

Naples Community Hospital

MS3/MS4 Expectations for the Internal Medicine Inpatient Rotation

Updated 3/2024

General Description: The inpatient rotation consists of an inpatient experience that will expose students to a broad spectrum of pathology and build skills in the evaluation and management of adults requiring hospitalization. Team structure is as follows:

- Team 1-3; 1 Academic Hospitalist, 1 PGY2/3, 2 PGY1, and 2 MS3 – team cap of 16
- Team 4; 1 Academic Hospitalist, 2 PGY2/3, and 2 MS4 – team cap of 20

A nightfloat team consisting of 1 PGY2/3 and 2 PGY1 cross covers and admits to the housestaff teams. Please review the call schedule with your team on the first day. In general, you will be long call every 4th day.

Contact information:

- Director of Undergraduate Medical Education: Alimer Gonzalez, MD; (305) 519-9786; alimer.gonzalez@nchmd.org
- Education Program Coordinator: Teena Geiger; (239) 624-0042; teena.geiger@nchmd.org
- Office of Graduate Medical Education (GME): 311 9th Street North, Suite #201, Naples, FL 34102
- NCH Downtown/Baker Hospital: 350 7th Street North, Naples, FL 34102

Key Educational Goals:

1. Develop a basic fund of knowledge including pathophysiology, diagnostic testing, and therapeutic treatments related to common conditions treated in the hospitalized adult patient;
2. Acquire relevant history from the patient and learn to perform an accurate physical examination targeted to the patient's complaints and medical conditions;
3. Deliver concise and complete oral case presentations with pertinent clinical information;
4. Create a differential diagnosis based on findings from the history, physical exam, and objective data;
5. Manage the hospital course for assigned patients under the direct supervision and within a team framework which includes interns, residents and faculty;
6. Learn to treat every patient as he or she would want a member of their family treated.

Describe an Average Day: Rounds as a medical team begin at 8:00-9:00am, but residents and students should arrive by 6am to pre-round on all patients. The senior resident will help orient the medical students and assign appropriate patients based on current census and call schedule. After rounds, the team members will place orders, call consults, and complete their progress notes. Residents and medical students are expected to attend morning report/noon conference and Grand Rounds (Thursdays at 7:30am). After conference, team members should complete remaining tasks and progress notes. Teams will be admitting patients according to call schedule; please discuss with your resident for more details. Sign-out depends on call schedule but will occur between 4:30-6:00PM on weekdays (2:30-6:00PM on weekends) once all clinical work is completed.

We conduct spot rounds in the afternoon – by that time:

1. Medical students should have re-evaluated their patients in the PM;
2. Diagnostic and therapeutic plans for assigned patients should have been followed up;
3. Admissions should be complete, except for the late call team.

The MS4 schedule will mirror that of the current PGY2/3 on the team (working 6x/week). The MS3 schedule will consist of working Monday through Friday – MS3 can discuss weekend schedule with attending.

Student expectations:

1. What time to arrive: 6AM for in-patient service.
2. Dress code: Students should wear scrubs with their white coat; ideally black colored scrubs if possible; please see site description for more details. You can also wear professional attire.
3. How to be prepared for rounds: Review clinical notes, labs, medications (home/current), and imaging studies related to all of your patients. See and examine all of your patients prior to rounds.
4. What must be finished before leaving: See all patients in the afternoon, review all lab studies/x-rays, review consult notes, and complete all progress notes.
5. Attendance is required at morning report/noon conferences and Grand Rounds (7:30AM Thursday).
6. Expected number of patients to follow on the inpatient service: 2-3 per MS3; 3-4 per MS4.
7. How best to communicate and support the team: MS3s should communicate with interns about patient care issues; MS4s will communicate with the resident about patient care issues. Faculty and chief residents are always available for questions and to support/supervise students.
8. Rounding expectations: Pre-round on your patients and be prepared to present all of your patients on rounds with faculty, include recent changes in hospital course, physical findings and labs/imaging studies. It is expected that the medical student present their patients on rounds.
9. Presentation expectations: Be concise, accurate and complete. Make sure that you have all relevant patient information available.
10. Expectations concerning interaction with patients: Be empathetic, kind and supportive and spend time getting to know your patients. Treat every patient as if they were a family member.
11. Documentation expectations: Complete history and PE on newly admitted patients; appropriate SOAP progress notes on all your follow-up patients. Use the student note section of the EMR.
12. Examination expectations: Complete history and physical exam on all new patients that you are assigned and appropriate follow-up physical exams daily.
13. Decision-making expectations: Formulate a diagnostic and treatment plan for your patients to discuss with your resident and/or attending.
14. Expectations concerning feedback: Discuss your performance with your resident/attending midway through the rotation and at the conclusion of the rotation. Identify the faculty you worked with the most and share that information with your home school or with the Office for Medical Education to facilitate the completion of a written evaluation at the conclusion of the rotation.
15. What students can expect from clinical faculty: Clinical "bedside" teaching, feedback concerning student presentation skills and clinical notes, evidence-based patient care, professional role modeling, and mentoring of students on the teaching service.