



Learning. Caring. Serving. Leading.

PAS 7900: Elective- Inpatient Medicine

3.0 Credit Hours

Designated clinical learning site: Inpatient Clinical Medicine/ Intensive Care Unit

Course Coordinator	Office	Phone	Email
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Course Description:

The Elective rotation is intended to provide the student with supervised experiential training in an area that he/she might have a special interest in but was unable to experience during other clinical rotations.

Prerequisites: PAS 5000-6480

Course goals:

The goals for this course are for students:

1. To apply the medical content and principles that define the care of hospitalized patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised inpatient setting.
3. To expose each student to an experienced and competent medical provider role model for the care of hospitalized patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.2 Demonstrate proficiency in performing physical examinations with thorough recording of findings to support patient-centered care. (B2.07b)
 - o Comprehensive
 - o Focused
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient care. (B2.07d)
- LO1.4 Perform medication reconciliation with competence and adherence to safety protocols, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.7 Accurately document patient encounters. (B2.14b)



PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans.

- LO2.1 Integrate patient history and clinical data to formulate accurate differential diagnoses. (B2.07c)
- LO2.2 Identify and perform an appropriate problem-focused physical examination for a given differential diagnosis. (B2.05) (B2.07b)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize inpatient care, including
 - o formulating a diagnosis, (B2.07c) (B2.05)
 - o ordering diagnostic studies, and (B2.07d) (B2.05)
 - o determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Generate comprehensive inpatient management plans, addressing both acute and chronic conditions, to ensure effective and continuous care. (B2.07e)
- LO2.5 Refine diagnostic reasoning by interpreting and synthesizing various diagnostic test results. (B2.07d)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members.

- LO3.1 Demonstrate effective communication skills to build rapport and trust with hospitalized patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address patient concerns and needs for hospitalized patients. (B2.04) (B2.07a)
- LO3.3 Collaborate efficiently with healthcare team members to ensure coordinated and patient-centered hospital care. (B2.10)
- LO3.5 Exhibit cultural humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to manage inpatient medical conditions effectively. (B2.02e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions.
- LO4.4 Demonstrate comprehensive medical knowledge in all organ systems pertinent to patients across the lifespan presenting in the inpatient setting. (B2.03) (B2.08a-e) (B2.11C)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)
- LO5.2 Analyze the social, economic, and environmental factors that influence patient health and contribute to health disparities. (B2.06f)
- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth beyond graduation.



- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical practicums in the inpatient setting, serving primarily adult patients.

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to problem-solve effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.
- We, along with many other folks, are still in the process of expanding our learning about diverse perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.
- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.
- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

**Resources:****Required:**

1. All required first year textbooks
2. CURRENT Medical Diagnosis & Treatment, 62e

Recommended Resources:

1. Clinician's Pocket Reference: The Scut Monkey, 11e

Other Helpful Resources:

1. *Moodle and Exxat: Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
A blueprint and topic list for the PAEA EOR for INPATIENT MEDICINE can be found on the course Moodle page.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.
4. Demonstrate competency in creating written medical documents for the primary care setting as evidenced by submission of a Discharge Note.



Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each
PAEA Internal Med EOR exam	1.4, 2.1, 2.3-5, 4.2, 4.4-5, 5.2	1	35%
Preceptor Evaluation of Student	1.1-3, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2, 5.6	1	55%
Rosh Review assignments	6.2	1	5%
Student site evaluation	5.4	1	0 (C/I)
Longitudinal Skills Assessment Documentation	1.4	1	2.5%
Medical Documentation assignment	1.7	1	2.5%
		TOTAL	100%

Description of Assessment Activities:

- **End of Rotation Exams:** EORs are standardized exams developed and vetted by the PA Education Association. The exams cover topics specific to each supervised clinical practicum experience. Scores are reported as a “scaled score” and converted to a grade using a “z-score” correlation which places “passing” as within 1.5 standard deviations of the national mean.
- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
 - Mock EOR: Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
 - 200 questions: students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation graded as complete or incomplete.
- **Longitudinal Skills Assessment:** A list of skills and procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing where and when they will complete the skills.
- **Medical documentation assignment:** For each rotation students complete a medical



documentation assignment particular to that rotation which is submitted for a grade and feedback.

Late and Makeup Work: The student will contact the Director of Clinical Education to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.

Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be for common benefit and thus cannot penalize any students or render evaluation (i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program's competency (PC) domain.

Inpatient Medicine

PC1: Clinical and Technical Skills

- (LO1.1) Elicit a comprehensive history from adult and elderly patients in the inpatient setting, integrating data from patients, families, and medical records. (B3.04b) (B2.07a, B2.08a, B3.03b)
- (LO1.1) Communicate effectively with adult and elderly patients who may be acutely ill, disoriented, or patients with disabilities or with other special health care needs. (B2.04, B2.06a, B2.08a, B3.03b, B3.04b)
- (LO3.3) In the inpatient setting, use structured handoff tools (e.g., I-PASS) to ensure continuity of care. (B2.04, B2.10c) (B3.04b)
- (LO1.1) Reassess and update patient histories in the inpatient, acute-care setting during daily rounds, incorporating new findings. (B2.07a, B2.08b, B3.03a, B3.04b)
- (LO1.1) Demonstrate empathy and clarity when discussing diagnoses, prognoses, and care plans for acute and chronic patient encounters. (B2.04, B2.08b, B3.03a, B3.04b)
- (LO1.2) Perform comprehensive physical exams on newly admitted adult and elderly patients, integrating findings with chart data. (B2.07b, B2.08a, B3.03b, B3.04b)
- (LO1.2) Correlate anatomical structures with clinical findings in hospitalized patients (e.g., dermatomal patterns in shingles, lobar anatomy in pneumonia, vascular anatomy in DVT). (B2.02a, B2.02c)
- (LO1.2) Conduct problem-focused daily exams to monitor clinical progress and detect complications. (B2.07b, B2.08b, B3.03a, B3.04b)
- (LO1.2) Modify inpatient examination techniques based on patient age, disability status or special health care needs (B2.06a, B2.07b) (B3.04b, B3.07c)
- (LO1.2) Document findings clearly in the inpatient medical record to support clinical decision-making. (B2.14b, B3.04b)
- (LO1.2) Communicate physical findings effectively during interdisciplinary rounds. (B2.04, B2.10c, B3.04b)
- (LO1.3) Order and interpret diagnostic tests to monitor inpatient presentations of acute and chronic conditions (e.g., ABGs, cultures, imaging). (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO1.3) Use telemetry, EHR dashboards, and clinical decision support tools to track inpatient



status. (B2.07d, B3.04b)

- (LO1.3) Interpret vital signs, lab values, and telemetry data in the context of underlying physiological processes (e.g., acid-base balance, oxygen delivery, fluid and electrolyte homeostasis). (B2.02b, B2.07d)
- (LO1.3) Educate patients on the purpose and implications of diagnostic tests for acute encounters in the inpatient setting. (B2.07f, B2.08b, B3.03a, B3.04b)
- (LO1.3) Adjust diagnostic strategies based on evolving inpatient clinical presentations. (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO1.3) Collaborate with consultants to interpret complex diagnostic data of patients receiving inpatient care. (B2.08b, B2.10c, B3.03a, B3.04b, B3.07c)
- (LO1.3) During inpatient rounds, document diagnostic reasoning and test results clearly in progress notes. (B2.08b, B2.14b, B3.03a, B3.04b)
- (LO1.4) Perform medication reconciliation at admission, transfer, and discharge by reviewing patient-reported medications, pharmacy records, and prior documentation. (B2.02d, B2.08b, B2.09, B3.03a, B3.04b)
- (LO1.5) Educate patients and families about diagnoses, treatment plans, and hospital procedures. (B2.07f, B3.04b)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the inpatient setting. (B2.06f) (B3.04b)
- (LO1.5) Facilitate shared decision-making during care transitions and discharge planning. (B2.07f, B2.12a)
- (LO1.5) Use interdisciplinary team input to provide comprehensive patient education. (B2.10c)
- (LO1.5) Counsel hospitalized patients on medication regimens, lifestyle modifications, and follow-up care. (B3.04b, B3.07c) (B2.07f, B2.08b, B3.03a) (B2.15a) (B2.12a, B2.12b)
- (LO1.7) Document educational encounters and patient preferences in the medical record. (B2.14b)
- (LO1.7) Document medication reconciliation clearly in the inpatient electronic health record, including rationale for any changes. (B2.08b, B2.14b, B3.03a, B3.04b)
- (LO1.7) Complete thorough admission notes, daily progress notes, and discharge summaries. (B2.08b, B2.14b, B3.03a, B3.04b)
- (LO1.7) Accurately document a patient admission or discharge summary, including pertinent history, hospital course, problem list, assessment and plan, and appropriate follow-up recommendations, using institution-approved formats and clinical reasoning. (B2.08b, B2.14b, B3.04b, B3.07c)
- (LO1.7) Use structured formats (e.g., SOAP, I-PASS) to support continuity of care of hospitalized patients. (B2.08b, B2.16a, B2.16b, B3.03a, B3.04b)
- (LO1.7) Include interdisciplinary input and patient education in documentation. (B2.08b, B2.10b, B3.03a, B3.04b)
- (LO1.7) Ensure timely and legible entries that meet institutional and legal standards. (B2.14b)

