

II. General Medicine Rotations

Introduction

This section contains the descriptions of both ambulatory and hospital based rotations in general Internal Medicine. They share the goal of providing training in general internal medicine, although the sites vary from ICU to general medical wards, from resident focused ambulatory practice at the hospital sites to private offices in various locations in the community, from primary care to providing Internal Medicine Consulting services. For variety of patients and methods of evaluation see the main introduction. The suggested readings include general medicine texts like Beeson and Harrison, ambulatory texts like Goroll's Primary Care and Barker's Ambulatory Medicine. The US Preventive Health Task Force Guidelines book is also suggested.

1. Resident Continuity Practices
2. Ambulatory Elective: Primary Care Internist office
3. Ambulatory Elective: Subspecialist Office/Activity (Cardiac rehab, dialysis, endoscopy)
4. Ward Medicine (first year and supervising resident rotations)
5. Intensive Care Medicine (first year and supervising resident rotations)
6. Consultation Service (Junior & Senior)
7. PGY 1 Diverse Ambulatory Experience (formerly Core/Differential)

Ambulatory medicine is taught in the following venues:

- Resident continuity practices
- Primary care internists' private offices
- Subspecialists' offices or sites

1. Resident Continuity Practices

Resident continuity practice rotation goals include:

- Resident will learn and appreciate the importance of availability to and continuity of care of his/her patients.
- Resident will learn to keep efficient records to assure that appropriate preventive care and follow up to active medical problems is achieved

Resident continuity practices are located in the:

- Ambulatory Care Center at St. Vincent Charity Hospital
- Internal Medicine Health Care Center in the Saint Luke's Medical Center Office Building

Faculty members teach and supervise the care given by the residents in those sites.

2. Ambulatory Elective: Primary Care Internist Office

Private primary care internist rotation goals include:

- Resident will learn the basics of how to run an efficient, user friendly practice office
- Resident will learn how to and become skilled in triage and management of patients in a primary care practice, including effective use of the telephone (including which patients to see when)

There are a variety of options regarding location and economics (from central city to suburban, underserved to well to do, total managed care to mixed fee for service/managed care). The teaching style and organization of the office will also vary. Many also include a modest to extensive nursing home practice as well.

3. Ambulatory Elective: Subspecialist Office/Activity (Cardiac Rehab, Dialysis, Endoscopy)

Private subspecialty practice rotation goals include:

- Resident will learn how to provide subspecialty care and consultation in an ambulatory setting, including appropriate communication with the primary care provider
- Resident will learn the difference between ambulatory primary care and subspecialty care, including issues of continuity, access (or availability), first contact

Variations similar to those above for the general internist exist among our subspecialty faculty.

In patient medicine is taught in these venues:

- Ward medicine
- Intensive care medicine
- Senior Consultation Service

4. Ward Medicine (first year and supervising resident rotations)

First year resident

- Learns how to effectively and efficiently gather data (H&P) about hospitalized patients
- Organizes and documents data in a user friendly way (written H&P, progress notes, transfer & discharge summaries as well as verbally)
- Learns how to present that data efficiently to the supervising resident and other physicians involved in the care of the patient
- Learns how to interpret gathered data and plan in an organized way for further investigation and/or treatment for hospitalized patients
- Will obtain BLS (Basic Life Support) and ACLS (Advanced Cardiac Life Support) certification

Supervising resident

- Improves his/her effective and efficient gathering of data about a large number of hospitalized patients
- Improves his/her recording of that data succinctly and his/her ability to communicate it quickly to other physicians involved in the care of the patient
- Becomes confident in interpreting gathered data and planning in an organized way for further investigation and/or treatment for hospitalized patients
- Learns how to manage a team providing care for patients and education for one another (implies a review of H&P and presentation of cases by the R1)

(The third year resident spends more time doing this, is expected to be more efficient, a better manager of clinical problems and of his/her team and have a deeper knowledge and more advanced clinical skills.)

