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An Innovative Perioperative/Consultative Curriculum for Third-Year Internal Medicine Residents

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Background: Third-year internal medicine residents at Jackson Memorial Hospital rotate through 4 weeks of a medical consult service, during which they may be contacted by any nonmedical service. The majority of consults center on perioperative medicine issues such as preoperative evaluation, delirium, and diabetes and hypertension management. The consult resident also leads the code team for all in-hospital cardiac and/or respiratory arrests and often initiates an induced hypothermia protocol for return of spontaneous circulation. To this end, the Division of Hospital Medicine at the University of Miami has developed learning objectives, educational tools, and feedback mechanisms to create an innovative consultative curriculum.

Purpose: To outline the design, goals, objectives, and educational tools that encompass the content of a perioperative/consultative curriculum for third-year internal medicine residents.

Description: The overall goals of this rotation and curriculum are to provide internal medicine residents with the knowledge and skill set to provide evidence-based consultations to all nonmedical services at Jackson Memorial Hospital, with a focus on perioperative medicine. To meet these goals, the curriculum's objectives are focused around the Accreditation Council for Graduate Medical Education (ACGME) core competencies. The learning objectives are taught through required reading, covering 15 key evidence-based articles, that reviews relevant perioperative topics. Prior to discussing each article, a case vignette with pertinent questions is administered to the residents. Subsequently, the case and answers are discussed and the salient points identified; the faculty is provided an answer key for test review. Residents also complete a pre- and post-test regarding perioperative medicine; the answers are reviewed during the first and last week of the rotation. Residents are expected to submit a written consultation at the beginning and end of the rotation for peer and supervisory review, and feedback will be provided.

Results and Conclusions: We believe that this curriculum, with its goals, learning objectives, and educational tools, provides graduating internal medicine residents with an enhanced fund of knowledge in perioperative medicine and a skill set that will augment their abilities to provide excellent consultative care. We believe it to be a highly valued part of the residency program.