

Consultation Medicine Curriculum
Department of Internal Medicine
Howard University Hospital

Goals:

1. To develop the skills, knowledge and attitudes necessary to effectively perform medical consultations
2. To learn the principles of preoperative evaluation and postoperative consultative care
3. To learn to work with physicians from other specialties, providing optimal care in a cooperative and interdisciplinary manner.

Objectives:

1. At the end of the rotation the resident should be able to demonstrate the knowledge of the natural history, pathophysiology, clinical presentation, diagnosis and treatment of common clinical disorders referred to the internist.
2. At the end of the rotation the resident should be able to demonstrate the ability to effectively and comprehensively complete a consultation report.
3. At the end of the rotation the resident should be able to demonstrate the ability to effectively communicate with other specialist.

Overview/Rationale:

Effective medical consultation is an important skill for the general internist. As much as one third of a general internist's time is spent functioning as a consultant. Although much of the activity has been traditionally centered on the care of hospitalized patients undergoing surgery, it also encompasses outpatient preoperative evaluation and management of medical conditions in pregnant women and in patients with psychiatric illnesses. As a consultant, the internist has a central role in the overall management of the patient's medical care by coordinating subspecialists' recommendations, and assuring long term follow up.

General internist should have an appreciation of the body of knowledge that has developed in consultation medicine. Most important is an understanding of the physiologic response to surgery and anesthesia, disease-related and procedure-related risk, prophylactic therapy to prevent perioperative problems, and postoperative medical complications. The internist should also sufficiently understand the physiology of pregnancy and the categories of psychiatric disease and its pharmacological treatment to manage medical problems in these patients effectively.

Rotation Description/ Lines of Responsibility

The medical consult rotation is a four week educational experiential experience that involves mentored clinical activity and didactic sessions. The team is led by the attending physician of record assigned to the service for that month. This is usually a member of faculty from the division of General Internal Medicine. One or two R-3 residents will be assigned to the consult service. The attending physician is responsible for all clinical, educational and administrative responsibilities for the month. The attending physician

will make daily rounds with residents on the service and is available via pager or telephone 24 hours a day.

The residents will see and evaluate all inpatient consults. Written consults are retrieved from the consult box in the Department of Internal Medicine. The patients are seen and independently evaluated by the resident. After initial evaluation, the resident will collect and collate all laboratory data (ECG's, CXR, etc) and then complete the consult database; the resident will present the case to the attending of record on rounds. A re-evaluation of the patient will ensue followed by an interactive patient-based discussion regarding a plan of care involving further diagnostic evaluation, therapeutic intervention and patient disposition. On occasion there are urgent consults that require immediate faculty input and evaluation. Faculty are available at all times for discussion and the evaluation of patients.

Teaching Methods

Teaching will take place on attending rounds. Teaching rounds are patient-based bedside discussions, illustrating abnormal signs and/or an evidenced based approach to the care of the patient. There will be a series of didactics covering core topics throughout the four week rotation. These core topics are as follows:

- Effective medical consultation
- Guidelines for preoperative cardiovascular evaluation
- Perioperative management of the patient with diabetes mellitus
- Perioperative management of the patient on anticoagulants
- Antibiotic chemoprophylaxis of bacterial endocarditis
- Preoperative pulmonary evaluation
- Drug metabolism, reactions, and interactions
- Medical complications of pregnancy
- Nutritional assessment
- Physiologic changes in the elderly
- *Postoperative complications*
 - Acid-base disorders
 - Acid-base disorders
 - Acute renal failure
 - Adult respiratory distress syndrome
 - Arrhythmia, cardiac arrest
 - Atelectasis, pneumonia, aspiration
 - Chest pain, dyspnea
 - Delirium
 - Fever
 - Gastrointestinal dysfunction
 - Hematologic disorders, bleeding
 - Hypertension, hypotension
 - Jaundice, liver dysfunction

- Postoperative pain
- Sepsis, multiorgan failure
- Thromboembolic disease
- Transfusion reactions
- Volume, tonicity, or electrolyte disorders
- *Pre-operative evaluation of disease-related risk from surgery*
 - Acute or chronic renal failure
 - Arrhythmias, conduction disturbances
 - Cerebrovascular or other neurologic disorder
 - Chronic obstructive pulmonary disease, asthma
 - Electrolyte disorders
 - Electrolyte disorders
- Surgery in the patient on chronic corticosteroids
- Medical management of the patient with a hip fracture

In addition to these core topics the faculty will instruct the resident on the interdisciplinary management of patients, effective communication and appropriate documentation.

Evaluation Methods

Residents are evaluated by faculty as follows;

- Formative evaluation – mid-rotation nonjudgmental feedback
- Summative evaluation at the end of the month using a global rating form.
Residents are evaluated on the six ACGME competencies

Rotation

- The rotation is evaluated by residents. The resident completes a global rating form
- ACP in – training examination results

Faculty are evaluated in an anonymous manner by the residents at the end of the rotation.

Reading List