GOALS:

1. The resident physician will appreciate the role of inpatient management of acute and chronic diseases commonly seen in family practice.
2. The resident physician will communicate effectively with patients, families and other physicians regarding advance directives decisions for critically ill patients.
3. The resident physician will facilitate the flow of information from the inpatient setting to the outpatient setting.

OBJECTIVES:

Patient Care

Intern:
1. The intern will demonstrate the ability to perform an admission history and physical (H&P) under the supervision of the PGY-2 or PGY-3 resident physician or the attending. The H&P will include consideration of differential diagnoses and be demonstrated on adult and pediatric patients.
2. The intern will communicate with consultants often conferring with the supervising resident or attending and coordinate the patient’s care with the consultant.
3. The intern will supervise medical students on the service when requested by the resident or attending physician.

Resident PGY-2:
1. The resident physician will demonstrate the ability to perform an admission history and physical, including differential diagnoses, and treatment plans for adult and pediatric patients who require admission to the hospital.
2. The resident physician will communicate with consultants in a timely manner and coordinate the patient’s care with the consultant.
3. The resident will supervise the intern and medical student on the service.

Resident PGY-3
1. The resident physician will demonstrate the ability to perform an admission history and physical, including differential diagnoses, and treatment plans for adult and pediatric patients who require admission to the hospital.
2. The resident physician will communicate with consultants in a timely manner and coordinate the patient’s care with the consultant.
3. The senior resident will supervise the second year resident, intern and resident on the service.
4. The senior resident will assist the attending in selecting the monthly M&M case and supervise the participation of the resident and interns.

**Medical Knowledge**

**Intern:**
1. The intern will demonstrate knowledge of inpatient evaluation of common medical problems of adult and pediatric patients, including but not limited to chest pain, SOB, fever, abdominal pain, altered mental status and failure to thrive (FTT).
2. The intern will understand the use of admission order sets, living wills, HCPOA and DNR orders.

**Resident:**
1. The resident will demonstrate knowledge of common medical problems of adult and pediatric patients as well as generate differential diagnoses for more unusual/complex undifferentiated problems requiring admission.
2. The resident will understand the use of and supervise the intern in the use of admission order sets, living wills, HPPOA and DNR orders.

**Senior Resident**
1. The resident will demonstrate knowledge of common medical problems of adult and pediatric patients as well as generate differential diagnoses for more unusual/complex undifferentiated problems requiring admission.
2. The resident will understand the use of and supervise the intern in the use of admission order sets, living wills, HPPOA and DNR orders.
3. The senior resident will research and present information regarding diagnosing and managing more unusual diagnoses and atypical presentations of more common conditions to second year residents, interns and medical students.

**Interpersonal and Communication Skills**

**Intern:**
1. The intern will notify the patient’s primary care physician (PCP) of the admission, communicate with the PCP as appropriate throughout the admission and dictate a timely discharge summary.
2. The intern will write thorough, legible notes daily, often discussing the patient with the supervising resident, before rounding with the resident.
PGY-2 Resident:
1. The resident physician will assure continuity with the patient’s primary care physician by communicating with him/her as indicated during the admission and assuring that a timely discharge summary is dictated.
2. On patients he/she primarily follows, the resident physician will write thorough, legible notes daily before rounding with the attending.
3. The resident physician will assure that the intern writes appropriate notes on patients for whom the resident is supervising.

PGY-3 Resident:
1. The resident physician will assure continuity with the patient’s primary care physician by communicating with him/her as indicated during the admission and assuring that a timely discharge summary is dictated.
2. On patients he/she primarily follows, the resident physician will write thorough, legible notes daily before rounding with the attending.
3. The resident physician will assure that the intern writes appropriate notes on patients for whom the resident is supervising.
4. The PGY-3 will communicate with the attending regarding any challenges in the care of patients which arise in the communication between consultants and the primary care team or the performance of PGY-2 or interns in the care of patients.

Systems Based Practice

Intern:
1. The intern will demonstrate the ability to obtain patient information from the Cerner computer system.
2. The intern will work with discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.

PGY-2:
1. The resident physician will supervise the intern in obtaining patient information from the Cerner computer system.
2. The resident will supervise the intern in working with the discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.

PGY-3:
1. The resident physician will supervise the intern in obtaining patient information from the Cerner computer system.
2. The resident will supervise the intern in working with the discharge planning staff to appropriately transition the patient from the hospital setting to home, rehab or long-term care.
3. The senior resident will assure that the attending is aware of any challenges in transitioning patients from the hospital setting to home, rehab or long-term care.
METHODS:

Manage inpatient adult, pediatric and obstetric patients in the inpatient setting with fellow residents. Reading on problems presented by inpatient diagnoses to develop comprehensive differential diagnoses, assessments and plans.

EVALUATIONS/ASSESSMENT:

Review of admission histories and physicals, presentations at rounds, progress notes and discharge summaries by attending physician (direct observation); standard competence-based evaluation form used and completed weekly by each attending on service.

RESOURCES/REFERENCES

1. CHAMPS for PDA, hospital patient data management system
2. STENTOR, radiology image viewing/reporting system
3. Up-to Date, accessed via AHEC digital library at library.ncahec.net
4. Micromedex (pharmacy/drug database), online on Synapse (CHS intranet)
5. CMC Inpatient Service Roles and Expectations: See residency policy manual (also available on MedHub) for important details about expectations and workflow on this rotation.