review | Daily  
Monthly  
Annually  
Monthly |

| Describe reasonable and safe methods of outpatient follow-up of patients upon discharged | Conferences/Didactics  
Grand Rounds  
Patient Assessment  
Case Presentations | Direct Feedback  
Global Evaluation  
In-training Exam  
QA Review | Daily  
Monthly  
Annually  
Monthly |

| Develop skills to provide adequate, compassionate communication between the patient and medical staff | Conferences/Didactics  
Grand Rounds  
Patient Assessment  
Case Presentations | Direct Feedback  
Global Evaluation  
In-training Exam  
QA Review | Daily  
Monthly  
Annually  
Monthly |

| Describe recommended plans of care for patients including diagnostic testing, initiation and alteration of medications, and specialty consultation | Conferences/Didactics  
Grand Rounds  
Patient Assessment  
Case Presentations | Direct Feedback  
Global Evaluation  
In-training Exam  
QA Review | Daily  
Monthly  
Annually  
Monthly |

| Under direct supervision, perform a comprehensive history and physical examination of the adult patient | Conferences/Didactics  
Grand Rounds  
Patient Assessment  
Case Presentations | Direct Feedback  
Global Evaluation  
In-training Exam  
QA Review | Daily  
Monthly  
Annually  
Monthly |
- Gastrointestinal disorders including hepatitis, cirrhosis, pancreatitis, colitis, diverticulitis, cholecystitis, peptic ulcer disease, and bowel obstruction.
- Management and diagnosis of fluid and electrolyte disorders including hypo/hyperkalemia, hypo/hypernatremia, hypo/hypercalcemia, and acidosis/alkalosis.
- Endocrine conditions including diabetes mellitus, thyroid disorders, adrenal diseases, and lipid disorders.
- Renal conditions including urinary tract infections, nephrolithiasis, acute and chronic renal failure and obstruction.
- Hematologic conditions including anemia, coagulopathies, mononucleosis, polycythemia, and major hemoglobinopathies.
- Musculoskeletal conditions including back pain, rheumatoid arthritis, collagen vascular diseases and osteoarthritis.
- Infectious diseases (bacterial, viral, and fungal) that are commonly encountered in the adult population.
- Neurological conditions including stroke/TIA’s, seizures, meningitis, coma, movement disorders, dementia, delirium, nerve entrapment syndromes and tumors.
- Pulmonary disorders including asthma, COPD, bronchitis, pneumonia, thromboembolism, fibrosis, neoplasms, respiratory failure and evaluation of pulmonary function testing.

Develop a basic knowledge of the evaluation and appreciation of pathology (as noted above) as well as normal variants in organ function in the older patient.

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<td>Practice Based Learning and Improvement</td>
<td><strong>SPECIALTY SPECIFIC OBJECTIVES</strong></td>
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<td>Identify strengths, deficiencies and limits in one’s knowledge and expertise; set learning and improvement goals; and identify and perform appropriate learning activities</td>
<td>Conferences/Didactics Grand Rounds Patient Assessment Case Presentations</td>
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<td>Locate, appraise and assimilate evidence from scientific studies related to their patients’ health problems (i.e., use information technology to optimize learning and evidence based resources)</td>
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<td>Participate in the education of patients, families, students, residents and other health professionals, as documented by evaluations of a resident’s teaching abilities by faculty and/or learners</td>
<td>Conferences/Didactics Grand Rounds Patient Assessment Case Presentations</td>
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<th>Interpersonal and Communication Skills</th>
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<td>Communicate effectively with families while in the presence of their daily preceptor.</td>
<td>Conferences/Didactics Grand Rounds Patient Assessment Case Presentations</td>
<td>Direct Feedback Global Evaluation In-training Exam QA Review</td>
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<td>Research and describe community resources available to patients and their families</td>
<td>Conferences/Didactics Grand Rounds Patient Assessment Case Presentations</td>
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<td>Describe the mechanisms for psychosocial support and counseling</td>
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<td>Convey information in a clear and concise manner to patients, families, and other health professionals (i.e., use appropriate vocabulary choice, realistic outcomes, and working with difficult patients and family)</td>
<td>Conferences/Didactics Grand Rounds Patient Assessment Case Presentations</td>
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### SPECIALTY SPECIFIC OBJECTIVES

