

VA WEST LOS ANGELES GENERAL MEDICINE WARDS CURRICULUM

Target: PGY 1

Updated September 2018

A. EDUCATIONAL OVERVIEW

The General Medicine Wards (“GMED”) rotation at the VA West Los Angeles (VA-WLA) Medical Center is an inpatient clinical training experience that trains residents to competently care for patients with a broad range of medical problems within the Veterans Administration health system. The rotation is designed for trainees to develop diagnostic skills, clinical reasoning, therapeutic acumen, objective knowledge, and team management skills.

B. ROTATION DESCRIPTION AND STRUCTURE

The clinical rotation is based at the VA West Los Angeles Medical Center. Interns (PGY 1) will rotate on this assignment for 2-4 weeks at a time. Trainees integrate into the provider team consisting of an attending, one resident (PGY 2 or 3), at least two interns (PGY 1), and a medical student. The team provides direct patient care as the primary medical service for these patients from the time of hospital admission through discharge. Teams will take regular call to admit patients. Duty hours are designed to be compliant with the Residency Review Committee (RRC) requirements. Attending physicians supervise all housestaff.

Specific orientation materials will be provided by the sponsoring Internal Medicine program at UCLA.

C. GOALS & OBJECTIVES

Trainees are expected to achieve these goals by the completion of their rotation during PGY 1.

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

- Gather accurate clinical data from history, examination, and analysis of laboratory and study data. (PC1)
- Identify patients with urgent or emergent conditions and initiate immediate management. (PC1-3)
- Formulate a differential diagnoses for acute complaints using available evidence and clinical reasoning. (PC1, MK1)
- Formulate a prioritize problem list that includes acute and chronic medical problems. (PC1/2)
- Modify the differential diagnosis and problem list based on new evidence as it arises. (PC1/2)
- Select additional diagnostic testing when appropriate with attention to high value care and evidence-based practice. (PC1, SBP3)
- Seek help from supervising physicians and consultants for diagnostic uncertainty. (PC3/5)

2. Goal: Develop and carry out comprehensive inpatient management plans for a team of patients.

- Select treatment plans tailored to the problem list and informed by evidence-based medicine and practice guidelines. (SBP2/3, PBLI4)
- Modify management plans based on re-assessment of the patient and data. (PC2)

- Implement evidence-based strategies to decrease morbidity and mortality in the hospital, including: (PC2, SBP3)
 - Infection control strategies
 - VTE prophylaxis
 - Nutrition
 - Glycemic control
 - Mobility
 - Efficiently and effectively execute tasks to care for a team of hospitalized patients, including demonstration of organization and prioritization skills. (PC3, PROF2)
 - Keep patients (and family members when appropriate) informed of the medical concerns and plan of care in a timely manner. (ICS1)
 - Keep other team members, including nurses and case managers, informed and up to date about the medical plan and patient needs. (ICS2)
- 3. Goal: Safely coordinate and transition patient care using a multidisciplinary approach.**
- Anticipate the patient's needs after discharge, including medical needs, clinical follow-up, and rehabilitation. (PC2, PROF3, SBP4)
 - Identify services and programs available to meet the needs of patients after hospital discharge, and refer appropriate patients for these. (PC2, SBP3/4, PROF3)
 - Identify the roles of multidisciplinary team members, including the nurse, case manager, pharmacist, nutritionist, and social worker, and engage them to advance and enhance the care of patients. (PC3, ICS2, SBP1/4)
- 4. Goal: Practice the standards of team-based clinical care and learning.**
- Be prepared and punctual for rounds. (PROF2/3)
 - Communicate in a clear and organized fashion when presenting cases during rounds. (ICS2)
 - Complete clinical documentation accurately and in a timely manner. (ICS3, PROF4)
 - Transition patient care (sign-out) effectively to peers using effective verbal and written communication. (ICS2, PROF2)
 - Engage the medical student (if part of the team) in patient care and learning activities. (PC3, PROF1, ICS2)

D. TOPICS IN INPATIENT GENERAL MEDICINE

- Common Signs and Symptoms
 - Abdominal pain
 - Altered mental status
 - Chest pain
 - Cough

- Dyspnea and hypoxemia
- Dysuria
- Edema
- Fever
- Flank pain
- Headache
- Hematemesis
- Joint pain
- Melena and hematochezia
- Syncope and dizziness
- Weakness
- Common Diagnoses and Conditions on General Medicine Wards
 - Cardiovascular (usually admitted to Telemetry service): Acute coronary syndrome (ACS), Congestive heart failure (CHF), Arrhythmia including Atrial fibrillation, Hypertensive urgency
 - Pulmonary: Chronic obstructive pulmonary disease (COPD), Asthma, Venous thromboembolism and Pulmonary embolism (VTE/PE), Pulmonary hypertension
 - Infectious: Sepsis syndrome, Cellulitis, Diabetic foot infection, Pneumonia, Infectious diarrhea, *C. difficile* colitis, Bacterial peritonitis, Pyelonephritis, Meningitis, Tuberculosis, Osteomyelitis, Endocarditis
 - Gastrointestinal: Gastrointestinal bleeding, Cirrhotic complications, Pancreatitis
 - Neurologic: Delirium, Encephalopathy
 - Renal: Acute kidney injury (AKI), Nephrotic syndrome, Glomerulonephritis, Electrolyte abnormalities
 - Hematologic: Anemia, Thrombocytopenia, Coagulopathy, Acute leukemia, Lymphoma
 - Oncologic: Solid tumor diagnosis and complications
 - Endocrine: Hypothyroidism, Hyperthyroidism, Diabetic complications
 - Rheumatologic: Systemic lupus erythematosus (SLE), Vasculitis, Gout
 - Toxicology: Alcohol withdrawal, Delirium tremens

E. TEACHING METHODS

Clinical education is provided through direct patient care and attending rounds with the supervising attending. Residents are expected to function as the primary provider of care for their assigned patients.

Additional education is provided through attending physician-led didactics addressing special topics in medicine.

F. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician.

Residents 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 UCLA at the end of the rotation. These evaluations will be forwarded to the trainee's home institution, and can be reviewed by the resident and program.

G. EDUCATIONAL RESOURCES

Electronic resources are also available through UCLA Health and UCLA (home access) as well as through the VA.

- UpToDate
- Harrison's Principles of Internal Medicine
- PubMed
- UCLA Library