5. Intensive Care Medicine (first year and supervising resident rotations)

ICU rotations:

The task for the residents in the ICU is much the same with the caveat that there are differences in the degree of sickness and the complexity and severity of the problems being seen in the patients in ICU's. Therefore there will be different priorities and urgencies in considering the studies needed and the treatments given to these patients. See also the Critical Care rotation curriculum.

6. Consultation Service (Junior & Senior)

Senior Consult Service: (St. Vincent Charity Hospital)

GOALS:

The rotation aims to provide the resident with a variety of general internal medicine consultation scenarios including but not limited to the pre and post operative evaluation of patients in order to impart consultative teaching and experience. By the end of the rotation the resident will be expected to know:

- When a patient needs a medical consult.
- Define correctly the problem that needs to be evaluated.
- Evaluate the patient and arrive at an assessment and plan.
- Communicate appropriately with the attending consultant and the physician requesting consultation.
- Integrate the results of the consultation in the continuing care of the patient.

The resident should be able to appreciate the difference between

- Primary Care Internal Medicine: where the internist assumes the role of the primary care giver and addresses all the health issues involving the patient (including orchestration of subspecialty consultations, preventive care issues and patient education).
- Consultative Internal Medicine: where the internist is usually consulted (by a physician of a different specialty or subspecialty) for an opinion regarding a single medical problem or to manage a variety of medical problems in a complicated patient with or without the help of medical subspecialists.
- Subspecialty Consultative Medicine: where the primary care provider seeks the opinion of a medical subspecialist regarding a specific problem in the continuing care of the patient.

TEACHING METHODS:

Teaching will be provided through a combination of planned didactic lectures and exposure to patient care and management in both an outpatient and inpatient setting.

DIDACTIC TEACHING:

- Daily Lecture: Mini lecture series by Dr. Tahir (Monday to Thursday) from 7:30AM wherein issues pertaining but not limited to endocrinology, pre surgical evaluation and post operative follow up of patients are discussed.
- Weekly Discussion: Participation in the Program Directors communication skills session every Wednesday at 9:00AM also provides insight into the dynamics of medical consultation especially in regards to patient approach and communication with patient, family or colleague.
- Pre Admission Testing: Ambulatory pre surgical evaluation of patients in the PAT center of SVCH. Focus on pre surgical risk estimation, medical work up and appropriate management of

medical problems. Each patient to be discussed with respective attending.

- Ambulatory Care Center: Pre surgical and general internal medicine consultation of patients, post operative follow up and evaluation of patients referred from the emergency department to the out patient clinic. Evaluation of “walk-in” patients prior to continuity resident assignment. Assessment and plan to be discussed with individual attending.
- Inpatient Setting: Post operative follow up of patients from the recovery room till discharge with appropriate management of any medical problems during hospital stay. Consultations are requested as per discretion of the surgical attending and the medical resident works with the medical attending involved with the patient.
- Expected Reading: A teaching file of pertinent literature is maintained by the attending and the involved resident which contains articles from peer reviewed journals, Internet resources, and related conferences. The resident will study these files and add to them as deemed appropriate. In addition the resident is also expected to read:
 - ✓ The primary care section of MKSAP
 - ✓ The section on preventative medicine from a major medical textbook (Harrison or Cecil)
 - ✓ The first five chapters of Current Surgical Diagnosis and Management
 - ✓ Chapter 19 (Collaborative Care) of The Clinical Encounter (J. Andrew Billings and John D. Stoeckle)

EVALUATION:

- **Attending/Resident** – The assigned attending provides informal feedback to the resident during daily teaching discussions but also has a formal verbal evaluation two weeks into the rotation and a combined verbal and written evaluation at the end of the rotation. The resident completes a confidential written evaluation of the attending at the end of the rotation.
- **Curriculum**: The resident is asked about the experience at the end of the rotation and is encouraged to provide feedback for improvement. The curriculum is also studied in detail at the annual evaluation with faculty and residents.