PC2: Clinical Reasoning and Problem-Solving Skills

- (LO2.1) Integrate complex histories, physical exams, and diagnostic data to manage acute and chronic conditions in the hospital. (B2.05, B2.07c, B2.07e,) (B2.08b, B3.03a, B3.04b)
- (LO2.1) Formulate and revise differential diagnoses daily based on evolving clinical status. (B2.07c) (B2.08b, B3.03a, B3.04b)
- (LO2.1) Use interdisciplinary input and consult recommendations to refine diagnostic thinking for provision of inpatient care. (B2.05, B2.10c) (B3.04b)
- (LO2.1) Recognize atypical presentations of common diseases in hospitalized patients. (B2.07c, B3.04b)



- (LO2.1) Document differential diagnoses and clinical reasoning clearly in daily progress notes. (B2.07c, B2.14b, B3.04b)
- (LO2.3) Synthesize complex clinical data to identify and prioritize active medical problems. (B2.05, B3.07c, B2.08b, B3.03a, B3.04b)
- (LO2.3) Order and interpret diagnostic studies to confirm or rule out critical conditions. (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO2.3) Develop and adjust treatment plans based on patient acuity, comorbidities, and response to therapy. (B2.07e, B2.08b, B3.03a, B3.04b)
- (LO2.3) Coordinate care of hospitalized patients with interdisciplinary teams to ensure comprehensive management. (B2.10c) (B2.08b, B3.03a, B3.04b)
- (LO2.3) Anticipate complications and implement preventive strategies in care planning. (B2.05, B2.12c)
- (LO2.4) Develop and implement management plans for acute medical conditions (e.g., pneumonia, heart failure) with daily reassessment. (B2.07e, B3.04b) (B2.08b, B3.03a)
- (LO2.4) Address chronic disease management for adult and elderly patients during hospitalization to prevent decompensation. (B2.07e, B2.08a, B2.08b, B3.03a, B3.03b, B3.04b)
- (LO2.4) Coordinate discharge planning, including medication reconciliation, follow-up appointments, and patient education. (B2.07f, B2.08b, B3.03a, B3.04b)
- (LO2.4) Collaborate with interdisciplinary teams to ensure comprehensive inpatient care. (B2.10c) (B2.08b, B3.03a, B3.04b)
- (LO2.4) Adjust treatment plans based on lab/imaging results, consultant input, and patient progress. (B2.07e, B2.08b, B3.03a, B3.04b)
- (LO2.5) Interpret complex diagnostic data (e.g., ABGs, cultures, imaging) to guide inpatient management. (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO2.5) Recognize evolving trends in lab values that indicate clinical deterioration or improvement. (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO2.5) Integrate diagnostic findings from multiple sources (e.g., labs, imaging, consults) into a unified clinical picture. (B2.05, B2.07d, B2.08b, B3.03a, B3.04b)
- (LO2.5) Adjust treatment plans based on diagnostic interpretations and patient response. (B2.05, B2.07d, B2.07e, B2.08b, B3.03a, B3.04b)
- (LO2.5) Clearly document diagnostic reasoning and its impact on care decisions. (B2.08b, B2.14b, B3.03a, B3.04b)

