Inpatient Medicine Floor Rotations
Carolinas Medical Center [CMC]

Overview:
At Carolinas Medical Center, a typical team consists of an attending and a team of two PGY1 residents and one senior resident (either PGY2 or PGY3). The inpatient teams care for patients with both general medical and subspecialty problems that are 18 years and older. There are no compartmentalized/subspecialty teams at CMC – general medical services admit everything from general medicine to neurology to subspecialty problems. Resident teams develop diagnostic and therapeutic management plans in collaboration with the attending physician of record through daily discussion.

Teaching/Learning Activities:

Resident Morning Report (MR) - Four mornings each week (M, W, Th, and F) from 8:15 to 9:00, all students, PGY1, 2, and 3 classes are invited to meet at Morning Report. Cases of interest are presented by both the inpatient team residents and those on subspecialty services. At least one Chief Resident, the Program Director, and Chairman are always present; in addition, there are 6-8 other faculty members present on average. Patients are presented by the resident who admitted them or saw them in consultation and discussed by the group. Focus of the discussion is selected by the presenting resident - Most cases focus on the differential diagnosis and appropriate work-up, some are diagnostic dilemmas, and others represent controversial treatment and management issues. PGY1’s are actively recruited to attend and participate. The atmosphere is open and supportive of questions and problems encountered with diagnosis and treatment of patient problems.

Intern Morning Report (IMR) – From July to November, every Thursday morning from 8:15 to 9:00 AM, all PGY1’s meet with the Program Director and either one of the Chief Residents or one of the PGY3 residents. Usually, one additional faculty member is invited to discuss a recent case admitted to the medicine services. Format is similar to our usual resident Morning Report (see above), but only one case with a specific topic/theme is discussed. A great deal of time is spent on appropriate history and physical points, as well as appropriate and cost-effective ordering of labs/tests.

Attending Rounds (AR) – Every day, the resident/intern/student inpatient teams meet with their Teaching Attending. The usual format for these rounds is a review of a topic related to a case/patient currently being cared for on the service. This is led by the Attending. Attendings are encouraged to use alternate forms for Attending Rounds; we highly encourage physical findings rounds where multiple patients with important physical findings are seen by the group to allow additional bedside teaching of physical examination techniques.

Acute Care Conferences (ACC)
These lectures take place daily at 12:30 pm in our classroom. This series runs from July to mid-August, and includes core topics that are extremely relevant to a new intern/upper level working on an inpatient service.
• Topics include things like **Fluids and Electrolytes, Drug/Alcohol Withdrawal Syndromes, Tachyarrhythmias, GI Bleeds, and Antibiotics**, among many others.

• The lecture series culminates with **EKG Week** in the middle of August, which is a 5 day seminar on EKG’s – starting with the basics and moving through to arrhythmias.

• Our lectures are attended by IM interns/residents and students as well as faculty and residents from Family Practice and Emergency Medicine.

**Noon Conferences (NC)**
Our regular conference schedule picks up after the Acute Care curriculum ends. Lectures are still held every day in our Conference room at 12:30pm, and the topics are quite varied – covering everything from General Medicine to Cardiology and Rheumatology. The overall topics are relevant to Internal Medicine’s RRC requirements, the Inservice Exam, and the ABIM shelf exam, not to mention every day practice.

**Ambulatory Curriculum (AmbC)**
Tuesdays at 12:30 are specifically devoted to our “Ambulatory Curriculum” – these topics often include common general medicine outpatient complaints, and also cover things such as ENT, Ophthalmologic, and Dermatologic topics – issues commonly addressed in the outpatient setting.

**Resident Journal Club (JC)** - The Journal Club series is held monthly during a 12:30 conference. Each year begins with a series of presentations on the core topics and fundamental basics of Evidence-Based Medicine. Monthly thereafter, a single article is selected and an assigned PGY-2 resident presents a brief review of the relevant literature, followed by an evidence-based review of the article. This is followed by group discussion, and on average 6-8 additional faculty members are present. Residents that present at Journal Club are also assigned a faculty mentor to assist them with the analysis, and a full time statistician is also available for assistance and attends all conferences. Articles are almost exclusively topics relevant to the daily practice of medicine, and usually have been published within the past 3 months. All residents and interns are expected to attend.

**Departmental Conferences (DC)**
Each subspecialty division will offer its own individual conferences; these commonly occur on a weekly or monthly basis. The individual specialties also do a great deal of teaching on the consult services as well as in the form of formal lectures.