APPENDIX:

- ACC/AHA Task Force Report (Guidelines for Perioperative Cardiovascular Evaluation for Non Cardiac Surgery).
- Up To Date Medicine CD Rom (Section on evaluation of preoperative cardiac and pulmonary risk factors).
- Principles of Ambulatory Medicine (L. Randall Barker, John R. Burton, Phillip D. Zieve).
- www.guideline.gov (National Guideline Clearing House)
- www.webmd.com

7. CORE/Differential (see specific curriculum for this rotation)

The purpose of the PGY1 Diverse Ambulatory is to offer the resident exposure to a number of different ambulatory settings, preparing them for the practice of medicine in the generalist ambulatory setting. The resident will receive exposure to the subspecialty fields of ENT, Orthopedics, Home Health Care, Geriatrics, Dermatology, Ophthalmology, Occupational Medicine as well as the subspecialty medicine clinics – Gastroenterology, Neurology, Renal, Infectious Disease, Endocrinology, Pulmonary and Cardiology.

In addition to rotating through the above subspecialty clinics, time will be specifically devoted to improving communication skills in the primary care office. In addition, time will be dedicated for the resident to spend time with a psychologist/psychiatrist gaining skills specific to the psychiatric interview.

As there is a broad range of exposure to various subspecialties during the month, a specific curriculum is difficult to devise. Instead, the resident will develop a Personal Learning Plan for the month. He/she will delineate specific goals for learning for the month.

There are also requirements for projects looking at the cost of care, medical ethics evaluation of a case and review of the literature on a clinical problem. These projects are reviewed by the Program Director. (See attached detailed CORE curriculum for further information on the projects and the other studies that can be pursued during this time.)

I. GOALS:

- To provide guidance in learning about the following content areas required by the ABIM
- To provide time to learn about the following content areas required by the ABIM
 - adolescent medicine
 - cost
 - epidemiology and statistics
 - geriatrics
 - gynecology & women's health
 - home health care & hospice care
 - communication skills
 - law
 - laboratory medicine
 - library and computer skills – refer to curriculum
 - medical ethics
 - occupational medicine
 - psychiatry (interviewing)
 - public policy
 - rehabilitation medicine

II. PLANNING

The details of this rotation are planned by the resident in consultation with the Program Director. Factors entering into planning the CORE rotation month for a given resident include that person's:

1. Special interests including subspecialty and/or primary care interests
2. Previous experience (no need for adolescent experience if the resident has had adequate previous experience, for library and computer skills if already competent, etc.)
3. The pre-rotation personal assessment (Appendix VI) is often helpful in this planning.

The resident makes an appointment with the Program Director in the month before they are scheduled to begin the rotation to discuss their plans, bringing with them the completed pre-rotation personal assessment. At this meeting, the due dates for written projects are set – generally the cost project at the end of the first week, the literature search at the end of the second week and the ethics project at the end of the third week. (See Appendix II-A, B, & C for more detail regarding the content of written projects.)

III. TEACHING METHOD

- A. Half day clinical sessions include: Cardiology and/or Dermatology clinic in the Health Care Center, nursing home sessions (McGregor and/or Amasa Stone House), Occupational Medicine clinic at SVCH, the Juvenile Detention Center, Home Health Care & Hospice and their personal continuity practice in the Internal Medicine Health Care Center or Ambulatory Care Center (the personal continuity practice takes precedence over other assignments). (See Appendix III for example of a CORE schedule.)
- B. Communication skills on Wednesday morning at 9:15 in 3 West conference room.
- C. Laboratory medicine (visit LAB; see schedule).
- D. Introduction to Rehabilitation Medicine (visit to Physical/Occupational Therapy; see schedule).