PC3: Interpersonal Skills

- (LO3.1) Establish a rapport with hospitalized patients through daily interactions and bedside manner. (B2.04, B2.08b, B3.03a, B3.04b)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the inpatient setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f) (B2.12a, B2.12b) (B3.04b)
- (LO3.1) Communicate complex medical information for patients receiving acute, inpatient care in a way that is understandable and reassuring. (B2.04, B2.08b, B3.03a, B3.04b)
- (LO3.1) Involve family members in care discussions and discharge planning when appropriate. (B2.12a, B2.08b, B3.03a, B3.04b)
- (LO3.1) Demonstrate sensitivity to patients' emotional and psychological needs during hospitalization. (B2.04, B3.04b)
- (LO3.1) Engage patients in shared decision-making by exploring their values and preferences as



they relate to ethnicity/race, culture, or religion/spirituality. (B2.06b, B2.06d, B2.12a, B2.12b) (B3.04b)

- (LO3.1) Coordinate with the healthcare team to ensure consistent and compassionate communication. (B2.10c)
- (LO3.2) Engage in daily bedside conversations that reflect active listening and emotional support. (B2.08a, B3.03b)
- (LO3.2) Acknowledge patient fears and frustrations related to hospitalization or prognosis. (B2.08b, B3.03a, B3.04b)
- (LO3.2) Demonstrate empathy when discussing complex or life-altering diagnoses. (B2.08b, B2.08e, B3.03a, B3.04b) (B2.11a, B2.11d, B2.11e)
- (LO3.2) Involve family members of hospitalized patients in care discussions with sensitivity to their emotional needs. (B2.04, B2.12a, B2.08b, B3.03a, B3.04b)
- (LO3.3) Participate in daily interdisciplinary rounds to align care plans with patient needs and goals. (B2.10c, B3.04b)
- (LO3.3) Communicate effectively with nursing staff, pharmacists, therapists, and case managers. (B2.10b, B3.04b)
- (LO3.3) Ensure timely inpatient handoffs and discharge planning with appropriate documentation and follow-up instructions. (B2.08b, B2.10c, B3.03a, B3.04b) (B2.12a)
- (LO3.3) Advocate for patient-centered care by integrating input from all team members. (B2.10c) (B2.15c) (B3.04b)
- (LO3.5) When providing care to hospitalized patients, incorporate patients' cultural, religion/spirituality, and personal beliefs into care planning and decision-making. (B2.08b, B3.03a, B3.04b) (B2.06d)
- (LO3.5) Respect cultural preferences regarding family involvement, modesty, and end-of-life care. (B2.08b, B2.08e, B2.11a, B3.03a, B3.04b)
- (LO3.5) Collaborate with chaplains, interpreters, and cultural mediators to support holistic care. (B2.08b, B2.08e, B2.10b, B2.11a, B3.03a, B3.04b)
- (LO3.5) Demonstrate flexibility in accommodating dietary, religious, or traditional healing practices for patients receiving inpatient care. (B2.08b, B3.03a, B3.04b) (B2.06b, B2.06d)

PC4: Medical Knowledge

- (LO4.2) Synthesize clinical data and pathophysiologic knowledge to manage complex, multi-system conditions for adult and elderly patients receiving inpatient (acute) care (e.g., sepsis, heart failure, renal failure, etc.). (B2.05, B2.08a, B2.08b, B3.03a, B3.03b) (B3.04b)
- (LO4.2) Monitor disease progression and treatment response of hospitalized patients using physiological markers and lab trends. (B2.07d, B2.08b, B3.03a, B3.04b)
- (LO4.2) Collaborate with specialists to refine diagnoses and treatment plans of patients receiving acute care based on evolving pathophysiology. (B2.08b, B2.10c, B3.03a, B3.04b)
- (LO4.2) Anticipate complications of hospitalization (e.g., delirium, VTE, nosocomial infections) and intervene early. (B2.02c, B2.08b, B2.11d, B2.11e, B3.03a, B3.04b)
- (LO4.3) For patients receiving inpatient care, assess for potential drug interactions, duplications, and contraindications based on patient history and current condition. (B2.08b, B3.03a, B3.04b)
- (LO4.4) Apply comprehensive medical knowledge to identify and manage common acute and chronic conditions across all organ systems for hospitalized adult and elderly patients (e.g. CHF, COPD, diabetes, urosepsis, etc.). Specific topics are provided in a topic list. (B2.08b, B3.03a) (B2.08a, B3.03b) (B3.04b)
- (LO4.4) Interpret inpatient diagnostics (e.g., telemetry, ABGs, cultures) and adjust treatment accordingly. (B2.07d, B2.07e)



