VA General Medical Service Curriculum
2012-2013

Education Goals: The VA General Medicine Service provides the opportunity to develop the diagnostic and management skills central to inpatient general internal medicine. Providing safe, effective, and compassionate care to our patients remains our top priority. In addition, residents will continue to develop their skills in the critical appraisal of the medical literature in order to guide medical decisions with the best evidence available. Interns and especially residents will also have the opportunity to improve their skills as teachers through their close work with medical students.

Educational Content: The VA General Medicine Service provides exposure to the entire range of acute conditions that comprise inpatient internal medicine, including conditions specific to all subspecialties. From the local area we serve, we receive a significant number of patients who present acutely to our clinics and emergency department. We also act as a tertiary referral center within the VA system, which broadens the experience and degree of exposure within internal medicine. These patients require a diverse array of procedures that the residents and interns perform (with supervision when appropriate).

Lines of Responsibility: The team includes one to two students, an intern, a junior assistant resident, a SAR executive team, and a team SAR Day Float. The junior resident serves as the leader by supervising other team members, taking responsibility for patient management, and taking an active role in the education of the intern and students. The intern or sub-intern should act as the primary physician for the team’s patients and orchestrate the daily ward management of the patients. The intern will follow all patients assigned to second year medical students and PA students. Sub-interns report directly to the resident, and the intern will not be involved in the day to day management of the subintern’s patients. Two teams will share a General Medicine attending, who is ultimately responsible for the patients. All invasive procedures (cardiac catheterization, surgery, and radiologic procedures) must be discussed with the attending prior to the procedure. The resident should clarify the definition of “invasive procedure” with each attending at the start of each rotation.

Reading Lists: The Duke tradition of teaching has always taken a patient-centered approach. Rather than providing a core reading list specific to this rotation, we expect residents to use each patient as the basis for an investigation into particular aspects of internal medicine.

Principle Teaching Methods: The ultimate educational goal is to provide residents and interns with the skills that promote and facilitate independent, life-long learning. One area of emphasis will be in the practice and teaching of evidence-based medicine.

1. Sign-out rounds: The chief resident and the assistant chief resident return at night to review the admissions with the residents on call for the night teams. These so-called “sign-out rounds” typically occur from around 9pm until midnight. We discuss various aspects of the case, taking advantage of available educational tools at Duke and the VA. Through both online and
textual resources, we are able to immediately access pertinent journal articles and other resources to answer clinical questions and also to direct the resident’s reading. We encourage the review of radiographs, gram stains, blood smears, urine sediments, etc.

2. Morning Report:
   a) Residents: Every Monday through Thursday, residents who are on days meet from 11am to 12pm to discuss interesting cases. This includes the VA SARS Exs and DF as well. Different members of the faculty join us and serve as the discussant. While the format sometimes varies, the residents typically present a case and a “CAT” (Critically Appraised Topic, involving the critical review of a timely and applicable piece of literature). Radiographs and other data can be brought to morning report.
   b) Interns: Intern report is held every Tuesday at 1:30pm. Various faculty members join us, and serve as discussants. One intern presents a case and then leads the group in a discussion about the particular diagnosis in question. Radiographs and other data should be brought to morning report. When appropriate, the microscope and accompanying monitor can be used to illustrate the interpretation of tissue biopsies, blood smears, and bone marrows. The chief resident and assistant chief resident are available to help the intern in preparation for this conference.

3. Chair’s Conference: Every Friday at Noon, the residents, interns, and students join the Duke General Medicine teams for conference with the Chair of Medicine or his/her designee. A resident presents a case as an unknown, and the discussant will lead the group through the work-up and management of that patient.

4. Attending Rounds: On Monday through Sunday, the residents, interns, and students meet with their attending’s for teaching rounds, generally starting around 8:30am. New patients are presented at the bedside, and then the attending facilitates discussion of the case. Each student is responsible for presenting one of his or her cases from the previous day. The intern presents all other cases that (s)he evaluated and overflow patients from the night before.

These rounds generally last from around 8:30am until 11am. Occasionally, patients can be discussed over the phone. This is at the discretion of the attending. If the resident or intern has the day off, they are not expected at attending rounds. Adequate supervision is always the first priority.