The remainder of the time is devoted to the evidence based medicine, ethics and cost projects as well as pursuing personal learning projects of the individual resident. Three written reports are required during this rotation: cost discovery and analysis, bioethics & library search and critical analysis of an article. These are reviewed by the Program Director. (See Appendix I for detailed descriptions of the different areas of concentration for the month.)

IV. EVALUATION

- A. EVALUATION OF THE RESIDENT based on the following:
 1. Written work of three projects
 2. Clinical work done in NH
 3. Self assessment pre-rotation
- B. EVALUATION OF ROTATION
 1. Post rotation interview with the resident by the Program Director
 2. Annual program evaluation done by the residents and faculty
 3. Overall performance of group on the ABIM board and in-service exams in areas covered
 4. Attention by Program Director of areas covered during CORE which are raised as problems in discussions at the House Staff Evaluation Committee Meetings

**PGY 1 DIVERSE AMBULATORY ROTATION SCHEDULE
(formerly Core)**

	AM	PM
Monday	Pulmonary Q Week Cardiology	Nursing Home Christie
Tuesday	Renal ID Endocrine	ENT MOB #322
Wednesday	Communication Skills General Medicine Neurology - 4th Wednesdays	Neurology - 2nd Wednesdays
Thursday	Dermatology	
Friday	Gastroenterology Ophthalmology	

Use time not scheduled for clinical activities to work on projects and work on other non-traditional medical areas. (See curriculum)

APPENDIX I

MORE DETAILED DESCRIPTION OF CONTENT AND PROCESSES OF CORE ROTATION

Adolescent Medicine (see adolescent curriculum)

How:

1. Clinical sessions at Juvenile Detention Center and/or SLMC pediatric office

Basic clinical

Goal:

1. Develop comfort in communication skills, verbal and written
2. Develop comfort in physical examination skills
3. Analytic and synthesis skills: preparation of problem list, hypothesis generation, planning of work-up and therapy (consider EBM approach)

How:

1. Communication skills conference, psychiatric interviewing and written projects
2. Clinical teaching sessions including cardiology, dermatology, nursing home, Youth Development Center, occupational medicine and hospice

Cost effective medical care (See Appendix II-A)

Content:

1. Basic knowledge: clinically useful definition of cost effective medical care; some idea of the various medical costs (room, lab, X-rays, procedures, medications)

Skills: ability to discover costs; ability to think critically about costs in making clinical decisions about patient care

How:

1. Select a hospital or ambulatory patient, describe the clinical problem, find all the costs involved in the case, analyze the case for areas where costs can be safely reduced; write up the case, costs and your suggestions for safe cost reduction
2. Do appropriate reading

Geriatrics (especially nursing home environments):

Goals:

1. To grow in knowledge and competence in providing care to geriatric patients especially as they reside in nursing homes
2. Develop basic understanding of the nursing home environment

Content:

1. Skills in comforting, caring for and understanding elderly patients:
 - A. Communication** – hearing, seeing, understanding
 - B. Physical examination** – altered techniques for this age group, taking into account sensory problems (special considerations in physical exam and in problem formulation {atypical presentations, multiple problems, polypharmacy, etc.})
 - C. Presentation of disease** – use of MMSE, get up and go, assessment of the frail elderly who are institutionalized
2. Understand the general function of nursing homes: what they are, the different types, what makes a good one and a “bad” one; the laws (regulation), governance, administrative structure and culture of the facilities, the physicians’ role and the medical director’s role in a nursing home, and the team approach to care of those who reside there.
3. Clinical geriatric principles: understanding what is “unique” to elderly patients who are in nursing homes; the types of patients who reside there, the types and varieties of medical problems they experience – frailty, rehabilitation, “isolation”, nursing and medical care expectations, “home”
4. Ability to see a bigger picture beyond the traditional medical one; comfort in entering nursing homes and caring for those admitted to such facilities

How:

One half day per week in a nursing home: attend to patients in Amasa Stone House and/ or McGregor Home weekly, including orientation and tour of facility having done background reading on these specific facilities.

