**Medical Consult Rotation Activities**

**Logistics:**

-Med consult attending will rotate every week amongst the 4 non-neurosurgery co-management services (vascular, ACS, ortho, stroke)

-For educational purposes, ACS and vascular are the most high yield so in one block a resident must have either a week of ACS or vascular

-The cap for patients for the residents will be 15 (a combination of co-management patients and Med consult patients)

-Residents will see all Med Consult patients and only the co-management ones assigned by the co-management attending (not all)

-On weekends, Med Consult resident will be responsible for seeing only the Med Consult patients and not the co-management patients

-There are 3 med consult videos on CafeLoggia.com that are expected to be viewed the first week of the block

-PGY3 rotation with participation in consults and co-management at Lenox Hill Hospital

-PGY3 will work Hospitalist attending to see patients of a multitude of specialties including several co-management services: Orthopedic Surgery, Vascular Surgery, Stroke Service, and Acute Care Surgery. Consults may come from but are not limited to: OB/GYN, Cardiology, Psychiatry, ENT, and Urology.

-PGY3 has autonomy to see new consults and co-management patients, develop an assessment and plan, present to the attending, and will do bedside rounds with the attending

-PGY3 will also be responsible for communicating recommendations to the primary team (except for co-management services)

-PGY3 will have didactics as well as sit down sessions to review pre-op, peri-op, and post-op management of patients. Topics covered in the rotation include: complex infections in vascular and acute care surgery, DVT prophylaxis and urgency of hip fractures in orthopedics, and blood pressure goals in acute strokes.

**Education Objectives:**

1. Take a complete history and perform full physical exam, present findings during presentations in a thorough, organized manner
2. Use documentation to convey recommendations and assessments in thorough yet concise form
3. Conduct a complete preoperative assessment and identify high risk patients
4. Provide evidence-based guidance on preoperative testing and perioperative medication management
5. Formulate an approach to common postoperative concerns including post-op pain, tachycardia, hypotension, and fever
6. Communicate effectively with other specialties as well as patients/families
7. Identify barriers to care (social issues, need for IV abx, rehab)
8. Understand role of consultant/co-management service in regards to patient care with an emphasis on interdisciplinary, shared decision making