FAMILY MEDICINE INPATIENT SERVICE  
PGY-2  
(Two 1-month Rotations)

Description of Rotation or Educational Experience

These two one-month Family Medicine Inpatient Service rotations are intended to help PGY-2 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 to Mount Carmel St. Ann’s.

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 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. During the rotation, the PGY-2 residents will also assist attending physicians in teaching and supervising PGY-1 residents and medical students on the service. At the conclusion of the rotation, residents must be able to demonstrate advanced skills in writing appropriate admitting orders and modifying them on a daily basis according to the changes of patients’ conditions.

GOALS
1. Provide a broad-based experience in the primary management of patients hospitalized on a Family Medicine inpatient service;
2. Provide experience in the evaluation and initial management of patients presenting from the emergency department for admission;
3. Provide experience in the daily management of patients in an inpatient setting;
4. Provide experience in the coordination of care from consultants, including learning the appropriate reasons for obtaining consultation and the what needs to be done prior to obtaining the consultation;
5. Provide experience in the appropriate ordering and review of diagnostic tests and studies;
6. Provide experience in the supervision of the evaluation and initial management of patients presenting from the emergency department for admission, daily management of patients in an inpatient setting and the coordination of care from consultants;
7. Provide experience in utilizing evidence-based medicine research techniques in order to incorporate evidence into patient care practices;
8. Provide experience in the facilitation of learning for the PGY-1 resident and medical students;
9. Provide experience in serving as a leader of an inpatient healthcare team; and
10. Provide training on the transfer of information learned from hospital setting to outpatient patient setting environment
Patient Care

Goal
Residents 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
1. Recognize those patients who should be managed in a hospital setting.
2. Manage patients in the hospital setting.
3. Manage hospitalized patients after discharge.
4. Seek specialty consultation when appropriate and maintain direct responsibility for the management of the patient.
5. Perform specific procedures as outlined in the procedure section of the curriculum.
6. Understand and utilize appropriate pharmacologic interventions.
7. Teach and supervise PGY-1 residents and medical students

Objectives
At the conclusion of this rotation, the PGY-2 resident 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), or on patients presenting as consultations for medical management from other hospital specialists, when assigned by the senior resident and/or attending physician, to include:
   - Performance of patient histories that include pertinent information related to chief complaint(s); thorough review of systems; complete physical examination including vital signs; appropriate differential diagnosis 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 review of all history and physical examinations and progress notes completed by PGY-1 resident as assigned by senior resident and/or attending physician;

3. Provide daily management of assigned inpatients (including but not limited to):
   - Daily assessment of patient 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 appropriate management plans
   - Completion of daily patient progress notes prior to rounds with the attending physician and IPS team
   - Present completed patient daily assessment and management plan to the attending physician
and IPS team.

4. Provide daily review of all patient assessments performed by the PGY-1 resident as assigned by the senior resident and/or attending physician;

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

6. Provide complete review of all discharge documentation completed by the PGY-1 resident as assigned by the senior resident and/or the attending physician.

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, the PGY-2 resident will be able to:

1. Demonstrate an understanding of the pathophysiology, presentation, initial evaluation, management and prevention for the following medical conditions (including but not limited to):
   - Acute Coronary Syndrome
   - Acute Abdomen
   - Acute Renal Failure
   - Acute Respiratory Failure
   - Alcohol and Drug Withdrawal
   - Asthma Exacerbation
   - Cardiac Arrhythmias
   - Cellulitis
   - Chronic Obstructive Pulmonary Disease Acute Exacerbation
   - Pneumonia
   - 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. 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 the Vulnerable Populations
   - Hospital Consultations
   - Nutrition of the Hospitalized Patient
   - Palliative Care
   - Transitions of Care

3. Properly interpret radiological studies, including but not limited to, chest radiographs and acute abdominal series; and the ability to facilitate the learning of the PGY-1 resident and medical students in this area.

4. Properly interpret electrocardiograms; and the ability to facilitate the learning of the PGY-1 resident and medical students.

5. Review and appropriately interpret diagnostic tests and lab results; and ability to facilitate the learning of the PGY-1 resident and medical students.

6. Identify the significance of positive and negative diagnostic test and lab results; and ability to facilitate the learning of the PGY-1 resident and medical/osteopathic students.

7. Evaluate the benefits, harms and financial costs of drug therapy for patients in order to prescribe appropriate medications using evidence-based medicine principles; and ability to facilitate the learning of the PGY-1 resident and medical/osteopathic students.