Home Health Care:

Goals:

1. Understand and be comfortable in working with home health care providers
2. Understand better how and what information to provide to home health care providers

How:

1. Half day sessions – one didactic and two in the field seeing patients with a visiting nurse
2. Assigned reading

Hospice

Goal: Understand and be comfortable in working with hospice (when and how to bring hospice into care of patients seen in hospital and office)

Content: complete two projects prior to the end of CORE rotation.

First project: write your own obituary as you would like for it to be written for publication in the Plain Dealer. To help your terminally ill patients, it is important that you confront your feelings about your own mortality. Writing your obituary should stimulate you to begin to examine this issue.

Second project: complete a set of Advance Directives (both Living Will and Durable Power of Attorney).

How: Spend teaching rounds with Dr. Bruce Agneberg or his designee), Medical Director of Hospice of the Visiting Nurses Association, exposing the resident to the concept of hospice, a glimpse of the options modern medicine can offer the dying patient.

Laboratory Medicine:

Goal: To become knowledgeable about both medical and administrative issues in Laboratory Medicine

Content:

1. Understand basic principles of lab medicine
2. Facile in interpretation of data from lab sources
3. Know when, how and how much to obtain for the optimal management of the patient
4. Awareness of pitfalls in the performance of tests
5. Understanding of the generation of reports – state of the art techniques in reporting results
6. Understand government regulations, such as CLIA

How:

1. Attendance in Pathology Department for two hours to review elements discussed in the lab medicine curriculum
2. Reading in general medical texts on the subject

Literature assessment including epidemiology and statistics (Also see Appendix II-C of this section and Evidence Based Medicine Curriculum in Section VI.3)

Goals:

1. To be knowledgeable and skilled in answering practical clinical problems by using original research found in the medical literature
2. To develop comfort and skill with the use of computers to search the medical literature
3. To be able to critically analyze reported original research, understanding its contributions and limitations in everyday patient care

Content:

1. Know how to find appropriate medical information that is relevant to clinical cases being cared for, especially seeking and finding current medical articles using electronic searching
2. Know how to critically assess the medical literature

Skills:

1. Become facile in the use of the information finding knowledge discussed above
2. Develop the ability to judge the appropriateness of the information found to the clinical problem at hand
3. Become skilled at critically reading and applying the medical literature to clinical problems

How:

1. Find a clinical problem
2. Define the problem in such a way as to perform an effective Medline search of the medical literature (formulate the question and the search strategy)
3. Do the search and modify it as needed to find at least one article pertinent to the clinical problem
4. Critically evaluate the article
5. Read segments of “Clinical Epidemiology” by Sackett et al. & JAMA series on EBM (See suggested readings in Epidemiology Curriculum)

Medical Ethics (See Appendix II-B in this section and Medical Ethics curriculum in VI.7):

Content: Basic knowledge; definition and understanding of basic concepts; know sources of information that may help to solve ethical dilemmas

Skills: ability to recognize common ethical dilemmas; develop skills in solving ethical dilemmas; approach in a basic way

How: find, describe and comment on a common clinical moral dilemma in writing; read texts and journals

Occupational medicine (See Occupational and Environmental Disease Curriculum for greater detail):

Goals:

1. Be able to take and record a good occupational history
2. Understand occupational exposures of potentially health affecting work-related activities and chemicals

3. Understand the approach to and be able to work-up patients with suspected occupational diseases
4. Understand when and how to seek consultation from an occupational medicine specialist

How:

1. Attendance weekly at the Occupational Medicine Clinic at SVCH
2. Reading basic medical text on occupational diseases

Rehabilitation Medicine:

Goal:

1. Develop basic information and skills in understanding when and how physical/occupational therapy may be helpful to patients

How: Attend physical therapy/occupational therapy department for two hours

Gynecology (See Women's Health and Gynecology curriculum):

During this month view videotape on pelvic exams – when viewing keep in mind: the examiner has only one hand gloved for the biannual exam – both hands should be gloved; **need** to adequately emphasize the need to “talk the patient through” the pelvic exam – always explain, in plain English, exactly what you are doing, “warn the patient before you touch her”, your patient will be much less apprehensive which will make the procedure easier for both her and you.