**Grand Rounds (GR)** - Every Tuesday morning from 8-9AM the Department of Medicine holds Grand Rounds. This usually consists of a clinical topic discussion and review of the literature. All students and residents [on inpatient and outpatient services] as well as faculty are expected to attend. Presentations are by Carolinas Medical Center faculty [both Internal Medicine and via outside departments], or visiting professors from UNC-Chapel Hill, as well as other distinguished speakers. All PGY-3 residents will also present at Medical Grand Rounds.
Other Tools Used
- CEX evaluations [CEX]
- Inpatient/Outpatient Chart Evaluations [I/O CE]
- 360° evaluations [by nursing on wards/ICU, MSW input]

Goals by Relevant Competency
In the tables below, educational goals are indicated for each of the six ACGME competencies.

The second column of the table indicates the most relevant principle teaching/learning activity for each goal, using the legend below.

Legend for Learning Activities (See above for descriptions)
AR - Attending Rounds  DPC - Direct Patient Care
JC - Journal Club    GR - Grand Rounds
MR - Morning Report  IMR - Intern Morning Report
NC - Noon Conference  DC – Departmental Conference
AmbC – Ambulatory Conf  MMC – Morbidity/Mortality Conference
ACC – Acute Care Conf  I/O CE – Inpt/Outpt Chart Evals
360 = Nurse/Peer/Patient Evaluations

1) Patient Care
- Interview patients more skillfully AR, IMR, CEX
- Examine patients more skillfully AR, CEX
- Define and prioritize patients' medical problems AR, MR, IMR, I/O CR
- Generate and prioritize differential diagnoses DPC, AR, MR, IMR, CEX
- Develop rational, evidence-based management strategies DPC, AR, MR, IMR

2) Medical Knowledge
Principle Educational Goals Learning Activities*
- Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of medical inpatients DPC, AR, MR, IMR, GR, ACC, NC
- Access and critically evaluate current medical information and scientific evidence relevant to patient care DPC, AR, JC, ACC, NC

3) Practice-Based Learning and Improvement
Principle Educational Goals Learning Activities*
- Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized patients DPC, AR, MR, IMR, MMC, I/O CR
- Develop and implement strategies for filling gaps in knowledge and skills JC, SR, I/O CR, MMC, AMB C

4) Interpersonal Skills and Communication
Principle Educational Goals Learning Activities*
- Communicate effectively with patients and families DPC, CEX, 360
- Communicate effectively with physician colleagues at all Levels DPC, AR, JC, MR, IMR, 360
- Communicate effectively with all non-physician members of
the health care team to assure comprehensive and timely care of hospitalized patients DPC, 360

- Present patient information concisely and clearly, verbally and in writing DPC, AR, MR, IMR, 360, I/O CR
- Teach colleagues effectively DPC, AR, JC, MR, IMR

5) Professionalism

Principle Educational Goals Learning Activities*

- Behave professionally toward patients, families, colleagues and all members of the health care team
  All – Evaluated via 360

6) Systems-Based Practice

Principle Educational Goals Learning Activities*

- Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients.
  360
- Collaborate with other members of the health care team to assure comprehensive patient care 360
- Use evidence-based, cost-conscious strategies in the care of hospitalized patients DPC, AR, MR, IMR, JC

Recommended Resources

All residents are expected to read about their patients in an appropriate general medicine text. We recommend a minimum of 1 hour of reading per night. We also offer free and easy availability to MD Consult and UpToDate because they are frequently updated, include abstracts of referenced articles. Residents even have KEYFOBS provided by the Division of Information Services so they may access these resources from their home computers at no cost. Residents are also encouraged to pull the appropriate/relevant resource articles found on UpToDate and read those as well.

Evaluation Methods

During floor rotations residents are formally evaluated in writing, using ABIM standard evaluation forms and parameters – our forms were recently totally redone in 2003. They are evaluated by their teaching attending and by their resident/intern colleagues on the team. They are also evaluated by the nursing staff on the medicine wards semiannually and by the Intensive Care units during those rotations. All residents are also evaluated by an attending on their charting semiannually. All of these evaluations are turned in to the program office and reviewed with the resident by the Program Director at the time of their Semi Annual Reviews. The Program Director reviews all evaluations as they come into the office on average, at least twice each month. If an unfavorable or marginal evaluation is received on any resident, whether it be from an attending or from the nursing staff, an urgent appointment with the Program Director is scheduled with that resident to review the issues raised in the evaluation.