



**RESIDENT READINESS™**  
**美国住院医师必读系列**

# Internal Medicine

## 内科住院医师 病例分析与讨论

Debra L. Klamen  
Susan Thompson Hingle

- Smooth your transition and be ready for residency
- Case-based approach brings your readiness to the next level
- Targets what you really need to know to care for patients on day one



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# Resident Readiness™ Internal Medicine

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## 内科住院医师 病例分析与讨论



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## 出版说明

*Resident Readiness* 是美国住院医师必读系列书，深受美国医学院校高年级医学生和住院医师的欢迎。每本书从临床病例入手，通过问题解答、病例复习、专题讨论（诊断与治疗）、记忆要点、理解问题、推荐阅读等环节，提供住院医师“真正需要”的知识和场景，培养临床思维，拓展知识面，提高住院医师的岗位胜任力。

为了借鉴美国住院医师培训经验，提高我国的住院医师规范化培训水平，北京大学医学出版社与麦格劳-希尔教育出版公司合作，影印出版了该丛书。该丛书既可作为住院医师规范化培训和 PBL 教学参考用书，也可作为双语教学和留学生教学用书；同时，其原汁原味的英语和美国医院场景，更是学习医学专业英语的好教材。

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### Notice

Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required. The authors and the publisher of this work have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication. However, in view of the possibility of human error or changes in medical sciences, neither the authors nor the publisher nor any other party who has been involved in the preparation or publication of this work warrants that the information contained herein is in every respect accurate or complete, and they disclaim all responsibility for any errors or omissions or for the results obtained from use of the information contained in this work. Readers are encouraged to confirm the information contained herein with other sources. For example and in particular, readers are advised to check the product information sheet included in the package of each drug they plan to administer to be certain that the information contained in this work is accurate and that changes have not been made in the recommended dose or in the contraindications for administration. This recommendation is of particular importance in connection with new or infrequently used drugs.

*To my wonderful husband Phil, who loves me and supports me in all things (especially my crazy passion for horses). To my mother, Bonnie Klamen, and to my late father, Sam Klamen, who were, and are, always there.—DLK*

*To my husband Kevin, the best person I know, for his support, encouragement, patience, and love. To my children Thomas and Ryan, for the inspiration, joy, and perspective they give to me. To my extended family, for their love and understanding. To my students, residents, and patients, for keeping me motivated and inspired to make a difference.—STH*



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The resident readiness series evolved from ideas that a talented educator and surgeon, David Rogers, had about preparing senior students interested in going into surgery through a resident readiness course. This course was so successful at Southern Illinois University School of Medicine that it spread to other core clerkships, and resident readiness senior electives now exist throughout them. The idea for this book series was born by watching the success of these courses, and the interest the senior students have in them. It has been a great joy working with Susan Hingle, a singularly devoted physician who retains her humanity for others and passion for education, as well as with the other contributors to this book. We are grateful to the Dean, Dr. Kevin Dorsey, whose dedication to education and innovation allowed us to carve out time in our work to be creative. I (DLK) am greatly indebted to Catherine Johnson from McGraw-Hill, who helped me make the vision of a resident readiness series a reality. Her support and enthusiasm for the project have been unwavering. Likewise, the production editor on the internal medicine resident readiness book, Saloni Narang, has been completely dedicated to the task and is deserving of much thanks. We would also like to thank the many contributors to this book, whose commitment to medical education undoubtedly led to long nights writing and editing in its service. We would also like to thank our colleague dietitians, Gayle Jennings and Christina Rollins, for their expert contributions to the chapter on nutrition. Lastly, we appreciate our husbands' forbearance for the hours we spent in front of the computer at home; their patience and understanding are unparalleled.

Debra L. Klamen  
Susan Thompson Hingle



# INTRODUCTION

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Facing the prospect of an internship is an exciting, and undoubtedly anxiety-provoking, prospect. Four years of medical school culminate in, after graduation, a rapid transition to someone calling you “Doctor” and asking you to give orders and perform procedures without, in many cases, a supervisor standing directly over your shoulder.

This book is organized to help senior medical students dip their toes safely in the water of responsibility and action from the safety of reading cases, without real patients, nurses, families, and supervisors expecting decisive action. The chapters are short, easy to read, and “to the point.” Short vignettes pose an organizing context to valuable issues vital to the function of the new intern. Emphasis on the discussion of these cases is not on extensive basic science background or a review of the literature; it is on practical knowledge that the intern will need to function well in the hospital and “hit the ground running.” Many of the cases include questions at the end of them to stimulate further thinking and clinical reasoning in the topic area discussed. References at the end of the cases are resources for further reading as desired.

## HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter (or nurse request for a patient encounter in some instances) and is followed by a set of open-ended questions. Open-ended questions follow and are used purposely, since the cued nature of multiple choice questions will certainly not be available in a clinical setting with real patient involvement. Each case is divided into four parts.

### Part 1

1. **Answers** to the questions posed. The student should try to answer the questions after the case vignette before going on to read the case review or other answers, in order to improve his or her clinical acumen, which, after all, is what resident readiness is all about.

2. A **Case Review**: A brief discussion of the case presented in the vignette will be presented, helping the student understand how an expert would think about, and handle, the specific issues at hand with the particular patient presented.

## Part 2

**Topic Title** followed by **Diagnosis** and **Treatment** discussions: In this section, a more generalized, though still focused and brief, discussion of the general issues brought forward in the case presented will be given. For example, in the case of a patient presenting with coma and a significantly elevated glucose, the case review might discuss the exact treatment of the patient presented, while this part of the book will discuss, in general, the diagnosis and treatment of DKA. Of note, not all of the cases in the book will fit entirely into this model, so variations do occur as necessary. (For example, in the case of a patient in need of palliative care.)

## Part 3

**Tips to Remember**: These are brief, bullet pointed notes that are reiterated as a summary of the text, allowing for easy and rapid review, such as when preparing a case presentation to the faculty in morning rounds.

## Part 4

**Comprehension Questions**: Most cases have several multiple choice questions that follow at the very end. These serve to reinforce the material presented, and provide a self-assessment mechanism for the student.



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# **Section I.**

# **Inpatient Medicine**

