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FAMILY MEDICINE RESIDENCY
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PGY-1 Hospital Medicine Curriculum
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The PGY1 Hospital Medicine rotation is a required 8-week experience during the PGY-1 year, divided into two discrete 4-week blocks. Training takes place within the CHI-Franciscan Health Harrison Medical Center (HaMC) and the family medicine residency practice.

ACGME Competencies and FM-Specific Milestones Assessed:

1. ***Patient Care*** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   ✓ ***PC-1, PC-5***
2. ***Medical Knowledge*** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
   ✓ ***MK-2***
3. ***Systems-Based Practice*** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
   ✓ ***SBP-2, SBP-4***
4. ***Practice-Based Learning and Improvement*** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
   ✓ **PBLI-1, PBLI-2**
5. ***Professionalism*** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
   ✓ ***PROF-2, PROF-3***
6. ***Communication Skills*** result in effective information exchange and teaming with patients, their families, and other health professionals;
   ✓ ***C-1, C-2***

Family Medicine Program Requirements:

IV.A.6.b): *"Residents must have at least 600 hours (or six months)* ***and*** *750 patient encounters dedicated to the care of hospitalized adult patients with a broad range of ages and medical conditions."*
IV.A.6.b).*(2)*: *"Residents must provide care to hospitalized adults during all years of the program."*

Competency-Based Objectives and Instructional Methods

The PGY-1 hospital medicine experience fosters mastery of data gathering and reporting skills. Learners will be able to gather all patient pertinent data (history, physical findings, laboratory/radiology data, consultant input) and report it to the care team in an organized, standardized process both verbally and in writing. These skills must be achieved prior to moving forward to a PGY-2 hospital supervisory level.

A. Patient Care

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Obtain complete histories and perform accurate physical examinations that includes all relevant elements: CC, HPI, PMHX, FHX, Social HX, ROS, Vital Signs, and physical findings.
2. Generate for each presented case/admitted patient a differential diagnosis list appropriate for level of training.
3. Generate for each presented case/admitted patient an initial workup/treatment plan to address immediate clinical needs and further diagnostic needs for conditions including:
    a) systemic infection
    b) acute coronary syndrome
    c) acute GI bleeding
    d) altered mental status
    e) cardiac dysrhythmia
    f) cerebrovascular accidents
    g) COPD exacerbation
    h) diabetic hyperosmolar states
    i) heart failure
    j) hypertensive urgency and emergency
    k) pneumonia
    l) renal failure
4. Demonstrate ability to manage inpatient care for up to eight patients per day.
5. Gain experience in hospital patient procedures that are typical for adult medicine such as: arterial blood gas, paracentesis, thoracentesis, plain film interpretation, ECG interpretation, lumbar puncture.
6. Apply medical knowledge identified below to patients admitted to the inpatient service.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *direct supervision* provided by inpatient attending physicians and/or senior family medicine residents.

B. Medical Knowledge

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Demonstrate appropriate understanding of pathophysiology related to conditions commonly encountered during inpatient care by Family Physicians, including:
    a) acute coronary syndrome
    b) acute GI bleeding
    c) altered mental status
    d) cardiac dysrhythmia
    e) cerebrovascular accidents
    f) COPD exacerbation
    g) diabetic hyperosmolar states
    h) heart failure
    i) hypertensive urgency and emergency
    j) pneumonia
    k) renal failure
    l) systemic infection
2. Recognize and interpret abnormal/critical laboratory results, abnormal chest radiographs and abnormal abdominal radiographs.
3. Analyze systematically all electrocardiograms performed on admitted patients…including rate, rhythm, axis, intervals, presence or absence of AV blocks, ST segment changes.
4. Classify and apply correctly the clinical elements of cardiovascular risk assessment using the ACC/AHA Guidelines for Pre-Op evaluation of admitted patients.
5. Procedural competency according to the Longitudinal Procedural Training Curriculum.

The following list of skills are integral to this curriculum and residents should seek opportunities to train in these procedures during rotation.

