

Expectations for All Team Members

Patient Care

Hospitalization is a significant event in the life of an older adult and represents an OPPORTUNITY to address both acute and chronic medical conditions. The hospital team should use the opportunity to assess a patient's living situation, social supports, appropriateness of medication prescribing, goals of care, and screen for cognitive impairment and depression. The following are tasks that ought to be considered routine for every patient admitted to our service.

- Review all medications to assess for appropriateness of use and dosing and potential drug-drug or drug-disease interactions.
- Determine patient's or caregiver's method for assuring medication adherence.
- Ask about and document ADLs and IADLs, and document who helps and how.
- Ask if patients feels free and safe.
- In review of systems, ask about weight loss over past 6 months, dietary change, incontinence, problems with memory or confusion, falls, difficulty walking, problems with vision or hearing.
- On exam, check for orthostasis, weight change, muscle wasting, edema, pressure ulcers; assess gait; assess vision and hearing; screen for cognitive impairment and depression.

Eisenberg Curriculum and Routine Didactics

Learning something new every day ought to be the goal of every member of the physician team. In addition to the educational requirements outlined below, each team member is expected to strive to teach their colleagues about what they are learning from their patients, either during rounds or during down time throughout the week.

- All team members are expected to attend the required conferences as dictated by the internal medicine residency program or clerkship directors including Grand Rounds, Noon Conferences and Weissler Conference.
- **ACE Interprofessional Education Sessions will occur on Wednesdays at 2pm in 12.116, the first through fourth Wednesday of each month. All team members must attend.**
- You may be presented material throughout the rotation such as handouts, pocket cards, and PowerPoint presentations. These materials, in addition to several nice reference papers, will be available to you throughout your time on the rotation in the "Learners" folder within the "Eisenberg" folder on the W: drive.
- All learners who rotate on the service will be asked to complete a pre- and post-rotation survey/test that will have no bearing on their evaluation but will be used to improve the service and the experience for future rotators. Please answer the questions thoughtfully, honestly, and without the use of reference material.

Expectations for Residents

The Eisenberg ACE Service can be a lot of fun. During this month, we expect you to be dedicated to your patients and their families. The call schedule for this service is unique and was designed intentionally for you to be able to do a "deeper dive" into some of the health care issues we do not often think about when taking care of acutely ill patients and, at the same time, complying with duty hours. While we still want you to understand the management of community-acquired pneumonia, hyponatremia and the like, we also want you to seize this opportunity to become experts on care transitions, functioning in an interprofessional team, recognizing

readmission risk, integrating goals of care and prognosis into your clinical reasoning, and so on. We estimate that you will work between 60 and 80 hours a week during this rotation. Even when the service is “slow,” there is much to learn and much to teach, and we expect you to be present and engaged.

Each attending will likely emphasize different aspects of what it means to be an effective clinician. Below are the shared expectations we have of each of you:

1. Professionalism: Medicine is a public trust, and practicing medicine is a privilege. We have zero tolerance for a lack of professionalism.
2. Teaching: There is no such thing as a “non-teaching” case. For the willing, every patient provides an opportunity to learn.
3. Communication: We will be admitting patients every day other than on weekends. The attendings for this service have several responsibilities; while patient care always comes first, it is crucial that you work with them to develop a method of efficient and effective communication about patients’ status and your needs with regard to support, timing of rounds, etc.
4. Punctuality: Be on time for rounds. If we are running behind or taking too much time, tell us. You should be able to attend all required conferences unless there is a patient emergency.
5. Management style: Our aim is not to micromanage but to provide oversight. The resident is the leader of the team. However, as the physician with ultimate responsibility for what happens, **we would like to be notified about any significant events** (AMA discharges, changes in patients’ status such as ICU transfers, unexpected complications, deaths, etc).
6. Availability: We are available 24 hours/day, 7 days/week.
7. Direct observation: We are expected to observe at least one clinical encounter for each resident and intern. It is your responsibility to let us know in advance which encounter you would like this to be.
8. Feedback: We will give ongoing on the spot feedback as well as formal feedback midway and at the end of the month. We believe in 360 degree evaluation, so you will give us feedback about all team members as well as feedback on our own performance as attendings. If there are problems, please bring them to our attention early, not at the end of the month.

Expectations for Students

Students are an integral part of the Eisenberg team. Third-year students are expected to patient interviews and examine patients assigned to them by the resident independently and formulate an assessment and treatment plan. Students should debrief with the resident and/or the intern regarding their assessment and plan and be prepared to present the patient to the attending during rounds. Students should be reading about their patients every day, performing focused literature searches in order to answer clinical questions that come up during rounds, and they should present their findings to the team.

Grading for the rotation will be based on an Honors/Pass/Fail system per the instructions provided to the attendings from the clerkship directors for Internal Medicine. Honors will be given to students who are mostly in the Manager and Educator category - that is, they demonstrate mastery of the necessary medical knowledge and clinical skills needed to care for hospitalized adults. Students are strongly encouraged to sit down with their attending at the very beginning of the rotation or immediately after attendings switch in order to clarify what the attending expects of them and how they distinguish students who receive a “Pass” from those who receive

an “Honors.” Students should expect feedback midway through and at the end of their rotation. Due to the staggered nature of attending physicians rotating on and off the service, students are strongly encouraged to solicit feedback from attendings if and when they feel it is appropriate.

Required Activities for Medical Students

In addition to the above, there are two discrete activities that medical students are expected to complete while on this rotation:

1. Polypharmacy Activity
2. Interprofessional Module