

Inpatient Models for Resident Education

Donald R. Bordley, M.D.

University of Rochester

Hasan Bazari, M.D.

Massachusetts General Hospital

Ethan Fried, M.D.

St. Luke's-Roosevelt Hospital

Center

Logistics

■ Plenary Session

■ Two Models for Inpatient Care and Education

- Hasan Bazari, M.D. – Massachusetts General Hospital
- Ethan Fried, M.D. – St. Luke's/Roosevelt

■ Small Group Discussions

■ HDTDT

Responsibilities for Small Group Participants

- 3 x 5 Cards
 - 2 Problems and Solutions at your institution
- Problem/Solution Themes
 - Teamwork
 - Supervision
 - Geography
 - Coverage: “The Other 88 Hours”
 - Volume

Small Group Meetings

- Moderator and Scribe in each room
- One volunteer presentation of a problem solution pair from each theme
- Each presentation and discussion should be completed in no more than 10 minutes so all five themes can be addressed

APDIM Presentation

Hasan Bazari, M.D.
Program Director,
Internal Medicine Residency
Massachusetts General Hospital

MGH Program

- Program 179 total residents
- PGY 1 43 Cat/8 PC/15 Prelim/4 MP
- PGY 2 43 Cat/8 PC/4 MP
- PGY 3 38 Cat/8 PC/4 MP
- PGY 4 4 MP

Cat=Categorical

PC=Primary Care

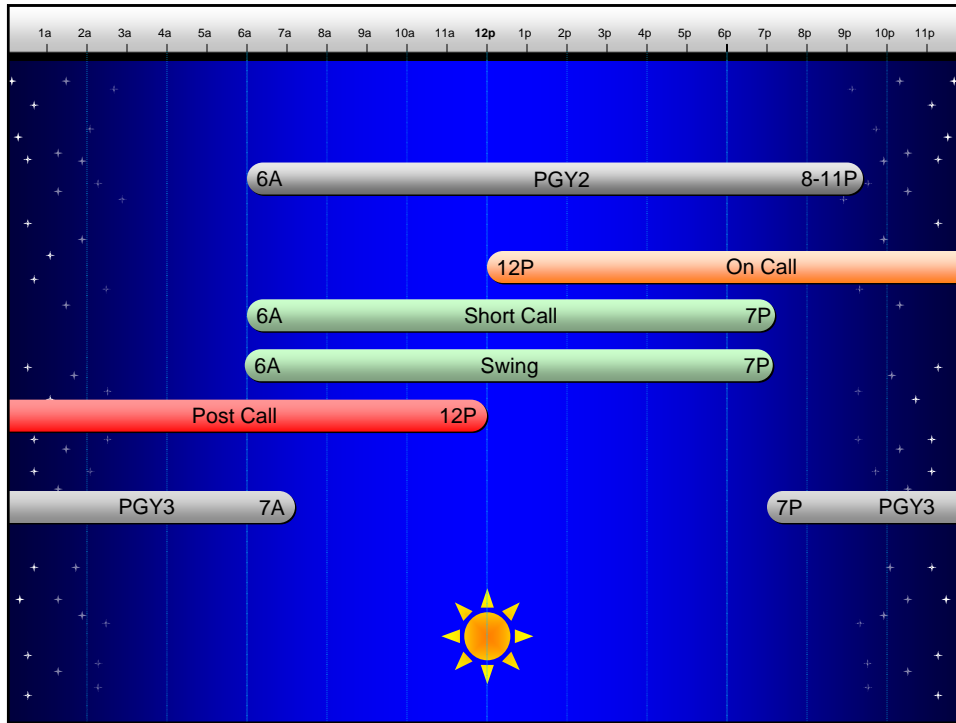
MP=Med-Peds

General Medicine Teams

- Bigelow 5 teams
 - 20-24 patients, 1-2 JARS, 4 interns
- Ellison 3 teams
 - 36 patients, 2 SAR, 4 interns
 - Traditional intern responsibility for their own panel and day float to cover pre-call and post-call. Call is noon to noon

Bigelow

- 20 patients
- Regionalized
- 4 interns rotate admissions over 4 days
- The team functions as a team except for call when only the intern is there overnight
- PGY 2 runs the team daily(weekend covered)
- PGY 3 supervises overnight as a 7 A-7P rotation



