

Clinical Base Year Rotation Descriptions

It is expected that the Clinical Base Year (CBY) Resident will be an equal participant with the other residents on a given service with respect to equality of learning opportunities, "hands-on" activities and assigned responsibilities. The CBY resident is expected to participate fully in the teaching conferences for the service on which they are rotating. They are not responsible for attending any of the Department of Anesthesiology teaching conferences, unless on rotation in Anesthesiology or Perioperative Medicine, but are always welcome if interested. The following is a brief overview of the resident responsibilities on each rotation. Additional information on the Department of Medicine rotations can be found on the DHMC Intranet.

CORE ROTATIONS

Adult Critical Care Medicine

Adult Critical Care Medicine is a section of the Department of Anesthesiology with faculty participation from the Departments of Anesthesiology, Internal Medicine and Surgery. The ICU teams manage an eighteen-bed, multidisciplinary unit providing care for both medical and surgical patients. Each team is composed of a critical care medicine attending physician, a critical care medicine fellow and three residents with in-house call approximately every fourth night. The CBY resident will function indistinguishably from the other house officers assigned to the Critical Care Service, being fully involved in the management of medical and surgical patients requiring critical care. Educational objectives are achieved through guided management of complex and unstable patients, as well as through formal didactics.

Clinical Pathology

This is a two week experience involving daily lectures and hands-on work in the clinical pathology labs. The rotation is designed specifically for the Clinical Base Year and serves as a practical introduction to clinical chemistry, hematology and transfusion medicine. The CBY residents participate in this rotation as a group. There is no call during this experience.

ED: Emergency Medicine

Emergency Medicine is a 12-hour shift rotation with dedicated, board-certified emergency medicine attending staff. This is a mixed medical and surgical emergency department and Level 1 trauma facility. The same team handles all emergency medicine except pediatric patients with non-traumatic problems. The PGY-1 resident will see patients on a selective basis. All patients evaluated are reviewed with or seen by the senior resident or ED attending.

General Surgery

The CBY resident works with the surgical team (Green Team) comprised of several surgical residents and a surgery faculty member with primary responsibility for the work-

up and evaluation of surgical patients as well as the pre and post-op management of these patients. Emphasis will be placed on the assessment of patients' operative risk, indications for surgery, antibiotic prophylaxis and pre-operative medication management. In the post-operative setting, the CBY resident is expected to develop the ability to evaluate and manage post-surgical issues such as fluid balance, electrolyte imbalance, pain, nutrition, wound infection and DVT prophylaxis.

M1: Cardiology

PGY-1 residents on the M1 rotation cover the Intermediate Cardiac Care Unit. Patients include those with unstable angina, complex congestive heart failure, vasculopathies and arrhythmia's presenting for electrophysiologic testing. There is a dedicated service attending responsible for all patients and teaching. Nurse practitioners assist in patient management. CBY residents are expected to develop the ability to evaluate and manage patients presenting with a wide range of cardiac-related issues including: new murmur, recent MI, congestive heart failure, chest pain, dyspnea, effort intolerance, new hypertension, claudication, palpitations and syncope.

VA: General Medicine

The VA General Medicine (White River Junction, VT) rotation is a 4 week experience on the Medicine Wards and Intensive Care Unit at the Veterans Administration Hospital in White River Junction, VT. Admissions to the service come from the Emergency Department, general medicine and subspecialty outpatient clinics, and from other health care institutions. Each house staff team is composed of a PGY-1 resident, one supervising junior or senior medicine resident, and one to two medical students. The team takes call every fourth night and assumes responsibility of the Code Blue Team while on-call. Educational goals are focused on developing an understanding of the etiology, pathophysiology, clinical manifestations, management, and prognosis of a wide variety of medical issues requiring admission to an acute care hospital.

Palliative Care Medicine

Although other terminally ill patients are cared for in the palliative care program, cancer patients are the major focus of this service at DHMC. The CBY resident participates in a multidisciplinary approach in addressing end-of-life patient care. This service helps to develop an awareness and sensitivity to patient "Do Not Resuscitate" orders, patient/family dynamics, and customs of death and dying. You will be assisting with the formation of appropriate medical care plans within the context of imminent death. Clinical knowledge of pain, pain scales, analgesic treatments and treatment of non-pain symptoms is gained.

Pediatric Inpatient Unit

The pediatric inpatient unit has 22 medical/surgical beds at DHMC which care for patients under the age of 19. The CBY resident will be responsible for such tasks as initial work-ups within 12 hours of admission to the floor, maintaining charts, completing problem-oriented histories, and performing physical examinations. Daily progress notes

that adhere to strict instructions will also be written by the resident. Important fluid and electrolyte management skills are learned. Prior resident participants have found that this rotation reinforces a knowledge area emphasized on the USMLE 3 exam.