See General Family Medicine Objectives for a comprehensive list.

| Develop skills to provide compassionate and high quality care to all patients regardless of gender, age, culture, race, religion, disabilities, sexual orientation or socioeconomic class | Conferences/Didactics | Direct Feedback | Daily
| | Grand Rounds | Global Evaluation | Monthly
| | Patient Assessment | In-training Exam | Annually
| | Case Presentations | QA Review | Monthly
| | Press Gainey Survey | | |
| Behave in a professional manner when interacting with patients or other health care providers (i.e., integrity, respect, accountability, punctuality) | Conferences/Didactics | Direct Feedback | Daily
| | Grand Rounds | Global Evaluation | Monthly
| | Patient Assessment | In-training Exam | Annually
| | Case Presentations | QA Review | Monthly
| | Press Gainey Survey | | |
| Participate in discussion with patients and family about “difficult situations” involving poor outcomes, poor prognosis, and/or risk versus benefit of various treatment modalities including terminal illnesses such as malignancy and chronic illnesses with poor outcome potential such as advancing dementias | Conferences/Didactics | Direct Feedback | Daily
| | Grand Rounds | Global Evaluation | Monthly
| | Patient Assessment | In-training Exam | Annually
| | Case Presentations | QA Review | Monthly
| | Press Gainey Survey | | |
| Systems-Based Practice | **ADVOCATE FOR QUALITY PATIENT CARE AND OPTIMAL PATIENT CARE SYSTEMS** | **SUMMARIZE THE CONSIDERATIONS OF COST AWARENESS AND RISK-BENEFIT ANALYSIS IN PATIENT CARE** | **DESCRIBE THE ROLE OF VARIOUS ANCILLARY MODALITIES OF PATIENT CARE THAT ARE AVAILABLE INCLUDING PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH THERAPY, NUTRITIONAL EDUCATION, DEVELOPMENTAL ASSESSMENT AND SUBSPECIALTY REFERRAL.** | **DEVELOP AN UNDERSTANDING OF CODING AND BILLING RELEVANT TO PEDIATRIC CARE.** | **ADVOCATE FOR QUALITY PATIENT CARE AND OPTIMAL PATIENT CARE SYSTEMS** | **SUMMARIZE THE CONSIDERATIONS OF COST AWARENESS AND RISK-BENEFIT ANALYSIS IN PATIENT CARE** | **DESCRIBE THE ROLE OF VARIOUS ANCILLARY MODALITIES OF PATIENT CARE THAT ARE AVAILABLE INCLUDING PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH THERAPY, NUTRITIONAL EDUCATION, DEVELOPMENTAL ASSESSMENT AND SUBSPECIALTY REFERRAL.** | **DEVELOP AN UNDERSTANDING OF CODING AND BILLING RELEVANT TO PEDIATRIC CARE.** | Conferences/Didactics | Direct Feedback | Daily
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| | Press Gainey Survey | | |
Work effectively in various health care delivery settings and systems relevant to their clinical specialty and work in interprofessional teams to enhance patient safety and improve patient care quality

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<tr>
<th>Conferences/Didactics</th>
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### Educational Resources

1. [www.uptodate.com](http://www.uptodate.com) (available free through [www.utdol.com](http://www.utdol.com) in Jackson General Hospital based computers)
4. [www.epocrates.com](http://www.epocrates.com)
5. [www.emedicine.com](http://www.emedicine.com)
6. ACLS Handbook
7. Tarascon Internal Medicine