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 lifelong learning. Residents are expected to develop skills and habits to be able to:

Competencies (Must exhibit advanced skills in the following areas)
   - 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 clubs related to patients’ health situation and daily practice.
   - Use information technology to optimize learning.

Objectives
At the end of the rotation, the PGY-2 resident will be able to:

   - Recognize common hospital-based practice patterns and critically assess the patterns to identify areas for improvement;
• Outline the role of multidisciplinary teams in providing and improving patient care;
• Review current evidence-based literature and other educational materials pertaining to the management of their assigned patients and demonstrate the ability to facilitate the learning of the PGY-1 resident and medical student on EBM literature review techniques. The PGY-2 will be expected to be able to present their results of their reviews to the attending physician upon request during rounds with IPS Team
• Identify appropriate research studies in order to incorporate evidence-based medicine into patient care practice patterns;
• Assess medical information to support self-directed learning;
• Critically appraise and apply new 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 learned from hospital setting to outpatient setting; and
• Facilitate the learning of the PGY-1 resident and medical students.

Systems Based Practice

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

Competencies
Residents are expected to:
• Work effectively in various healthcare delivery settings and systems relevant to adult inpatient care
• Coordinate patient care within the healthcare system relevant to inpatient care
• Incorporate considerations of cost awareness and risk-benefit analysis in patient care
• Advocate for quality patient care and optimal patient care systems
• Work in interprofessional teams to enhance patient safety and improve patient care quality
• Participate in identifying systems errors and in implementing potential systems solutions

Objectives
By the conclusion of this rotation, the PGY-2 resident will be able to:
• Demonstrate knowledge of the interaction of adult inpatient care within the health care system.
• Partner with health care managers to assess, coordinate and improve inpatient care.
• Demonstrate an advanced understanding of community systems and agencies that enter into adult inpatient care.
• Utilize community resources to assist in the management of patients.
• Identify the role of the hospitalist physician as a consultant, and appropriate times for consultation.
### Professionalism

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

#### Competencies
Residents are expected to demonstrate:
- 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-2 residents will demonstrate:
- Respect, compassion and integrity
- Sensitivity to patients’ culture, gender and disabilities.

By the end of the rotation, the residents 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 high risks for interactions among family members.

### 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.

#### Competencies
Residents are expected to:
- 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 inpatient care issues.

#### Objectives
By the conclusion of this rotation, the PGY-2 residents will demonstrate proficiency in:
- Explaining issues of pathophysiology, treatment options and prognosis using language understandable to patients, family members and other care providers;
- Listening without interruption to the questions and concerns of patients, family members and other care providers and promptly address any issues;
- Effectively utilizing a translator when communicating with patients and families who speak a different language or who are hearing and/or speech impaired;
- Writing clear history and physical assessments, progress notes, consultative assessments and discharge summaries;
- Performing 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;
- Performing as an active member of a healthcare team; and
- Presenting the principles of adult inpatient care both verbally during rounds and in writing with their admission assessments and daily progress notes

### Teaching Methods

Each PGY-2 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 resident, 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.

At times, depending on the size of the service, the PGY-2 resident will present new patients on service to the attending physician who will facilitate learning through case-based discussion. The resident will present a daily update on the condition of their patients to the attending physician. Utilizing psychosocial history and establishing rapport with patients will be an integral part of the residents’ duties. The resident will be responsible for following up on anything 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. As appropriate, the PGY-2 resident will see the patient, obtain a history, and perform a physical exam. The resident will then develop an assessment and plan either independently or in conjunction with the PGY-1 and/or medical student and discuss this with the attending physician or the PGY-3 resident. After such discussion, admitting orders will be completed by the PGY-2 resident or by the PGY-1 resident under their supervision.

Educational topics will be assigned by the service PGY-3 resident and/or attending faculty member. 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.
4. The resident is required to complete the Hopkins Learning Module on Acid-Base Disorders by the end of the second month of the rotation.

### Assessment Method (Program Evaluation)

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

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

### Level of Supervision

Supervision of residents is provided by both direct and indirect observation by the attending physicians and senior residents on the Family Medicine inpatient service.

### Educational Resources

2. Cleveland Clinic: *Current Clinical Medicine, 2nd ed.* Saunders, 2010
11. First Consult (electronic resource)
12. MD Consult (electronic resource)
13. “Acid-Base Disorders” Hopkins Learning Module

Last revised: 2/24/12 (TPG)
I, ________________________ hereby attest I have read the above goals and objectives of the required Family Medicine 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