Family Medicine Inpatient Service
PGY-1
(Two 1-month rotations)

Description of Rotation or Educational Experience

These two one-month Family Medicine Inpatient Service rotations are intended to help residents develop the skills required to treat both female and male hospitalized patients with diseases of varying severity level. The inpatient care provided includes the continuity of care of adult patients from the Family Medicine Center.

The rotation includes daily rounds with faculty and weekly teaching conferences to provide residents with both basic science and clinical experience. Residents will acquire the experience and skills in the management of patients, including initial evaluation, admission of patients, follow-up evaluation, development of a care plan, ongoing management, performing basic medical procedures, appropriate consultation and discharge planning and continuity of care. At the conclusion of the rotation, residents must be able to demonstrate proficiency in writing appropriate admitting orders and modifying these on a daily basis according to changes in a patient’s condition.

GOALS

- Provide a broad-based experience in the primary management of patients hospitalized on an inpatient Family Medicine service;
- Provide experience in the evaluation and initial management of patients presenting from the emergency department for admission;
- Provide experience in the coordination of care from consultants, including learning the appropriate reasons for obtaining consultation and what steps need to be completed prior to obtaining a consultation
- Provide experience in the appropriate ordering, interpretation and review of diagnostic tests and studies;
- Provide experience in incorporating evidence-based medicine into inpatient care practices;
- Provide training on the appropriate discharge of patients from the inpatient setting, including the coordination of discharge, outpatient services, follow up and the proper transfer of information from the hospital setting to the outpatient patient setting.

OBJECTIVES

At the conclusion of this rotation, the PGY-1 resident will be able to demonstrate the following competencies:

Patient Care

Goal

The resident must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
Competencies
- Recognize those patients who should be managed in a hospital setting.
- Manage patients in the hospital setting.
- Manage patients after hospital discharge.
- Seek specialty consultation when deemed appropriate and maintain direct responsibility for the management of the patient.
- Perform all inpatient procedures appropriate to Family Medicine.
- Understand and utilize appropriate pharmacologic interventions.

Objectives
At the conclusion of the monthly rotations, the PGY-1 residents will be able to:

1. Perform complete history and physical examination on all patients presenting from the emergency department for admission to the Family Medicine Inpatient Service (IPS) and on patients presenting as consultations for medical management from other hospital specialists, to include:
   - Performance of patient histories which includes pertinent information related to chief complaint(s); thorough review of systems; complete physical examination including vital signs; appropriate differential diagnosis(es) and thorough assessment and management plan including completion of patient care floor orders, appropriate diagnostic test(s) and any needed consultations.
   - Presentation of the complete admission history and physical along with full assessment and management plan with orders to a senior resident and or Attending Physician for review and approval

2. Provide daily management of assigned patients including, but not limited to:
   - Daily assessment of patients including subjective and objective data collection along with pertinent physical examination, review of diagnostic studies and lab results, review of consultant recommendations and completion of revised assessment and management plan and other tasks as needed.
   - Use of appropriate EBM research findings to develop an appropriate management plan.
   - Completion of daily patient progress notes prior to rounds with attending physician and the IPS Team.
   - Presentation of completed patient daily assessment and management plan to attending physician and the IPS team

3. Appropriately apply principles related to the following topics to the daily management of assigned patients, including but not limited to:
   - Care of the elderly
   - Care of vulnerable populations
• Hospital consultations
• Nutrition of the hospitalized patient
• Palliative care
• Transitions of care

4. Incorporate the aforementioned principles into the daily management of their assigned patients and present these principles both verbally during rounds and in writing with their admission assessments and daily progress notes.

5. Demonstrate the proper technique for x-ray interpretation including but not limited to, chest radiographs and acute abdominal series.

6. Demonstrate the proper technique for ECG interpretation.

7. Complete all discharge documentation, including discharge summaries, in a timely manner for assigned patients on day of discharge; and notify the patient’s primary care physician of the discharge, including faxing a copy of the discharge plan on day of discharge.

