**NUSOM**

**Y1 Family Medicine**

**Residency Program**

**Y1 FAMILY MEDICINE RESIDENCY PLAN ACADEMIC YEAR 2022-2023**

|  |  |  |
| --- | --- | --- |
| **PGY-1**  | **PGY-2**  | **PGY-3**  |
| **Course**  | **Weeks**  | **Course**  | **Weeks**  | **Course**  | **Weeks**  |
| Family Medicine  | 4  | Medical subspecialties/ *Cardio, Respiratory, Neuro, Endocrinology, Dermatology* (12 weeks)  | 4  | Family Medicine  | 4  |
| Family Medicine  | 4  | 4  | 4  |
| Family Medicine  | 4  | 4  | 4  |
| Inpatient Medicine  | 4  | Obstetrics & Gynecology  | 4  | Community medicine/Rural practice, home visits, occupational medicine (12 weeks)  | 4  |
| Pediatrics Inpatient  | 4  | Pediatrics Inpatient  | 4  | 4  |
| Pediatrics Outpatient  | 4  | Psychiatry  | 4  | 4  |
| General Surgery  | 4  | Community Medicine  | 4  | Electives/ various specialties depending on the elective choice (12 weeks)  | 4  |
| Obstetrics & Gynecology  | 4  | Surgical subspecialties/ *Orthopedics, ENT, Urology, Ophthalmology* (12 weeks)  | 4  | 4  |
| Intensive Care Unit  | 4  | 4  | 4  |
| Vacation  | 4  | 4  | Women and Children/ Children’s rehabilitation center, Obstetrics and Gynecology, Outpatient Pediatrics (12 weeks)  | 4  |
| Emergency Medicine  | 4  | Family Medicine  | 4  | 4  |
| Community Medicine  | 4  | Vacation  | 4  | 4  |
| Inpatient Medicine  | 4  | Family Medicine  | 4  | Vacation  | 4  |
| PGY-2 and PGY-3 rotations are combined as “upper level” (highlighted in grey)There are five upper levels, 12-week longitudinal rotations; each divided into half-day/weeks, meaning that the time spent doing these rotations is equally divided between ***Family Medicine Course*** and other specialties.Didactic teaching on Family Medicine is taking place throughout the whole year. page13image49717696page13image49717888 |
| *Table 3. Family Medicine Residency Curriculum in blocks*  |

**SPECIFIC GOALS AND LEARNING OUTCOMES**

**BY ROTATIONS PGY1**

**Ambulatory Pediatric Curriculum**

**I. GOALS**

1. Understand the physiologic, developmental, and social characteristics of children from birth to age 18
2. Provide comprehensive care including emergent, to children within the context of their family
3. Be familiar with resources of basic information of pediatric care
4. Provide anticipatory guidance to parents of children and adolescents

**II. LEARNING OUTCOMES**

A. PATIENT CARE

1. To become proficient in the provision of well child care, including screening, growth and development, immunizations, anticipatory guidance, and common minor concerns
2. To become proficient in providing routine newborn care and the newborn exam
3. To develop proficiency in caring for common developmental, behavioral, and psychosocial pediatric problems such as child abuse, including referral to appropriate agencies and community support services
4. To provide age appropriate examination to young adolescents and to provide counseling and age appropriate anticipatory guidance
5. To become proficient in the management of pediatric problems called in via telephone
6. To be familiar with common pediatric procedures including ear curetting, urinary catheterization, venipuncture, arterial puncture, and lumbar puncture
7. To become proficient in the completion of school sport, work and drivers physicals.
8. To manage pediatric medical problems of mild to moderate severity, using appropriate consultation when necessary, and working with other professionals in the management of these problems. These problems include, but are not limited to:
9. Allergic reactions, rhinitis, asthma, upper and lower respiratory infections
10. Croup and upper airway obstruction
11. Rashes and skin conditions
12. Endocrine problems including weight gain or loss, short stature thyroid disease and diabetes
13. Common genetic disorders
14. Congenital urinary disorders and UTI’s
15. Gastrointestinal problems such as GERD, peptic ulcer, malabsorption, gastroenteritis, diarrhea, dehydration and liver disease
16. Nutrition of infant, breast feeding and eating disorders
17. Anemia and other abnormalities

j. Common bacterial, viral and fungal infections and appropriate antibiotic

use

1. Fever in a neonate, infant and child and the evaluation for meningitis and sepsis
2. Neurologic problems including seizures
3. Orthopedic injuries and torsion deformities
4. Arthritic conditions of children

B. MEDICAL KNOWLEDGE

* 1. Understand the physiologic and anatomic changes that occur during the transition from fetal life to newborn life
	2. Understand the unique physiological, anatomical, and sexual changes during transition from preadolescent to adolescent life.
	3. To learn an approach to treatment and diagnosis of adolescent-specific problems, including counseling for high risk behavior
	4. Utilize point-of-care resources for basic information on pediatric care
	5. Understand the different methods of infants feeding with the risks and benefits for each category
	6. Understand electrolyte imbalances and manage appropriate fluid therapy.

C. PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Use information technology to manage and retrieve information and support their own education

1. Understand their own thought process and be able to facilitate learning of students and other health care professionals
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information
3. INTERPERSONAL AND COMMUNICATION SKILLS
	1. Follow pediatric cases in a longitudinal fashion
	2. Work effectively and collegially primary care providers and subspecialists
	3. Create and sustain a therapeutic and ethically sound relationship with patients, including in the Family Health Center
	4. Give patient education and counseling competently and work to assure compliance
	5. Be able to retrieve and discuss patient information handouts from the internet (AAP, Up-to-Date, and comparable sites).
4. PROFESSIONALISM
	1. Demonstrate respect, compassion, integrity and a commitment to excellence in all professional activities
	2. Demonstrate a sensitivity and responsiveness to each patient’s culture, age and disability
	3. Be punctual for all children’s rotational shifts

F. SYSTEMS-BASED PRACTICE

1. Understand the indications for referrals and how a referral to a subspecialist is made
2. Demonstrate a commitment to patient confidentiality and informed consent to minors.

**III. METHODS OF IMPLEMENTATION (**Individualized by program) PGY1

\*\* One month rotation first year in ambulatory pediatrics, which includes various outpatients venues.

\*\*One month inpatient rotation at Mother and Child Hospital, handling children of various ages and with a variety of inpatient diagnoses (neonatal care 2 weeks and somatic depart 2 weeks)

\*\*Three rotations, (one each year) in Emergency Medicine ER, with time spent in general rooms, as well as observation rooms.

\*\*Participation in lectures and presentations at schools as part of Community medicine rotation, first year. This also includes sports physicals and well physicals at the schools.

\*\*Lectures on various pediatric topics throughout the year

\*\*Certification in PALS during residency

**IV. EVALUATION**

1. Ongoing feedback during the rotation from the attending physician(s)
2. Ongoing feedback from the patients, parents and ancillary personnel
3. Written evaluation of the resident at the end of each rotation based on the 6 core competencies as defined by the ACGME
4. PALS certificate (if possible)
5. The resident will complete an on-line evaluation of the rotation at the end of each rotation
6. Attendance at all conferences and didactic sessions is expected when available

**INPATIENT PEDIATRIC CURRICULUM**

1. **GOALS**
* To gain experience in caring for inpatient pediatric patients
* To learn how to manage serious acute and chronic medical problems in children, both primarily and with specialty consultation.
1. **LEARNING OUTCOMES**

