

630N General Internal Medicine Consultation Service

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

Name	Office Location	Phone	Email
Director: Amish Dangodara, MD	City Tower Suite 500, ZOT 4076H	714-456-5726	aadangod@hs.uci.edu
Coordinator: Mercedes Weston	City Tower Suite 500, ZOT 4076H	714-456-5726	mweston@hs.uci.edu

DESCRIPTION

The general internal medicine consultation service provides management assistance to physicians on surgical/Neuro/CU/ICU, general surgery, trauma surgery, orthopedic surgery, Neurosurgery, other surgical, OB-Gyn, psychiatric, physical medicine, and other services. The emphasis is on evaluation and care of preoperative or perioperative medical problems, the medical complications of pregnancy, and evaluation of psychiatric patients with medical problems. However, a wide variety of situations are addressed. The course is supervised by a full-time inpatient faculty member of the Hospitalist Program. The consult team consists of an Attending, two Residents in Medicine and fourth year medical student. The student will work directly with the Attending rather than Residents. There is no call.

PREREQUISITES

This course is intended for third- or fourth-year students who have already successfully completed their core Medicine clerkship (grade of "pass" or higher), enrolled in the undergraduate medical education program at UCI School of Medicine.

RESTRICTIONS

This course is intended for third- or fourth-year students who have already successfully completed their core Medicine clerkship enrolled in the undergraduate

medical education program at UCI School of Medicine. We can only accept one student at a time. US externs and international medical students are not accepted.

COURSE DIRECTOR

Dr. Dangodara is a Clinical Professor of Medicine and has been the course director for this elective since 1995. He is board-certified in Internal Medicine and Clinical Informatics. He has developed the curriculum, including clinical vignettes, pre-test and Resident post-test for this course.

Mercedes Weston is the course coordinator for the 630N course. She is the Chief Administrative Office of the Hospitalist Program. She has been at UCI since 2006.

INFORMATION FOR THE FIRST DAY

Who to Report to First Day: Page Consult resident for location 714-506-6555

Location to Report on First Day: UCI Medical Center Orange, CA

Time to Report on First Day: 9AM

SITE: UC Irvine Medical Center

DURATION: 4 weeks

Scheduling Coordinator: UCI students please call (714) 456-8462 to make a scheduling appointment.

Periods Available: The time of the course must be pre-approved by the elective director at least three months prior to the start of the course. No exceptions.

NUMBER OF STUDENTS ALLOWED: 1 per rotation block

WHAT STUDENTS SHOULD DO TO PREPARE FOR THE COURSE

Obtain Epic password, review curricular packet

COMMUNICATION WITH FACULTY

Use the Intranet paging system or UCI Outlook email to contact faculty. Questions about logistics should be directed to the Course Coordinator. Direct questions, comments, or concerns about the course can be directed to the Course Director. Contact information and office location are at the beginning of this document. The Course Director is also available to meet in person. Please email: mweston@hs.uci.edu to arrange an appointment. To ensure that your email will not be lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: COURSE NAME, your last name, your topic (e.g. XXX, Smith, Request for appointment for ___)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the 630N course. Students are expected to demonstrate proficiency in these areas in order to satisfactorily complete the course. In addition, the extent of a student's mastery of these objectives will help guide the course evaluation and grade.