Law

Goals:

1. Know the basic concepts in law, especially as the concepts and techniques are applied in medical contexts
2. Develop rudimentary skill in the application of this knowledge
3. Understand some of the major causes of malpractice and effective means of preventing their occurrence

Content:

1. Malpractice issues
2. Risk management
3. Standards of practice – local and/or national
4. Governance of medical offices, hospital practices
5. Procedures of law protective of patients' confidentiality

How:

Reading:

1. Prosser Jr. RL. ALTERATION OF MEDICAL RECORDS SUBMITTED FOR MEDICOLEGAL REVIEW. Journal of the American Medical Association. 20 May 1992, 267(19):2630-2631.
2. LeBlang TR, Henderson MD, Kolm P, Paiva REA. THE IMPACT OF LEGAL MEDICINE EDUCATION ON MEDICAL STUDENTS' ATTITUDES TOWARD LAW. Journal of Medical Education. April 1985, 60:279-287.

3. Mullan F, Politzer RM, Lewis CT, Bastacky S, et al. THE NATIONAL PRACTITIONER DATA BANK: REPORT FROM THE FIRST YEAR. Journal of the American Medical Association. 1 July 1992, 268(1):73-79.
4. Crane TS. THE PROBLEM OF PHYSICIANS SELF-REFERRAL AND THE MEDICARE/MEDICAID ANTI-KICKBACK STATUTE. Journal of the American Medical Association. 1 July 1992, 268(1):85-91.
5. Weiler PC, Newhouse JP, Hiatt HH. PROPOSAL FOR MEDICAL LIABILITY REFORM. Journal of the American Medical Association. 6 May 1992, 267(17):2355-2358.
6. Localio AR, Lawthers AG, Brennan TA, et al. RELATION BETWEEN MALPRACTICE CLAIMS AND ADVERSE EVENTS DUE TO NEGLIGENCE: RESULTS OF THE HARVARD MEDICAL PRACTICE STUDY III. New England Journal of Medicine. 25 July 1991, 325(4):245-251.
7. Hiatt HH, Barnes BA, Brennan TA, et al. A STUDY OF MEDICAL INJURY AND MEDICAL MALPRACTICE: AN OVERVIEW. New England Journal of Medicine. 17 Aug 1989, 321(7):480-484.
8. Rozovsky JD, Kapp MB, Johnson SH, et al. SYMPOSIUM ON TEACHING LEGAL MEDICINE. Journal of Legal Medicine. 1987, 8(1):91-133.

Books

1. Grand Rounds on Medical Malpractice, Campion FX, 1990; AMA Publications.

Public Policy (health care policy):

Goals: To have a basic understanding of public policy as it relates to health care including who makes it and how it affects the physician.

Content:

1. Definition of health care policy
2. Role of different groups in the formulation of health care policy: organized medicine, government, consumers, hospitals, insurance companies, employers
3. Be familiar with current trends in health care delivery
4. Be aware of the major regulatory and legislative developments that will affect the practice of medicine
5. Be able to apply the fundamental principles of ethics that govern health care policy
6. Know the basic concepts used in health care policy especially as the concepts and techniques are being applied in ways that affect residents now and will affect future practitioners
7. Know the processes involved in the formulation of policy
8. Be able to define, evaluate and use practice guidelines

How:

1. Reading:
 1. Barker, Burton, Zieve Principles of Ambulatory Medicine. Baltimore: Williams and Wilkins, 1991.
 2. Wilson et al Harrison's Principles of Internal Medicine. New York: McGraw-Hill, 1991

3. Bates A Guide to Physical Examination and History Taking. Philadelphia: J.B. Lippincott Company, 1991.

APPENDIX II-A

I. Written report on all costs of an assigned case.

GOALS:

1. Know the high cost of medical care, appreciating the resulting complexity of medical decisions.
2. Understand that responsible clinical care requires considering all issues, including costs.