5. Noon conferences: Starting at noon, these conferences occur Monday through Thursday. On a rotating basis, they include Journal Club, Morbidity and Mortality, Ambulatory Care Conference, Gallops (interesting imaging/physical findings/pathology), EKG conference, topical lectures by key clinical and research faculty, SAR talks (lectures given by each senior resident), medical jeopardy, and the Women’s Health Series. The residency program website lists an updated copy of the conference schedule, which is also sent out via weekly e-mail newsletter. Residents and interns on VA general medicine rotation are expected to attend all conferences unless an urgent patient care issue prevents them from doing so.

6. Grand Rounds: Each Friday at 8:00am, a member of the faculty or a distinguished visitor makes a presentation to the Department. Recent re-structuring of this conference has made it much more clinically-oriented, such that it is meant to be a true CME activity, and is aimed at
the level of a senior resident, or someone who is about to take the internal medicine board exam.

**Evaluation Methods**: Residents and interns will be assessed by the attending and the chief resident for their overall clinical competence, humanistic qualities, and potential for academic medicine. Specific categories of assessment include history taking, physical exam skills, ability to evolve a reasonable plan of patient management, medical knowledge, collateral reading (residents only), judgment, intellectual honesty, and maturity. The evaluation process takes place in a weekly meeting of the ward attendings, chief residents, and the medical service chief. At the end of the rotation, the attending physician meets individually with each resident and intern to provide feedback. The evaluation team comprised of the attending physician, medical services chief, and chief resident also completes a written evaluation of each resident and intern at the end of the each attending rotation. The residents and interns then have an opportunity to review these written evaluations during regularly scheduled evaluation sessions with the program directors, Dr. Aimee Zaas, and the faculty advisors.

**Admitting schedule**: Please see the VA Gen Med Orientation Documents

**Admissions**: Admissions generally come from one of four locations: the ER, outpatient clinics, an outside hospital, or the ICU. ER and outside hospital transfers are coordinated through the AOD, bed control, and ACR or MOD who work together to locate the bed space and makes the team assignments. The bed control coordinator (Carol or Maria) determines which team an admission is assigned to during regular business hours. After hours, the long call resident and night residents cover the admissions pager (970-0546) and assign patients to teams. If the accepting resident is concerned about the appropriateness of an admission, (s) he should discuss the case with the assistant chief resident. The bed czar can be reached at 970-2742. The AOD can be reached at VA extension 6250/2133/6888.

**ICU Transfers**: When a patient that is assigned to a General Medicine team is transferred to the ICU and is then ready to return to that team, the patient is transferred back to the original team. This does not count as an official admission to that team. As long as one member of the initial admitting intern/resident team remains on service, the patient will return to that same team, so as to maximize safety and continuity. Rare exceptions are at the discretion of the Chief Resident or ACR.

**Days Off**: The Department of Medicine has a schedule that gives every resident and intern an average of at least one day off a week. At least one member of the team rounds on the service each day. Students on VA general medicine get four days off per month and generally coincide with the resident days off to maximize teaching for the students, in conjunction with the requirements of the School of Medicine.

**Absences**: Occasional circumstances necessitate absences and therefore require coverage for a clinical service. However, all absences from any clinical service requires the approval of the Chief Resident in advance. Arranging coverage with other residents without notifying the CR is unacceptable.
The Medical Record:
This is an essential form of communication between the team and consultants, cross-covering interns, and the attending physician.

• REMEMBER: All information not mentioned is assumed to be normal in electronic medical records. Only state the most pertinent negatives and normal findings. Also, refer back to work that has previously been done rather than repeating the typing.

• The resident should fill out or edit the computerized problem list.

• Residents, interns, and sub-interns must enter their entire note as a computerized progress note for all admissions and transfers. Interns should complete their note in the “Medicine Admission H&P” template. Residents should use this template only if they are admitting a patient by themselves. ICU transfers should have a Resident Service Transfer note written by the intern and/or resident.

• Intern admission notes must address all relevant areas in the history and physical including pain assessment and functional status.

• The resident admission note should also document if the admission is related to a service connected condition and the anticipated length of stay.

• Even if incomplete, the resident should prepare and sign their notes in the computer as soon as possible but definitely before 8:30 a.m. to facilitate review by the attending and must be signed before morning rounds. If incomplete notes are signed, then the original should state that it is incomplete and the resident adds further information in an addendum.

• We expect resident plans to be referenced to the supporting literature. This can be added as an addendum after the original note is signed.

• Progress notes should be daily, brief, and should cover any diagnostic/therapeutic activity or any change in the patient’s status. They must be entered in the computer. They should also include the anticipated length of stay (on a daily basis) and highlight any discharge planning issues. Excessive copying/pasting of information from prior notes is discouraged, as this makes it more difficult for others to glean important information from the note.

