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## Internal Medicine Residency Program Frequently Asked Questions | October 2020

### Wards

**Q: What does a typical day look like on wards months?**

A: Interns typically arrive between 5:30 a.m. - 6 a.m. to begin pre-rounding on patients. All residents are expected to be present by 6:30 a.m. when morning sign out begins. Pre-rounding/residents seeing patients continues until team rounds begin with attending around 9:30 a.m. Rounds typically conclude before noon. Noon report typically lasts 30 minutes. The rounding teams can begin getting admissions at this time. Depending on what the team census was at the start of the day, the team will have one or two admissions. The remainder of the day is dedicated to finishing notes, following up on tasks and consult recommendations, calling families, and seeing new admissions. Around midafternoon, the team regroups to review the status of tasks with the attending. Short call residents can go home as early as 3:30 p.m. if all their work is complete. Long call resident stays until patients have been signed out to the night team, which begins at 6 p.m.

**Q: What is the rounding style?**

A: Patients are seen at the bedside or discussed at table rounds. The number of patients seen at bedside varies between day and attending. Typically, these will be new patients, complex patients or ones with interesting exam findings.

**Q: How many patients does one resident see in a day?**

A: Our institutional caps are slightly lower than the ACGME maximum due to the complexity of the patients we see at Spectrum Health. Interns are limited to seeing eight established (follow up) patients and up to five new admissions/consults per 24 hours. Senior residents can supervise up to 16 follow up patients (when they have two or more interns) or up to 12 patients if there is only one intern working with them (since they would be managing four independently and overseeing the intern's eight). Senior residents can additionally supervise up to 10 new patients in 24 hours (five overseeing an intern and five independently or overseeing a second intern). In the MICU, the cap drops to interns seeing a maximum of five follow up patients and the senior seeing up to eight follow ups independently (on a weekend) or overseeing 10 follow ups with one or more interns.

**Q: How does orientation block for interns work?**

A: The orientation block is split into two weeks on inpatient medicine wards, one week of nights and one week of outpatient clinic designed to familiarize interns the at Spectrum Health. Throughout the month, you will become accustomed to the hospital, electronic medical record, daily work flow and faculty in each of these unique practice environments. We additionally staff extra senior residents on the floor, colloquially termed "angels" to help with the transition. The entire process is designed to facilitate your

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movement from medical student to intern in a safe environment that allows you to become accustomed to your new role.

**Q: What is your admitting block like?**

A: The admitting block is a rotation for all PGY-3 residents, which is dedicated to completing new admissions and consults. New cases provide the best opportunities for residents to hone their critical thinking skills and work through differential diagnoses to develop clinical plans. We developed this rotation to provide additional opportunities to work on these skills. We currently have one senior resident working first shift hours for the entire block and a senior resident working second shift hours admitting for one week out of their regular medicine floor rotation. Additionally, the admitting residents are responsible for attending rapid response, stroke code and de-escalation events throughout the hospital while on this block. This is a good opportunity to apply your critical care skill set outside of the ICU setting.

**Q: Do you have 24-hour call?**

A: No, we do not utilize a 24-hour call system in our program. We have elected instead for a night float system to balance a healthy resident work-life culture.

## **MICU**

**Q: What is a typical day on MICU like?**

A: Morning sign out in MICU occurs at 6 a.m. Some residents arrive prior to this to get a head start on pre-charting and seeing patients, since rounding begins at 8 a.m. Rounds conclude by noon or earlier depending on the day. A senior resident manages new admissions or consults that come before rounds end. In the afternoon, residents work on transferring patients out of the unit, complete notes, family meetings, procedures, attend codes, etc. Several afternoons per week, the fellow or attending will lead a talk on a critical care topic. Starting around 3:30 p.m., if the day's work is complete and patients are relatively stable, the short call residents will sign out to the long call residents and go home. Night sign out occurs at 6 p.m. with the night team.

**Q: How many procedures are you able to do?**

A: There are many opportunities to do procedures if you are interested. Several residents have completed more than 10 central and 10 arterial lines. Night float is a good opportunity to seek out additional procedures with the night fellow or PA. For those less interested in procedures, there is nearly always a fellow, PA or resident who is willing to do them.

## **Inpatient Cardiology**

**Q: What is a typical day on the cardiology service like?**

A: Senior residents arrive by 6:45 a.m. for sign out from the night PA. Interns arrive before 7 a.m. to pre-chart and see patients. Rounds typically begin at 10 a.m. and conclude by noon. On cardiology, new consults are assigned to the residents throughout

the day. It is a busy service with often five or more new consults or admissions in a day. The team re-groups around 3 p.m. or 4 p.m. to staff the new consults. When the work is completed, residents go home around 5 p.m. – 6 p.m.

**Q: What do residents experience in the cath lab?**

A: There are several opportunities to observe procedures being done on your team's patients. Most of the attendings readily engage the residents to watch procedures. The attendings and fellows are also wonderful teachers and spend time going through cardiology topics daily.