METHODS:

1. Define cost effectiveness, cost benefit, charges and costs.
2. Briefly describe a clinical case – no more than one type-written page.
3. Analyze the case:
 - A. What would you eliminate and how much would you save if you were responsible for ordering this patient's care and were careful to eliminate unnecessary or treatment of little benefit?
 - B. Was the patient's length of stay appropriate? (What were the criteria you used to decide about the appropriateness of the length of stay?) What would be the Medicare DRG for this illness? How does what you think is appropriate compare with Medicare guidelines? Comment on deviations.
 - C. Do you find any suggestion or evidence that the length of stay was too short for appropriate care or that important diagnostic tests or therapies were omitted? Comment on deviations.

How to obtain information on charges for a hospital stays

Appropriate length of stay for a Diagnostic Related Group (DRG) is determined by Medicare and specific insurance guidelines. When a patient is admitted, some, not all insurance companies inform the Admitting Department of approved days for that admission. Quality & Resource Management will continue to monitor the patient and request additional days if necessary. Quality & Resource Management will also take care of Peer Review on denied admissions and denied days.

The Medical Record Department has on hand the average length of stay for a specific DRG that you can use to determine appropriateness.

Mr. Kevin Theiss, the Billing Manager at 1 440 746-3403 can assist you in getting charges and costs for a given patient's care. Note the system does not give you the actual cost.

A patient will also receive bills from various departments and physicians. A patient can receive up to twelve different bills. They can receive bills for professional fees from:

- The Emergency Department
- The Medical Physicians
- Consulting Physicians
- Sub-specialists (i.e. Pulmonologists, Endocrinologists)
- Radiology professional fees
- Pathology professional fees
- EKG, echo interpretations

APPENDIX II-B

II. Written report on an ethical problem.

Goals:

1. Develop a sensitivity (ability to identify) to moral problems (conflict of values) in the day to day practice of medicine
2. Develop an ability to think critically about common bioethical problems and develop appropriate plans to deal with them; develop some knowledge and skills in analyzing and handling moral dilemmas.
3. Develop skills (communication, listening, negotiating) that will assist in the actuation of the plan
4. Know who and what resources are available to help you with moral problems.

Methods:

1. Identify a moral problem or dilemma in a patient. Making rounds with the MICU team once or twice would be likely to supply a case if you are having trouble finding one.
2. Describe the clinical situation in one page or less. Include what you understand to be the values which are in conflict.
3. Describe the problem or dilemma – you may find the hospital ethics committee consult form helpful for this.
4. Analyze the problem.
 - A. Discussion with the patient or the patient's family may be helpful to clarify what the patient wants from their medical care. Discussion with the intern, resident and/or attending consultants may be helpful in a similar fashion.
 - B. Reading in some of the suggested bibliography will help. A literature search may be of help.
 - C. Discussing the problem with someone with special training in medical ethics may help.
5. Describe how you would suggest handling the situation.
6. Resources – people with ethics expertise associated with St. Vincent/St. Luke's:
Kathy Senger, M.D.
Delores Christie, PhD 646-8491
7. Ethics Committee can be contacted by having hospital operator page either Dr. Senger or Sr. Rita who are the co-chairs of the committee.

APPENDIX II-C

III. Search and write an analysis of one or more journal articles reporting ORIGINAL research on a clinical problem of your choice.

Goals:

1. Develop comfort and skill with the use of computers to search the medical literature
2. Learn how to critically analyze reported original research to understand its contributions and limitations to everyday patient care

3. Become skilled in answering practical clinical problems by using original research.
 - A. Skilled in framing the question
 - B. Skilled in searching for articles
 - C. Skilled in deciding what to read
 - D. Skilled in evaluating the value of an article
4. Practice in doing this.

