GIM INPATIENT CONSULTATION GOALS AND OBJECTIVES
Internal Medicine – University of Toledo

Educational Goals and Objectives:
The purpose of this four week rotation is to provide the resident with opportunities to develop the appropriate knowledge and skills to care for patients on non-internal medicine services. They will learn this by serving as a consultant and managing common medical problems encountered in the inpatient setting such as pre-operative risk stratification, diabetes mellitus, DVT prophylaxis, hypertension, and other issues related to peri-operative care.

Residents will perform the essential evaluation of patients they are asked to see in consultation. They will perform necessary minor inpatient procedures as needed. They will continue to learn through practice based medicine, reading and preparing for discussion of learning issues identified on consult rounds, which includes identifying relevant literature. This will be done under the supervision of the consult attending.

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| **Patient Care**        | • Develop patient/physician relationship, become coordinator of care in role as consultant  
                          | • Skills in focused patient visit to manage chronic medical problems and common complications in the peri-operative period  
                          | • Able to identify patient needs  
                          | • Keeping daily progress notes and utilizing old records to formulate an effective plan of care  
                          | • Time Management  
                          | • Procedures such as ABG and interpretation, PFT & EKG interpretation |
| **Medical Knowledge**   | • Demonstrate open & analytical approach of knowledge application to patient care  
                          | • Increased knowledge in common medical problems encountered on inpatient consultation service including the diagnosis, treatment, signs and symptoms of illnesses |
| **Practice-Based Learning and Improvement** | • Identification of knowledge gap and learning through literature search, peer interaction and attending supervision  
                                | • Able to monitor patient compliance and therapeutic modification based on knowledge |
| **Interpersonal and Communication Skills** | • Improved skills to obtain better history, coordinate care  
                                            | • Better record keeping- initial H&P’s and daily progress notes  
                                            | • Demonstrate ability to work with colleagues and hospital staff |
| **Professionalism**     | • Interaction with patients in conducive manner  
                          | • Responsiveness to other cultures/beliefs, poverty, age, gender, durability  
                          | • Respectful attitude in relation to peers, attending, and staff |
| **Systems-Based Practice** | • Demonstrates awareness of community support system involving social service, home health care, triage nurse, pharmacist |

Teaching Methods:
1. Direct patient care
2. Directly supervised procedures
3. Faculty supervision
4. Core curriculum
5. Observed clinical examination skills
6. Reading materials and literature search
Assessment Methods – Competency Score Card:

Medical Knowledge
1. Monthly test
2. New Innovation evaluations

Patient Care
1. Procedures
2. Mini-CEX
3. New Innovation evaluations

Practice-Based Learning
1. New Innovation evaluations
2. Consultation/Literature search

System-Based Learning
1. New Innovation evaluations

Professionalism
1. Medical record completion
2. New Innovation evaluations
3. Dictation completeness

Communications
1. 360 evaluations
2. New Innovation evaluations
3. Transition of care (hand-off)

Educational Resources:
- Perioperative Medicine: Just the Facts, Steven Cohn, MD; Mcgraw-Hill, 2006.
- Up-to-Date at www.uptodate.com

See articles in GIM consultation manual.

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