



PGY-2 & 3 Hospital Medicine Care Curriculum
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The PGY-2 Hospital Medicine rotation is a required 8 week experience during the PGY-2 year, divided into two discrete 4-week blocks. The PGY-3 Hospital Medicine rotation is a required 4-week experience during the PGY-3 year. Training takes place within the CHI-Franciscan Health Harrison Medical Center and the residency Family Medicine 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. **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**
4. **Interpersonal and Communication Skills** result in effective information exchange and teaming with patients, their families, and other health professionals;
✓ **C-1, C-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. **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**

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 PGY2 and PGY3 inpatient rotations focus more on supervision of PGY1 trainees as well as providing appropriate assessments and plans for inpatients. The PGY1 role is primarily data-gathering while senior residents (PGY2 and 3) will ensure that data gathering is complete with proper reporting and interpretation. As the senior residents progress through the rotations, more responsibility will be given for leadership of the inpatient healthcare team.

A. Patient Care

During supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-2 and PGY-3 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) Directly supervise junior residents on-service in the performance of complete, accurate histories and physical examinations that include all relevant elements: CC, HPI, PMHX, FHX, Social HX, ROS, Vital Signs, and physical findings.
- 3) Generate for each presented case/admitted patient a differential diagnosis list appropriate for level of training.
- 4) 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) 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
- 5) Demonstrate ability to supervise the management of inpatient care by junior residents for up to 16 patients per day, including assessment of junior resident's level of fatigue when appropriate.
- 6) Demonstrate ability to manage up to 8 patients per session in three half-day Family Medicine Practice clinic sessions per week while on the Hospital Medicine Service.
- 7) Facilitate the transition to home care with appropriate discharge planning, patient education, and counseling; maintain continuity of care and access to care for prevention of illness/relapse.
- 8) Demonstrate understanding of unique vulnerabilities, social, cultural and environmental factors that may require special attention, consultation, and referral.

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) *Guided Supervision*: Inpatient attending(s) will model for the PGY-2 & PGY-3 resident the appropriate level of supervision, techniques for appropriate supervision, and instructional activities the use when interacting with junior residents.
- 4) *Supervised Clinical Management*: Application of the information to individual patient care with *indirect supervision (direct supervision readily available)* provided by Inpatient attending physicians and/or PGY-3 family medicine residents.

B. Medical Knowledge

During supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-2 and PGY-3 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) Demonstrate ability to evaluate critically the diagnostic/evaluation skills of interns and medical students on the inpatient team.
- 6) Demonstrate for interns and medical students common inpatient procedures, including: arterial blood gas, paracentesis, thoracentesis, plain radiograph interpretation,

ECG interpretation, lumbar puncture, placement of nasogastric tube.

Instructional Methods

- 1) *Direct Instruction and Role-Modeling*: With family medicine attending(s) and senior family medicine resident(s) during morning rounds, case presentations, didactic sessions, and patient/family interactions.
- 2) *Simulation Training*: Simulated performance of common procedures will be practiced periodically by ALL residents throughout the 36 months of training.
- 3) *Guided Research*: Resident presentation of assigned topics based upon clinical cases.
- 4) *Guided Supervision*: Inpatient attending(s) will model for the PGY-2 & PGY-3 resident the appropriate level of supervision, techniques for appropriate supervision, and instructional activities the use when interacting with junior residents.
- 5) *Supervised Clinical Management*: Application of the information to individual patient care with *direct supervision* provided by Inpatient attendings and/or senior family medicine residents.
- 6) *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) Demonstrate ability to provide constructive, formative evaluation and feedback to learners in a non-threatening manner.
- 3) Residents will be expected to 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.
- 4) Self-identify areas of knowledge and/or skills that requiring additional practice/experience. For senior residents this includes instructional knowledge/ability.
- 5) Seek additional experience to augment above-noted areas by communicating needs to Inpatient attending(s) and/or senior family medicine resident(s).
- 6) 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) *Guided Supervision*: Inpatient attending(s) will model for the PGY-2 & PGY-3 resident the appropriate level of supervision, techniques for appropriate supervision, and instructional activities the use when interacting with junior residents.

 - 4) *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-2 and PGY-3 Residents must:

Objectives

- 1) Utilize interpretation services to communicate effectively with families who speak another language.
- 2) Demonstrate respect for psychosocial aspects of patient care during the decision making process
- 3) Demonstrate for junior residents the proper format for presentation of patient cases in an organized, clear, and appropriately thorough manner.
- 4) Support junior residents in the performance of patient care duties by assisting in communications with consulted physicians to facilitate requests.
- 5) Maintain professional and appropriate personal interaction with patients and members of the health care team.
- 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) Demonstrate supervisory skills necessary to provide direct supervision/instruction of the PGY-1 resident and medical students.
- 9) Provide timely and appropriate feedback regarding patient care matters to the PGY-1 resident and medical student(s).

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 HaMC inpatient wards and FMP Continuity Clinic. *Direct supervision* provided by Inpatient attending(s) and/or senior family medicine resident(s).

- 3) *Guided Supervision*: Inpatient attending(s) will model for the PGY-2 & PGY-3 resident the appropriate level of supervision, techniques for appropriate supervision, and instructional activities the use when interacting with junior residents.

E. Professionalism

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-2 and PGY-3 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 junior residents and medical students.
- 3) Demonstrate ability to organize/manage subordinate team members, complete designated clinical work, and maintain a positive learning environment.
- 4) Demonstrate ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions.
- 5) Demonstrate punctuality and reliability at all times in clinic, didactic sessions, and performing inpatient duties.
- 6) Maintain a professional appearance at all times.

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 HaMC inpatient wards and FMP Continuity Clinic. *Direct supervision* provided by Inpatient attending(s) and/or senior family medicine resident(s).
- 3) *Guided Supervision*: Inpatient attending(s) will model for the PGY-2 & PGY-3 resident the appropriate level of supervision, techniques for appropriate supervision, and instructional activities the use when interacting with junior residents.

F. Systems Based Practice

During directly-supervised clinical care of hospitalized patients on the Hospital Medicine Service, PGY-2 and PGY-3 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) Model usage of 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) Advocate for families, such as recent immigrants to a developed country, who need assistance to deal with system complexities, such as lack of insurance, multiple appointments, transportation, and language barriers.
 - 5) Manage team resources to ensure compliance with educational requirements, duty requirements, and patient care requirements.

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 UMC inpatient wards and FM Continuity Clinic. Direct supervision provided by Inpatient attendings and/or senior family medicine residents.
- 4) *Self-Directed Learning from assigned Texts/Online Resources*:
 - a) UpToDate®

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	Pm-clinic	Pm-acad	Pm-ward	Pm-ward	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.
- 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.



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Program Director

5-11-2017
Date

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
- 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