Rotation Curriculum: Internal Medicine

I. **Duration and Level:** Two months (July/August) at the PGY2 level.

II. **Location:** Carle Foundation Hospital

III. **Responsible Faculty:**
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IV. **Description of Rotation:** The Internal Medicine (IM) rotation provides residents with an opportunity to acquire the knowledge and skills necessary to diagnose, treat and manage surgical and nonsurgical diseases in adults. While the responsible attending physician has final authority over and responsibility for patient care, the internal medicine rotation is progressively graduated in that residents will be tasked with increasingly complex cases as their experience, exposure and training progress. OMFS residents on the internal medicine rotation will:

A. Engage in patient work ups.

B. Be involved in each patient’s preoperative, intraoperative and postoperative medical care as a part of a team which may include interns, senior IM residents, attendings and medical students.

C. Maintain responsibility for the primary management of their own patients including writing orders and progress notes.

D. Communicate closely with the senior resident and attendings regarding patient management decisions.

E. Attend weekly Internal Medicine didactic sessions including procedure workshops.
V. **Responsibilities:** While on this rotation, residents are free of all OMFS service assignments and responsibilities.

   A. **Daily Schedule**

      1. **Basics:** Residents are expected to be available in-house from 7:00am until 5:00pm Monday through Friday and will follow the schedule of their assigned intern and resident team (in terms of call, holidays, and weekend coverage). One Saturday and one Sunday call will occur during the rotation. Duty hour’s restrictions for medical students on internal medicine rotation will be followed by the OMFS resident. Sign out rounds with the night float team are held from 7:00am – 8:00am.

      2. **Attending Rounds:** Team rounds are conducted daily at the patient’s bedside from 8:00am - 10:30am. Residents round on their own patients prior to rounds with the attending.

      3. **Resident’s Report:** Residents will present cases on Mondays and Wednesdays at Noon in Parkview C&D to the attending and chief resident using a succinct but precise verbal presentation* of lab results, imaging studies, assessments and management plans. *You may use notes to present this information but under no circumstances should you remove written evaluations or medical charts from patient care areas.

      4. **Chief Resident Teaching Rounds:** Chief Resident teaching rounds are held on Fridays from 1:30 – 3:30pm with the medical students on internal medicine rotation. Bedside teaching will be emphasized. The resident will also have the opportunity to learn performance of lumbar puncture and ECG during the rotation.

   B. **Admissions:**

      1. Residents admit patients as assigned by the senior resident on the service. Normally a resident will not admit the day after night call.

      2. Residents are allowed a maximum of 5 admissions per 24 hours on call and 8 admissions per 48 hours on call. On average a census of 8 patients is optimal.

      3. Admission paperwork must be completed within 24 hours of patient admission and must include a complete history, physical examination, assessment, problem list and orders.

   C. **Teaching:** Residents are expected to teach wardsmanship to the medical students on the team. This includes assistance with admission evaluation, patient problems, orders, progress notes and procedures done by the students. Senior residents should also providing mentoring and teaching to junior residents in accordance with their experience, progress and expertise.

   D. **Conferences:** Residents will participate in core internal medicine didactic activities including weekly lectures, noon conferences and attending rounds. Optional conferences include: IM Residency Conference and Tumor Board.

   E. **Call:**

      1. Call includes:
         
         a) 1 weekend – one Saturday and one Sunday
         
         b) In-house call approximately every fourth weekday night until the night float comes on duty (usually 7:00pm)

      2. Call teams include a resident, a senior resident and (often) a medical student.
3. On-call schedules are final when posted by the IM Chief Resident.

4. In order to change the final schedule the responsible resident must arrange alternative coverage as well as receive prior permission from the Chief Resident.

5. Residents are responsible for all medical problems and new admissions on the adult medicine service.

6. Residents will write a timed and dated progress note in problem-oriented format for all patient problems.

VI. Resident Evaluation, Progress and Promotion

A. Residents will be evaluated throughout the rotation by attendings and preceptors. Resident performance is appraised through direct observation, case review, chart audit and verbal and written feedback. A mid-block card is completed to encourage dialogue between the resident and the evaluator(s).

B. A formal written evaluation is completed at the end of the resident’s block rotation.

C. Remediation procedures for poor evaluations are determined by the Faculty and are subject to approval by the Program Director. Remediation may include repeating the rotation, additional assignments, or further other measures as needed.

D. Residents will be asked to complete an end of rotation evaluation regarding their experiences on the IM service.

E. Evaluations are scored on a 9 point scale from 1 (unsatisfactory) to 9 (outstanding). Scores of 2 (incomplete/needs remediation) or lower on any evaluations, including evaluations of rotations or rotation coordinators, will prompt a review and may result in remedial measures led by the OMFS Program Director and/or the DIO.

VII. Requirements for Rotation

A. Readings:
   4. Harris IS et al, Eds. Washington University School of Medicine’s Manual of Medical Therapeutics. 33rd ed. Lippincott, Williams & Wilkins; 2010. (Can be purchased used inexpensively online)

B. Certifications: ACLS certification must be completed by the end of the PGY1 year.
C. **Vacation:** None per OMFS guidelines.

**VIII. Revision History:** Created 10.6.09 MKC; Reviewed JB 10.21.09; Approved UIUC 11.2.09; Reviewed 10.21.11 by CLO; Reviewed/Updated 11.7.12 LKA; Approved AY 11.5.12;

**IX. Document References and Resources:** *CFH Family Medicine Residency Program; Education Specialist Nancy Barrett; Education Specialist Charmin Olion; Education Specialist Lynda Alper*