A_0 Procedures Procedural competence assumed by graduating from the program	A_1 Procedures Procedural Competence is required for graduation	A_2 Procedures Procedural Competence is optional prior to graduation	B Procedures Procedural Competence requires a focused training plan during residency	C Procedures Procedural competence likely requires additional training beyond residency
• Bladder catheterization • CXR interpretation • Digital rectal exam • EKG performance and interpretation • Fecal disimpaction • Interpret Spirometry • Nasogastric or enteral feeding tube placement • Peripheral venous cannulation • Phlebotomy • US guidance of needle placement	• ACLS • BLS • Cardiac Stress Test (10)	• Arterial Puncture (3) • Central Venous cannulation (10) • Endotracheal intubation (10) • Lumbar puncture adult (3) • Paracentesis (3) • Percutaneous arterial cannulation (3)	• Cardioversion • IO • Non-obstetrical, point-of-care diagnostic applications (abdominal, cardiac, musculoskeletal, ocular, pelvic, skin/soft tissue, thoracic, vascular, etc.) • Pericardiocentesis • Thoracostomy insertion and management	• Bronchoscopy • Esophagogastro-duodenoscopy • PICC • Polysomnography • Pulmonary Artery Cannulation • Venous Cut down

- For A1 and A2 procedures, the minimum number of procedures that must be logged electronically prior to graduation is listed in parentheses.
- Residents should attempt to complete as many Procedural Competency Assessment Tools as possible during the rotation.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *direct supervision* provided by inpatient attendings and/or senior family medicine residents.
4. *Self-Directed Learning from assigned Texts:*
    a. UpToDate®

C. Practice Based Learning and Improvement

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Demonstrate ability to incorporate feedback into clinical/academic performance changes.
2. Use appropriate medical references to read about the conditions pertinent to their current patients in the hospital. This is a daily expectation which demonstrates a habit pattern of continual knowledge acquisition.
3. Self-identify areas of knowledge that requiring additional practice/experience to include procedural skill.
4. Seek additional experience to augment above-noted areas by communicating needs to family medicine attending(s) and/or senior family medicine resident(s).
5. Acknowledge errors when committed and demonstrate ability to analyze how to avoid future similar mistakes.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient care with *direct supervision* provided by inpatient attending physicians and/or senior family medicine residents.

D. Interpersonal and Communication Skills

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Utilize interpretation services to communicate effectively with patient and families who speak another language.
2. Demonstrate respect for psychosocial aspects of patient care during the decision making process.
3. Present patient cases in an organized, clear, and appropriately thorough manner to attending physicians or consulted specialists.
4. Communicate respectfully with all members of the health care team while sharing knowledge and discussing management of patients.
5. Maintain professional and appropriate personal interaction with patients.
6. Demonstrate the use of effective listening and verbal skills to communicate with patients and members of the health care team.

7. Demonstrate the use of organized/effective writing skills to communicate clearly and succinctly with physicians and other health professionals via the electronic health record or patient chart.
8. Utilize consistently the standardized "turnover templates" during transitions of care at "shift" changes.
9. Demonstrate compassion for patients in the hospital setting.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.

2. *Supervised Clinical Management:* Application of the information to individual patient care on CHI Franciscan Health HaMC inpatient wards and FMP Continuity Clinic. *Direct supervision* provided by inpatient attending(s) and/or senior family medicine resident(s).

E. Professionalism

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Demonstrate recognition of personal biases in caring for patients of diverse populations and different backgrounds and how these biases may affect care and decision-making.
2. Participate actively in the teaching of medical students, physician assistant students, and/or nurse practitioner students as assigned.
3. Demonstrate ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions.
4. Demonstrate punctuality and reliability at all times…whether in clinic, didactic sessions, or performing inpatient duties.
5. Maintain a professional appearance at all times.
6. Treat all patients and all members of the health care team with dignity and respect.

Instructional Methods

1. *Direct Instruction and Role-Modeling*: With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
2. *Supervised Clinical Management:* Application of the information to individual patient care on CHI Franciscan Health HaMC inpatient wards and FMP Continuity Clinic. *Direct supervision* provided by inpatient attending(s) and/or senior family medicine resident(s).

