

## Intern Report Orientation and Objectives

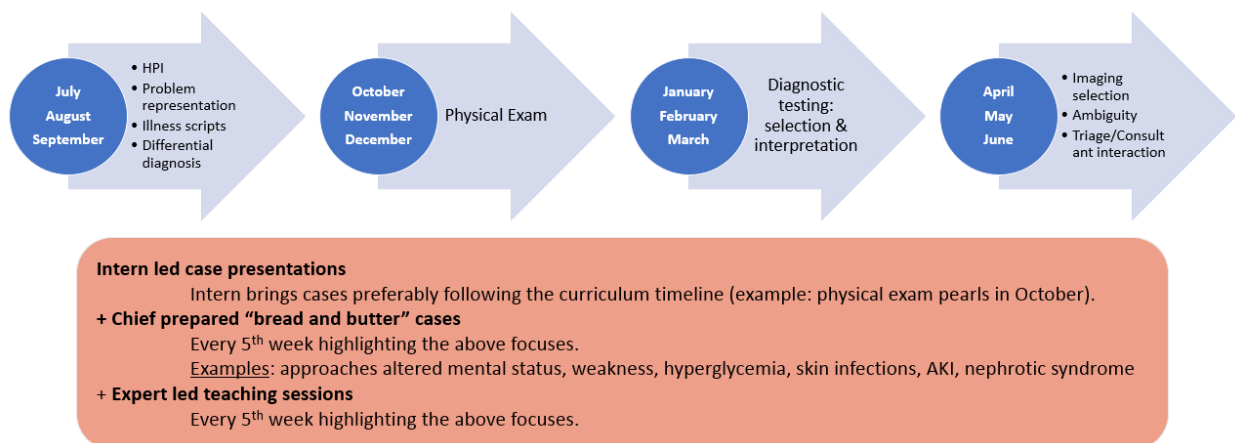
Updated 6.20.2019

### Purpose:

Intern report gives interns protected time to develop critical skills of becoming an internist. This is a report that is for interns only. This year, we are planning to add to the “classic” intern led report (ILC) by giving structured teaching sessions led by experts (ETS) throughout the year as well as chief led “bread and butter” cases (CLC). The curriculum will still include sessions where an intern is chosen to present a case they’ve seen on the wards, ICU, consult services, or ambulatory setting that highlights important internal medicine concepts.

As the year progresses, intern report will focus on various aspects of clinical care. Early in the year, focus will be data gathering and as the year progresses, move onto interpretation and management. See the timeline below for a general flow of topics.

### Intern Report Educational Timeline AY July 2019-June 2020



### Objectives:

- Interns develop skillset to assist in diagnostic reasoning and therapeutic decision making
- Interns apply clinical reasoning concepts to the case presentations (for example: understanding bias, heuristics, system 1 vs 2 thinking)
- Increase intern comfort with case presentations
- Interns develop skills to identify teaching points in the clinical case, develop focused inquiries, and produce specific and relevant learning points as they relate to the case presentation.
- HPI Block:
  - o Utilize hypothesis driven questions based on the chief complaint to efficiently obtain an accurate history from the patient
  - o Create a summary statement of the case presentation utilizing semantic qualifiers
  - o Introduce evidence-based appraisals of subjective historical information

- Physical Exam Block:
  - o Efficiently obtain a focused physical exam to support/refute the differential diagnosis through a deeper understanding of the effects of certain examination findings on pre- and post-test probability of disease
- Diagnostic Testing Block:
  - o Comprehend the concept of cost-conscious healthcare through critical appraisal of both cost analysis and utility of testing based on test/treat principles and pre/post-test probability.
- Imaging Selection Block:
  - o Develop a hierarchical approach to imaging selection accounting for the sensitivity and specificity, associated risks, and cost of different testing modalities
- Ambiguity, Triage, and Consulting Block:
  - o Understand the concepts of ambiguity and uncertainty. Learn strategies to navigate complex decisions when either/both are present.
  - o Develop framework for approaching resident pre-rounding and rounding duties based on multiple competing demands of patient acuity, transitions of care (discharges), and system demands (for example: Family meetings, consultant interactions, complex discharge planning).
  - o Resident develops a framework for efficient communication and interaction with consulting teams.

**Schedule:**

This conference takes place every Friday from 1:15-2 pm in HRC 11-D03.

Interns will be scheduled to present one to two times this year and will be alerted at least 2 weeks in advance.

Roughly, the schedule will follow a five-week cycle including 1 teaching session with an expert (ETS) followed by a chief led “bread and butter case” (CLC) followed by 3 intern led cases (ILC). Two interns will be assigned to present a case during each ILC session.