Perioperative Medicine

The CBY resident performs a key role in the pre-surgical assessment of patients. This experience occurs within the Department of Anesthesiology, with the resident reporting each day to the assigned PAT and Floor Runner attendings for their duty assignment. Assignments can carry the resident to the Pre-Admission Testing program, or to inpatient units. The resident will be involved with reviewing the patient medical record, reviewing lab results, conducting physical exams, considering coexisting conditions, and formulating an anesthetic plan. Skill will be acquired in obtaining a medical history, performing a physical examination, as well as lab test interpretation, EKG, and chest film reading. Once an anesthetic plan has been devised, it is reviewed and discussed with the Anesthesiologist assigned to the case. This is not a call-based service for the resident.

Clinical Anesthesiology

The final block of the Clinical Base Year rotation is performed in the Department of Anesthesiology. This is intended as a group transitional training experience leading into the CA-1 year. This rotation includes a combination of lectures, hands-on demonstrations/in-services, as well as daily clinical work with a more senior resident for one week followed by three weeks of one-on-one clinical experience with an attending Anesthesiologist. There is no call during this final block.

Medicine/Surgery Selective (*Residents must select one of the following three options*):

M2: General Medicine

The PGY-1 resident is the primary physician for the M2 patient, necessitating him/her to take primary ownership and responsibility for all aspects of their patients' care. This includes, but is not limited to, admission orders, gathering, assimilating, and presenting information, developing a care plan, documentation, ensuring proper sign out at the end of the day, and prompt discharge at the end of hospitalization. All medical disciplines except cardiology, dermatology, hematology, oncology and neurology are represented. Each team consists of a resident, an intern and a student.

Vascular Surgery

The CBY resident has primary responsibility for the care and evaluation of patients on the inpatient vascular surgery service. They also cover vascular service patients in the vascular step-down unit. The care team is comprised of an intern, a third year surgical resident, the surgical chief resident, the vascular surgery fellow and an attending. The teaching faculty is comprised of six board-certified vascular surgeons.

Otolaryngology/Head and Neck Surgery

The ENT rotation will provide the CBY resident with in-depth experience in the inpatient management of patients with a variety of surgical and non-surgical disorders of the head and neck. In addition, the resident will be exposed to the outpatient evaluation and management of patients with general ENT conditions as well as head and neck cancer. At the conclusion of the rotation, residents should

demonstrate proficiency in the medical management of the postoperative otolaryngology patient, have an understanding of the outpatient management of the general otolaryngology patient and develop skills in basic ENT procedures.

ELECTIVE ROTATIONS

1. Internal Medicine Electives:

Echocardiography Service

Echo has been the most popular CBY elective choice over the past two training years. Residents typically spend the morning reviewing the Mayo Clinic videotape series and the afternoons with one of the cardiology staff in the echo reading room. Residents may also participate in any of the echo-based procedures including: TEE's in the operating room, stress-echo studies, and routine TEE's or transthoracic echo's performed in the echo lab.

Endocrinology Consult Service

Exposes the CBY resident to the broad spectrum of endocrinologic and metabolic problems. Residents will be responsible for initially seeing inpatient consults and discussing them with an attending. In addition, there will be opportunities to evaluate new patients in the outpatient department. Weekly outpatient clinics that will be attended include the general endocrine clinic and the diabetes clinic.

Gastroenterology Consult Service

The CBY resident on the GI consult service will gain a better understanding of the pathophysiology and management of digestive diseases. In addition to functioning as a member of the consultative team, house officers will participate in endoscopic procedures and gain an understanding not only of the procedures themselves but of the preoperative assessment and follow-up care. Residents function as an integral part of the consultative team teaching students and those with less experience, and at the same time being mentored by the GI fellows and faculty.

Infectious Disease Consult Service

The ID consult service offers a broad experience with the diagnosis and treatment of pediatric and adult infectious diseases. The CBY resident will complete the primary consultation on each new inpatient and will participate in teaching of the medical student on service. The elective includes a review of the major antibiotic groups and their indications and will also emphasize the interpretation of data from the microbiology laboratory.

Nephrology Consult Service

The objectives of the Nephrology elective include the development of some facility in the diagnosis and management of inpatient and outpatient renal disease and hypertension. Approximately 75% of the PGY-1 resident's time is spent on inpatient work-ups and

consults, and 25% of their time is spent in the outpatient clinics. Residents receive exposure to renal transplant and dialysis patients as well as general pediatric and adult nephrology and hypertension.

Pulmonary Consult Service

The pulmonary elective includes inpatient and outpatient consultation, observation of fiberoptic bronchoscopies and pleural biopsies, interpretation of pulmonary function tests, and interpretation of chest radiographs.

Rheumatology Consult Service

This elective opportunity is focused on providing a broad exposure to clinical Rheumatology. Physical exam of joints, review of therapeutics, approach to differential diagnosis and an analysis of laboratory testing will be reviewed. Approximately 1/3 of the time on the elective will be spent in the outpatient arena, 1/3 on inpatient evaluation and treatment, and 1/3 in self-study.

2. Anesthesiology Elective

Acute Pain Service

This elective introduces the resident to the management of patients with acute postoperative pain. The resident will work with the APS team to gain familiarity with patient-controlled intravenous techniques, neuraxial blockade and other pain-control modalities.

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