A.PATIENT CARE

1. Perform an age-appropriate hospital based History and Physical;
2. Perform procedures commonly required in hospitalized children including venipuncture, arterial puncture, lumbar puncture, bladder catheterization, suprapubic bladder aspiration, and IV insertion and know the proper restraint requirements for the performance of these procedures in young children
3. Admit and follow pediatric patients with acute serious medical illnesses, including pneumonia, sepsis, asthma, dehydration, and other common problems for which children are admitted;
4. Determine appropriate monitoring of the hospitalized child.
5. Calculate maintenance and replacement fluid and electrolyte requirements;
6. Interpret commonly utilized pediatric X‑rays;
7. Communicate with parents and families of hospitalized children;
8. Understand how serious illness is managed in the context of the patient’s family;
9. Coordinate appropriate follow‑up care for pediatric patients upon discharge.
10. Be able to work collaboratively with the consultants
11. Admit and follow pediatric patients with subspecialty medical problems, as required by the needs of the floor team, under the supervision of the respective consultants including but not limited to patients with :
12. congenital heart disease
13. transplant patients
14. cancer patients
15. patients with neurologic diseases
16. patients with endocrine disorders
17. hematologic diseases
18. MEDICAL KNOWLEDGE
	1. Understand the pathogenesis and clinical features and management of infections/disorders of the lower respiratory tract such as RSV bronchiolitis, pneumonia, asthma and infections of the upper respiratory tract such as croup, retropharyngeal or peritonsillar abscess, etc.
	2. Understand the pathogenesis and clinical features and management of infections of the central nervous system including but not limited to viral and bacterial etiologies.
	3. Understand the pathogenesis and clinical features and severity of dehydration and able to calculate replacement fluid therapy both IV and oral.
	4. Understand the indications, contraindications and risks and benefits of common pediatric emergency procedures including but not limited to lumbar puncture, chest tube placement, intubation, and pain relief and sedation.
	5. Understand the research that supports current protocols for evaluation and management of young infants with fever.
	6. Know the differential diagnosis and work up of Apparent Life Threatening Events
	7. Know the evaluation and management of Failure to Thrive in infants
	8. Understand the pathogenesis, evaluation and management of newborns with jaundice
	9. Understand the impact of a child’s illness and hospitalization on the family
19. PRACTICE-BASED LEARNING AND IMPROVEMENT
	1. Use information technology to manage and retrieve information and support their own education
	2. Understand their own thought process and be able to facilitate learning of students and other health care professionals
	3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information
20. INTERPERSONAL AND COMMUNICATION SKILLS
	1. Follow pediatric cases in a longitudinal fashion
	2. Work effectively and collegially with the neonatologist/pediatrician
	3. Work effectively with nursing, ancillary staff and social services
	4. Create and sustain a therapeutic and ethically sound relationship with patients both inpatients and outpatients.
	5. Give patient education and counseling competently and work to assure compliance
	6. Be able to retrieve and discuss patient information handouts from the internet (AAP or Family Doctor websites)
21. PROFESSIONALISM
	1. Demonstrate respect, compassion, integrity and a commitment to excellence in all professional activities
	2. Demonstrate a sensitivity and responsiveness to each patient’s culture, age and disability
	3. Maintain accurate records and dictate discharge summaries in a timely fashion
22. SYSTEMS-BASED PRACTICE
	1. Understand the indications for referrals and how referrals to a neonatologist/pediatrician are made
	2. Demonstrate a commitment to patient confidentiality and informed consent.

**III. METHODS OF IMPLEMENTATION PGY1**

Students will spend one month at the inpatient pediatric Hospital Mother and Child. During this time they will admit and follow pediatric patients on one of the general medical units of the hospital. They will be supervised by senior pediatric residents, and pediatric attendings. They will be responsible for history and physicals on assigned patients, daily work rounds and teaching rounds, handling problems and nursing questions regarding their patients, discharge summaries, orders, and communication with the patients and families.

The resident will be present at the pediatric clinic throughout every work day except for one half-day (Monday afternoon) which will be spent at the Polyclinic n9 and Tuesday afternoon spent as observer/Facilitator in Patient care Block (BMI and BPE courses).

**IV. EVALUATION**

1. Family Practice Resident will receive ongoing feedback during the rotation from the supervising pediatric resident.
2. At the end of the rotation they will be evaluated in writing by one attending identified on the rotation who has had involvement with the resident.
3. Written evaluation at the end of the rotation based on the 6 core competencies as defined by the ACGME.
4. Residents are required to Attendance at all conferences and didactic sessions when available
5. Each resident will also evaluate the rotation at the end of the month

**Suggested Reading List**

General References

Nelson’s Text Book of Pediatrics, 17 th edition Saunders

Cohen, Bernard A. and Holly W. Davis. Dermatology (Chapter 8) in Zitelli, Basil J. and Holly W. Davis. Atlas of Pediatric Physical Diagnosis, 4th edition, Philadelphia: Mosby Inc., 2002

[www.aap.org](http://www.aap.org)

[www.cdc.gov](http://www.cdc.gov)

The Harriet Lane Handbook

**GENERAL SURGERY CURRICULUM**

**I. GOALS**

1. To provide compassionate care to patients, meeting the highest standards

of care while acting in accordance to all hospital by-laws.

1. To demonstrate expanded skill set in area of preoperative assessment, perioperative skill, and postoperative care.
2. To provide basic surgical experience in order to facilitate skills needed to perform minor surgical procedures.

**II. LEARNING OUTCOMES:**

1. PATIENT CARE
	1. Admit patients and perform their admission History and Physical Exam under the supervision of the attending surgeon and surgical chief resident
	2. Maintain accurate and comprehensive medical records of surgical inpatients
	3. Prioritize care objectives for surgical patients
	4. Counsel and educate patients and caregivers/families
	5. Assist with appropriate discharge planning for surgical inpatients

 B. MEDICAL KNOWLEDGE

1. Diagnose common general surgical problems
2. Understand when general surgical consultation is indicated
3. Order appropriate diagnostic tests(lab, X-Ray, etc.) on patients needing surgical care
4. Apply evidence based standards of care for surgical illnesses