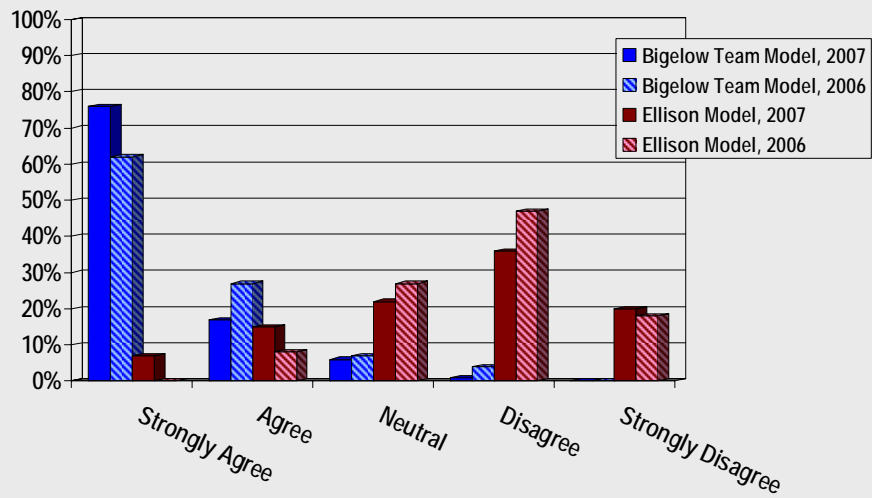
Core Themes

- True team----no cross coverage
- Ownership of and learning from all patients
- Shared decision making
- Development of communication skills
- Leadership training for PGY 2
- Multidisciplinary system based practice
- Regionalization/team building

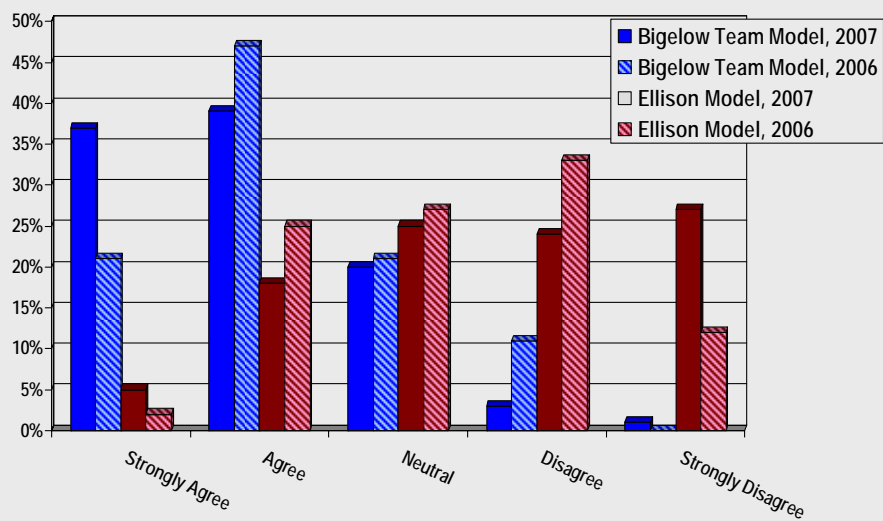
Challenges

- Getting interns comfortable with thinking about 20 patients
- Handoffs
- Knowledge of patients
- Residents Report in the afternoon historically (4.30 PM to 5.30 PM)

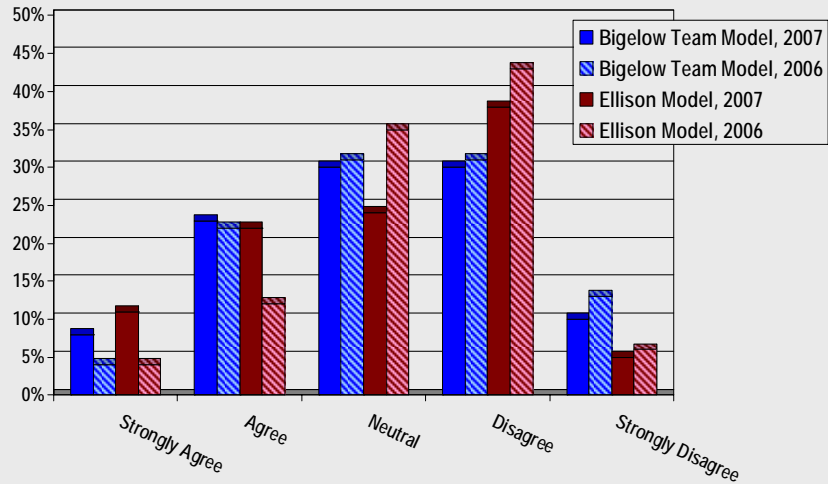
Model contributes to morale



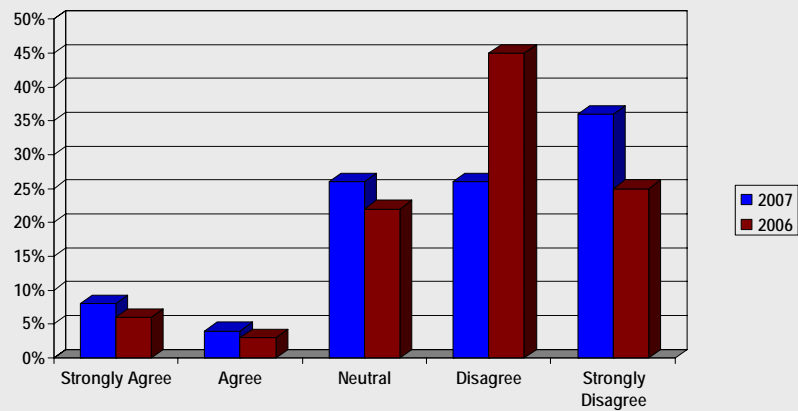
Cross coverage is optimal



Model contributes to errors



“I prefer to have my own panel of patients over the team-based model”



“I prefer the teaching model of the Ellison traditional-style service over the Bigelow team system”