- (LO4.4) Recognize and respond to clinical deterioration (e.g., sepsis, acute kidney injury). (B2.07d, B2.07e)
- (LO4.4) Coordinate multidisciplinary care and discharge planning. (B2.10b, B2.12a)
- (LO4.4) Apply evidence-based guidelines to inpatient management of common conditions. (B2.07e, B3.04b)
- (LO4.5) Identify and address preventive care needs during hospitalization (e.g., vaccinations, smoking cessation). (B3.04b, B2.15a, B2.08a, B3.03b)
- (LO4.5) Screen for hospital-acquired risks (e.g., pressure ulcers, falls, delirium) and implement prevention strategies for hospitalized adult and elderly patients. (B2.02c, B2.08b, B2.11d, B2.11e, B3.03a, B3.04b) (B2.15c, B2.15d) (B2.16a, B2.16b, B2.16c, B2.16d)
- (LO4.5) Educate patients on chronic disease self-management and lifestyle changes prior to discharge. (B3.04b) (B2.12a, B2.12b)
- (LO4.5) Coordinate follow-up for preventive services not addressed during hospitalization. (B2.07f, B2.08b, B3.03a, B3.04b) (B2.12a, B2.12b)
- (LO4.5) Recognize opportunities for secondary prevention in patients with acute exacerbations of chronic illness. (B2.08b, B3.03a, B3.04b) (B2.12a, B2.12b)

PC5: Professional Behaviors

- (LO5.1) Uphold patient confidentiality in shared spaces and during inpatient interprofessional rounds. (B2.04, B2.08b, B3.03a, B3.04b)
- (LO5.1) Address ethical issues in end-of-life care, including advanced directives and code status discussions. (B2.08e, B2.11a, B2.18) (B2.08b, B3.03a, B3.04b)
- (LO5.1) Recognize and manage ethical concerns of inpatient adults and elderly patients in discharge planning and resource limitations. (B2.18) (B2.08a, B2.08b, B3.03a, B3.03b, B3.04b)
- (LO5.1) Communicate transparently with patients and families about prognosis and medical errors. (B2.04)
- (LO5.1) Respect cultural and religion/spirituality values in clinical decision-making of hospitalized patients. (B3.04b, B2.08b, B3.03a) (B2.06d)
- (LO5.2) Screen for social needs during admission and integrate findings into discharge planning. (B3.04b, B2.08b, B3.03a) (B2.06f)
- (LO5.2) Recognize how housing, employment, and caregiver support affect recovery and readmission risk. (B3.04b, B2.08b, B3.03a) (B2.06f)
- (LO5.2) Educate patients and families on navigating complex healthcare systems. (B2.07f, B2.14c, B3.04b, B2.08b, B3.03a)
- (LO5.3) Collaborate with social services to ensure continuity of care post-discharge. (B3.04b, B2.08b, B3.03a) (B2.06f) (B2.10c)
- (LO5.6) While in the inpatient learning environment, manage workload and prioritize tasks to prevent fatigue and maintain clinical accuracy. (B2.20b, B3.04b)
- (LO5.6) Recognize the emotional toll of caring for critically ill or dying patients and seek support as needed. (B2.20b, B3.04b)
- (LO5.6) Participate in team-based acute care to distribute responsibilities and reduce individual burden. (B2.10c, B2.20b) (B3.04b, B2.08b, B3.03a)
- (LO5.6) Reflect on difficult cases during inpatient rounds or debriefings to promote emotional resilience. (B3.04b, B2.08b, B3.03a) (B2.06d)
- (LO5.6) Maintain healthy routines (e.g., sleep, meals, exercise) during inpatient rotations. (B2.16b, B2.20a, B2.20b)

PC6: Professional Development

- (LO6.2) Reflect on diagnostic and therapeutic decisions in complex (multisystem) internal medicine



cases to improve accuracy. (B2.16c, B3.04b, B3.07c)

- (LO6.2) Adjust acute care plans based on patient progress, interdisciplinary input, and evolving clinical data. (B3.04b, B2.08b, B3.03a) (B2.06d)
- (LO6.2) Seek feedback on documentation, handoffs, and team communication to improve efficiency and clarity for the inpatient clinical environment. (B2.10c, B2.16c, B3.07c) (B3.04b)
- (LO6.2) Participate in inpatient case discussions or debriefings to refine clinical reasoning. (B2.10c, B2.16c, B3.04b)
- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the inpatient setting (e.g. the “gap map”, EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.13e, B3.04b)