 C. PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Use information technology to manage and retrieve information and support education
2. Facilitate learning of students and other health care professionals on the surgical care team
3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information

D. INTERPERSONAL AND COMMUNICATION SKILLS

1. Document pertinent information clearly and concisely
2. Work effectively as a team member on the surgical care team
3. Demonstrate patient case presentation skills
4. Create and facilitate effective therapeutic relationship with patients and caregiver/family
5. Communicate clearly and effectively with attending physicians, consultants, and other members of the healthcare team

E. PROFESSIONALISM

1. Demonstrate an attitude of responsibility for patient care including promptness and availability
2. Prepare for daily rounds by gathering information from patients, staff, and other caregivers
3. Reliably complete daily responsibilities
4. Demonstrate compassionate care to all patients regardless of ethnic, gender, race or socioeconomic status
5. Work with surgical team, especially surgical chief resident, to maintain compliance with ACGME duty hour regulations.

 F. SYSTEM-BASED PRACTICE

1. Practice cost effective healthcare that does not compromise quality
2. Effectively coordinate patient care with other medical professionals including the patient’s family physician
3. Demonstrate a commitment to patient confidentiality and informed consent

**III.METHODS OF IMPLEMENTATON during inpatient and outpatient surgical rotations PGY1**

1. Residents see patients in a 4-week block rotation. On the Inpatient Surgery Rotation, residents care for patients admitted daily to the surgical service. The cases are presented to the attending physician and chief surgical residents who supervise the service. The residents participate in the ongoing care of the patients, perform procedures, and communicate with consultants and other members of the healthcare team.
2. During the Outpatient Surgical Rotation, residents rotate in the offices of general surgeons. Residents see patients of the attending surgeons and perform minor surgical procedures under the supervision of the surgeons.
3. Residents continue their regular Family Health Center responsibilities during this rotation and follow patients in a longitudinal fashion one afternoon a week.
4. Reading and regular study is expected

**IV. EVALUATION**

1. Regular feedback by the attending surgeon and chief resident
2. Written and on-line evaluation of the resident’s performance based on the goals and objectives listed above. Performance in all six ACGME competencies is assessed.
3. Written and on-line evaluation of the rotation by the resident
4. Attendance at all conferences

**OBSTETRICS AND GYNECOLOGY CURRICULUM**

**GOALS:**

1. To develop a knowledge base appropriate for the primary care of gynecological problems.
2. To become competent at skills relative to primary gynecological care.
3. To develop an approach to the female patient that is unbiased, sensitive and promotes an effective interaction to get an appropriate gynecologic history.
4. Provide family centered maternity care for a term, uncomplicated pregnant woman by appropriately diagnosing labor, performing uncomplicated vaginal delivery and providing routine post-partum care.
5. Provide compassionate care to the mother-baby unit in the post-partum period.
6. Provide assessment and care of common obstetrical issues in term patients in triage

**LEARNING OUTCOMES:**

1. **Patient Care**
	1. To obtain a thorough gynecological history.
	2. To counsel patients on birth control methods.
	3. To counsel patients to reduce risks for STIs.
	4. To incorporate preventive gynecological care into appropriate office visits.
	5. To perform pelvic exams, endometrial biopsy, colposcopy and insertion of IUDs.
	6. To provide family centered maternity care for a term, uncomplicated pregnant woman
	7. To provide compassionate care to the mother-baby unit in the post-partum period
2. **Medical Knowledge**
	1. To identify and manage common gynecological problems.
	2. To incorporate indications for gynecological procedures appropriately into patient care.
	3. To know risks of gynecological procedures and incorporate those into patient counseling.
	4. To know and apply current preventative recommendations for screening gynecological problems and cancers.
	5. To Acquire general obstetrical knowledge base necessary to deliver appropriate care to term inpatient maternity patients.
	6. To Describe normal and dysfunctional labor and delivery
	7. To Understand initial evaluation of patients presenting to triage.
	8. To Interpret fetal heart rate tracing and describe appropriate initial interventions
3. **Practice Based Learning and Improvement**
	1. To use data bases to keep current with guidelines.
	2. To update appropriate health maintenance items in keeping with the patient’s gynecological and obstetric history.
	3. Participate in internal quality improvement initiatives
	4. To educate the patient and family members regarding their care, labor progress and common conditions encountered in labor, delivery and post partum. (Direct observation)
	5. To demonstrate the ability to appropriately consult supervisor regarding patient care issues in a timely manner. (Direct observation)
4. **Interpersonal and Communication Skills**
	1. To conduct an effective, gender sensitive, nonjudgmental patient interview/history.
	2. To provide clear, understandable health advice, education and counseling to patients.
	3. To communicate by verbal or written means to consultants or peers to promote appropriate care of patients.
5. **Professionalism**
	1. To present him/herself in a professional manner.
	2. To be timely in note completion and reliable in presence at rotational experiences.
	3. To recognize and incorporate patient beliefs and cultural values and how they impact patient care.
	4. To demonstrate respect and compassion in all patient interactions.
	5. To develop appropriate back up for areas of care that may present moral or religious conflict for the provider that respects patient autonomy.
6. **Systems Based Practice**
	1. To make appropriate referrals for testing and gynecological specialty care.
	2. To utilize community resources for patient care.
	3. To employ electronic health databases for patient care.
	4. To develop an awareness of local maternity support services available in the antepartum and post-partum period