Medical Knowledge

Goal
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

Objectives
At the end of the rotation, residents will demonstrate:

1. Understanding of the pathophysiology, presentation, initial evaluation, management and prevention of the following medical conditions (including but not limited to):
   • Acute Coronary Syndrome
   • Acute Abdomen
   • Acute Renal Failure
   • Acute Respiratory Failure
   • Alcohol and Drug Withdrawal
   • Anemia
   • Asthma Exacerbation
   • Cardiac Arrhythmias
   • Cellulitis
   • Chronic Obstructive Pulmonary Disease Acute Exacerbation
   • Liver Failure
   • Inflammatory Bowel Disease
   • Pneumonia
   • Pyelonephritis
   • Heart Failure
• Delirium and Dementia
• Diabetes Mellitus and Diabetic Ketoacidosis
• Electrolyte and Fluid Imbalance
• Gastrointestinal Bleeding
• Hypertension – Uncontrolled
• Pulmonary Embolus
• Sepsis Syndrome
• Stroke/Transient Ischemic Event
• Venous Thromboembolism

2. Incorporate medical knowledge into the daily management of their assigned patients and present this both verbally during rounds and in writing with admission assessments and daily progress notes.

3. Review and appropriately interpret diagnostic tests and lab results, obtain consultation on these tests and results as needed and present these findings during rounds with the attending physician and the inpatient team.

4. Evaluate the benefits, risks and financial cost of therapy for patients in order to pursue appropriate treatment while incorporating evidence-based medicine practices.

Practice-Based Learning and Improvement

Goal
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life long learning. Residents are expected to develop skills and habits to be able to:

Competencies
• Identify and perform appropriate adult inpatient care activities.
• Incorporate formative evaluation feedback into daily practice.
• Locate, appraise and assimilate evidence from inpatient care literature and journal club as related to patients’ health situation and daily practice.
• Use information technology to optimize learning.

Objectives
The resident will be expected to:
• Learn common hospital-based practice patterns and critically assess the patterns to identify areas for improvement;
• Learn the role of multidisciplinary teams in providing and improving patient care;
• Learn to independently utilize appropriate resources in order to incorporate evidence-based medicine into patient care practice patterns;
• Review current evidence-based literature and other educational materials pertaining to the management of their assigned patients on a daily basis.
Present results of their reviews to the inpatient team upon request during rounds.
Access medical information to support self-directed learning;
Critically appraise and appropriately apply medical evidence when making clinical management plans and treatment decisions;
Use health information systems efficiently to manage and improve care at the patient and system levels;
Transfer information from hospital setting to outpatient setting; and
Facilitate and encourage self-directed learning among inpatient team members and colleagues.

Systems-Based Practice

Goal
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

Competencies
- Work effectively in various health care delivery settings and systems relevant to adult inpatient care
- Coordinate patient care within the health care system relevant to inpatient care
- Work in interprofessional teams to enhance patient safety and improve patient care quality

Objectives
By the conclusion of this rotation, the PGY-1 resident will be able to:
- Use appropriate ancillary services for the care of the patient including social services, speech therapy, physical and occupational therapy, nutritional services, respiratory therapy and hospice.
- Demonstrate knowledge of the interaction of adult inpatient care within the healthcare system.
- Partner with healthcare managers to assess, coordinate and improve inpatient care.
- Demonstrate understanding of community systems and agencies that enter into inpatient care.
- Utilize community resources to assist in the management of patients.
- Identify the role of the consultant, and appropriate times for consultation.

Professionalism

Goal
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Competencies
- Compassion, integrity, and respect for others.
- Respect for patient privacy and autonomy.
- Accountability to patients, society, and the profession.
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
Objectives
During this rotation, the PGY-1 resident will:

- Complete all professional responsibilities to the best of their ability and in a timely fashion
- Demonstrate respect, compassion and integrity.
- Demonstrate sensitivity to patients’ culture, gender and disabilities.

By the end of the rotation, the resident will be able to:

- Understand the importance of recognizing cultural diversity among the patient population
- Demonstrate ethical principles in providing or withholding care, confidentiality of patient information, and informed consent.
- Recognize families with potential for high-risk interactions.