**Didactics**

**Q: How does noon report work?**

A: Noon report is done via a case presentation template and designed to facilitate an open discussion about differential formation and initial treatment decisions. One resident is assigned daily Monday through Wednesday and is responsible for choosing their case and filling in the provided template. During the pandemic, noon report has been taking place virtually, but we have still been able to have some excellent discussions on interesting resident service patients.

**Q: What other lectures do you have?**

A: We have a Grand Rounds lecture every Thursday at noon, which is attended widely by residents, internists and other subspecialists. Our didactics occur on Friday's from noon – 3 p.m. We focus on different fields of medicine throughout the year and incorporate resident journal club and M&M cases periodically as well. Additionally, there are opportunities to attend subspecialty lectures and Grand Rounds while you are rotating on those services. We have "mock codes" for our wards teams during the noon report slot once per month. These are simulation events to practice rapidly evolving clinical situations and ACLS skills. Spectrum Health also holds several Diversity Grand Rounds that are highly advocated for in our program.

**Clinic**

**Q: What is the block schedule like?**

A: We use an 8+4 version of an x+y block schedule. This means you will have eight weeks (two four-week blocks) without clinic duties, either inpatient services or electives, followed by a combined four weeks of clinic/elective.

**Q: What is a typical week in clinic like?**

A: Our clinic hours are Monday through Friday from 8 a.m. to 4:30 p.m. During clinic block, residents are based in our residency clinic three out of five days per week and based in a subspecialty clinic the other two days. Our appointments are 40 minutes in length. Senior residents see up to 10 patients per day. New this year, we have an academic half day one afternoon per week. This is a good opportunity to get caught up

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on email, clinic notes, ambulatory learning modules, research projects, and more. We also have clinic didactics Friday mornings. Some weeks this is an interactive talk on a common ambulatory condition or “Jeopardy” style board review, other weeks it includes simulation events.

## **Life**

### **Q: What’s the food situation like in the hospital?**

A: Our hospital has several great food options. The main cafeteria was recently remodeled and has several standard and rotating food stations, including smoothie, BBQ and salad and sandwich stations. Spectrum Health Helen DeVos Children’s Hospital Balk Café offers healthy options, including firestone pizza and a popular ice cream station. There are several smaller cafes and coffee stands that provide grab and go items. Across the street (connected via inside bridge) in our clinic building, there is a food court with Qdoba, Zoup and Starbucks. Residents are given a food card annually with funds to spend at the various eateries.

### **Q: What are your favorite things to do around Grand Rapids?**

A: There are so many things to do around Grand Rapids, but it varies by season. In the summer, Lake Michigan and several of the inland lakes are great for a refreshing day outside. There are several great parks for walking around. In the fall, orchards and cider mills are a fun place to pick fruit or pumpkins, go on a hayride, get lost in a corn maze, drink cider and eat donuts. In the winter, there are places to ski and snow tube nearby. Van Andel Arena hosts a minor league hockey team, concerts and community events. Grand Rapids is known for its many breweries, which also serve delicious food.

### **Q: How is the work-life balance?**

A: Our residents largely feel that the work-life balance is manageable. Our short call system helps ensure that we stay well within duty hour limits and allows our residents time to focus on their well-being. Several residents are married, have children and have pets at home. They have time to participate in both work-related and personal extracurricular activities. There is a Wellness Committee that sponsors several fun events for residents to relax and unwind.

### **Q: What internal medicine sub-specialty fellowships do you have at Spectrum?**

A: We have cardiovascular disease, with additional training opportunities for fellowship in interventional cardiology and advanced imaging certification, hospice and palliative medicine, infectious disease, interventional cardiology and pulmonary & critical care medicine. We have plans to grow our fellowship options in the coming years.

### **Q: Do you work with medical students?**

A: Spectrum Health is a teaching hospital committed to the education of future physicians. Medical students are an integral part of our care teams. Michigan State University College of Human Medicine has a campus across the street from Butterworth

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Hospital. Medical students from Michigan State University, as well as visiting learners from other institutions, are very common on our floor/MICU teams, as well as subspecialty services. Resident can mentor and teach medical students.

**Q: What opportunities do you have for research?**

A: There are several opportunities for research at Spectrum Health and the options grow every year. One of our core faculty is the QI lead for the hospital and several other faculty members are engaged in QI projects, they welcome resident contributions. Several residents have been part of research projects with fellows and fellowship core faculty members as well. We have dedicated research faculty who assist residents with IRB submissions and data analysis.

**Q: Where do residents typically live?**

A: Our residents live broadly around the Grand Rapids area. Several residents live downtown Grand Rapids, within walking distance to Butterworth Hospital. Neighboring cities are about a 15-minute drive to the hospital. Surrounding rural areas are home to some residents, as well.