**METHODS OF IMPLEMENTATION:**

**PGY1:**

1. Clinical care of patients in triage, L&D and postpartum under direct supervision of attending

2. Case presentations with discussions

3. Didactic curriculum for triage and labor and delivery topics in group discussion format led by FM or OB/GY attending.

4. Self-directed reading and presentation preparation.

5. Observation

6. OBGyn Grand round and core lecture series

7. Models and simulation

**EVALUATION**

1. Daily verbal feedback from preceptors.
2. Direct procedural observations in the outpatient setting.
3. Written on-line evaluation of resident from preceptors based on six ACGME Competencies.
4. Patient Satisfaction surveys.
5. Written on-line skill specific evaluation to establish competency of specific skills (pelvic examination with collection of appropriate samples, colposcopy, endometrial biopsy, IUD insertion).
6. Staff feedback at end of rotation.

**Intensive Care Unit- ICU**

1. **GOALS:**
2. Care for critically-ill patients from admission to the Intensive Care Unit (ICU) until discharge from the ICU
3. Function as an integral part of the ICU team
4. Advance in medical knowledge with a focus on critical care medicine
5. Gain experience in critical care clinical and procedural skills
6. Provide compassionate and comprehensive hospital-based patient care
7. **LEARNING OUTCOMES:**
8. PATIENT CARE
9. Consistently recognizes urgent or emergent situations in a critically ill patient
10. Stabilizes acutely ill patient using protocols and guidelines
11. Develops appropriate plans for less common critical care conditions
12. Address his psychosocial implications of critical illness on patient’s/families
13. Recognizes and addresses patient’s concerns with unclear diagnosis
14. Develops a comprehensive differential and prioritizes management
15. Facilitate patient’s understanding of expected course
16. Identifies common critical care procedures and performs them under supervision
17. MEDICAL KNOWLEDGE
18. Demonstrates basic decision making capabilities
19. Appropriately uses, performs and interprets tests, images, and procedures
20. Anticipates expected and unexpected outcomes of the patient’s clinical condition
21. Synthesizes knowledge to make decisions in complex clinical situations
22. PRACTICE BASED LEARNING AND IMPROVEMENT
23. Acknowledges gaps and knowledge and asks for feedback
24. Uses evidence based information and guidelines to answer clinical questions
25. Has an accurate self-assessment and learning plan for improvement

1. INTERPERSONAL AND COMMUNICATION SKILLS

1. Develop skills to provide patient support education and counseling.

2. Effectively communicate with attending’s, consultants, families, ancillary staff, & support staff.

3. Work effectively and collegially with an ICU staff and the supporting team.

4. Insures that documentation is timely, complete, and accurate

E. PROFESSIONALISM

1. Demonstrates honesty, respect, compassion and integrity to patients and team members
2. Attends to responsibilities and completes duties in a timely manner
3. Demonstrate a commitment to patient confidentiality.
4. Demonstrate a sensitivity and responsiveness to each patient regarding age, culture, and ethnicity.
5. SYSTEMS BASED PRACTICE
6. Coordinates individual patient care efficiently and cost effectively
7. Understands that effective team based care plays a role inpatient safety
8. Collaborate and coordinates care effectively with consultants and specialists
9. Assumes responsibility for seamless transitions of care
10. **Methods of Implementation**
11. PGYM see patients in a 4-week block rotation and care daily for assigned patients in the ICU.
12. Patients are presented to the attending physician who supervises the service and multi-disciplinary rounds.
13. Residents are expected to continue Family Health Center responsibilities during this rotation
14. Reading and regular study is expected. Conditions commonly encountered in the ICU rotation include, but are not limited to: Acute Respiratory Failure, Congestive Heart Failure, COPD exacerbations, Pneumonia, Septic Shock, Unstable Angina, Gastrointestinal Bleeding, Diabetic Ketoacidosis, Acute Renal Failure, Cerebrovascular Accident, Pulmonary Embolus, Myocardial Infarction, Management of alcohol and other substance abuse and withdrawal, Hypertensive Emergencies, End of Life issues, Status Asthmaticus, Status in the critically ill. If the resident does not care for a patient with any of the aforementioned conditions, they are strongly encouraged to do independent study to supplement their medical knowledge for future patient care.
15. **Evaluation**
16. Regular feedback by the attending; the resident should make an effort to solicit this if it is not provided by the attending directly to the resident during the rational block.
17. Written or on-line evaluation of the resident’s performance is based on the goals and objectives listed above
18. Performance in all six ACGME competencies is assessed via:
19. Written or on-line evaluation of the rotation by the resident
20. Written or on-line evaluation performed by the attending intensivists and the ICU Nurses and the other resident on rotation
21. The resident is expected to evaluate the rotation in an on-line format