**Proposed Schedule\***

Week 1	Week 2	Week 3	Week 4	Week 5
ETS	CLC	ILC	ILC	ILC
Week 6	Week 7	Week 8	Week 9	Week 10
ETS	CLC	ILC	ILC	ILC
ETS	Expert Teaching Session			
CLC	Chief Led Case			
ILC	Intern Led Case			

\*subject to change pending expert availability

**Attendance:**

Intern report attendance is mandatory on the following rotations.

- University and VA Wards (except for days off)
- All consult services
- First jeopardy

\*If you find that you are unable to attend reports, please contact the Chief Resident on-call. The University MICU, VA ICU, and +1 week have their own set of didactics, so you do not need to attend intern report while on those rotations. Also, if you are on an off-campus or off-service rotation, you are not expected to attend.

The assigned interns develop skills in presenting a case to a group audience, teaching, and developing succinct, relevant learning points.

We believe this report adds a special element to your education because it mimics real-time critical thinking about patient care, allows you to hone skills at developing problem representation, encourages making clinical reasoning explicit, and promotes collegiality among the intern class.

### **Intern Led Cases (ILC):**

#### Choosing a Case:

- Choose any case that you learned something from. If possible, try to focus on cases that highlight teaching points following the above timeline (example: HPI focused in the beginning of the year, Diagnostic testing dilemmas mid-year).
- These cases can be “bread and butter cases” (preferred) or they can be an unusual presentation of a common disease, a therapeutic challenge, a case where in hindsight management could have been different, etc.
- Your case may be “hot” (i.e. worked up in previous 24-48 hours) or already resolved.
- At the time of the report it is not necessary to have a clear diagnosis.

#### Case Preparation:

- Choose a single point in time for the start of your presentation (typically when you assumed care of the patient) and synopsise all history and data up to that point. Unless discussed with a chief in advance, do not withhold information prior to that point in time to achieve “suspense.” This rarely works and often generates confusion.
- Collect primary data:
  - Review the case and have data with you and ready: CC, HPI, PMH, Meds, SH, vitals, exam, labs, etc
  - Make copies of EKGs to distribute if pertinent
  - Let the chief know you need to pull up a chest x-ray and other imaging if pertinent
  - Take photos of rashes or other pertinent findings. To obtain photos of physical exam findings at OHSU: With patient’s consent can use Haiku application on a smartphone. At PVAMC: Call Michael Moody (Medical Media): 5-6003, \*41-2180; he will obtain consent and take images.
  - If relevant, talk to the pathologist who reviewed the case; they are very willing to email you histology micrographs.
- **Identify learning pearls from your case for the group. This is not formal didactic teaching. It is best to think of this as “what are the top three things I learned.” Most people can remember 3 learning pearls, so it is ideal to keep it brief.**
- What makes a good learning point?
  - Make it relevant to your understanding of the case
  - Keep it patient-focused
  - Review the pertinent pathophysiology
  - Are their guidelines or literature to address how to manage your patient?
  - How might your team have worked up or managed the patient differently?

### Case presentation:

- **Touch base with your chief about your case during the week**—about the general topic, where you want the discussion to focus, and what media you need (for imaging, etc). To do this, you can page the chief on call or email [medchiefs@ohsu.edu](mailto:medchiefs@ohsu.edu) **by the Wednesday before your presentation.**
- We will start on the day of your report by having you give the CC and a fleshed out HPI, then PMH, SH, FH, meds.
- The discussion is will be opened up for questions and we will brainstorm a preliminary differential. Then, we will work on a summary statement. Next, we will move on to reviewing data from the physical exam, labs, and imaging, asking ourselves how this data alters the probability of any diagnosis on our list.

### Evaluation:

You will receive verbal feedback from the chief resident to help you identify areas of strengths and weakness in the following competency areas: patient care, medical knowledge, interpersonal and communication skill, and practice-based learning and improvement. As is the case with all feedback, it is preliminary. Our hope is for you to use the feedback to improve future reports.

### **Expert Teaching Sessions (ETS):**

- The chiefs will invite an attending or fellow to lead an interactive session of various topics including diagnostic reasoning, obtaining a history (elucidating history, specific symptoms relevant likelihood ratios, etc), high yield physical exam findings, high value care diagnostic testing, interpretation of diagnostic testing including (chest x-ray and CT scans), and approaching ambiguity, triaging, and approaching consultants.
- Occurs approximately every 5<sup>th</sup> week. May vary based on expert availability.

### **Chief Led Cases (CLC):**

- To ensure high yield topics are covered in the intern curriculum. The chiefs will intermittently present prepared “bread and butter cases” highlighting diagnostic and therapeutic management. Examples of the cases include altered mental status, weakness, hyperglycemia, skin infections, AKI, nephrotic syndrome, etc.
- Occurs approximately every 5<sup>th</sup> week.