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 is on the DHMC Intranet.

CORE ROTATIONS

M1: Cardiology
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.

M2: General Medicine
Each team consists of a resident, an intern and a student who take call together on an every fifth night basis. Approximately 80-90% of admissions come from the emergency department. There is a dedicated teaching attending, but each patient also has their own clinical attending. CBY residents are expected to participate fully in the evaluation and management of patients with a wide variety of medical problems. All medical disciplines except cardiology, dermatology, hematology, oncology and neurology are represented.

M3: Oncology
Each team has one resident, a fellow and an attending responsible for all patients on service. Overnight call occurs on average every fifth night. CBY residents are expected to participate fully in the evaluation and management of the cancer patient. Residents should gain a familiarity with pain management issues, end-of-life issues and the various antineoplastic agents and regimens utilized in the treatment of oncology patients.

ED: Emergency Department
The emergency room 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.

**Adult Critical Care Medicine**
The ICU manages an eighteen-bed, multidisciplinary unit providing care for both medical and surgical patients. 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 team is composed of a critical care medicine attending, 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.

**General Surgery**
The CBY resident works with the surgical 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.

**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.

**Palliative Care Medicine**
The Palliative Care Medicine experience follows an M3 Hematology/Oncology block intentionally. 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. This is not a call-based service for the resident.

**Perioperative Evaluation 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 Swing 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 and an attending Anesthesiologist for three weeks. There is no call during this final block.

**Pediatric Selective** *(Residents select one of the following two options):*

- **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. Call for this service is once every six to seven nights.

- **Pediatric Intensive Care Medicine (PICU)**
A ten-bed, tertiary care unit providing care for infants, children and adolescents with life-threatening medical or surgical problems. The team is composed of an intern, pediatric resident, pediatric critical care faculty and various pediatric subspecialists. Educational objectives are achieved through guided management of complex and unstable patients, as well as through formal didactics. Three is currently no call schedule for the CBY resident.

**ELECTIVE ROTATIONS**

1. **Internal Medicine Electives**:

- **Echocardiography Service**
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 develop 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. Surgery Electives:
Otolaryngology/Head and Neck Surgery
The otolaryngology resident and the PGY-1 resident work closely as a team while on this service. Daily rounds on inpatients are a part of the teaching process and during this time residents are exposed to the essentials of the perioperative care for Otolaryngology patients including those undergoing Head and Neck Cancer procedures. Residents are also exposed to common ENT surgical procedures including: tonsillectomies, radical neck dissections, parotidectomies and tracheostomies.