**Suggested Reading**

1. The ICU Book. Second Edition, Paul L. Marino, MD, PhD
2. The Intensive Care Manual. Paul N. Lanken, MD
3. Procedures and Techniques in Intensive Care Medicine. Second Edition, Richard S. Irwin, M

**EMERGENCY MEDICINE CURRICULUM**

**I. GOALS**

1. Acquire the knowledge and skills necessary to make accurate emergent clinical assessments.
2. Initiate appropriate tests and procedures that facilitate emergent diagnosis and treatment
3. Become attentive to and provide compassionate care in crisis emergency situations
4. Gain exposure to common emergency room presentations.
5. Appreciate medico/legal issues regarding emergency room care.

**II. LEARNING OUTCOMES**

A.PATIENT CARE

1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings including gathering essential information, generating a differential, developing diagnostic and therapeutic management plans, and coordinating care with consultants and community services while demonstrating awareness of personal limitations regarding procedures, knowledge, and experience.
2. Performs specialty appropriate procedures (including laceration repair, casting, and splinting) to meet the health care needs of the individual patients, families and communities and is knowledgeable about procedures performed by other specialist to guide their patients’ care.
3. Counsel the patient regarding indications, contraindications, and complications of procedures to obtain informed consent prior to completing a procedure.

B.MEDICAL KNOWLEDGE

* 1. Appropriately uses, performs, and interprets diagnostic tests and procedures including imaging, EKG’s, blood test results, etc of emergency patients.
	2. Synthesizes information from multiple sources to make clinical decisions and anticipates both expected and unexpected outcomes.

C. PRACTICE BASED LEARNING AND IMPROVEMENT

1. Use information technology to manage and retrieve information to support patient care decisions.
2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and providing patient care.

D. INTERPERSONAL AND COMMUNICATION SKILLS

1. Effectively communicate with various individuals including but not limited to attendings, consultants, families, ancillary staff, support staff, etc.
2. Develop skills to provide patient support education and counseling.
3. Work effectively and collegially with an emergency room staff and the supporting team.
4. Continue to improve documentation skills.

E. PROFESSIONALISM

1. Demonstrate respect, compassion, integrity and a commitment to excellence in all professional activities.
2. Demonstrate a commitment to patient confidentiality.
3. Demonstrate a sensitivity and responsiveness to each patient regarding age, culture, and ethnicity.

F. SYSTEMS-BASED PRACTICE

1. Develop skills to facilitate learning of students and other health care professionals.
2. Understand the indications for consultation and referral of patients.
3. Become more familiar with mental health laws and types of commitments.

**III. METHODS OF IMPLEMENTATION during the EM Rotations**

* 1. There is one rotation in emergency medicine PGY1 4 weeks in duration.
	2. Residents are expected to attend all ER lectures.
	3. Residents are expected to have a minimum of 200 hours of ED training with this experience.
	4. Residents present cases to the emergency room attendings after evaluation of the patient.
	5. Residents review various tests (imaging, EKG’s, blood test results, etc) with emergency room attending.
	6. BLS, ACLS, PALS, and ALSO courses are to be successfully completed during residency training if offered
	7. Residents continue their regular Family Health Center responsibilities during this rotation and follow patients in a longitudinal fashion.

**EVALUATION**

1. Daily verbal feedback.
2. Online evaluation of the resident by an attending based on the six ACGME competencies.
3. The resident is expected to evaluate the rotation.