Course Objective(s)	Mapped UCI School of Medicine Program Objective	Sub Competency	Core Competency
Medical diagnoses in non-medical patients, including but not limited to: <ol style="list-style-type: none"> 1. Hypertension 2. Diabetes and other common endocrine disorders 3. Vital sign abnormalities 4. Laboratory abnormalities 5. Drug side effects and drug-drug interactions 6. Medication management 7. Common cardiac conditions like CAD, HF, atrial fibrillation 8. Common pulmonary diseases like COPD, sleep apnea 9. Venous thromboembolism 10. Acute cognitive changes 11. Geriatric assessments 12. Opioid use disorder 13. Preoperative evaluation 14. Postoperative complications 	A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease	Disease Pathogenesis and Treatment	Knowledgeable
Perform history that demonstrates a differential diagnosis thought process, be able to conduct a complete physical examination, and formulate assessments that demonstrate differential diagnoses from most to least likely.	A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes	Basic Clinical Skills	Knowledgeable
Understand how health beliefs and psychosocial factors impact diagnosis and treatment options.	B-1. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment	Medical Interview	Skillful
Be able to conduct full examination, especially a detailed cardiovascular examination, including diagnosis of heart murmurs by exam alone.	B-2. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination	Physical Exam	Skillful
Articulate thought process for arrival of most to least likely differential diagnoses and perform systems-based practice of accurately updating the Problem List and History in the EMR.	B-3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines	Patient Management	Skillful
Research the medical literature in areas of knowledge weakness or to update or validate existing knowledge when	B-4. The ability to search the medical literature, including electronic databases, and to locate and	Evidence-Based Medicine	Skillful

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necessary to improve skill and confidence.	interpret up-to-date evidence to optimize patient care		
Demonstrate honesty even when making a mistake and reveal errors to patient in honest way, along with plan to minimize further risk, which could include more intense monitoring, additional testing, or treatments to counter error. Professionalism includes admitting to own deficiencies such as tardiness, absence, error, or forgetfulness to follow-up tasks, and assisting other team members when necessary.	C-1. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations	Professionalism	Altruistic
Maintain patient confidentiality and privacy during interview, examination, and discussion of treatments, and use chaperone for sensitive examination. Demonstrate empathy and compassion for patients without bias.	C-2. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care	Compassion	Altruistic
Incorporate cultural or health beliefs and psychosocial factors with fairness in providing treatment options while avoiding bias.	C-3. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness	Cultural and Social Awareness	Altruistic
Be receptive to feedback to improve performance and be self-motivated in knowledge acquisition.	D-1. A commitment to lifelong learning and independently seeking new knowledge and skills in their own recognized areas of learning deficit	Lifelong Learning	Dutiful
Learn the role and boundaries of consultant: <ol style="list-style-type: none"> 1. Deference to referring physician 2. Communicate plan with patient in a manner that does not jeopardize consultant relationship with referring physician 3. Communicate coordination of care with referring physician 4. Avoid order entry without permission of referring physician 5. Maintain appropriate isolation precautions and hygiene to limit spread of infection 	D-2. A commitment to patient care and to the well-being of patients and colleagues	Patient Care	Dutiful
Demonstrate awareness of own limitations to provide optimal care due to fatigue, impairment from health conditions or psychosocial stressors, or impairment from substance use, and seek appropriate coverage for patient care and self-treatment when necessary.	D-4. A commitment to personal well-being and the well-being of family and friends	Personal Well-being	Dutiful

3. Course Resources

TEXTS AND READINGS: SUGGESTED

Hospitalist Curriculum packet

TEXTS AND READINGS: SUPPORTING AND REVIEW

Steinberg’s “Evidence Based Medical Consultation,”
Jaffer’s “Perioperative Medicine,”
Harrison’s “Principles of Internal Medicine”

4. Major Exams, Assignments and Grading

MANDATORY SESSIONS

Session Title	Location/Time
Clinical Vignettes	Determined by Attending daily

MAJOR ASSIGNMENTS AND EXAMS

None

GRADING

Medical Students are graded using the following scale: Honors (H), Pass (P), Fail (F), and Incomplete (I). For further information, please review the Grading Policy.

You have 30 days from the date of the grade to appeal any aspect of this grade. Please contact your Clerkship/course Director should you have any questions

Requirements for “Pass”:

To receive a grade of Pass, students must demonstrate successful performance in all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Requirements for “Honors”:

To receive a grade of Honors, students must demonstrate exceptional performance in all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Grounds for “Incomplete”: You will not be issued a grade until all elements of the course have been completed.

REMEDIATION

Remediation, if needed, will be designed by the Course Director to suit the issue at hand.

Grounds for “Fail”: You will receive a grade of "Fail" if the requirements for passing the course have not been met. Please refer to the [Grading Policy](#) for the impact of the "Fail" grade to the transcript.