

General Medicine Consult Curriculum Temple University Internal Medicine Residency Program

I. Goals

- A. Knowledge of consults - To become knowledgeable about issues in pre-operative medical consultation and become proficient in evaluating and treating patients during the peri-operative period
- B. Art of consults - To learn the factors that influence the effectiveness of medical consultation and to apply this knowledge during the consultation rotation

II. Principle Teaching Methods

Note: Only upper year residents rotate on the general medicine consult service. Each resident will rotate at least once on this service over the course of his residency.

- A. Management of acute and non-acute general medicine consults supervised by full-time hospitalist, including daily rounds
- B. Two-CD set of landmark and review articles covering the breadth of common problems encountered on general medicine consult services
- C. Interactive 30-minute teaching sessions occurring twice weekly
- D. Sample cases and board-type questions for self-directed review

III. Methods of Evaluation

- A. Residents are evaluated by the attendings who directly supervise them using a standard evaluation form provided by the residency program. Residents are observed both at the bedside and in didactic and patient-care discussions.

IV. Tiered Objectives Organized by Competency

Note – Since only upper year residents rotate on the general medicine consult service, the following objectives are expected of all upper year residents. Specific objectives for PGY-1 residents have not been created.

By the end of the rotation, the resident will have sufficient knowledge and demonstrate sufficient skills regarding the following areas:

- A. Patient care
 - 1. Pre-op coronary risk stratification for non-cardiac surgery
 - 2. Pre-op coronary management for non-cardiac surgery
 - 3. Peri-op cardiac non-coronary management (valvular heart disease, CHF, arrhythmias, hypotension) for non-cardiac surgery
 - 4. Peri-operative HTN and DM management
 - 5. Peri-operative thromboembolic prophylaxis and management
 - 6. Pre-op pulmonary evaluation
 - 7. Pre-op medication management
 - 8. Pre-op (cost-effective) lab testing
- B. Medical knowledge
 - 1. Pre-operative endocarditis prophylaxis

2. Other peri-op medical issues → nutrition, endocrine
3. Non-peri-op issues → ob-gyn, neurology

By the end of the rotation, the resident will be able to apply this knowledge effectively by practicing the art of consults in the following manner:

C. Interpersonal and communication skills

1. Asking for specific reason(s) for consult
2. Asking for proposed duration of consult
3. Asking for name of attending and residents who ordered consult, as well as best methods to contact them
4. Articulating the clinical reasoning underlying recommendations
5. Notifying the contact person of important management aspects
6. Notifying contact person when signing off

D. Professionalism

1. Maintaining professional and courteous relationships with services ordering consults

E. System-based practice

1. Identifying reasons for transfer to medicine service