• Second year students should prepare their own admission note. They should use the template called “Medicine – Student Admission Note”. A 2nd year student’s admission database cannot replace the intern’s as the official chart copy.

• All student admission and progress notes must be co-signed by the resident or intern. This is a JCAHO requirement. Student notes cannot be seen without the co-signature.

• Interns should write pending discharge orders and discharge patients as early as possible on the day of discharge, and preferably the paperwork should be done the afternoon before planned discharge.
VA SURVIVAL TIPS/HELPFUL HINTS:

**Medicine Floor Setup**- Medicine patients are located on the 6th and 7th floor, primarily on 7A/7B (telemetry unit) and 6A/6B.

**General Medicine Team Setup**- there are eight General Medicine teams divided into Red and Blue (e.g. Red 1-4 and Blue1-4). Red1-2 and Blue 1-3 are made up of a JAR and intern. Each team will be made up of a resident, an intern, a medical student(s), and possibly a sub-intern, pharmacy student or Physician Assistant student. Each team will share an attending with another team. The intern at the VA should be the primary physician for all of his/her patients and carry out all of the duties and tasks necessary to run the Gen Med team.

The resident is responsible for developing the plan for each patient as well as teaching the intern/students and preparing for morning report. The work rooms are all located on the 5th and 6th floors (red 1 and blue 2 are on the 5th floor, directly across from the blue elevators, red and blue 4 is on the 6th floor, directly across from the blue elevators, and the other two team rooms are on the 5th floor, around the corner towards the RT and home oxygen offices, on the right-hand side of the hallway).

Red 4/Blue 4 are the SAR-ex teams made up of a SAR and the attending. This service function as a proxy-hospitalist service to allow the SAR increased autonomy and exposure to the real world experience of hospital medicine.

**Call Schedule and Call Nights**- Please see the VA GEN Med Orientation Packet.

**Days Off**- As stated in the formal section, every resident and intern will have one day off per week averaged over a four-week time period and days off are denoted in the schedule. If there are concerns that a resident or intern does not have 1 day off per week, she or he must notify the ACR or chief resident so that this can be resolved. It is never acceptable to not have 1 day off per week as averaged over the rotation block.

**Duty Hours**- it is never acceptable to violate duty hours during your rotation. It is the individual intern or resident’s responsibility to monitor their hours, and to notify the chief resident and ACR if it is anticipated that a violation may be forthcoming. This allows us to be proactive, to modify your schedule and prevent a violation from occurring. Please note that as of July 1st 2011, the new ACGME duty hours regulations mandate that interns can no longer work longer than 16hrs in a given shift.

**CPRS**- CPRS is the computer program that all VAs in the country use for notes, orders, consults, lab results, imaging and pathology reports. All admission, daily progress, nursing, procedure, transfer, and discharge notes are found under the “Notes” section. Discharge summaries have their own section in CPRS. The CPRS training program will teach you how to create, edit, and sign these notes. All inpatient and outpatient orders can be accessed and added under the “Orders” section. Again, the CPRS training program will teach you how to enter these, but several tips will help interns survive the day-to-day problems encountered with this system. First, be sure about your medication doses and schedules when entering pharmacy.
orders. Second, be cognizant of your fluid orders, as you can limit the total amount of volume you order by typing in an amount in the “Additional Comments” box. Otherwise, the patient will receive the rate of fluid indefinitely. Third, there are three types of phlebotomy collection choices- “send patient to lab”, “ward collect”/housestaff collect, and “lab collect”. Be sure to order the correct collection or the blood will not be drawn or run. Fourth, it is possible to have all labs ordered by one person sent back to that person with flags. Ask CPRS administrator or current housestaff about this if interested. Finally, if unsure of orders or process, ask your resident or call CPRS Help Desk with questions. **NOTE: There are no verbal orders at the VA.**

When ordering Radiology imaging, it is important to call the appropriate Radiology team to alert them of the orders. For example, if you need a CT or MRI, call the appropriate scheduling person and tell them that you have ordered a study and ask them when it might be done. This is likely not necessary for plain films that are ordered for a time in the future (e.g. CXR in am), but should you need an urgent or stat X-ray- call Radiology and tell them about this. Currently, all EKG images and are added to the CPRS system under “Tools” then “VISTA Imaging”. Radiology can be accessed in two ways: preferred method is via the PACS system, which is a program opened from CPRS but independent of CPRS; it should have all films from the DVAMC and other VAs uploaded. If this is down you can use VISTA Imaging for plain films.

