

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY  
**GENERAL MEDICINE WARD CURRICULUM**

Target: PGY 1-3  
Updated June 2022

**A. EDUCATIONAL OVERVIEW**

The purpose of this rotation is to train residents to competently care for patients with a broad range of medical problems who require hospital admission for acute medical problems. The rotation is designed to develop diagnostic skills, clinical reasoning, therapeutic acumen, objective knowledge, overall patient care skills, and team management skills.

**B. ROTATION DESCRIPTION AND STRUCTURE**

The training site for this rotation is the Olive View-UCLA Medical Center. The general medicine ward service consists of 8 teams, each comprised of an attending physician, one resident (PGY-2 or -3), at least two interns (PGY-1), and usually a medical student. The team provides direct patient care as the primary medical service for these patients from hospital admission through discharge. Patients are assigned to the team based on the admitting (“call”) cycle. Duty hours are designed to be compliant with the Residency Review Committee (RRC) requirements. Attending physicians supervise all housestaff.

Orientation is provided to all housestaff in written form separately and on the first day of the rotation by the chief resident. Refer to the rotation orientation for details of daily activities and responsibilities.

**C. GOALS & OBJECTIVES**

The medicine ward curriculum spans the three-year training program, and residents are expected to demonstrate progression in each of the clinical competencies across this experience. Some competencies are expected to be met early on during training (e.g. professionalism, interpersonal communication skills) while others increase in depth, breadth, or sophistication over time (e.g. medical knowledge, systems-based practice). Trainees are also expected to achieve the common goals and objectives (see separate document) in addition to these objectives.

**1. Goal: Evaluate the patient’s acute complaints and formulate a prioritized diagnosis and problem list.**

- Gather accurate clinical data from history, examination, and analysis of laboratory and study data (PGY 1). (PC1-2)
- Identify patients with urgent or emergent conditions and initiate immediate management (PGY 1). (PC3-4)
- Formulate a differential diagnoses for acute complaints using available evidence (PGY 1). (PC3, MK1)
- Formulate a prioritize problem list that includes acute and chronic medical problems (PGY 1). (PC3, MK1)
- Modify the differential diagnosis and problem list based on new evidence as it arises (PGY 1). (PC3)
- Select additional diagnostic testing when appropriate (PGY-1) with attention to high value care and evidence-based practice (PGY 2/3). (PC3-4, MK3, SBP3)

**2. Goal: Develop and carry out comprehensive inpatient management plans for patients.**

- Select treatment plans tailored to the problem list and informed by evidence-based medicine and practice guidelines (PGY 1). (PC4, SBP2/3, PBLI1)
- Develop complex, nuanced management plans and justify when these deviate from common patterns or practice (PGY 2/3). (PC3-4, PBLI1)
- Modify management plans based on re-assessment of the patient and new data (PGY 1). (PC3, PBLI2)
- Recommend and request procedures for appropriate indications (PGY 1). (PC4, MK2-3)
- Safely and proficiently perform basic bedside medical procedures (PGY 2/3). (PC4)
- Request consultations appropriately with a meaningful clinical question (PGY 1). (PC4, ICS2)
- Weigh the recommendations from consultants and integrate appropriately into the management plan (PGY 2/3). (PC3-4)
- Resolve clinical uncertainty by thinking analytically to identify the question and seeking new supportive information (PGY 1-3). (PC3, PBLI2)
- Keep patients (and family members when appropriate) informed of the medical concerns and plan of care in a timely manner (PGY 1). (ICS1, SBP3, PROF1)
- Keep other team members, including nurses and ancillary services, informed and updated about the medical plan and patient needs (PGY 1-3). (ICS2, SBP3, PROF1)