**RESOURCE INFORMATION**

1. AAFP Reprint 285 Urgent and Emergent Care (2016)
2. Residency Curriculum Resource: Emergency Medicine and Urgent Care – [www.fammedrcr.org](http://www.fammedrcr.org)

**FAMILY MEDICINE OUTPATIENT – PG Y1**

**GOALS**:

1. To develop comprehensive, efficient, and quality patient care.
2. To learn practice management aspects of a family medicine office.
3. To acquire multidisciplinary teamwork skills and attributes.

**LEARNING OUTCOMES:**

1. **Patient Care**
	1. Gather essential information, conduct a relevant and specific exam and generate an appropriate differential for acute and chronic conditions. (PC1/2)
	2. Develop management plans using guidelines, evidence and protocols when appropriate. (PC1/2)
	3. Understand how to use quality markers to evaluate care of patients. (PC2)
	4. Demonstrates awareness of recommended health maintenance and preventive care screenings and incorporates into clinical encounters when appropriate. (PC3)
	5. Addresses unclear diagnoses by developing a differential, choosing tests and consultations in a cost-conscious manner and prioritizing management. (PC4)
	6. Demonstrate an interest and willingness to incorporate appropriate procedures into office sessions. (PC5)
2. **Medical Knowledge**
	1. Demonstrates a capacity and initiative to improve medical knowledge. (MK1)
	2. Interpret lab and test results accurately. (MK2)
	3. Demonstrate medical decision-making capability. (MK2)
3. **Practice Based Learning and Improvement**
	1. Access and review quarterly quality outcome data on chronic conditions. (PBLI3)
	2. Use POC evidence-based information and guidelines to answer clinical questions. (PBLI2)
	3. Acknowledge gaps in individual knowledge and expertise and frequently ask for feedback. (PBLI2)
4. **Interpersonal and Communications Skills**
	1. Conduct an effective, culturally sensitive and non-judgmental patient interview/history and provide clear, understandable health advice, education and counseling to patients. (C1/2)
	2. Develop skills in negotiation, behavior change and motivational counseling. (C1)
	3. Accurately and concisely present and document a clinical encounter including updating necessary information in the EMR. (C3)
	4. Demonstrate proficiency with verbal and written communication among partners, specialists and community agencies relating to the care of your patients. (C3)
	5. Recognize effects the ethical and legal implications of using technology to communicate. (C4)
5. **Professionalism**
	1. Demonstrate respect, compassion, integrity and a commitment to excellence in all work activities.(P1)
	2. Attends to responsibilities and completes all tasks as required and in a timely manner. (P2)
	3. Consistently recognizes limits of knowledge and askes for assistance. (P2)
	4. Documents and reports clinical and administrative information truthfully. (P2)
	5. Displays attitudes and behavior of acceptance of patient diversity. (P3)
	6. Applies principles of physician wellness to manage personal health. (P4)
6. **Systems Based Practice**
	1. Understands impact of resources and costs on patients and the health system. (SBP1)
	2. Understands and follow protocols to promote patient safety and prevent medical errors. (SBP2)
	3. Advocates for under-resourced patients. (SBP3)
	4. Understands the importance of quality patient care coordination and teamwork. (SBP4)

**METHODS OF IMPLEMENTATION**

1. 12 week outpatient Family Medicine based block rotation with 4-5 office sessions per week in UHC and/or Poliklinik 9
2. Minimum 6 Home visits
3. Attend the monthly quality assurance committee meeting
4. Attend staff meeting.
5. Rotating experiences with office personnel:
	1. Billing
	2. Nurse Triage
6. didactic sessions
7. Attendance at all meetings
8. Participate in schools health programs as available

**EVALUATION**

1. Daily verbal feedback from preceptors
2. Staff feedback at end of rotation (written)
3. Patient satisfaction survey completed quarterly
4. Written or on-line evaluation of the resident by an attending based on the six ACGME competencies.
5. The resident is expected to evaluate the rotation in a written or on-line format.
6. On-line evaluation of the resident semi-annually by the staff.

**INTERNAL MEDICINE INPATIENT – PG Y1**

The inpatient adult internal medicine rotation is a 8-week block of time spent providing care to patients admitted to the in-patient ward. This occurs under direct supervision of the faculty attending(s).

**GOALS**

1. The resident will attain sufficient organizational and clinical skills and be able to manage a realistic number of patients, while assuring efficient and effective care.
2. The resident will manage effectively the hospitalization of an acutely ill patient from admission to discharge, while demonstrating efficiency in time management and resource utilization
3. The resident will be knowledgeable in common medical problems seen on the Internal Medicine inpatient service using appropriate consultation when necessary, and working with other professionals in the management of these problems.
4. The resident will function within a multi-disciplinary team striving to provide optimal patient outcomes.
5. The resident will manage time on-call competently and efficiently.
6. The resident will provide compassionate medical care to patients and strive to meet the highest standards of care.