**IV Team**- The IV team places all peripheral lines and PIC(C) lines on the floors. Commonly, the IV team is unable to place peripheral IVs in patients due to poor upper extremity access. Remember that the IV team is only able to place IVs in the arms. Prior to placing central catheters, inspect the feet (nondiabetic/nonmobile patients), brachiocephalic, and external jugular veins as possible alternate sites.

**Access Codes**- There are several different codes to get into different rooms at the VA. For the most part, the code is 1&5, then 3 except for the entrance into the supply rooms and central computer workroom which is 2&4 together then 3. Ask the current residents for the codes to other rooms. Code for the medical library/conference room is 3&2 together then 1.

**Phlebotomy**- Scheduled blood draws are as follows:

**Sunday-Friday:**
- 0600
- 1100
- 1800
- 2100

**Saturday:**
- 0600
- 1100
- 1800

On demand blood draws are available 12:30-18:00 daily. The process for placing an off schedule phlebotomy request is as follows:

1. place order as a “Lab Collect” (default to the next collection time)
2. call VA pager 108; if no answer in 5 minutes try again. If no answer try 970-4901; if no answer there call 6202.
3. Provide the patient name, location, test desired, order number and your contact information

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to the person answering the page.

Should an intern need to sign out a blood draw, common courtesy involves ordering the blood (remember to make it “Ward Collect”), picking up the labels and placing them in a phlebotomy bag with the necessary syringes, butterfly needles, appropriate blood tubes, tourniquet, alcohol wipes, and 2x2 gauze. Labels are printed behind the secretary's desk on each wing. The supplies are kept in the common supply room on each wing.

All blood cultures are drawn by the housestaff at the VA. A similar process as to that described above for sign-out blood draws is necessary for blood cultures. Each tube will need to be labeled appropriately.

NOTE: All blood drawn by housestaff will either need to be taken to the lab by the housestaff/medical student or picked up by transport.

Transfusions- The process of blood transfusions has changed dramatically. We now have a blood transfusion order set. Please remember that transfusions require a consent prior to the transfusion. A consent for one blood product will be good for all blood products. Of note the only time a 518 form is filled out by the resident is if the resident draws the type and screen him/herself. If it is the first type and screen at the VA for a patient, please note that two type and screens must be drawn before the blood bank will allow for transfusion. The remainder of the blood transfusion process is under the blood transfusion order. The order allows the blood to be ordered, the medication to be ordered, and gives the nurses order to administer the blood. Please note the difference between a blood bank “request,” and an actual “order” to transfuse a product. The former just requests preparation of the product in question, whereas the latter is a nursing order to actually give the product. Always check to see if a product has already been requested/prepared/is available before placing a request, otherwise scarce blood products can be wasted.

To pick up blood products a stamped form must be taken to the blood bank on the third floor. The blood bank will not accept any incompletely stamped form, even if a single letter is missing. Also, before beginning a series of transfusions the computerized form and a consent form must be prepared which must be signed by the patient. The transfusion order should state specifically the word transfuse, i.e. “Transfuse ___ units IV over ___ hours” not simply “2 units PRBC’s”. Order the pre-medications separately. The nurses will not initiate an elective or semiemergent transfusion unless the consent form is appropriately completed. If the patient is unable to give consent, obtain consent from a surrogate decision-maker as outlined above in the consent section. Please speak with the patient’s nurse prior to transporting blood products to the floor. Numerous checks and balances need to occur prior to the initiation of a transfusion.

REMEMBER: Type and Screen/Cross cannot be added to blood already in the lab so if appropriate, keep an active Type and Screen on all patients (every 72 hours).

Procedures- Prior to beginning any procedure, housestaff should consent the patient and prepare the materials necessary to carry out the procedure. A “time out” should always be performed. Central venous catheters and lumbar punctures are two of the more common procedures done on the Medicine Service. Both kits are located in the supply rooms on each
wing. However, interns will need to obtain lidocaine, betadine, and sterile flushes in the medication rooms (accessed only with the assistance of a nurse). Sterile gowns, hats, and masks as well as drapes can be found in the MICU or CCU supply rooms. **Every procedure requires a procedure note**, to which you should add any supervisor(s) if applicable, and your attending, as additional signers. CPRS has templated notes for all procedure types, which makes it quick and easy to provide appropriate documentation of your procedures. Do not delete or leave blank any portions of these templated notes.