Greer Memorial Hospital (GrMH) Med-Peds Hospitalist Rotation Curriculum
Updated 7/2019 – Senthuran Ravindran

Rotation Coordinator* and Greer Hospitalists

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senthuran Ravindran, MD*</td>
<td>864-546-2384 / <a href="mailto:sravindran@ghs.org">sravindran@ghs.org</a> / split time at AnMed</td>
</tr>
<tr>
<td>Matthew Hindman, MD</td>
<td>864-430-6949 / <a href="mailto:mhindman@ghs.org">mhindman@ghs.org</a> / full-time GrMH hospitalist</td>
</tr>
<tr>
<td>Nate Normand, MD</td>
<td>864-430-4048 / Lead hospitalist and internist.</td>
</tr>
<tr>
<td>Gretchen Coady, MD</td>
<td>864-504-2981</td>
</tr>
<tr>
<td>Evan Williams, MD</td>
<td>864-546-2766</td>
</tr>
<tr>
<td>Teresa Williams, MD</td>
<td>864-608-3787</td>
</tr>
<tr>
<td>Denny Myers, MD</td>
<td>864-387-9718</td>
</tr>
<tr>
<td>Jim Suhrer, MD</td>
<td>864-430-1436</td>
</tr>
<tr>
<td>Paige Ryan, MD</td>
<td>864-608-8216 / Internist</td>
</tr>
<tr>
<td>Brannon Jones, MD</td>
<td>601-520-5353</td>
</tr>
<tr>
<td>Johnathan Garber</td>
<td>Starting 8/2019 / Med-Peds</td>
</tr>
<tr>
<td>Erin Bass</td>
<td>Starting 8/2019 / Fam Med, completed hospitalist fellowship</td>
</tr>
<tr>
<td>Rebecca Schneider, PA</td>
<td>864-350-2857 / Works Monday-Friday 8am-4:30pm</td>
</tr>
</tbody>
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Rotation Overview:
1) The PGY4 residents will be required to complete sixteen 12-hour shifts (7am-7pm) during their 1 month rotation. They should meet at 7am in the checkout room, the first badge-accessible door on the right using the rear badge-accessible hospital entrance to the left of the emergency room ambulance bay (see Figure 1). The general schedule is 12 hour day shifts Monday through Thursday with their continuity clinic scheduled on Friday. Attire is professional attire or scrubs. You will be asked to make up any missed days during the 4 week rotation block. PGY3 residents take a GrMH hospitalist elective but still must also complete their full PGY4 rotation as this is ward equivalent.
2) This qualifies as an upper-level inpatient month for PGY4 residents so is therefore not vacation eligible. All absences are to be approved by the Med-Peds Program director and rotation coordinators.
3) Patient characteristics: Admissions performed by the resident are from the emergency room or neighboring hospital emergency rooms (ex: North Greenville ER), direct admissions from PCP offices or urgent care centers, patients seen in consultation from the various medical and surgical subspecialties, and newborns seen both in routine nursery care and at delivery at the request of the Obstetrics service. Patients will be male and female patients of various ages of varying cultural and socioeconomic backgrounds.
4) Subspecialists available at GrMH: Gastroenterology, General Surgery, Cardiology (no LHC; no weekends), Nephrology (no HD/PD; no weekends), Hematology/Oncology, Orthopedic Surgery, Psychiatry (no weekends); Pulmonary/Critical Care consults starting this Fall
Expectations:
1) Med Peds residents are expected to stay for the full 12 hr shifts. There should be little
downtime. They are expected to carry a patient load of anywhere from 5-10 patients
based on their level of comfort and skill. They are to pick up new patients in the
mornings and help admit throughout the day.
2) Residents are expected to take primary responsibility for their patients (e.g call family
members, family meetings, consultants, return RN pages, HCM questions, etc).
3) Communication and professionalism: residents are expected to communicate effectively
with supervising doctor and to ask for help with any clinical concerns. They are expected
to comport themselves in a professional manner to staff, patients, and families.
4) Morning checkout with the night shift hospitalists is at **7am** in the checkout room (the
first office on the right when entering the building in through the rear, badge-accessible
entrance of GrMH marked by the yellow arrow – Figure 1). During the first day, you may
be assigned patients to round on and will be expected to be available for daytime
admissions.
5) On the first day, you will briefly tour our 80-bed hospital
   a. Ground floor - Cafeteria
   b. First floor – Checkout room (see map on page 3), Emergency room, ICU, 6-bed
   Pediatric floor, Observation unit
   c. Second floor - Med Surg Unit, 2nd floor conference room for 9am meetings, and
   computer work areas
   d. Second floor - our Level 1 Newborn Nursery/Mom-baby unit and the operating
   rooms in case there is an emergent, at-risk Caesaran section we are asked to
   attend
6) At **9am**, there is multidisciplinary physician-run meeting on the 2nd floor conference
   room discussing the patients on the list focusing on disposition and discharge needs.
7) In the afternoon, residents discuss shared patients and round with the attending and are
   available for admissions until 7pm.
8) You will also have the opportunity to complete multiple procedures – circumcisions,
thoracenteses, paracenteses, intubations, etc. Let your attending physicians know if you
   need to perform any of these procedures
5) Evening checkout is at **7pm**
6) Resident evaluations will be performed by the rotation coordinators after discussion with
   attendings with whom the residents have worked.

Objectives:
1) Serve as “acting attendings.” This qualifies as an upper-level inpatient month for PGY4
   residents so is therefore not vacation eligible. All absences are to be approved by the
   Med-Peds Program director and rotation coordinators.
2) Develop diagnostic and therapeutic decision-making skills, to include prioritizing
   problems, constructing a full/complete differential diagnosis, selecting appropriate
   labs/studies, proposing and initiating treatment plans, and adjusting these plans based on
   patient response.
3) Design practical treatment plans that consider the patient’s financial resources, home environment, personal and cultural beliefs, cognitive or physical limitations, and patient preferences.
4) Develop efficiency in patient care by prioritizing tasks, managing multiple demands, and completing responsibilities in a timely manner.
5) Learn which patients require hospitalization and which patients can continue to be treated on an outpatient basis.
6) Learn to assess severity of illness at the bedside on review of directed history, physical examination, vitals, and preliminary labs/studies already obtained, and intervene as necessary for patient stabilization.
7) Learn to assess newborns at delivery, provide resuscitative care as necessary, and determine the need for transfer to a tertiary care center.
8) Determine when it is appropriate to discharge a patient from the hospital, coordinating a safe transfer of the patient’s care to the outpatient environment without a lapse in treatment.
9) Learn proper management of newborns in a Level 1 nursery, from birth to discharge, following Quality Measure Initiatives as they are developed.
10) Develop a broad knowledge base of common inpatient diagnoses seen in Internal Medicine and Pediatrics through self-directed reading.
11) Hone interpersonal skills - Establish effective relationships with patients and families. Work effectively with physician and non-physician members of the inpatient health care team, including nursing, physician assistants, medical technicians, respiratory therapists, dietitians, social workers, case managers, chaplains, administrators, risk management personnel, and medical records personnel.
12) Develop an understanding of appropriate documentation and coding/billing in the inpatient setting.
13) Perform multiple procedures - circumcisions, thoracenteses, paracenteses, intubations, etc.

Location:
Greer Memorial Hospital
830 S Buncombe Rd, Greer, SC 29650

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Figure 1: Arrow signifies where the rear badge-accessible entrance that residents should use. Checkout room is the first door on the right after you enter. Resident parking is also in the back.