**LEARNING OUTCOMES**

* 1. **PATIENT CARE**

Residents are expected to:

1. Demonstrate improvement in skills as they pertain to eliciting a detailed History and Physical.
2. Discuss management with the senior and faculty attending within an appropriate period of time regarding the patient.
3. Develop skills to correctly list the active diagnoses and problems.
4. Formulate appropriate differential diagnoses
5. Provide appropriate management plans for each problem and demonstrate attention to monitoring and alteration of therapies.
6. Follow a reasonable number of patients.
7. Prioritize care objectives
8. Develop skills necessary to counsel and educate patients and caregivers/families
9. Order appropriate diagnostic tests
10. Perform procedures as indicated (with supervision by a certified individual) for ongoing patient evaluation and management.
11. Incorporate prevention into patient care plan
12. Perform appropriate discharge planning
13. Manage common inpatient acute medical problems, using appropriate consultation when necessary, and working with other professionals in the management of these problems. These problems might include, but are not limited to:
	* 1. Management of dyspnea
		2. Congestive Heart Failure
		3. Pneumonia
		4. COPD
		5. Unstable Angina
		6. Peptic Ulcer Disease
		7. Diabetic Ketoacidosis
		8. Acute Renal Failure
		9. Sepsis
		10. Pulmonary Embolus
		11. Myocardial Infarction
		12. Management of alcohol and other substance abuse and withdrawal
		13. Pancreatitis
		14. End of Life issues
	1. **MEDICAL KNOWLEDGE**

The resident will -

1. Understand and apply physical diagnosis
2. Locate, evaluate and apply evidence-based resources of medical knowledge
3. Appropriately order and correctly interpret diagnostic tests
4. Apply knowledge to patient care
5. Understand and apply the basic sciences
6. Demonstrate analytical thinking

C. **PRACTICE- BASED LEARNING AND IMPROVEMENT**

Residents are expected to develop skills and habits to be able to :

1. Use information technology to manage and retrieve information and support education
2. Demonstrate use of established practice guidelines
3. Ask thoughtful and relevant questions during teaching rounds and lectures
4. Understand their own thought process and be able to facilitate learning of students and other health care professionals
5. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information
6. Respond to feedback
7. Engage in continuing medical education

**D.SYSTEM BASED PRACTICE**

Residents are expected to:

1. Effectively coordinate patient care with other medical professionals
2. Practice cost effective healthcare that does not compromise quality
3. Demonstrate a commitment to patient confidentiality and informed consent
4. Begin to understand billing and coding as well as core business issues
5. Begin to understand insurance issues

**E.PROFESSIONALISM**

Residents are expected to:

1. Arrive on time to sign- in and sign-out meetings
2. Collaborate to distribute workload effectively
3. Respond in a timely fashion to pages and floor calls
4. Demonstrate an attitude of responsibility for patient care
5. Prepare for daily rounds by gathering information from patients, staff, and other caregivers
6. Reliably complete daily responsibilities
7. Demonstrate compassionate care

F. **INTERPERSONAL AND COMMUNICATION SKILLS**

Residents are expected to:

1. Maintain comprehensive, up-to-date , practical sign-out notes (when necessary)
2. Maintain comprehensive, timely, and legible medical records
3. Work effectively as a team member
4. Demonstrate patient case presentation skills
5. Create and facilitate effective therapeutic relationship with patients and caregiver/family
6. Communicate clearly and effectively with attending physicians, consultants, and other members of the healthcare team
7. Obtain and provide patient education materials appropriate for patient

**METHODS AND IMPLEMENTATION**

1. Direct supervision by senior residents and attendings
2. Case review each morning by teaching attending
3. Case discussion and formal didactic small group talks
4. Teaching from consultants and attendings.
5. Note reviews and teaching by faculty attending.

**EVALUATION**

1. Feedback from supervising faculty and residents
2. Staff feedback at end of rotation (written)
3. Patient satisfaction survey completed quarterly
4. Written or on-line evaluation of the resident by an attending based on the six ACGME competencies.
5. The resident is expected to evaluate the rotation in a written or on-line format.
6. On-line evaluation of the resident semi-annually by the staff.

**EDUCATIONAL RESOURCES**

1. Faculty and consultant input
2. Teaching rounds from faculty attending
3. Morning report and case review
4. UpToDate online resource
5. Washington Manual or various other information resources.
6. Library/librarian
7. Ovid online and other HSL resources such as “Clinical Evidence” and “UPTODATE’