

## **HOSPITALIST ELECTIVE**

### **Educational purpose**

#### **Goal**

The goal of Hospital Medicine elective is to give the house officer to a more in depth look at the unique competencies that are required to be a successful hospitalist.

#### **Objectives**

- Understand the discharge planning process, including the parties involved in successful planning.
- Gain a greater understanding of the economics of hospital medicine at both the micro (individual patient) and macro (hospital) economic level.
- Develop improved communication skills with primary care physicians.
- Develop a greater understanding of the performance improvement process.
- Develop a commitment to patient safety and understand how individuals can impact patient safety systems.
- Become familiar surrogate quality and utilization measures, their basis and the utility of tracking unexplained variances.

### **Teaching methods**

A wide range of teaching methods will be employed, these include:

- Direct observation of processes
- One-on-one instruction with local experts
- Chart audit
- Mentorship and feedback on presentations by course director

### **Specific Experiences**

- Participation in twice weekly (Tuesday and Thursday) case discussions with care managers, social workers and administration. After these conferences, the house officer will audit one case that has been discussed to elucidate discharge-planning issues. The house officer will also spend a day shadowing a case manager and a social worker.
- Attendance at the daily bed utilization meeting throughout the month.
- Attendance of the performance improvement, medical records, pharmacy and therapeutics and internal medicine scorecard meetings for the month
- Learning session with faculty from Professional Revenue/Corporate Compliance (PRCC) focused on coding of inpatient charts. Following this session, the house officer will audit 10 inpatient charts for coding compliance. Follow-up feedback will occur with PRCC.
- Organize and lead morbidity and mortality conference for the month. This should be done as quality grand rounds following a root cause analysis of a reported

- medical error. The course director and faculty from risk management will guide the resident in completion of a root-cause analysis and presentation of such.
- After attendance at the internal medicine scorecard meeting, the house officer will pick a quality indicator and audit the Division's performance in that area. This will include instruction from the leaders of the office of patient access and care management.
  - Instruction from the Patient Safety office with review of the system's patient safety plans and relevant state laws.

### **Mix of diseases**

While this rotation does not involve direct patient care a multitude of diseases are encountered including coronary artery disease, congestive heart failure, chronic pulmonary disease, hypertension, diabetes, infectious diseases, and chronic wound management.

### **Patient characteristics**

Patients are comprised of mixed male and female adults ranging from ages 18 to 100, particularly elderly patients with multiple medical problems and chronic illnesses. As stated, there are a large number of geriatric patients and the unique care of this demographic is stressed.

### **Types of clinical encounters**

No clinical encounters are planned for this rotation other than participation in the house officer's regularly scheduled continuity clinic.

### **Procedures and services**

No procedure will be performed as no clinical encounters are anticipated. The house officer will have significant exposure and training into the logistics of hospital medicine. Service will include advancement of quality within the training program by presentation of morbidity and mortality conference/quality grand rounds and a specific other quality improvement project.

### **Reading lists, pathological material, and other educational resources**

READING MATERIAL: Wachter and Goldman's *Hospital Medicine*

PATHOLOGIC MATERIAL: None

OTHER EDUCATIONAL RESOURCES: As distributed by preceptors and mentors

### **Method of evaluation of resident performance**

Each faculty member is responsible for giving verbal and written feedback on the resident's performance. Direct feedback should be given regarding knowledge and management issues on an ongoing basis. The course director will review all documentation as well. The house office will receive extensive feedback regarding their morbidity and mortality presentation as well as an audit form.

At the end of the rotation, the course director will complete a summative evaluation form and review it with the resident. This evaluation is computer-based and includes evaluation of the six core competencies. The evaluation is then submitted to the program director's office. Deficiencies noted during the rotation are brought to the resident's attention on a real time basis. The residents through a separate electronic evaluation processes also evaluate the course and faculty. These evaluations are shared with leadership of the Division of Medicine, the residency program and individual faculty.

### **Conference Schedule**

All house officers are expected to attend morning report and noon conference daily. Attendance is taken at these conferences. Morning report begins at 7:45 AM through 8:30 AM, noon conference occurs from 12:30 PM through 1:30 PM. Internal Medicine Grand Rounds are held on Fridays on the noon conference slot. Informal conferences also occur on each service. These include lectures from rounding faculty as well as subspecialty faculty.

### **Work Hours**

House officers have no call or weekend responsibilities on this service.

### **Integration of bio-psychosocial modalities**

It is expected that housestaff will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area.

### **Supervision**

The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc. will be employed as supervisors.