

VA Medicine Consult Service Curriculum

Education Purpose and Expectations

Rotation Description

This rotation is traditionally for PGY-2 residents. This is one of the most fundamental rotations for residents to function as primary consultants for non-medicine specialty services. You can receive consults from various surgical services, podiatry, spinal cord injury (SCI) unit, PM&R, and psychiatry. Consults can range from medical co-management to questions about medical specific condition(s). The average daily census is typically 2-5 patients with 1-2 new consults on weekdays.

Rotation Expectations

- After receiving a consult, you are expected to notify the attending within 15 minutes of receipt.
- All consults must be chart reviewed and evaluated prior to staffing with the attending.
- If you receive a consult after 6pm, you are still expected to discuss with your attending to decide if the patient can be evaluated the following day. A consult cannot be deferred to the next day unless discussed with the consult attending and agreed upon with the consulting service.
- If called for any unstable patients, recommend calling a rapid response if indicated and discuss with your attending in real time. You are expected to see patient to ensure patient receives appropriate medical care/follow-up and if transfer to medical or ICU service is needed.
- If a patient is suitable for transfer to medicine service, then there must be a discussion with attendings on both services. You will discuss with the MAR to determine which medicine team the patient will be transferred to, and you will complete the admission orders and H&P. You will staff it with the accepting medical attending for that team or on-call attending if after 4pm.
- If a patient is suitable for transfer to ICU, then you will write a note and notify the ICU resident or fellow for transfer.
- Verbal communication is required for urgent matters. Urgent overnight consults will be completed by NF resident and Nocturnist. You are responsible to round on the overnight consult in the morning.
- Notes must include clear recommendations for consulting services.
- If a patient requires overnight follow-up, then, sign-out the patient to the NF resident.
- You are expected to attend noon conference.

Schedule

- Weekdays
 - Tour of duty is 7AM – 7PM.
 - On Mondays-Fridays, the resident will be expected to have pre-rounded on all follow-ups prior to 10am.
 - Contact the consult attending regarding follow-ups and time for rounds. Round time may be variable based on attending.
 - You are expected to remain on-site until **4pm**. After 4PM you are expected to be within proximity to the hospital to attend to urgent consult within 30 minutes.
 - If no follow ups or finished with work early, then you are expected to do independent reading on various consult service-related topics, work on PEAC Modules or any scholarly activity.
- Weekends
 - You will work either Saturday or Sunday. You will cover both UH and VA consult-services. We recommend starting at the VA to see any follow ups first since UH consult service can be busier.

Educational Content

Teaching Methods

The primary learning process during this rotation involves residents independently assessing all consults, formulating a plan, and then presenting those findings to the attending. This is a one-on-one opportunity to work with an attending and is an important way to learn the nuances of preop risk assessment, postop management, and the interface of multiple specialties with core medicine topics.

Expected reading assignments

1. 'ACC/AHA Guideline on Perioperative Cardiovascular Evaluation and Management for Patients Undergoing Noncardiac Surgery: Executive Summary'
2. "Evaluation of cardiac risk prior to noncardiac surgery" on UpToDate; a resource to learn various preoperative risk assessment tools
3. Perioperative Insulin management
4. Perioperative Anticoagulation management
5. DVT prophylaxis for Hip and Knee arthroplasty
6. Post-op diagnosis and treatment of Ileus
7. Perioperative Adrenal Insufficiency management

Pre-op evaluation of disease related risks from surgery include:

- Acute and chronic renal failure
- Cerebrovascular or other neurologic disorders
- Chronic obstructive pulmonary disease, asthma, ILD
- Diabetes mellitus
- Electrolyte disorders
- Hematologic and clotting disorders
- Heart disease (Arrhythmias, CHF, CAD, Valve heart disease)
- Liver disease
- Obesity
- Psychiatric disease
- Rheumatologic disorders
- Thyroid disease

Postoperative complications include:

- Acid base disorders
- Acute neurologic disease
- Acute renal failure, tonicity, electrolyte disorders
- Adult respiratory distress syndrome, atelectasis, pneumonia, aspiration
- Alcohol withdrawal syndromes
- Arrhythmia, cardiac arrest
- Chest pain, dyspnea
- Delirium
- Drug reaction
- Fever
- Gastrointestinal dysfunction, Ileus, Constipation
- Hematologic disorders, bleeding
- Hyperglycemia, hypoglycemia
- Hypertension, hypotension
- Liver dysfunction
- Malnutrition/Nutritional assessment
- Postoperative pain

- Sepsis, multiorgan failure
- Thromboembolic disease
- Transfusion reactions
- Urinary retention

Prevention of complications

- Antibiotic prophylaxis (including for endocarditis)
- Postoperative pulmonary complications
- Reaction to contrast media
- Stress related gastrointestinal mucosal disease
- Thromboembolism

Evaluation

All residents will be evaluated by their supervising attending using MedHub. Residents are encouraged to seek mid rotation verbal feedback. Non-medicine services, both physician and ancillary staff, are encouraged to submit online 'praise or concern' cards.

Rotation Specific Competencies

Patient care – Medical Consult rotation offers a unique opportunity to participate in the care of the patients with a subset of problems most seen on surgical services. In addition, there is the opportunity to participate in complex pharmacologic recommendations often involving polypharmacy in psychiatric patients and the longer-term management of medical problems in patients on SCI/Rehab service.

Medical knowledge – This is often the first time that residents are exposed to the unique body of information about perioperative risk assessment and postoperative management of unique post-surgical problems. A residents learning should be largely self-directed with reading from the recommended reading list and guidance from the medical attending.

Professionalism – Medical Consult rotation allows the senior resident to develop professional relationships with surgical, psychiatric, and rehab colleagues and to function as primary advice giver for simple and complex medical issues in their patients. Uphold professional responsibilities, including completion of patient notes in a timely fashion, readily accept consult requests, complete assigned consult educational activities.

Interpersonal communication skills – Clear and direct medical advice is expected and mentored during this rotation in order to help residents develop a practice style that is collegial, friendly, and helpful to those calling consults.

Practice based learning – Resident is expected to praise and assimilate evidence based medicine to improve patient care. Additionally, self-assessment and targeted learning both experientially and independently is expected to enhance ongoing patient care.

Systems based practice – Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care. This includes ability to call effectively on other resources in the system to provide optimal health care, coordination of follow-up care, participate in identify and resolving system errors, and advocating for quality patient care.