**3. Goal: Safely coordinate and transition patient care at the time of discharge using a multidisciplinary approach.**

- Accurately reconcile medications with the patient and in the patient's chart (PGY 1). (PC1/4, ICS1, SBP1/3)
- Anticipate the patient's post-hospitalization needs for safe and appropriate discharge, including medications, supplies, clinical follow-up, and rehabilitation (PGY 2-3). (PC4, SBP2, PROF1)
- Identify the roles of multidisciplinary team members, including the nurse, case manager, pharmacist, nutritionist, and social worker (PGY 1), and engage them to advance and enhance the care of patients (PGY 2/3). (PC4, ICS2, SBP2/3)
- Counsel patients on the discharge plan, including patient education, return precautions, and self-care (PGY 1). (ICS1, SBP3)
- Communicate with the patient's follow-up providers to ensure a safe transition of care, including timely completion of the discharge summary (PGY 1-3). (ICS2-3, SBP3)

**4. Goal: Effectively manage a panel of hospitalized patients using a team-based approach.**

- Organize and prioritize tasks to efficiently and effectively care for a panel of hospitalized patients (PGY 1). (PC4, PROF1/3)
- Transition patient care (sign-out) effectively to peers when not available (nights and days off) using effective verbal and written communication (PGY 1). (ICS2, PROF1/3, SBP1)

- Set appropriate expectations for team members based on role and level of training (PGY 2/3). (ICS2, PROF1/3)
- Delegate (and effectively communicate) tasks among team members to promote teamwork and time-efficiency (PGY 2/3). (PC4, ICS2, PROF1/3)
- Supervise the workflow and patient management decisions of the team with progressive independence (PGY 2/3). (PC4, PROF3)
- Seek appropriate guidance from the supervising physician (PGY 1-3). (PROF1/3)

**5. Goal: Practice the accepted standards of inpatient care within the county health system.**

- Use a language interpreter when appropriate (PGY 1-3). (ICS1, SBP2)
- Implement evidence-based strategies to decrease morbidity and mortality in the hospital, including (PGY 1-3): (PC4, MK2, PBLII, SBP1/2)
  - Infection control strategies
  - VTE prophylaxis
  - Nutrition
  - Glycemic control
  - Mobility
- Complete clinical documentation that is accurate, signed in a timely manner, and avoids banned abbreviations (PGY 1). (ICS3, PROF3)
- Complete and document regulatory requirements, such as indications for invasive lines and catheters as well as timeout for procedures (PGY 1). (SBP1, ICS3)

**6. Goal: Practice patient-centered care.**

- Identify the goals of the patient (and their family) (PGY 1) and collaborate with the patient to develop shared goals of care (PGY 2/3). (PROF1-3)
- Seek consent from the appropriate medical decision maker according to local laws, whether the patient, surrogate decision-maker, or two physicians when appropriate (PGY 1). (PROF2)
- Identify and incorporate the patient's cultural and socioeconomic factors into the assessment and management plan (PGY 2/3). (PC4, PROF1/3)
- Demonstrate respect, integrity, and compassion while avoiding judgmental behaviors towards patients and families (PGY 1-3). (PROF1-3)
- Maintain patient privacy and confidentiality, especially when using verbal and non-verbal communication (PGY 1-3). (ICS1-2, PROF2-3)

**7. Goal: Promote patient safety and professionalism in patient care.**

- Identify and report medical errors and near-misses through the hospital's Safety Intelligence. (PGY 1-3). (SBP1)
- Communicate with other healthcare workers, including nurses, with clarity, respect, and integrity (PGY 1-3). (ICS2, PROF1)

- Identify areas of self-improvement and develop plans to improve, seeking mentorship when needed (PGY 1-3). (PBLI2)

**8. Goal: Promote an effective team-based learning environment (PGY 1-3).**

- Be prepared and punctual for rounds. (PROF3)
- Communicate in a coherent, concise and organized fashion when presenting cases during rounds. (ICS2)
- Solicit and incorporate feedback to improve performance. (PBLI2)
- Offer feedback to other team members in a constructive manner to improve performance. (PBLI2)
- Share relevant learning with the team (e.g. medical knowledge, systems-based practice). (MK1-3, PBLI2, PROF1)
- Engage the medical student (if part of the team) in patient care and learning activities. (PC3, PROF1, ICS2)
- Role model responsible and ethical behavior (PGY 1-3). (PROF3)

**D. CORE TOPICS IN INPATIENT GENERAL MEDICINE**

Trainees are expected to be able to explain the differential diagnosis, general diagnostic approach, and management for these common signs, symptoms, conditions, and diseases. For diagnostic studies, trainees are expected to interpret the results and incorporate the findings into the patient assessment. For procedural skills, trainees are expected to describe their indications, perform them, and interpret their results.