F. Systems Based Practice

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-1 Residents must:

Objectives

1. Demonstrate appropriate utilization of health services and professionals within HaMC while advocating for patient interests. (examples include: consulting specialist physicians, physical therapists, surgeons, and nuclear medicine specialists)
2. Adhere to standardized protocols for transfers of care, inside and outside of HaMC.
3. Develop a systematic approach to utilize available imaging techniques and laboratory tests to work-up patients with various clinical findings.
4. Demonstrate understanding of hospital-based Process Improvement/Safety Initiatives as they relate to inpatient care.
5. Advocate for patients and families, who need assistance to deal with system complexities, such as lack of insurance, multiple appointments, transportation, and language barriers.

Instructional Methods

1. *Direct Instruction and Role-Modeling:* With inpatient attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
2. *Guided Research:* Resident presentation of assigned topics based upon clinical cases; assisted by library/reference specialist as needed.
3. *Supervised Clinical Management:* Application of the information to individual patient care on CHI Franciscan Health HaMC inpatient wards and FM Continuity Clinic. Direct supervision provided by inpatient attendings and/or senior family medicine residents.

Points of Contact

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Sample workweek schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Am-ward	Am-ward	Am-ward	Am-ward	Am-ward	Am-ward	Am-off
Pm-ward	Pm-clinic	Longitudinal Experience	Pm-acad	Pm-ward	PM-Off	Pm-off

Evaluation Activities

Residents will receive an ***incomplete*** for the rotation and will not be eligible for graduation until the following items are completed.

1. **Resident Evaluation:** *(the resident may be evaluated by several department members)*

   - Mid-rotation feedback:
     Faculty are encouraged to provide daily verbal feedback; but written feedback is required if resident is failing at mid-rotation or at any other time. Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a resident is in danger of failing the rotation.
   - Final Evaluation
     Using rotation-specific on-line evaluation form. Evaluations should be completed within two weeks of rotation end to provide timely feedback to the resident. Evaluation will include preceptor's assessment of resident's level of mastery with each procedural skill included in Patient Care Section A.6)
   - Attendance Verification
     Documentation of attendance at didactic sessions, procedural clinics, FMP continuity clinics and experiential encounters will be maintained in resident training file.

2. **Documentation:** *(resident-completed by end of rotation)*

   - Procedures performed must be documented in standard electronic format.
   - Appropriate EHR documentation of all encounters must be completed per institutional requirements and as directed by the attending physicians.
   - Any provided supplemental readings should be completed and returned to rotation coordinator.

3. **Staff Evaluation:** (resident-completed)

   - Residents evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation is to be completed within two weeks of rotation end.

4. **Rotation Evaluation:** (resident-completed)

   - Resident assesses quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation is expected to be completed within two weeks of rotation end.

Mar 2018

M. Watson, MD — Date
Program Director

Reading List: (articles located in residency curricula folder)

1) Practice Guideline. 2013 ACCF/AHA Guideline for the Management of Heart Failure

2) Conferences and Reviews: a Practical Approach to Acid-Base Disorders

3) Hyperglycemic Crises in Adult Patients w/Diabetes

4) Clinical Practice Guideline: Full Text – 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation

5) Community-Acquired Pneumonia in Adults: Diagnosis and Management

6) Delirium in Older Persons: Evaluation and Management

7) Diabetic Ketoacidosis: Evaluation and Treatment

8) Early Recognition and Management of Sepsis in Adults: the First Six Hours (moved to ER curriculum)

9) Updated Guidelines on Outpatient Anticoagulation

10) Inpatient Diabetes Management in the Twenty-First Century

11) AHA/ASA Guideline: Guidelines for the Early Management of Patients with Acute Ischemic Stroke

12) Management of Acute Renal Failure

13) Management of COPD Exacerbations

14) Clinical Practice Guideline: 2014 AHA/ACC Guideline for the Management of patients with Non-ST-Elevation Acute Coronary Syndromes

15) Evidence-based Mobile Medical Applications in Diabetes