Method:

1. Decide on a **clinical problem** which interests you (the value of echocardiography in assessing cardiac function; the usefulness of neurontin in sickle cell pain, etc.). If you choose to use a review article or metaanalysis, you need to look up the criteria for judging such an article's scientific value.
2. Do a **literature search** and keep a log, defining and making clear your various **strategies**, noting how useful they are. Keep any print-outs you run. Discuss the results of your search with the medical librarian.
3. Decide on one or a few articles. List your criteria for selecting the articles.
4. Discuss how valid the research work is.
5. Discuss the results of the research.
6. Discuss how this will affect your future practice (What did you learn, etc.?).
7. Resources: Joanne Billiar, Medical Librarian
8. Suggested reading:
 - A. Library searching: ask librarian if they have written procedures
 - B. Basic computer information – book and/or article
 - C. Sackett et al Clinical Epidemiology
 - D. ACP Journal Club

APPENDIX V

PERSONAL ASSESSMENT AFTER “CORE” ROTATION

What did you find useful during this rotation?

What part of this rotation was of most benefit? Why?

What part did you benefit least from? Why?

What suggestions do you have to improve the rotation?

Name: _____ Date: _____

APPENDIX VI

PERSONAL ASSESSMENT BEFORE "CORE" ROTATION

Date: _____

Name: _____

These are areas of particular interest to the American Board of Internal Medicine in addition to the more traditional areas of Internal Medicine previously emphasized. Indicate on line whether you think your knowledge and skills are Good, Average, Fair or Poor for each subject.

1. *adolescent medicine
2. *cost
3. *epidemiology and statistics
4. *ECG interpretive skills
5. *geriatrics
6. gynecology
7. *home health care
8. *hospice care
9. *interviewing skills
10. law
11. laboratory medicine
12. *library and computer skills-refer to curriculum
13. *medical ethics
14. *occupational medicine
15. *psychiatry (interviewing)
16. public policy
17. *rehabilitation medicine

Psychiatry _____

Library Skills _____

Adolescent Medicine _____

Geriatrics _____

Chemical Dependency _____

Medical Ethics _____

Costs of Care _____

Teaching Skills _____

STD's _____

Community Med _____

Do you have special needs in the areas listed above which may be addressed during this month?

The following questions are posed to assist you in deciding what areas are you knowledgeable in and what areas you need to improve your knowledge base. Some are content questions, some ask you about your clinical experience. Please use them as a guide in planning your study during this month.

1. How many adolescent physical examinations have you done? _____
2. How would you respond to a 16-year old boy who is concerned that he is gay?

3. How much would an average stay of five days in a hospital cost? _____
4. What is the cost of a cardiac catheterization? _____
5. Define cost-effectiveness.

6. Explain the difference between prevalence and incidence.

7. Are you familiar with:
_____ Geriatric Depression Scale
_____ Get up & go test
_____ ADLs
_____ IADLs

8. How many pelvic exams have you done? _____ How many Pap tests have you done? _____
9. How would you advise a 26-year old differently than a 40-year old about contraception?

10. Define safe sex.

11. How many medical literature searches have you done? _____

12. How have you done them?

13. How would you begin to find the most recent good article on effective therapy for severe hypertension?

14. Have you taken any courses in medical ethics? _____

15. What are the four most often referred to principles of medical ethics?

16. What organ is most commonly affected by the workplace environment?

17. Explain the CAGE.

18. Are you skillful in doing a psychiatric interview? _____
19. How many psychotic patients have you cared for? _____
20. What is public policy? What does public policy have to do with the practice of medicine?

21. What is the role of physical therapy in occupational medicine?

22. What is home health care?

23. When is a patient eligible for hospice care?

At the end of this rotation you should have a passing familiarity and knowledge about all of the issues raised above! List special areas of knowledge or skills that you wish to work on during this month. Be as specific as possible.