Interpersonal and Communication Skills

Goal
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. Residents are expected to:

Competencies

- Communicate effectively across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Maintain comprehensive, timely, and legible medical records using the electronic medical record.
- Communicate effectively with patients and other medical professionals regarding emergency care issues.

Objectives
By the conclusion of this rotation, the PGY-1 resident will demonstrate the ability to:

- Explain issues of pathophysiology, treatment options and prognosis using language understandable to patients, family members and other care providers;
- Listen without interruption to the questions and concerns of patients, family members and other care providers and promptly address any issues;
- Effectively utilize a translator when communicating with patients and families who speak a different language or who are hearing and/or speech impaired;
- Write clear history and physical assessments, progress notes, consultative assessments and discharge summaries;
- Perform effective and timely patient hand-offs (sign-out) which must include administrative details, updated clinical status, tasks to be completed and relative priority, severity of illness assessment, code status and contingency planning;
- Perform as an active member of a health care team
- Demonstrate the ability to facilitate the learning of medical student on the communication skills components as listed above.
Teaching Methods

Each PGY-1 Family Medicine resident will be required to complete two (2) one-month rotations on the inpatient Family Medicine service. The Family Medicine team typically consists of a Family Medicine PGY-1, one or two PGY-2 resident(s), a PGY-3 resident, and possibly a medical student. One attending physician from the department of Family Medicine will make daily rounds with the team and teach principles of quality patient care by discussion during the rounds. The team will consult other specialty physicians when necessary to provide expertise in managing patient problems beyond the scope of traditional Family Medicine.

The PGY-1 resident will present each new patient on service to the attending physician who will facilitate learning through discussion of each case. The resident will present a daily update on the condition of their patients to the attending physician. Utilizing psychosocial skills and establishing rapport with patients will be an integral part of the resident duties. The resident will be responsible for following up on issues discussed in rounds, results of tests ordered, and any nurse calls during the day.

The team is responsible for admitting all patients that are admitted to the Family Medicine service from the emergency department. The PGY-1 resident will be expected to see the patient obtain a history and perform a physical exam. The resident will then develop an assessment and plan and discuss this with the PGY-3 resident. After such discussion, admitting orders will be completed by the PGY-1. All duties performed by the PGY-1 must be compliant with the regulations provided by the ACGME.

Educational topics will be assigned by the service PGY-3 resident and/or faculty. Team members will be expected to perform a specific, problem-focused, evidence-based review (EBR) of the literature to help answer a clinically pertinent question encountered in direct patient care.

Assessment Method (Residents)

1. At the end of each Inpatient Service block rotation, the assigned Family Medicine Inpatient Service attending physicians will provide an evaluation of the resident’s performance using the evaluation form developed by the Family Medicine Residency program.

2. At the end of this rotation, the residents will complete a self-evaluation, using the goals and objectives in this document, to assess competency and to determine areas which still need further training and/or exposure.

3. The annual Family Medicine in-training examination will assess the cognitive aspects of inpatient care.
Assessment Method (Program Evaluation)

1. The resident will evaluate the faculty and the rotation upon its completion.

2. Both residents and faculty will complete the annual standard program evaluation.

Level of Supervision

Supervision of residents is carried out by both direct and indirect observation by the attending physicians and senior residents on the Family Medicine Inpatient Service.

Educational Resources

RESOURCE/READING LIST

2. Cleveland Clinic: Current Clinical Medicine, 2nd ed. Saunders, 2010
8. Mason: Murray and Nadel’s Textbook of Respiratory Medicine, 5th ed. Saunders, 2010
11. First Consult (electronic resource)
12. MD Consult (electronic resource)

Last revised: 2/20/12 (TPG)

I, __________________________ hereby attest I have read the above goals and objectives of the required Inpatient Service rotation and have reviewed them with __________________________, who acts as my faculty advisor. I hereby attest that I understand these goals and objectives, how they relate to the 6 core competencies set forth by the ACGME, and agree to work diligently within their constructs.

________________________________________               _____________
resident signature                                                                                         date

________________________________________               _____________
faculty advisor signature                                                                                   date