- Common Signs and Symptoms (MK1-3)
  - Abdominal pain
  - Altered mental status
  - Chest pain
  - Diarrhea
  - Dyspnea/hypoxia
  - Edema
  - Fever
  - Headache
  - Hematemesis
  - Hemoptysis
  - Melena/hematochezia
  - Neuromuscular weakness
  - Pain
  - Rash
  - Swollen joint
  - Syncope/dizziness

- Common Diseases and Conditions (MK1-3)
  - Acute coronary syndrome (ACS)
  - Acute kidney injury (AKI)
  - Alcohol withdrawal and delirium tremens (DT)
  - Anemia
  - Atrial fibrillation with rapid ventricular rate
  - Cellulitis
  - Delirium
  - Diabetic foot infection (DFI)
  - Drug rash
  - Congestive heart failure (CHF)
  - Cirrhosis, complications of
  - Chronic obstructive pulmonary disease (COPD)
  - Electrolyte abnormalities
  - Endocarditis
  - Gastrointestinal bleeding
  - Hypertensive urgency
  - Leukemia/Lymphoma, initial evaluation
  - Meningitis
  - Nephrolithiasis
  - Nephrotic syndrome
  - Neutropenic fever
  - Opportunistic infections in an immunocompromised patient
  - Osteomyelitis
  - Pancreatitis
  - Pleural effusion
  - Pneumonia
  - Pyelonephritis
  - Seizure
  - Sepsis
  - Solid tumor, evaluation and complications of
  - Spontaneous bacterial peritonitis (SBP)
  - Transient ischemic attack (TIA) and stroke
  - Thrombocytopenia

- Thyroid disorders: hypothyroidism, hyperthyroidism
- Tuberculosis, active
- Venous thromboembolism (VTE): deep vein thrombosis (DVT), pulmonary embolism (PE)
- Diagnostic Studies (MK3)
  - Electrocardiogram (EKG)
  - Chest x-ray
  - Blood gas, venous and arterial
- Procedures (PC4, MK2-3)
  - Lumbar puncture
  - Paracentesis
  - Thoracentesis

#### **E. TEACHING METHODS**

Clinical education is provided through direct patient care and attending rounds with the supervising attending physician, which takes the form of teaching at the point-of-care and teaching at bedside. Additional didactic teaching is organized and led by the team attending or resident, and includes review and discussion of the Landmark Article series reviewing evidence-based medicine. Housestaff are expected to supplement their learning with additional reading.

Housestaff are required to attend scheduled didactic conferences, such as Noon Conference, unless occupied by urgent patient care duties.

#### **F. SUPERVISION AND EVALUATION**

All housestaff and patient care will be supervised by the attending physician. Direct observation and feedback of interviewing, examination, and/or counseling skills may be documented with the Mini-CEX.

Residents and interns will be evaluated by the supervising attending. Direct verbal feedback may be provided throughout the rotation, and written evaluation will be submitted electronically in MedHub at the end of the rotation.

Residents and interns will also evaluate each other (peer evaluations) and give direct verbal feedback during the rotation and submit written evaluations electronically at the end of the rotation.

Written evaluations can be reviewed by the resident at any time and will be reviewed with the housestaff during the Clinical Competency Committee meeting.

#### **G. EDUCATIONAL RESOURCES**

Electronic resources are also available through the internet at Olive View-UCLA Medical Center and through UCLA.

- UpToDate
- Harrison's Principles of Internal Medicine
- PubMed
- Visual Diagnosis (VisualDx)